



Michael D. Maves, MD, MBA, Executive Vice President, CEO

July 16, 2009

The Honorable Henry A. Waxman
Chairman, Committee on Energy and Commerce
U.S. House of Representatives
2125 Rayburn House Office Building
Washington, DC 20515

Dear Chairman Waxman:

On behalf of the Board of Trustees of the American Medical Association, I am writing to express our appreciation and support for H.R. 3200, the "America's Affordable Health Choices Act of 2009." This legislation includes a broad range of provisions that are key to effective, comprehensive health system reform. We urge members of the House Education and Labor, Energy and Commerce, and Ways and Means Committees to favorably report H.R. 3200 for consideration by the full House.

In particular, we are pleased that the bill:

- Promises to extend coverage to all Americans through health insurance market reforms;
- Provides consumers with a choice of plans through a health insurance exchange;
- Includes essential health insurance reforms such as eliminating coverage denials based on pre-existing conditions;
- Recognizes that fundamental Medicare reforms, including repeal of the sustainable growth rate formula, are essential to the success of broader health system reforms;
- Encourages chronic disease management and care coordination through additional funding for primary care services, without imposing offsetting payment reductions on specialty care;
- Addresses growing physician workforce concerns;
- Strengthens the Medicaid program;
- Requires individuals to have health insurance, and provides premium assistance to those who cannot afford it;
- Includes prevention and wellness initiatives designed to keep Americans healthy;
- Makes needed improvements to the Physician Quality Reporting Initiative that will enable greater participation by physicians; and

The Honorable Henry A. Waxman
July 16, 2009
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- Initiates significant payment and delivery reforms by encouraging participation in new models such as accountable care organizations and the patient-centered medical home.

The AMA looks forward to further constructive dialogue during the committee mark-up process. We pledge to work with the House committees and leadership to build support for passage of health reform legislation to expand access to high quality, affordable health care for all Americans.

This year, the AMA wants the debate in Washington to conclude with real, long overdue results that will improve the health of America's patients.

Sincerely,

A handwritten signature in cursive script that reads "Mike Maves".

Michael D. Maves, MD, MBA



American
Public Health
Association

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Protect. Prevent. Live Well

July 15, 2009

The Honorable Henry Waxman
Chairman
House Committee on Energy and Commerce
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable Charles Rangel
Chairman
House Committee on Ways and Means
1102 Longworth House Office Building
Washington, DC 20515

The Honorable George Miller
Chairman
House Committee on Education and Labor
2181 Rayburn House Office Building
Washington, DC 20515

Dear Chairmen Waxman, Rangel and Miller:

On behalf of the American Public Health Association (APHA), the oldest and most diverse organization of public health professionals and advocates in the world dedicated to promoting and protecting the health of the public and our communities, I write in strong support of H.R. 3200, the America's Affordable Health Choices Act of 2009.

Earlier this year, APHA released its 2009 Agenda for Health Reform which outlines APHA's top priorities for health reform legislation. We are very pleased that H.R. 3200 addresses many of the critical changes we believe are needed to improve the public's health and specifically, to start moving from a system that focuses on treating the sick to one that focuses on keeping people healthy. In particular, we are pleased that your legislation would:

- Develop a national prevention and wellness strategy that would set specific measurable goals and objectives for improving the health of the U.S. through federally-supported prevention, health promotion, and public health programs.
- Expand the work and coordination of the Community Preventive Services Task Force and the U.S. Preventive Services Taskforce to improve effective community-based and clinical prevention services and to improve dissemination of recommendations about effective interventions to public health departments, practitioners, policymakers, health systems and others.
- Require Medicare, Medicaid and private insurers to provide first dollar coverage for highly rated, evidence-based preventive health services.

- Establish a Public Health Investment Fund that strengthens the investment in community health centers, the public health workforce, and also funds a Prevention and Wellness Trust to fund community-based prevention and wellness services, core public health infrastructure and activities at the state and local levels, and core public health infrastructure and activities at the Centers for Disease Control and Prevention.
- Require an annual report containing a description of national, regional, or state changes in health or health care, as reflected by a set of key health indicators developed by the newly created Assistant Secretary for Health Information.
- Collect data on the health and health care of populations that have traditionally experienced health disparities and prioritize reducing health disparities in the prevention and wellness strategy and community services grants.
- Improve data collection on health workforce needs and increase the supply, distribution, diversity and cultural competence of the public health and primary care workforce, including establishing and supporting the training of a Public Health Workforce Corps, supporting graduate medical education in preventive medicine and primary care, expanding the National Health Service Corps, and increasing funding for health professions diversity programs.
- Create a new public insurance option that provides consumers with a competitive alternative to private insurance coverage offered through the Health Insurance Exchange.

Additionally, while not included in H.R. 3200, we strongly urge you to continue efforts to work with the Congressional Budget Office and the Office of Management and Budget to develop a methodology that scores the long term savings accruing to medical and other sectors as a result of effective prevention programs and services.

We thank you again for including strong public health provisions in this critical legislation and look forward to working with you and your colleagues on your committees as you move forward with health reform legislation this year.

Sincerely,



Georges C. Benjamin, MD, FACP, FACEP (E)
Executive Director

Cc: The Honorable Nancy Pelosi

July 15, 2009

The Honorable Henry A. Waxman
U.S. House of Representatives
2204 Rayburn House Office Building
Washington, DC 20515-0530

Dear Congressman Waxman:

On behalf of its 3.2 million members, the National Education Association (NEA) applauds the significant health care reform legislation released yesterday by leaders of the House of Representatives. We commend the House leadership, as well as the members of the Committees on Education and Labor, Ways and Means, and Energy and Commerce, for their hard work in crafting this legislation.

The broad-based “America’s Affordable Health Choices Act of 2009” meets crucial health care reform goals that NEA shares with President Obama—guaranteeing access to quality, affordable health care benefits and controlling skyrocketing health care costs. The House initiative ensures choice of health care providers and plans, keeping what works in our health care system and providing a blueprint for change where necessary.

We are pleased that the legislation includes a robust public health insurance plan option that will be able to compete with private insurance companies from day one. Further, we recognize and appreciate that the legislation includes financing mechanisms that avoid a tax on health care benefits, which would have been unfair and devastating to employer-sponsored health plans.

The legislation’s inclusion of insurance market reforms, prevention and wellness initiatives, and shared responsibilities for employers, individuals, and government will move us forward as we reform this country’s health care system. NEA is also encouraged that the legislation would make much-needed changes to the Medicare program, such as moving toward an elimination of the Part D prescription drug coverage gap, or “donut hole.”

We encourage the House of Representatives to move forward with reform in the face of what is sure to be stiff opposition.

Sincerely,
Diane Shust
Director of Government Relations
Advocacy

Randall Moody
Manager of Federal

FOR IMMEDIATE RELEASE

July 14, 2009

Contact

Jim Dau or Jordan McNerney
202-434-2560

AARP on House TriComm Health Care Reform Bill:

“This bill would make great strides for all of our members and their families.”

WASHINGTON—AARP CEO Barry Rand released the following statement following the introduction of health care reform legislation in the U.S. House of Representatives from Chairmen Charles Rangel, Henry Waxman and George Miller.

“We are pleased by the House TriCommittee’s health care reform bill, which makes important strides towards making sure that every American has access to affordable, quality health care choices.

“Those without access to employer sponsored plans face serious roadblocks that block affordable insurance choices based on their age and health status. Those of our members in Medicare pay close to 30% of their incomes on out-of-pocket expenses and they deserve relief, especially in the prescription drug doughnut hole, where they get no benefit while paying premiums.

“This bill would make great strides for all of our members and their families.

“It would help abolish those insurance market practices that keep people on the outside looking in based only on their age and health status. It recognizes that expanding coverage means little if a person can’t afford it, providing meaningful relief to those with modest incomes and capping out-of-pocket expenses for plans in the Exchange.

“The House TriCommittee bill would also close over time the Medicare prescription drug ‘doughnut hole’—a major concern for our members.

“We look forward to working with Chairmen Rangel, Waxman and Miller, as well as their colleagues in both parties and both chambers of Congress to build on current momentum and enact comprehensive health care reform in 2009.”



A big vision for small business

July 15, 2009

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

Dear Chairman Rangel:

On behalf of the thousands of small business owners in the Main Street Alliance network, I want to extend our organization's sincere thanks to you and the leadership of the U.S. House of Representatives for introducing the "America's Affordable Health Choices Act of 2009" (H.R. 3200). This historic legislation encompasses the principles and objectives of Main Street small business owners to achieve comprehensive reform of our nation's health care system, giving small employers real choices in affordable health coverage including the option of a competitive public health insurance plan. We are proud to give this legislative framework our strong support and pledge to work with you and your colleagues toward its adoption.

This legislation will help make America's small businesses more competitive by giving them greater control over one of the most costly and unpredictable aspects of doing business: the spiraling costs of providing quality health coverage. H.R. 3200 includes essential reforms that address the key priorities our small business owners hold: promoting transparency and giving small businesses simplified choices through a Health Insurance Exchange, increasing bargaining power and driving down costs through a strong public health insurance option that will keep private insurers honest, prohibiting pre-existing condition exclusions and ending discrimination against small groups based on health status, and making coverage more affordable through a system of shared commitment. These elements are essential to making health care work for Main Street. We are particularly pleased that the bill includes a strong public health insurance plan as one of the Exchange options; a strong public plan is essential to control costs, encourage innovation, and provide the competition to keep private insurers accountable.

The Main Street Alliance believes that health care reform must be a shared responsibility of all stakeholders - individuals, businesses, providers, insurers and the government. The Alliance is pleased to see that H.R. 3200 asks all parties to play a role in improving health care. As long as truly affordable coverage options are available, we support giving employers the choice of either offering coverage to employees or making a contribution toward the cost of that coverage. We appreciate the inclusion of tax credits to help smaller, low-wage businesses offset the expense of providing coverage, as well as subsidies to assist low-income employees and their families to afford their contribution.

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

Sincerely,

Dave Mason
Legislative and Policy Director
The Main Street Alliance



July 16, 2009

The Honorable Charles Rangel
Chairman, Committee on Ways and Means
1102 Longworth House Office Building
U.S. House of Representatives
Washington, DC 20515

Dear Chairman Rangel:

We are writing in support of America's Affordable Health Choices Act of 2009 and to thank you for the leadership you have shown in crafting a bill that could make an enormous difference to the future of health care in this country.

We are an organization of 20,000 physicians dedicated to quality, affordable health care for all. Every day in our offices, emergency rooms, and hospitals, we care for Americans who have delayed care too long because of the failings of our current system. We firmly believe that the changes detailed in this bill will provide the security our patients need to know that health care is not a luxury for the rich but a basic necessity that will always be available to them when they need it. By creating a public health insurance option, it will help to put the brakes on out of control health care costs, help to foster innovative reforms and competition in the insurance market, and create meaningful choice for our patients. This legislation marks the beginning of the long overdue move toward paying for quality medical care, rather than quantity of care. The bill also provides an effective combination of affordability credits to subsidize coverage for those of limited income and shared responsibility for paying for that care. This ensures that our patients will no longer see their cancer treatment interrupted for loss of a job or find themselves forced to stop taking lifesaving medications for chronic disease because an employer has dropped health insurance coverage.

As physicians, we see the heartache and needless disability and death that result from our current patchwork system on a daily basis. The NPA looks forward to working with the House leadership and committees to support the passage of this historic legislation that will enable us to provide better care for our patients. We thank you for the hard work you have done to correct the flaws in our system while keeping the focus on the high quality care that is the hallmark of American medicine.

Sincerely,

David Evans, MD
President
National Physicians Alliance

ACP AMERICAN COLLEGE OF PHYSICIANSSM
INTERNAL MEDICINE | *Doctors for Adults*

July 15, 2009

The Honorable Henry Waxman
Chairman
House Energy & Commerce Committee
Washington, D.C. 20515

The Honorable Charles Rangel
Chairman
House Ways & Means Committee
Washington, D.C. 20515

The Honorable George Miller
Chairman
House Education and Labor Committee
Washington, D.C. 20515

Dear Chairmen:

On behalf of the 129,000 internal medicine physician and medical student members of the American College of Physicians, I am writing to express our appreciation and support for the many policies in the America's Affordable Health Choices Act of 2009, H.R. 3200, to provide Americans with access to affordable coverage, ensure a sufficient number of primary care physicians, and institute payment and delivery system reforms to help physicians produce the best possible outcomes for patients. ACP is the second largest physician membership organization in the United States. Our initial review of H.R. 3200 as introduced on July 14th, is that it is closely aligned with ACP's top priorities for health reform. Accordingly, ACP supports approval of the bill by the three House committees, and following mark up, we expect to recommend passage of H.R. 3200 by the full House of Representatives, pending review of any amendments made by the committees. As noted below, there are several issues that we ask be addressed during the mark-up to ensure that the payment reforms to support primary care accomplish the desired goals.

- **Coverage:** The bill creates a pluralistic framework so that all Americans will have access to affordable health insurance coverage. We are pleased that the bill will provide people with a wide choice of health plans, including the option of maintaining their current health plan. ACP supports the bill's proposals to reform the insurance industry so that coverage no longer is out of reach for people who have pre-existing conditions or who develop an illness while insured. We support sliding scale tax credits, coverage of evidence-based preventive services with no cost-sharing, and expansion of Medicaid to cover the poor. ACP believes that a public plan could appropriately be offered if physician and patient participation is voluntary and if the plan is funded through premiums—as H.R. 3200 requires. We also believe that the public plan should be able to use innovative payment models to support patient-centered primary care, and appreciate the reference in the bill to medical homes as being among the new payment and delivery models that the public plan should consider adopting. We believe that payments to physicians under the public plan should be competitive with those of other insurers and not replicate flaws, such as the undervaluation of primary care, in existing payment models. We look forward to continued dialogue on the design of the public plan option.

Although we do not have policy on the specific tax surcharge provisions called for by the bill, the College urges Congress to consider a variety of approaches to finance coverage including ones that encourage individuals to make prudent decisions affecting use of health care resources. We also support shared responsibility for funding health care reform, including requirements that employers contribute to coverage and that individuals obtain coverage once affordable options are available to them.

- **Workforce:** The bill would establish a national health workforce policy to help set goals and policies to achieve a sufficient and optimal number and distribution of physicians and other clinicians.

We applaud the committees for including policies to increase the numbers of physicians in primary care internal medicine, family medicine and geriatrics, including increased funding and creation of new pathways to provide scholarships and loan forgiveness to primary care physicians who agree to practice in areas of need and policies to facilitate increased training in office-based primary care practices. We also agree on the need to increase GME training positions for primary care specialties.

- **Payment and delivery system reforms:** We are very pleased that the bill would eliminate the accumulated Medicare SGR payment cuts, provide a new framework for future updates that allow for spending on physician services to increase at a rate greater than GDP, and create a higher spending baseline target for evaluation and management and preventive services, including those associated with primary care.

We applaud the committees for increasing Medicare payments for designated services provided by primary care physicians. The language in H.R. 3200 changes the definition of "primary care services" from the language in the draft bill in a way that could exclude many primary care internists and other primary care physicians from being eligible for the bonus. We have shared our suggestions for resolving this problem with your staff and ask that the eligibility criteria be modified during mark up to ensure that the Secretary incorporates the services typically provided by general internists and other primary care services. ACP also requests that the committees increase the primary care bonus to at least 10%. We strongly support the proposal to increase Medicaid payments for primary care to be equivalent to Medicare.

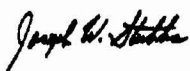
We strongly support the dedicated funding that is provided to pilot-test, on a national scale, the idea of paying physicians for care coordination in a qualified Patient-Centered Medical Home. ACP will continue to provide Congress with ideas on strengthening the payment and delivery system reforms to accomplish the goals of increasing the numbers of physicians in primary care fields.

The College strongly supports the proposal to fund independent, transparent and evidence-based research on the comparative effectiveness of different treatments to inform physician-patient decision-making. We believe that CER will lead to better care for patients, not denials of needed care. We also are pleased by provisions in the bill to simplify and reduce the costs associated with interactions with health plans.

In summary, we are pleased that America's Affordable Health Choices Act of 2009 includes policies on coverage, workforce, payment and delivery system reform, primary care, comparative effectiveness research, and administrative simplification that are strongly supported by the College. Since we recognize that changes will be made as health reform legislation makes its way through both the House and Senate, we intend to continue to provide you, the White House, and your colleagues in the House and Senate with our views on potential changes and how they would reflect ACP's priorities and policies.

We are committed to doing all that we can to get legislation enacted this year to ensure that all Americans will have access to affordable coverage and to a general internist or other primary care physician. America's Affordable Health Choices Act of 2009, H.R. 3200, will go a very long way toward achieving these goals. ACP looks forward to H.R. 3200 being reported out of the committees and we expect to issue a strong recommendation for its passage by the House of Representatives, pending review of any amendments.

Yours truly,



Joseph W. Stubbs, MD, FACP
President



Contact: Alisa Mosley
202.347.1895

Affordable Health Choices Act is an Excellent Step toward Health Care Reform

July 15, 2009, Washington, DC...The National Medical Association (NMA) commends the Affordable Health Choices Act. The bill includes many of the provisions to which the NMA has long been committed. "Yesterday was a monumental day in the history of health care for our country with the introduction of America's Affordable Health Choice Act of 2009. The bill will provide unprecedented coverage for all Americans. This is especially important for communities of color who are a disproportionate share of the uninsured," said Carolyn Barley Britton, M.D., MS, president, National Medical Association. "There are several key components that will benefit our communities across the country," she added.

"The NMA is pleased with the key provisions in the bill as it relates to coverage and choice, affordability, cost containment, and prevention and wellness. We commend Speaker Pelosi's exceptional leadership. In addition, chairmen Rangel, Waxman and Miller have done an extraordinary job on behalf of all Americans, given such a short schedule," said Mohammad N. Akhter, M.D., MPH, executive director, National Medical Association. "The Affordable Health Choices Act is a bill that exemplifies true consensus amongst leaders in a timely and efficient manner," he added.

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Founded in 1895, the National Medical Association is the nation's oldest and largest medical association representing the interests of more than 30,000 African-American physicians and their patients. The NMA has repeatedly advocated for policies that would assure equitable and quality health care for all people.



AMERICAN ACADEMY OF NURSING

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July 16, 2009

The American Academy of Nursing (AAN) strongly supports the **America's Affordable Health Choice Act of 2009, H.R. 3200**, which will make our health care system affordable, increase quality, and create access for the estimated 46 million Americans who are uninsured and the 17 million who are underinsured. The bill achieves these goals by doing the following:

- Lowering costs by eliminating co-pays and deductibles for preventative care, removing rate increases for pre-existing conditions, and guaranteeing affordable oral, hearing, and vision coverage for children.
- Greater personal choice is given by letting patients keep their health care providers and current health plan if they are satisfied with them, but also creates a public health insurance option to allow more competition in the market place.
- Higher quality by allowing patients and their providers to make decisions regarding care.
- Recruiting and retaining more primary care providers which will increase access to care.
- Coverage of mental health care services.
- Ends the practice of denying coverage for pre-existing conditions.
- Lifts the lifetime limit policy on how much insurance companies will pay.
- Gives patients more opportunities to make life changing decisions regarding career and family without having to worry about losing their health care coverage.

The health care system as it is now is not working for too many Americans and their families. The AAN believes that now is the time to transform our health care system into one that works for all Americans regardless of their ability to pay. Since nurses are on the frontlines in delivering health care to the most vulnerable in our society, they see firsthand how our broken health care system fails in its current form. The AAN applauds the three House Committees that oversaw the writing of the bill (Energy and Commerce, Education and Labor, and Ways and Means). H.R. 3200 will go a long way toward fixing our broken system and creating one that gives all individuals access to affordable, quality health care.

Sincerely,

Pat Ford-Roegner MSW, RN, FAAN
Chief Executive Officer



NATIONAL ASSOCIATION OF
Community Health Centers

July 15, 2009

The Honorable Henry Waxman
Chair, Committee on Energy and Commerce
U.S. House of Representatives
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable Charles Rangel
Chair, Committee on Ways and Means
U.S. House of Representatives
1102 Longworth House Office Building
Washington, DC 20515

The Honorable George Miller
Chair, Committee on Education and Labor
U.S. House of Representatives
2181 Rayburn House Office Building
Washington, DC 20515

Chairman Waxman, Chairman Rangel, and Chairman Miller –

On behalf of the more than 1,200 health centers across the country, our more than 100,000 staff and board members, and our more than 18 million patients, I write today to express our profound gratitude and our strong support for the “America’s Affordable Health Choices Act of 2009”.

In Community Health Centers across the country, we witness the urgent need for fundamental health reform every single day, in the faces and struggles of our patients who for too long have been left behind by our current dysfunctional health care system. Your legislation would not only extend meaningful health coverage to most of the 46 million Americans who are currently uninsured, but would make the investments necessary to bring community-based primary and preventive care to every individual and community in America.

In particular, we commend the investment your legislation would make in the continued expansion of health centers through the Public Health Investment Fund. These resources will bring new health centers to needy communities currently without them, will expand capacity and stabilize existing centers, and will ensure the full range of medical, dental, mental health and pharmacy services is available to every health center patient. The health center model of care has been proven, time and again, to save our health system money and keep patients healthy, and this investment builds on that record of success.

Beyond the infrastructure investments in the legislation, we are particularly supportive of:

- The expansion of **Medicaid** to cover all individuals up to 133% of the Federal Poverty Level (FPL). This will ensure that millions more low-income Americans will be covered for the comprehensive benefits they need, while at the same time ensuring health centers are able to receive appropriate, predictable reimbursement, for the care they provide.



NATIONAL ASSOCIATION OF
Community Health Centers

- The improvements in training, payment and incentive programs all designed to strengthen the **primary care workforce and primary care services**, a necessary step toward ensuring meaningful access to care.
- The requirement that exchange plans contract with “**Essential Community Providers**”, including Health Centers and other safety-net providers, which will assure access to care for the residents of underserved areas who gain coverage through Exchange plans.

Our 43 years of experience in caring for America’s medically disenfranchised has taught us three things: that health reform must achieve universal coverage that is **available** and **affordable** for everyone, and especially to low-income individuals and families; that such coverage must be **comprehensive**, with emphasis on **prevention and primary care**; and that it must guarantee everyone access to a **medical or health care home**, where they can receive **high quality, cost effective care** for their health needs.

Your legislation meets those goals, and represents a strong blueprint for an American health care system that expands access, improves quality, and controls costs. We wholeheartedly support the bill and look forward to working with you to ensure its successful consideration and passage.

Sincerely,

Dan Hawkins

Senior Vice-President, Public Policy and Research

HEALTH CARE FOR AMERICA NOW!

For Immediate Release

July 14, 2009

Contact: Jacki Schechner 202-454-6196

Doug Gordon 202-822-5200

Health Care for America Now Supports House Health Reform Bill

Washington, DC – Health Care for America Now (HCAN) – the nation’s largest health care campaign – released the following statement today recognizing the tri-committee’s House bill on health care reform:

Richard Kirsch, National Campaign Manager, Health Care for America Now:

“The House’s legislation shows that achieving quality, affordable health care for all in 2009 is absolutely possible.

This bill will make health coverage more affordable both for those who have it through their job and for those who have to find coverage on their own. It builds on what works in our current health care system and starts the process of fixing what doesn’t – including stopping health insurance companies from denying care based on pre-existing conditions.

The House bill includes key provisions like an exchange that includes both private insurance plans and a new public health insurance option and shared responsibility between individuals, employers, and government - key elements to achieving President Obama’s goals of lowering costs, covering everyone, and keeping the insurance companies honest. ”

ABOUT US:

Health Care for America Now (HCAN) is a national grassroots campaign of more than 1000 organizations representing more than 30 million people dedicated to winning quality, affordable health care we all can count on in 2009. Health Care for America Now and its principles for reform are supported by **President Obama** and more than 195 Members of Congress. We are doctors, nurses, community organizations, small business owners, faith-based groups, people of color, seniors, children’s and women’s rights groups, and labor unions. Our Steering Committee includes: ACORN, AFL-CIO, AFSCME, American Federation of Teachers, Americans United for Change, Campaign for America’s Future, Campaign for Community Change, Center for American Progress Action Fund, Children’s Defense Fund Action Council, Communications Workers of America, International Union, United Automobile, Aerospace & Agricultural Implement Workers of America (UAW), MoveOn.org, NAACP, National Council of La Raza, National Education Association, National Women’s Law Center, SEIU, UFCW, USAction, Women’s Voices. Women Vote, and Working America.

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FOR IMMEDIATE RELEASE:
Tuesday, July 14, 2009

Contact: David Lemmon
Geraldine Henrich-Koenis
Bob Meissner
(202) 628-3030

NEW HOUSE BILL WOULD SECURE HEALTH CARE AFFORDABILITY FOR AMERICA'S FAMILIES

Today, House Speaker Nancy Pelosi and Committee Chairmen Henry Waxman, Charlie Rangel, and George Miller introduced their unified health care reform bill. The following is the statement of Ron Pollack, Executive Director of Families USA, about this development:

“The House health care reform bill provides the right prescription for America’s ailing health care system. It offers an effective set of remedies to ensure that virtually all Americans have access to high-quality, affordable health coverage and care.

“The bill effectively delivers the needed changes that families need:

- **improved affordability** so that no one is priced out of coverage and care;
- **choice** of health plans, including one’s current plan as well private plans and a robust public plan option;
- **stability** so that coverage can’t be lost or taken away; and
- **accountability** by insurance companies so that they don’t continue to deny or charge enormous premiums to people with pre-existing health conditions.

“This bill deserves to be enacted promptly, especially because more than 6,000 people are losing health coverage every single day.

“Families USA endorses the newly introduced House health care reform bill, and we will work tirelessly to see that it is enacted into law this year.”

-30-

Families USA is the national organization for health care consumers. It advocates for high-quality, affordable health coverage for everyone.

July 16, 2009

The Honorable Henry Waxman
Chairman
Committee on Energy & Commerce
2125 Rayburn HOB
Washington, DC 20515

The Honorable Frank Pallone
Chairman
Energy and Commerce Subcommittee on Health
2125 Rayburn HOB
Washington, DC 20515

The Honorable Joe Barton
Ranking Member
Committee on Energy & Commerce
2322A Rayburn HOB
Washington, DC 20515

The Honorable Nathan Deal
Ranking Member
Energy and Commerce Subcommittee on Health
2322A Rayburn HOB
Washington, DC 20515

Dear Chairmen Waxman & Pallone and Ranking Members Barton & Deal:

The 303 undersigned organizations express strong support for the public health and prevention provisions included in America's Affordable Health Choices Act. Enactment of these provisions would help ensure that health reform strengthens our public health infrastructure and reorients our health system towards prevention and preparedness. In particular, we would like to express our gratitude and strong support for the bill's establishment of a National Prevention and Wellness Strategy and a Public Health Investment Fund.

In order to create a renewed focus on public health and wellness, we need a **National Prevention and Wellness Strategy**. As outlined in the bill, the Strategy would set specific goals in prevention and wellness activities. It would also identify health disparities in prevention and wellness activities and establish national priorities for prevention research. We believe the Strategy will help focus our nation's prevention activities and help achieve progress in meeting prevention and wellness goals.

To facilitate implementation of the Strategy, and to prioritize prevention, we need an expanded and sustainable funding stream to support prevention, wellness, and public health activities. Toward that end, we applaud the inclusion of a **Prevention and Public Health Investment Fund**. A portion of this Fund would be authorized to support a **Prevention and Wellness Trust**, including allocations for core public health infrastructure and activities for state and local health entities; community-based prevention and wellness services; prevention and wellness research; and clinical and community-based prevention task forces.

As you know, high rates of chronic disease are one of the biggest drivers of health care costs. Americans are not as healthy as they could be or should be even though the U.S. spends more than any other nation in the world on health care. The country will continue to struggle to contain health care costs until we do a better job of keeping people healthier and preventing disease. The Investment Fund and Prevention and Wellness Trust will help to reorient our system from a reactive, treatment-centered approach to a system focusing on wellness and health promotion.

We now have the opportunity to make a major course correction in the way our country deals with promoting public health. We would like to thank you again for capitalizing on this opportunity through the inclusion of the **National Prevention and Wellness Strategy** and the **Public Health Investment Fund**, and to express our enthusiastic support for enactment of these provisions.

Sincerely,

1. 100 Black Men of Charleston, Inc. (SC)
2. 317 Coalition
3. Academy of Breastfeeding Medicine
4. Access Community Health Network
5. Access Institute
6. Advocates for EMS
7. AIDS Action Baltimore
8. AIDS Action Council
9. AIDS Foundation of Chicago
10. AIDS Project Los Angeles
11. ALERT Health
12. Alliance for Healthy Homes
13. All Saints Home Care and Referral Services
14. Alzheimer's Family Organization (Florida)
15. Alzheimer's Foundation of America
16. Alzheimer's Foundation of Staten Island, Inc. (NY)
17. Alzheimer's Services of the Capital Area (Baton Rouge, LA)
18. American Academy of HIV Medicine
19. American Academy of Nursing
20. American Academy of Pediatrics
21. American Academy of Physician Assistants
22. American Alliance for Health, Physical Education, Recreation, and Dance
23. American Association for Health Education
24. American Association for Physical Activity and Recreation
25. American Association of Colleges of Pharmacy
26. American Association of Occupational Health Nurses
27. American Association of School Administrators
28. American Association on Health and Disability
29. American Association on Intellectual and Developmental Disabilities
30. American Cancer Society Cancer Action Network
31. American College of Cardiology
32. American College of Clinical Pharmacy
33. American College of Occupational and Environmental Medicine
34. American College of Osteopathic Pediatricians
35. American College of Preventive Medicine
36. American College of Sports Medicine
37. American Diabetes Association
38. American Heart Association

39. American Lung Association in Alabama
40. American Lung Association
41. American Lung Association in Alaska
42. American Lung Association in California
43. American Lung Association in Connecticut
44. American Lung Association in Delaware
45. American Lung Association in the District of Columbia
46. American Lung Association in Florida
47. American Lung Association in Georgia
48. American Lung Association in Idaho
49. American Lung Association in Illinois
50. American Lung Association in Indiana
51. American Lung Association in Iowa
52. American Lung Association in Louisiana
53. American Lung Association in Maine
54. American Lung Association in Maryland
55. American Lung Association in Massachusetts
56. American Lung Association in Minnesota
57. American Lung Association in Mississippi
58. American Lung Association in New Hampshire
59. American Lung Association in New Jersey
60. American Lung Association in New York
61. American Lung Association in North Carolina
62. American Lung Association in North Dakota
63. American Lung Association in Rhode Island
64. American Lung Association in South Carolina
65. American Lung Association in South Dakota
66. American Lung Association in Pennsylvania
67. American Lung Association in Tennessee
68. American Lung Association in Texas
69. American Lung Association in Utah
70. American Lung Association in Vermont
71. American Lung Association in Virginia
72. American Lung Association in Washington
73. American Lung Association in West Virginia
74. American Lung Association in Wisconsin
75. American Nurses Association
76. American Osteopathic Association
77. American Pediatric Society
78. American Pharmacists Association
79. American Psychiatric Association
80. American Psychological Association
81. American Public Health Association
82. American School Health Association
83. American Social Health Association
84. American Society of Bariatric Physicians

85. American Thoracic society
86. amfAR, The Foundation for AIDS Research
87. Arthritis Foundation
88. Assembly on School-Based Health Care
89. Association for Prevention Teaching and Research
90. Association for Professionals in Infection Control and Epidemiology, Inc.
91. Association of Child and Maternal Health Programs
92. Association of Clinicians for the Underserved
93. Association of Immunization Managers
94. Association of Maternal and Child Health Programs
95. Association of Medical School Pediatric Department Chairs
96. Association of Montana Public Health Officials
97. Association of Public Health Laboratories
98. Association of Schools of Public Health
99. Association of State and Territorial Dental Directors
100. Association of State and Territorial Directors of Nursing
101. Association of State and Territorial Health Officials
102. Association of University Centers on Disabilities
103. Autism Society of America
104. Bay Area Regional Health Inequities Initiative (Oakland, CA)
105. Bazelon Center for Mental Health Law
106. Beach Cities Health District (Redondo Beach, CA)
107. Black Women's Health Imperative
108. Brain Injury Association of America
109. Breathe California
110. Bridgeway Pointe Assisted Living in Cincinnati, Ohio
111. Brooklyn Perinatal Network Inc
112. Brooklyn Task Force on Infant and Maternal Mortality and Family Health
113. California Center for Public Health Advocacy
114. California Conference of Local Health Officers
115. California Food Policy Advocates
116. California Health Association-North
117. California Primary Care Association
118. Campaign for Public Health
119. Campaign for Tobacco Free Kids
120. CANN - Community Access National Network
121. CardioVision 2020 (Minnesota)
122. Caring Days Adult Day Care, A Program of Caring Congregations (Alabama)
123. Center for Behavioral Research, School of Public Health, San Diego State University
124. Center for Biosecurity, University of Pittsburgh Medical Center
125. Center for Cognitive Fitness & Innovative Therapies
126. Center for Communications, Health & the Environment
127. Center for Infectious Disease Research and Policy, University of MN
128. Center for Science in the Public Interest
129. Chenango Health Network (NY)
130. Cherokee Nation

131. Children's Dental Health Project
132. Children's Health Fund
133. CityMatCH
134. Cleveland Department of Public Health
135. Coastal Health District, Georgia
136. Colorado Association of Local Public Health Officials
137. Commonweal (WA)
138. Community Health Councils
139. Community Health Partnership: Oregon's Public Institute
140. Community HIV/AIDS Mobilization Project (NY and RI)
141. Connecticut Association of Directors of Health
142. Continuum Senior Care Management, Inc.
143. Council of State and Territorial Epidemiologists
144. County Health Executives Association of California
145. Defeat Diabetes Foundation
146. Dementia Care Services, LLC (Texas)
147. Directors of Health Promotion and Education
148. Emergency Nurses Association
149. Environmental Health Watch
150. Epilepsy Foundation
151. Every Child By Two
152. Fall Prevention Center of Excellence
153. FamilyCook Productions
154. Family Voices
155. Fay W. Boozman College of Public Health - University of Arkansas for Medical Sciences
156. First Focus
157. Fitness Forward
158. Flint Odyssey House, Inc Health Awareness Center (MI)
159. Georgetown County Diabetes CORE Group (SC)
160. Georgia District 2 Public Health
161. Georgia Public Health Association
162. Golden Gate Designs
163. Healthcare Consortium, Inc
164. Health District 3-1 (Georgia)
165. Health Education Network of Delaware
166. Health Promotion Research Center, University of Washington
167. Hepatitis B Foundation
168. Hepatitis Foundation International
169. Hidalgo Medical Services (NM)
170. HIV Medicine Association
171. Home Safety Council
172. Housing Works
173. Howard University Center for Wellness and Weightloss Surgery
174. Human Rights Campaign
175. Immunization Action Coalition
176. Infectious Diseases Society of America

177. Institute for Agriculture and Trade Policy
178. Institute for Health and Productivity Studies, Rollins School of Public Health, Emory University
179. Institute of Public Health, Georgia State University
180. InterAmerican Heart Foundation
181. International Health, Racquet & Sports Club Association
182. Iowa Counties Public Health Association
183. Kansas Association of Local Health Directors
184. Khmer Health Advocates, Inc
185. Lifelong AIDS Alliance (WA)
186. Local Public Health Association of Minnesota
187. Louisiana Public Health Institute
188. Lutheran Family & Children's Services
189. March of Dimes Foundation
190. Maryland Association of County Health Officers
191. Massachusetts Public Health Association
192. Mental Health America
193. Michigan Department of Community Health, Healthy Homes University Program
194. Missouri Association of Local Public Health Agencies
195. Nacogdoches Treatment Center – Alzheimer's Day Activity Program (Texas)
196. National Alliance of State and Territorial AIDS Directors
197. National Association for Public Health Statistics and Information Systems
198. National Association of Anorexia Nervosa and Associated Disorders
199. National Association of Chronic Disease Directors
200. National Association of Community Health Centers
201. National Association of Counties
202. National Association of County and City Health Officials
203. National Association of Local Boards of Health
204. National Association of People with AIDS
205. National Association of RSVP Directors
206. National Association of School Nurses
207. National Association for Sport & Physical Education
208. National Athletic Trainers' Association
209. National Birth Defects Prevention Network
210. National Coalition for Promoting Physical Activity
211. National Coalition of STD Directors
212. National Environmental Health Association
213. National Forum for Heart Disease and Stroke Prevention
214. National Health Council
215. National Health Foundation
216. National Health Science Honor Society (Eta Sigma Gamma)
217. National Hispanic Health Foundation
218. National Hispanic Medical Association
219. National Initiative for Children's Healthcare Quality
220. National League for Nursing
221. National Medical Association

222. National Network of Public Health Institutes
223. National Nursing Centers Consortium
224. National Nursing Network Organization
225. National Parent Teacher Association
226. National Recreation and Park Association
227. National Research Center for Women & Families
228. National Student Nurses' Association
229. National TB Controllers Association
230. National WIC Association
231. Nemours
232. Nevada Cancer Institute
233. New York Academy of Medicine
234. New York State Nutrition Council
235. New York Statewide Breastfeeding Coalition
236. Novo Nordisk
237. Pacific Center of Excellence in the Elimination of Disparities
238. Partners for a Healthy Nevada
239. Partnership for Prevention
240. Physicians Committee for Responsible Medicine
241. Physicians for Social Responsibility
242. Pop Warner Little Scholars
243. Prevention Institute
244. Preventive Cardiovascular Nurses Association
245. Project Lifesaver International (Virginia)
246. Public Health Directors of Colorado
247. Public Health Foundation
248. Public Health Institute
249. Public Health Nursing Section (APHA)
250. Public Health-Seattle & King County
251. Rails-to-Trails Conservancy
252. REACH US Lawndale Health Promotion Project, Chicago Dept. of Public Health
253. REACH U.S. SEA-CEED
254. Rebuilding Together
255. Research!America
256. Researchers against Inactivity-related Disorders
257. RI Lead Techs, Inc.
258. SAGE Eldercare (New Jersey)
259. San Ysidro School District
260. Save the Children
261. Shaping America's Health
262. Society for Pediatric Research
263. Society for Public Health Education
264. Society of State Directors of Health, Physical Education and Recreation
265. South Beach AIDS Project, Inc.
266. Special Olympics
267. Sporting Goods Manufacturers Association

268. State and Territorial Injury Prevention Directors Association
269. Sudden Cardiac Arrest Association
270. TAKE CHARGE!!! Lifestyle Management, Inc.
271. Texas Association of Local Health Officials
272. The Access Project
273. The AIDS Institute
274. The ARK, Adult Respite Kare and Alzheimer's Family Support Services
275. The Community Heart Health Coalition of Ulster County
276. The Midwest Latino Health Research, Training and Policy Center at the University of Illinois at Chicago
277. The National Alliance to Advance Adolescent Health
278. The National Coalition for LGBT Health
279. The National Nursing Network Organization
280. The New England Coalition for Health Promotion and Disease Prevention
281. The Praxis Project
282. The Society for Healthcare Epidemiology of America
283. Treatment Access Expansion Project
284. Treatment Action Group (IL)
285. Trust for America's Health
286. United American Nurses, AFL-CIO
287. United Fresh Produce Association
288. United States Breastfeeding Committee
289. United States Water Fitness Association
290. United Way of America
291. U.S. PIRG
292. U.S. Preventive Medicine, Inc.
293. Visiting Nurse Associations of America
294. Washington Coalition for Promoting Physical Activity
295. Washington Health Foundation-Healthiest State in the Nation Campaign
296. Washington State Association of Local Public Health Officials
297. WomenHeart: The National Coalition for Women with Heart Disease.
298. Women's Sports Foundation
299. YBH (Youth Becoming Healthy) Project, Inc.
300. YMCA of Greater Cleveland
301. YMCA of the USA
302. Young People's Healthy Heart Program, Mercy Hospital (Valley City, ND)
303. YOUR Center (MI)



July 15, 2009

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

Dear Speaker Pelosi:

On behalf of child advocates across the country, Voices for America's Children commends the Tri-Committee's efforts on introducing H.R. 3200, *The America's Affordable Health Choices Act*. This landmark piece of legislation is a significant step toward improving the well-being of children and their families.

As the House continues to move forward toward reforming the country's health care system, the Voices for America's Children network urges you to keep the needs of children in mind. For health care reform to be viewed as a success, it must ensure that the millions of children who remain uninsured or underinsured have affordable, accessible, continuous and comprehensive health care coverage.

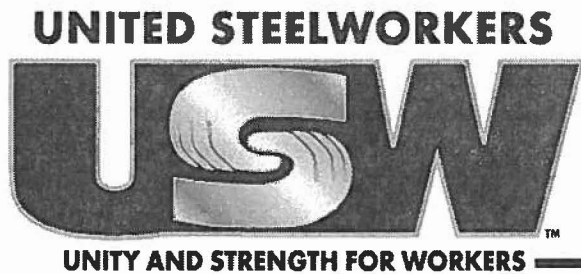
Voices for America's Children applauds this significant effort to reform our country's health care system and will continue to work with you, your staff, and the committees to ensure final congressional approval.

With regards,

A handwritten signature in black ink, appearing to read "William H. Bentley", is written over a faint, larger version of the same signature.

William H. Bentley
President and Chief Executive Officer

cc: Energy and Commerce, Education and Labor, and Ways and Means Members



Leo W. Gerard
International President

July 15, 2009

VIA FAX

The Honorable Henry A. Waxman
Chairman, House Energy & Commerce Committee
2204 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Charles B. Rangel
Chairman, House Ways & Means Committee
2354 Rayburn House Office Building
Washington, D.C. 20515

The Honorable George Miller
Chairman, House Education & Labor Committee
2205 Rayburn House Office Building
Washington, D.C. 20515

Dear Chairmen Waxman, Rangel and Miller:

On behalf of the 850,000 members of the United Steelworkers (USW), I write in praise of your actions to fix America's broken health care system with yesterday's introduction of "America's Affordable Health Choices Act." Our members recognize and appreciate the tremendous efforts that you and your staffs have made to produce an historic bill to fix our broken health care system. Coordination among the three committees of jurisdiction truly has been unprecedented and shows the depth of commitment the three committees have to moving forward expeditiously together to make good on the promise of providing for quality health care that is accessible and affordable to all Americans.


The House Tri-Committee bill meets the goal of controlling runaway health care costs by introducing real choice into the system and by expanding access to quality health care. It creates a high quality public health insurance plan option that will bring real competition for private insurance from day one. It appropriately calls on corporations to pay their fair share and will no longer permit free riders to off-load their health care costs onto the system. It also introduces much-needed insurance market reforms so that pre-existing conditions will be covered and discriminatory practices will no longer be tolerated. In addition, it provides for a temporary reinsurance program for pre-Medicare retirees ages 55-64, which will help employers continue to provide coverage as health care costs have really skyrocketed for this particularly vulnerable population. The House bill meets President Obama's goal of



calling on those who can afford to contribute to funding health coverage expansion through a modest tax surcharge. It rightly does not ask the American people to pay more for what they have in coverage.

The USW urges the House of Representatives to move forward with this landmark reform with all deliberate speed and to vigorously fight attempts to weaken the bill during the legislative process. With the election of President Obama and the Democratic majority, the American people have demanded reform of the broken health care system. Now is the time for action. The USW urges Congress to deliver on the promise of real reform.

Sincerely,

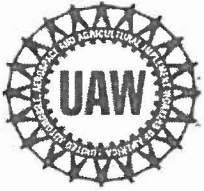
A handwritten signature in black ink that reads "Leo W. Gerard". The signature is written in a cursive style with a large initial "L".

Leo W. Gerard
International President

LWG/pak

c: Speaker Nancy Pelosi
Majority Leader Steny Hoyer
Majority Whip James Clyburn

House Democratic Committee Members:
Energy & Commerce
Ways & Means
Education & Labor



INTERNATIONAL UNION, UNITED AUTOMOBILE, AEROSPACE & AGRICULTURAL IMPLEMENT WORKERS OF AMERICA - UAW

RON GETTELFINGER, President

ELIZABETH BUNN, Secretary-Treasurer

VICE PRESIDENTS: GENERAL HOLIEFIELD • BOB KING • CAL RAPSON • JIMMY SETTLES



IN REPLY REFER TO

1757 N STREET, N.W.
WASHINGTON, D.C. 20036
TELEPHONE: (202) 828-8500
FAX (202) 293-3457

July 15, 2009

Hon. Henry Waxman, Chairman
Committee on Energy and Commerce
2125 Rayburn House Office Bldg.
Washington, D.C. 20515

Hon. Charles Rangel, Chairman
Committee on Ways and Means
1102 Longworth House Office Bldg.
Washington, D.C. 20515

Hon. George Miller, Chairman
Committee on Education and Labor
2181 Rayburn House Office Bldg.
Washington, D.C. 20515

Dear Chairmen Waxman, Rangel and Miller:

This week the Committees on Energy and Commerce, Ways and Means, and Education and Labor are scheduled to mark up H.R. 3200, "America's Affordable Health Choices Act of 2009." The UAW strongly supports this critically important health care reform legislation. We urge all three Committees to give prompt approval to this measure.

The UAW applauds the tremendous efforts by the three Committees to craft a common health care reform bill that meets the principles set forth by President Obama and the labor movement. This legislation will fix America's broken health care system by ensuring that all Americans have access to quality, affordable health care. It will do this by building on what works, allowing Americans to keep their existing health care coverage if they like it, while offering expanded options for individuals and businesses that need new mechanisms for obtaining quality, affordable coverage. At the same time, this legislation will reduce the growth in health care spending, lowering costs for individuals, employers and government at all levels. This will help individuals get access to health care, improve the competitiveness of businesses, and address the long term fiscal challenges facing our state and federal governments.

Access to Care

H.R. 3200 will assure that 97% of Americans are covered by quality, affordable health insurance coverage. This will extend coverage to 37 million Americans who currently lack any health insurance coverage. It will also ensure that the majority of Americans who currently have health insurance coverage will no longer have to fear that this vital protection could be lost if they lose their jobs or their companies go bankrupt. The legislation achieves nearly universal health care coverage by:

- preserving and expanding the present system of employer-based health care coverage;
- reforming the insurance market so individuals can no longer be denied coverage because of pre-existing conditions or other discriminatory practices;
- establishing a national Health Insurance Exchange to facilitate coverage of individuals and small businesses; and
- expanding Medicaid to provide coverage for more low income individuals.

Affordability

H.R. 3200 also guarantees that health insurance coverage will be affordable for all Americans by:

- requiring employers to contribute to the cost of health care coverage either through employer-sponsored plans or coverage provided through the Exchange;
- providing affordability credits to individuals up to 400% of the poverty line to reduce premiums and cost-sharing to levels that ensure access to care; and
- capping out-of-pocket spending under all health care policies, and limiting the ability of insurance companies to charge higher rates due to health status, gender, age and other factors.

Reducing Costs

H.R. 3200 will reduce costs for individuals, employers and government through a number of essential reforms, including:

- eliminating the burden of uncompensated care that now imposes a heavy tax on employers and individuals who currently have coverage;
- reforming the delivery and provider payment systems under Medicare and more broadly;

- reducing administrative costs, fraud and waste through the Exchange and reforms to Medicare; and
- establishing a strong public health insurance option within the Exchange to ensure there is adequate competition with private insurance carriers in all areas of the country.

Improving Quality

H.R. 3200 will improve the quality of health care for Americans by:

- preserving the right of Americans to choose their doctor and hospital, while expanding their choice of health care plans;
- expanding prevention and wellness programs, and prohibiting cost sharing for preventive services; and
- investing in the health care workforce, including more training and other incentives for primary care physicians.

Helping Seniors

H.R. 3200 will significantly improve health care for retirees through:

- Medicare reforms that expand low-income subsidies and eliminate the “donut hole” in the Part D prescription drug program; and
- the establishment of a temporary catastrophic reinsurance program for employers and VEBA's that provide health care coverage to pre-Medicare retirees (ages 55-65), which will encourage the continuation of coverage for this vulnerable population.

Equitable Financing

The costs of the reforms in H.R. 3200 are fully paid for by:

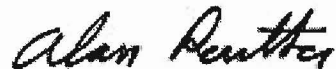
- reforms that will reduce spending on Medicare and Medicaid by over \$500 billion, including eliminating wasteful payments for Medicare Advantage plans; and
- a small surtax on the wealthiest 1.2% of Americans.

Significantly, HR. 3200 will NOT impose any tax on workers' health care benefits. The UAW applauds the Committees for rejecting punitive, counterproductive proposals to tamper with the present tax exclusion for employer-provided health care benefits. These proposals would have imposed a huge tax increase on many working families, including a disproportionate burden on older, sicker workers. They also would have undermined employer-sponsored health care plans that currently cover the majority of Americans.

For all of the foregoing reasons, the UAW strongly supports H.R. 3200, "America's Affordable Health Choices Act of 2009." In our judgment, this bill represents an historic opportunity to provide quality, affordable health insurance coverage to all Americans. It will ensure that all Americans have access to health insurance coverage; guarantee that this coverage will be affordable; contain escalating health care costs to provide real savings for individuals, businesses and government; enhance the quality of care by preserving choice of providers, expanding choice of plans, and making needed investments in the health care workforce; improve health care benefits provided to retirees under Medicare and provide urgently needed assistance to encourage employers and VEBA's to continue health care coverage for vulnerable pre-Medicare retirees; and fully pay for all of these reforms through real savings in the existing health care system and an equitable tax on the wealthiest Americans.

The UAW believes that now is the time for Congress to make the dream of health care reform a reality. We urge the Committees on Energy and Commerce, Ways and Means, and Education and Labor to take the first step in this journey by promptly approving H.R. 3200, and rejecting any attempts to weaken this legislation.

Sincerely,



Alan Reuther
Legislative Director

AR:lb
opeiu494
L8580

cc: Members, Committees on
Energy and Commerce,
Ways and Means, and
Education and Labor



July 15, 2009

The Hon. Henry A. Waxman
Chair, House Energy and Commerce
Committee
2125 Rayburn House Office Building
Washington, DC 20515

The Hon. Joe Barton
Ranking Member, House Energy and
Commerce Committee
2322A Rayburn House Office Building
Washington, DC 20515

Dear Chairman Waxman and Ranking Member Barton:

On behalf of the more than 2 million members of the Service Employees International Union (SEIU), I am writing in support of *America's Affordable Health Choices Act of 2009* (H.R. 3200). Crushing healthcare costs have made it impossible to strengthen our economy, with so many families and businesses struggling to make ends meet. Reforming healthcare means: keeping the healthcare you have if you like it; seeing the doctor of your choice; increasing the quality of care while decreasing costs and eliminating waste; helping small businesses stay competitive; and reforming the insurance market so Americans no longer live in fear of losing their coverage. Now is the time to guarantee everyone access to quality, affordable healthcare and this legislation takes the necessary steps to do that. SEIU strongly supports this legislation because it includes affordable quality care for all, shared responsibility, a public health insurance option, a robust benefit package, enhanced workforce development, and provisions to address healthcare inequities. We urge you to pass legislation that retains these important provisions.

We strongly support provisions that limit out-of-pocket expenses and provide affordability credits for working families below 400 percent of the federal poverty level (FPL). These provisions are essential in order to ensure that every man, woman and child in America is guaranteed access to quality, affordable coverage. According to a recent study by the *American Journal of Medicine*, more than 60 percent of bankruptcies filed in 2007 were largely attributable to medical expenses. This means that between 2001 and 2007, bankruptcies attributable to medical expenses rose by 50 percent. The House must retain sufficient subsidies for low- and moderate-income individuals and families up to 400 percent FPL and limit the amount of out-of-pocket expenses, including deductibles and co-payments. Healthcare reform will be meaningless if it doesn't retain these crucial provisions.

SEIU supports the revenue-generating provisions included in *America's Affordable Health Choices Act of 2009*, placed in order to help pay for healthcare reform. The surtax on the wealthiest of our society—which if passed, would be levied beginning in 2011—would help shift the financing of healthcare in a more progressive and fair direction. We also strongly endorse the reinvestment of a portion of existing healthcare spending to finance reform—this includes adjusting Medicare payments to incentivize greater productivity.

ANDREW L. STERN
International President

ANNA BURGER
International Secretary-Treasurer

MARY KAY HENRY
Executive Vice President

GERRY HUDSON
Executive Vice President

ELISEO MEDINA
Executive Vice President

DAVE REGAN
Executive Vice President

TOM WOODRUFF
Executive Vice President

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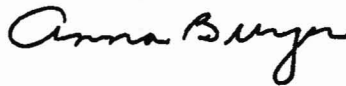
We support a robust public plan because it will provide additional choice and competition in the health insurance market. Without a public plan option that can keep private insurance companies honest, they will continue to raise their prices at rates in excess of overall inflation and “cherry-pick” low-risk pools. Unless there is a national public plan that offers a qualified, reliable and affordable option alongside private plans, the premium credits will be fiscally unsustainable over time. SEIU recognizes the challenge in defining the public plan, and we support a public plan that ultimately competes on a level playing field with private insurance companies. However, to establish the public plan, it must have access to temporary federal financing and to the tools that Medicare has to create payment rates and require provider participation in order to establish a network.

We support shared responsibility. The erosion of employer-sponsored coverage contributes to the affordability and coverage crises we are trying to fix. Currently, responsible employers are penalized in the market by irresponsible ones who fail to provide affordable and meaningful coverage to workers and their families. As an advocate for low-wage workers, SEIU knows firsthand that there are millions of workers who lack the bargaining power and right to organize to demand that their employer offer qualifying coverage if there is no federal requirement to do so.

SEIU supports an American healthcare system that recognizes the importance of a stable workforce in the health sector to deliver quality patient care. Researchers project a shortage of more than a million nurses by 2020 so significant federal investment in the training and education of nurses and direct care workers is vital. We support the House bill for establishing a grant program that creates career ladders to nursing and increases the capacity of nurse faculty. A steady pipeline of nurses is needed both to address the national shortages that currently exist, and to ensure that once reform is enacted there are healthcare professionals to deliver quality care in all regions of the country. We also support increasing investment in direct care jobs as a source for eliminating chronic shortages of nurses and other healthcare professionals and paraprofessionals, while also promoting greater diversity in the healthcare workforce.

We look forward to working with you to pass comprehensive healthcare reform. Should you have any questions, contact Michelle Nawar, Deputy Director of Legislation, at 202-730-7232 or michelle.nawar@seiu.org.

Sincerely,



Anna Burger
International Secretary-Treasurer

AB:MN:gmb

opeiu#2
afl-cio, clc



July 15, 2009

The Honorable Henry A. Waxman
The Honorable Charles B. Rangel
The Honorable George Miller

Support for Physician Payments Sunshine Provision

Dear Sirs,

Thank you for including Subtitle D— Physician Payments Sunshine Provision (Section 1451) in the July 14 Tri-Committee bill on Health Care Reform.

This provision reflects the recommendation by major medical, consumer and industry groups, as well as MedPAC and the Institute of Medicine (IOM), for Congress to pass federal legislation to bring transparency to the financial relationships between pharmaceutical or medical device companies and health professionals and organizations.

As you know, numerous Congressional investigations, media reports, published studies and legal settlements have highlighted the extensive financial links between medicine and industry, and the potential of such links to influence prescribing and increase health care costs.

According to analyses in the *New England Journal of Medicine*, 94% of physicians have some financial relationship with industry, and companies spend at least \$25 billion each year marketing to doctors. While many relationships between academic medicine and industry are necessary and beneficial, they create potential conflicts of interest. Studies show that financial relationships can influence prescribing and drive up costs.

Your provision will create a clear, comprehensive transparency initiative that will generate useful data, but will not limit business conduct. Among the key elements that we support are:

Comprehensive reporting. A reporting threshold of \$5 includes even small gifts and payments that studies show can influence prescribing.

Broad inclusion of covered recipients. MedPAC and IOM agree that a federal transparency standard should go beyond physicians to cover other providers and institutions. Industry marketing to NPs and PAs has increased markedly in recent years to roughly 20 million detail visits in 2006, a 20% increase over 2004.

Careful pre-emption of state laws. Preemption of state disclosure laws will remove a potential compliance burden for companies. We commend the current language for preserving the right of states to collect information that is not collected under the federal bill.

This initiative has support from diverse stakeholders. We believe that its passage will protect patients and help restore trust in our health care system.

Sincerely,

Allan Coukell
Director, Pew Prescription Project
The Pew Charitable Trusts

Marcia Hams
Director of Prescription Access and Quality
Community Catalyst

The following groups support federal transparency legislation, including these key provisions:

- **Require reporting of all transfers of value above a low threshold**
- **Define physician-industry financial relationships broadly**
- **To the extent they affect state laws, pre-empt only the collection of information that will be collected under the federal program.**

AIDS Action Committee of Massachusetts	Health Action New Mexico	National Research Center for Women & Families
Alliance for Retired Americans	Health Care for All (MA)	National Senior Citizen's Law Center
American Federation of Labor and Congress of Industrial Organizations (AFL-CIO)	Health Partners Medical Group (MN)	National Women's Health Network
American Federation of State, County and Municipal Employees (AFSCME)	HealthPartners Health Plan (MN)	Neighborhood Health Plan of Rhode Island
American Medical Student Association (AMSA)	Human Services Coalition of Miami-Dade County	New Jersey Citizen Action
Center for Medical Consumers	Idaho Community Action Network	NJ Family Voices
Center for Science in the Public Interest	Long Island Health Access Monitoring Project	No Free Lunch
Central New York Citizens in Action, Inc	Maine Consumers for Affordable Health Care	North Carolina Justice Center's Health Access Coalition
Citizen Action of Wisconsin	Maryland Citizens' Health Initiative	Oregon Health Action Campaign
Coalition of Wisconsin Aging Groups	Massachusetts Senior Action Council	Our Bodies, Ourselves
Committee of Interns and Residents / SEIU Healthcare	Medical Accountability Network	Pharmacist Planning Services
Commonwealth Care Alliance (MA)	Medicare Rights Center	Rural Wisconsin Health Cooperative
Congress of California Seniors	Milwaukee County Commission on Aging	South Carolina Appleseed Legal Justice Center
Consumers Union	Ministry Health	Statewide Parent Advocacy Network (NJ)
DES Action	Mississippi Health Access Program	Tennessee Health Care Campaign
Families USA	Mississippi Human Services Coalition	The Everett Clinic (WA)
Florida Alliance of Retired Americans	MN Senior Federation	United Senior Action of Indiana
Florida CHAIN (Community Health Action Information Network)	Mon Valley Unemployed Committee (PA)	Universal Health Care Action Network of Ohio
Government Accountability Project	National Committee to Preserve Social Security and Medicare	US PIRG
Gray Panthers	National Education Association	USAction
	National Partnership for Women & Families	Utah Health Policy Project
	National Physicians Alliance	Washington Community Action Network (Washington CAN!)
		Wisconsin Alliance for Retired Americans



Cancer Prevention and Treatment Fund



CENTER FOR MEDICAL CONSUMERS

**Consumers
Union**
Nonprofit Publisher
of Consumer Reports

GAP GOVERNMENT*ACCOUNTABILITY*PROJECT



U.S. PIRG
Federation of
State PIRGs

July 15, 2009

The Honorable Henry Waxman
Chairman, Committee on Energy and Commerce
U.S. House of Representatives
Washington, DC 20515-3215

Dear Chairman Waxman:

Members of the Patient and Consumer Coalition thank you for including permanent comparative effectiveness research language in the final health care reform legislation in the America's Affordable Health Choices Act of 2009. Given the billions of dollars that are wasted every year on medical procedures and products that are less effective than others that are available – and often less expensive – the wise use of comparative effectiveness research is the key to improving the quality of our nation's health care. We look forward to working with Congress to resolve the differences between the various versions of legislative language regarding comparative effectiveness research.

The Patient and Consumer Coalition includes nonprofit organizations that represent patients, consumers, health care providers, researchers, and other stakeholders who believe that our nation's health care will improve if based on the best possible evidence to support sound medical decision-making.

Independent, objective comparative effectiveness research is urgently needed to improve the quality and affordability of health care in this country. Used appropriately, these research findings will save lives and improve the quality of life for millions of Americans. This research

will offer more accurate information to doctors, other healthcare providers, patients, and family members, so that they can make better informed decisions.

Comparative effectiveness research can also identify specific subpopulations of patients for whom one intervention might be safer or more effective than other interventions. By supporting and conducting research that includes more diverse populations, including racial and ethnic minorities, those with co-morbidities, seniors, and children, we can reduce health disparities for racial and ethnic minority populations, and improve the healthcare of women, men, children, and elderly adults.

We strongly support the House bill's provision on comparative effectiveness research because it does not impose limits or requirements on how the evidence-based information may be used. Comparative effectiveness research will generate strong evidence that physicians, patients, and others can use to improve the quality of care. Language that limits its use would make it less likely that patients and physicians will be able to make informed treatment decisions.

We also support the recent recommendation of the Institute of Medicine (*Initial National Priorities for CER*) that a Comparative Effectiveness Research program should “fully involve consumers, patients and caregivers in key aspects of CER, including strategic planning, priority setting, research proposal development, peer review and dissemination.”

We look forward to working with you to pass health care reform legislation that includes strong, meaningful comparative effectiveness research provisions.

Thank you for your leadership on this important issue.

Sincerely,

Breast Cancer Action
Cancer Prevention and Treatment Fund (of the National Research Center for Women & Families)
Center for Medical Consumers
Consumers Union
Government Accountability Project (GAP)
National Consumers League
National Women's Health Network
Our Bodies Ourselves
THE TMJ Association
U.S. PIRG

July 15, 2009

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

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

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

RE: Community Mental Health Centers Strongly Support H.R. 3200

Dear Chairmen Waxman, Rangel and Miller:

On behalf of the National Council for Community Behavioral Healthcare – representing 1,600 Community Mental Health Centers (CMHCs) and other community-based mental health and addiction providers – I am writing to express our strong support for the H.R. 3200, America’s Affordable Health Choices Act. Our members serve over 6 million low-income children and adults with mental health and addiction disorders. Fully 25% of the consumers of public mental health care that we serve are uninsured.

While H.R. 3200 is a multi-faceted bill, perhaps its single most important policy change is the extension of Medicaid coverage to individuals up to 133% of poverty. According to the Kaiser Family Foundation, one in five Americans below 200% of poverty have mental disorders including serious mental illnesses like schizophrenia, autism and major clinical depression. In turn, the National Council estimates that the legislation’s coverage expansions will add 2.8 million low income persons to the public mental health system and increase the patient/consumer average caseload of CMHCs by 50% upon full implementation in 2013.

There are a series of other provisions in America’s Affordable Health Choices Act that specifically address the needs of individuals with mental health and substance abuse disorders. For example, the National Council was particularly pleased that mental health and substance abuse services are mandatory in the basic package of minimum health benefits that private insurance plans must offer through the new health insurance exchange. Moreover, the application of the Wellstone/Kennedy/Domenici mental health parity law to the health care benefits offered to all uninsured persons receiving coverage through the exchange is a tremendous step forward. We are also grateful that the enrollment provisions for the exchange pay special attention to the needs of individuals with mental illnesses and cognitive impairments.

As congressional action of H.R. 3200 proceeds, we hope to have a dialogue with you on two key policy matters. First, as indicated by the estimates cited earlier, our nation needs to significantly

expand the capacity of the public mental health system. A critical first step in this effort is to update the basic statutory definition of front line mental health and substance abuse providers -- untouched since 1980 -- by authorizing Federally Qualified Behavioral Healthcare Centers (FQBHCs). The legal impact of this key no-cost policy change is to update the basic set of services provided by these entities while establishing base line data reporting and quality criteria. Behavioral health cannot be integrated into the larger health care system if we fail to meet the new accountability standards being demanded of our peers in primary care and specialty medicine.

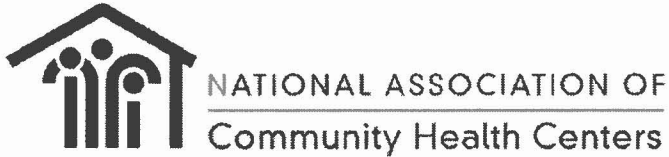
In addition, the National Council requests that persons with serious mental illnesses served in the public mental health system be explicitly designated as a target beneficiary chronic disease patient population for the Medicaid medical home pilot authorized in H.R. 3200. Mortality data from the Substance Abuse and Mental Health Services Administration show that persons with conditions like bipolar disorder, psychosis and schizophrenia served by public mental health agencies die, on average, 25 years sooner than other Americans. These shocking death rates are explained by the high incidence of untreated co-occurring chronic conditions – including cancer, diabetes, heart disease and asthma – in this patient population. Clearly, we need federal help to stop this emerging public health crisis in its tracks.

In conclusion, the National Council pledges to fight side-by-side with you to ensure congressional passage of America's Affordable Health Choices Act.

Sincerely,

A handwritten signature in cursive script that reads "Linda Rosenberg". The signature is written in black ink and is positioned below the word "Sincerely,".

Linda Rosenberg, MSW
President & CEO



July 15, 2009

The Honorable Henry Waxman
Chair, Committee on Energy and Commerce
U.S. House of Representatives
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable Charles Rangel
Chair, Committee on Ways and Means
U.S. House of Representatives
1102 Longworth House Office Building
Washington, DC 20515

The Honorable George Miller
Chair, Committee on Education and Labor
U.S. House of Representatives
2181 Rayburn House Office Building
Washington, DC 20515

Chairman Waxman, Chairman Rangel, and Chairman Miller –

On behalf of the more than 1,200 health centers across the country, our more than 100,000 staff and board members, and our more than 18 million patients, I write today to express our profound gratitude and our strong support for the “America’s Affordable Health Choices Act of 2009”.

In Community Health Centers across the country, we witness the urgent need for fundamental health reform every single day, in the faces and struggles of our patients who for too long have been left behind by our current dysfunctional health care system. Your legislation would not only extend meaningful health coverage to most of the 46 million Americans who are currently uninsured, but would make the investments necessary to bring community-based primary and preventive care to every individual and community in America.

In particular, we commend the investment your legislation would make in the continued expansion of health centers through the Public Health Investment Fund. These resources will bring new health centers to needy communities currently without them, will expand capacity and stabilize existing centers, and will ensure the full range of medical, dental, mental health and pharmacy services is available to every health center patient. The health center model of care has been proven, time and again, to save our health system money and keep patients healthy, and this investment builds on that record of success.

Beyond the infrastructure investments in the legislation, we are particularly supportive of:

- The expansion of **Medicaid** to cover all individuals up to 133% of the Federal Poverty Level (FPL). This will ensure that millions more low-income Americans will be covered for the comprehensive benefits they need, while at the same time ensuring health centers are able to receive appropriate, predictable reimbursement, for the care they provide.

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202.296.3526 FAX



NATIONAL ASSOCIATION OF
Community Health Centers

- The improvements in training, payment and incentive programs all designed to strengthen the **primary care workforce and primary care services**, a necessary step toward ensuring meaningful access to care.
- The requirement that exchange plans contract with “**Essential Community Providers**”, including Health Centers and other safety-net providers, which will assure access to care for the residents of underserved areas who gain coverage through Exchange plans.

Our 43 years of experience in caring for America’s medically disenfranchised has taught us three things: that health reform must achieve universal coverage that is **available** and **affordable** for everyone, and especially to low-income individuals and families; that such coverage must be **comprehensive**, with emphasis on **prevention and primary care**; and that it must guarantee everyone access to a **medical or health care home**, where they can receive **high quality, cost effective care** for their health needs.

Your legislation meets those goals, and represents a strong blueprint for an American health care system that expands access, improves quality, and controls costs. We wholeheartedly support the bill and look forward to working with you to ensure its successful consideration and passage.

Sincerely,


Dan Hawkins
Senior Vice-President, Public Policy and Research



A big vision for small business

July 15, 2009

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

Dear Chairman Waxman:

On behalf of the thousands of small business owners in the Main Street Alliance network, I want to extend our organization's sincere thanks to you and the leadership of the U.S. House of Representatives for introducing the "America's Affordable Health Choices Act of 2009" (H.R. 3200). This historic legislation encompasses the principles and objectives of Main Street small business owners to achieve comprehensive reform of our nation's health care system, giving small employers real choices in affordable health coverage including the option of a competitive public health insurance plan. We are proud to give this legislative framework our strong support and pledge to work with you and your colleagues toward its adoption.

This legislation will help make America's small businesses more competitive by giving them greater control over one of the most costly and unpredictable aspects of doing business: the spiraling costs of providing quality health coverage. H.R. 3200 includes essential reforms that address the key priorities our small business owners hold: promoting transparency and giving small businesses simplified choices through a Health Insurance Exchange, increasing bargaining power and driving down costs through a strong public health insurance option that will keep private insurers honest, prohibiting pre-existing condition exclusions and ending discrimination against small groups based on health status, and making coverage more affordable through a system of shared commitment. These elements are essential to making health care work for Main Street. We are particularly pleased that the bill includes a strong public health insurance plan as one of the Exchange options; a strong public plan is essential to control costs, encourage innovation, and provide the competition to keep private insurers accountable.

The Main Street Alliance believes that health care reform must be a shared responsibility of all stakeholders – individuals, businesses, providers, insurers and the government. The Alliance is pleased to see that H.R. 3200 asks all parties to play a role in improving health care. As long as truly affordable coverage options are available, we support giving employers the choice of either offering coverage to employees or making a contribution toward the cost of that coverage. We appreciate the inclusion of tax credits to help smaller, low-wage businesses offset the expense of providing coverage, as well as subsidies to assist low-income employees and their families to afford their contribution.

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

Sincerely,

Dave Mason
Legislative and Policy Director
The Main Street Alliance



The Voice for Health Care Consumers

The Honorable Henry Waxman
Chair, Committee on Energy and Commerce
United States House of Representatives
Washington, DC 20515

The Honorable George Miller
Chair, Committee on Education and Labor
United States House of Representatives
Washington, DC 20515

The Honorable Charlie Rangel
Chair, Committee on Ways and Means
United States House of Representatives
Washington, DC 20515

CC: The Honorable Nancy Pelosi
Speaker of the House
United States House of Representatives
Washington, DC 20515

June 22, 2009

Dear Distinguished Members of Congress:

On behalf of Families USA, the national consumer health organization, we enthusiastically endorse your Tri-Committee discussion draft to reform America's health care system. This draft proposal makes significant and historic progress toward ensuring high-quality, affordable health care for all Americans. We will work tirelessly so that it becomes a reality this year.

We are facing a health care crisis in America. For millions of Americans today, health care coverage is unaffordable. Health care premiums get more expensive each year, and they rose five times faster than wages since 2000. Hard working Americans are paying more in premiums, higher deductibles, and getting less and less covered benefits. And in this economic downturn, millions of families are living in fear of losing their jobs and the health coverage that comes with their jobs.

This draft proposal takes an important step forward in making health care more affordable for America's families and businesses. It builds on what works in our current health care system and fixes what is broken. Patients who like their current plan and doctor can keep what they have. Most importantly, the proposal will help give Americans the peace of mind that comes with knowing they will never lose the coverage their families need to become and stay healthy.

We applaud you for your leadership and commitment to ensuring that all Americans have access to high-quality, affordable health care they need and deserve. We are eager to continue working with you to pass meaningful, comprehensive health reform this year.

Sincerely,

Ronald F. Pollack
Executive Director

1201 New York Avenue, NW, Suite 1100 ■ Washington, DC 20005 ■ 202-628-3030 ■ Fax 202-347-2417

E-Mail: info@familiesusa.org ■ Web site: www.familiesusa.org



July 1, 2009

Dear Representative:

The Coalition of Full-Service Community Hospitals, a broad coalition of hospitals around the country, strongly supports the language in the House Tri-Committee discussion draft that limits physician self-referral to physician-owned hospitals. We urge the House of Representatives to pass legislation which includes this proposal before the August district work period.

While the vast majority of physicians put their patients' best interests first, our everyday experience demonstrates that the conflict of interest generated by self-referral to physician-owned hospitals is having an adverse impact on our communities. Peer-reviewed, independent research has shown that the financial incentives involved in physician ownership influence utilization of services. This influence exists regardless of whether the hospital focuses on one type of procedure (like a surgical hospital) or calls itself a full-service hospital. The influence can exist in rural, suburban and urban areas alike.

Simply put, a physician is the only person who can admit a patient to a hospital. When physicians can gain financially by admitting a patient to a facility they own, there exists a conflict of interest that cannot be ignored by policymakers. Since even current law prevents physicians from ordering a \$200 test from a lab they own, why should it be okay for physicians to refer a patient to a physician-owned hospital for a \$30,000 procedure?

Physician self-referral to hospitals in which there is an ownership interest is increasing health care costs at a time when the government is seeking ways to reduce the rate of growth in health care spending. Leaders in the House, Senate and White House agree that now is the time to fix this problem. The Medicare program cannot afford to, and should not continue to, reward the cherry picking and increased utilization that are inherently tied to these financial arrangements. Each delay in enacting such a ban allows this problem to continue to increase in magnitude and its ultimate impact on Medicare spending.

The members of the Coalition support Section 1156 of the House Tri-Committee discussion draft and urge you to oppose any efforts to strike or alter this permanent ban on physician self-referral.

Sincerely,

A handwritten signature in cursive script that reads "Cindy Morrison". The signature is written in black ink and is positioned to the right of the word "Sincerely,".

Cindy Morrison
Executive Director



1400 EYE STREET, N.W. • SUITE 1200 • WASHINGTON, DC 20005
PHONE (202) 296-5469 • FAX (202) 296-5427

July 15, 2009

The Honorable George Miller
Chairman
Committee on Education and Labor
United States House of Representatives
Washington, DC 20515

The Honorable John Kline
Ranking Member
Committee on Education and Labor
United States House of Representatives
Washington, DC 20515

The Honorable Henry Waxman
Chairman
Committee on Energy and Commerce
United States House of Representatives
Washington, DC 20515

The Honorable Joe Barton
Ranking Member
Committee on Energy and Commerce
United States House of Representatives
Washington, DC 20515

The Honorable Charles Rangel
Chairman
Committee on Ways and Means
United States House of Representatives
Washington, DC 20515

The Honorable Dave Camp
Ranking Member
Committee on Ways and Means
United States House of Representatives
Washington, DC 20515

Dear Chairmen and Ranking Members:

The Campaign for Tobacco-Free Kids applauds the health reform legislation introduced this week for recognizing the important role prevention must play in a reformed health care system. A national commitment to prevention can save lives, reduce disease, and lower health care costs.

The bill's inclusion of tobacco cessation and prevention strategies will help tobacco users to quit and help prevent young people from beginning this deadly addiction. Tobacco use takes a devastating toll on our nation's health and economy. Tobacco-related disease causes more than 400,000 deaths and \$96 billion in health care costs each year. More than 43 million Americans currently use tobacco products. Fortunately, there are proven ways to prevent and reduce tobacco use. Research has demonstrated conclusively that investments in tobacco prevention, as well as cessation programs, reduce smoking and produce substantial health care cost savings. During this time of increasing health care costs and economic uncertainty, preventing tobacco use and helping more tobacco users to quit is a critical investment.

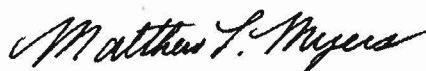
The House health reform legislation appropriately promotes both clinical- and community-based prevention. Effective insurance coverage – in both private health plans and public programs – will help smokers quit by requiring coverage of services recommended by the U.S. Preventive Services Task Force (USPSTF) with a grade of A or B. The USPSTF standard will ensure that private health insurance plans and Medicaid cover comprehensive tobacco cessation services, including FDA-approved medications and counseling sessions. While breaking an addiction to nicotine is difficult, access to these recommended services has been shown to increase the proportion of smokers who use cessation services, attempt to quit, and quit successfully.

WWW.TOBACCOFREEKIDS.ORG

Community-based efforts to reduce and prevent tobacco use will benefit from the development of a national prevention strategy and new funding available through the Public Health Investment Fund. Programs that follow the Center for Disease Control and Prevention's Best Practices for Comprehensive Tobacco Control Program, which include community based programs and public education campaigns, can quickly and substantially reduce tobacco use, save lives, and cut smoking-caused costs. In California, adult smoking rates were reduced by 35 percent (from 22.7 percent in 1988 to 13.8 percent in 2007) after implementation of its Tobacco Control Program. A recent study found that California's program saved \$86 billion in personal health care costs and prevented 3.6 billion packs of cigarettes from being smoked between 1989 and 2004. Successful tobacco prevention and cessation programs have also been implemented in Maine, New York, Washington State and elsewhere. Unfortunately, few states are adequately investing in tobacco prevention. In fact, no state committed the level of resources recommended by the CDC in fiscal year 2009, and that is why the potential funding in your bill is so important.

We are pleased with the legislation's emphasis on prevention. When applied to tobacco, the clinical- and community-based prevention provisions in the bill will help tobacco users quit and prevent others from beginning to use these deadly products.

Sincerely,

A handwritten signature in black ink that reads "Matthew L. Myers". The signature is written in a cursive, flowing style.

Matthew L. Myers
President



July 16, 2009

Dear Representative:

The National Association of County and City Health Officials (NACCHO) and the Association of State and Territorial Health Officials (ASTHO) join in urging your strong support for the Prevention and Wellness Trust proposed in H.R. 3200, the America's Affordable Health Choices Act of 2009. The Trust would provide a long-needed stable, reliable source of funding for strengthening the nation's state and local health departments in an accountable fashion through a new program of grants for core public health infrastructure and activities.

The infrastructure of state and local health departments is the neglected backbone of public health protection upon which every American relies. It provides population-wide prevention and health protection with respect to both infectious and chronic disease that is beyond the capacity of the medical care or health insurance systems. Evidence-based public health actions benefit all health care consumers, providers and payors by reducing the human and economic toll of preventable diseases.

The public expects the governmental public health system to protect it from a large and growing host of urgent health threats, from illnesses caused by contaminated food to epidemics of existing and new infectious diseases, such as the novel H1N1 influenza virus. However, state and local health departments are experiencing a severe erosion of resources and capacities at the same time that the demands on them are increasing. By early 2009, 11,000 state and local health department jobs had been lost and that number is increasing rapidly.

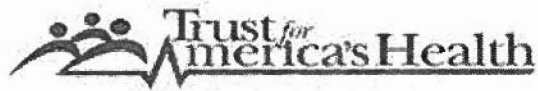
State and local health departments also face severe and well-documented shortages of skilled public health professionals. The workforce development provisions of H.R. 3200 include new approaches to increasing and enhancing this workforce, building on models of current successful health care workforce development programs. We vigorously support these provisions, which are a necessary component of public health infrastructure improvement.

NACCHO and ASTHO collectively represent every state, regional and local health department in the United States and its territories. We wish to impress on you our grave sense of urgency to sustain and improve the governmental public health system, without which all of America is vulnerable to health threats that only governmental public health authorities can address. A strong, well-funded governmental public health system focused on keeping America healthy is an essential cornerstone of the high-performing health system that the public expects.

Sincerely,

Paul E. Jarris, MD, MBA
Executive Director
ASTHO

Robert Pestronk, MPH
Executive Director
NACCHO



July 16, 2009

The Honorable Henry A. Waxman, Chairman
Energy and Commerce Committee
U.S. House of Representatives
2125 Rayburn H.O.B.
Washington, DC 20515

Dear Chairman Waxman,

On behalf of the Association for Professionals in Infection Control and Epidemiology (APIC), the Council of State and Territorial Epidemiologists (CSTE), the Infectious Diseases Society of America (IDSA), the Society for Healthcare Epidemiology of America (SHEA), and Trust for America's Health (TFAH) we thank you for your leadership in addressing healthcare-associated infections (HAIs) as part of H.R. 3200, the America's Affordable Health Choices Act of 2009.

As you know, there are an estimated 1.7 million HAIs in the United States annually. These infections result in hospital readmissions, long hospital stays, and unacceptably high financial burdens and are associated with an estimated 99,000 deaths each year. Our organizations are dedicated to eliminating such infections in healthcare settings by focusing resources on those HAIs that are currently preventable as well as by supporting the necessary research that will help to make all HAIs preventable.

We have come together to jointly express support for the HAI public reporting provisions under Title III, subtitle E, which call for the Centers for Disease Control and Prevention (CDC) to establish reporting protocols and appropriately utilize the National Healthcare Safety Network (NHSN) for the collection of these data. We believe this is the best method for ensuring the establishment of a scientifically meaningful reporting and monitoring system utilizing standard definitions.

We also support your efforts under Title IV to implement best practices in the delivery of healthcare via the Center for Quality Improvement. Requiring consultation with the CDC on the development of such practices related to HAIs is essential to ensuring that they are carried out in accordance with scientific evidence.

Finally, many HAIs are caused by antimicrobial-resistant organisms. Therefore, we strongly support strengthening the federal approach to this critical public health problem. As you know, Rep. Jim Matheson has introduced the Strategies to Address Antimicrobial Resistance (STAAR) Act (H.R. 2400), which builds on existing federal programs to strengthen surveillance, research, and prevention and control efforts against drug-resistant organisms. As the Tri-Committee bill advances in the House, we urge you to include H.R. 2400 as an additional strategy for addressing HAIs. We greatly appreciate your strong leadership on these important public health efforts and hope that you will reach out to our organizations as issues related to HAI prevention and multidrug-resistant organisms come before your committee.

Sincerely,



Christine Nutty, RN, MSN, CIC
APIC President



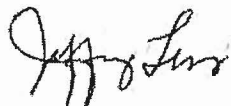
Mark Rupp, MD
SHEA President



Anne A. Gershon, MD, FIDSA
IDSA President



Patrick J. McConnon, MPH
CSTE Executive Director



Jeffrey Levi, Ph.D.
Executive Director
Trust for America's Health

About Our Organizations:

Association for Professionals in Infection Control and Epidemiology (APIC)

APIC's mission is to improve health and patient safety by reducing risks of infection and other adverse outcomes. The Association's more than 12,000 members direct infection prevention programs that save lives and improve the bottom line for hospitals and other healthcare facilities around the globe. APIC strives to promote a culture within healthcare where targeting zero healthcare-associated infections is fully embraced. The organization advances its mission through education, research, collaboration, practice guidance, public policy and credentialing.

The Society for Healthcare Epidemiology of America (SHEA)

The Society for Healthcare Epidemiology of America (SHEA) was founded in 1980 to advance the application of the science of healthcare epidemiology. SHEA comprises 1,500 physicians, infection control practitioners, and other healthcare professionals who are dedicated to maintaining the utmost quality of patient care and healthcare worker safety in all healthcare settings. The Society continually strives toward better patient outcomes by applying epidemiologic principles and prevention strategies to healthcare-associated infections and a wide range of quality-of-care issues. SHEA achieves its mission through education, research, evidence-based guidance development, and public policy.

Infectious Diseases Society of America (IDSA)

The Infectious Diseases Society of America (IDSA) represents more than 8,600 infectious diseases physicians and scientists devoted to patient care, education, research, and public health. Our members care for patients with serious infections, including meningitis, pneumonia, surgical infections, HIV/AIDS, tuberculosis and influenza. ID physicians also work closely with hospitals to design, implement and oversee infection-control protocols as well as antimicrobial-management programs.

Council of State and Territorial Epidemiologists (CSTE)

CSTE represents the interests of public health epidemiologists for the 50 States, 6 Territories, Puerto Rico and the Virgin Islands. CSTE is also a professional association of over 1,150 public health epidemiologists. CSTE members are the frontline disease detectives for naturally occurring infectious diseases and for bioterrorism and emergency response. CSTE's members are also concerned about epidemiologic capacity and surveillance to address healthcare associated infections, antimicrobial resistance, chronic disease, environmental health threats, maternal and child health, occupational disease and injury. CSTE works closely with the Centers for Disease Control and Prevention (CDC) to implement recommendations at the local and state level.

Trust for America's Health

Trust for America's Health (TFAH) is a non-profit, non-partisan organization dedicated to saving lives by protecting the health of every community and working to make disease prevention a national priority.



American
Public Health
Association

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Protect, Prevent, Live Well

July 15, 2009

The Honorable Henry Waxman
Chairman
House Committee on Energy and Commerce
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable Charles Rangel
Chairman
House Committee on Ways and Means
1102 Longworth House Office Building
Washington, DC 20515

The Honorable George Miller
Chairman
House Committee on Education and Labor
2181 Rayburn House Office Building
Washington, DC 20515

Dear Chairmen Waxman, Rangel and Miller:

On behalf of the American Public Health Association (APHA), the oldest and most diverse organization of public health professionals and advocates in the world dedicated to promoting and protecting the health of the public and our communities, I write in strong support of H.R. 3200, the America's Affordable Health Choices Act of 2009.

Earlier this year, APHA released its 2009 Agenda for Health Reform which outlines APHA's top priorities for health reform legislation. We are very pleased that H.R. 3200 addresses many of the critical changes we believe are needed to improve the public's health and specifically, to start moving from a system that focuses on treating the sick to one that focuses on keeping people healthy. In particular, we are pleased that your legislation would:

- Develop a national prevention and wellness strategy that would set specific measurable goals and objectives for improving the health of the U.S. through federally-supported prevention, health promotion, and public health programs.
- Expand the work and coordination of the Community Preventive Services Task Force and the U.S. Preventive Services Taskforce to improve effective community-based and clinical prevention services and to improve dissemination of recommendations about effective interventions to public health departments, practitioners, policymakers, health systems and others.
- Require Medicare, Medicaid and private insurers to provide first dollar coverage for highly rated, evidence-based preventive health services.

- Establish a Public Health Investment Fund that strengthens the investment in community health centers, the public health workforce, and also funds a Prevention and Wellness Trust to fund community-based prevention and wellness services, core public health infrastructure and activities at the state and local levels, and core public health infrastructure and activities at the Centers for Disease Control and Prevention.
- Require an annual report containing a description of national, regional, or state changes in health or health care, as reflected by a set of key health indicators developed by the newly created Assistant Secretary for Health Information.
- Collect data on the health and health care of populations that have traditionally experienced health disparities and prioritize reducing health disparities in the prevention and wellness strategy and community services grants.
- Improve data collection on health workforce needs and increase the supply, distribution, diversity and cultural competence of the public health and primary care workforce, including establishing and supporting the training of a Public Health Workforce Corps, supporting graduate medical education in preventive medicine and primary care, expanding the National Health Service Corps, and increasing funding for health professions diversity programs.
- Create a new public insurance option that provides consumers with a competitive alternative to private insurance coverage offered through the Health Insurance Exchange.

Additionally, while not included in H.R. 3200, we strongly urge you to continue efforts to work with the Congressional Budget Office and the Office of Management and Budget to develop a methodology that scores the long term savings accruing to medical and other sectors as a result of effective prevention programs and services.

We thank you again for including strong public health provisions in this critical legislation and look forward to working with you and your colleagues on your committees as you move forward with health reform legislation this year.

Sincerely,



Georges C. Benjamin, MD, FACP, FACEP (E)
Executive Director

Cc: The Honorable Nancy Pelosi



Gerald W. McEntee
President

William Lucy
Secretary-Treasurer

Vice Presidents

Ken Allen
Portland, OR

Henry L. Bayer
Chicago, IL

George Boncoraglio
New York, NY

Anthony Caso
Boston, MA

Greg Devereux
Olympia, WA

Danny Donohue
Albany, NY

David R. Fillman
Harrisburg, PA

Michael Fox
Harrisburg, PA

Albert Garrett
Detroit, MI

Raglan George Jr.
New York, NY

Sherryl Gordon
Trenton, NJ

Lakesha Harrison
Oakland, CA

Danny J. Homan
Des Moines, IA

Salvatore Luciano
New Britain, CT

John A. Lyall
Worthington, OH

Roberta Lynch
Chicago, IL

Glenard S. Middleton Sr.
Baltimore, MD

Veronica Montgomery-Costa
New York, NY

Doug Moore
San Diego, CA

Michael D. Murphy
Madison, WI

Henry Nicholas
Philadelphia, PA

Eddie L. Parks
Westerville, OH

Randy Perreira
Honolulu, HI

George E. Popyack
Oakland, CA

Greg Powell
Austin, TX

Laura Reyes
San Diego, CA

Eddie Rodriguez
New York, NY

Joseph P. Rugola
Columbus, OH

Kathy J. Sackman
Pomona, CA

Eliot Seide
South St. Paul, MN

Mary E. Sullivan
Albany, NY

Braulio Torres
San Juan, PR

David Warrick
Indianapolis, IN

Jeanette D. Wynn
Tallahassee, FL

June 19, 2009

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

Dear Chairman Waxman:

On behalf of the 1.6 million members of the American Federation of State, County and Municipal Employees (AFSCME), I want to take this opportunity to applaud your leadership in ensuring that comprehensive health care reform is achieved this year. Your unwavering commitment to this goal is reflected in the draft legislation released today by the Ways and Means, Energy and Commerce, and Education and Labor Committees.

The House draft legislation sets us on a path towards reaching our shared goal of high quality, affordable health care for everyone. It addresses key issues in health care reform, including expanding coverage, controlling costs, and making important and needed investments in the health care workforce.

Again, AFSCME commends you for your leadership and dedication to crafting health care legislation that sets us on a path to achieve President Obama's goal of comprehensive reform this year. We look forward to working with you in the days and weeks ahead.

Sincerely,

Charles M. Loveless
Director of Legislation

CML:fbf

American Federation of State, County and Municipal Employees, AFL-CIO

TEL (202) 429-1000 FAX (202) 429-1293 TDD (202) 659-0446 WEB www.afscme.org 1625 L Street, NW, Washington, DC 20036-5687



July 15, 2009

The Honorable Henry Waxman
Chairman, Committee on Energy and Commerce
United States House of Representatives
Washington, DC 20515

The Honorable Joe Barton
Ranking Member, Committee on Energy and Commerce
United States House of Representatives
Washington, DC 20515

Dear Chairman Waxman and Ranking Member Barton:

On behalf of the Association of Maternal and Child Health Programs (AMCHP), I am pleased to offer our support and gratitude for the careful consideration given to the health of women and children in the America's Affordable Health Choices Act of 2009. We are especially supportive of the tremendous emphasis on public health, prevention and wellness, and want to particularly commend the provisions proposed in Division C, "Public Health and Workforce Development."

These proposals demonstrate that health reform cannot solely address access to health insurance, which is fundamental but insufficient to improve health. Instead your proposals recognize that to improve the health of all Americans we need to invest in the prevention of disease and disability. We particularly offer our strong support for the proposed Public Health Investment Fund, which will make remarkable strides in shifting our health system from treatment towards prevention.

For too long, state MCH Programs have identified growing needs in areas such as pre-term birth, infant mortality and related disparities, childhood obesity, injury prevention, preconception health, and development of medical homes for children with special health care needs. While the needs are clear, the resources to address them have been eroding. We very much look forward to working with you and your colleagues to assure that this fund reverses this trend and fully benefits maternal and child health (MCH) populations currently served by all state MCH programs.

As you know, the U.S. currently ranks 29th in infant mortality rates among all industrialized nations and has not made significant progress in the last decade. Even more disturbing, infant mortality among African American babies is double, and in some places triple, the rate for whites. Despite decades of work to expand insurance coverage and early access to prenatal care, America's preterm birth rate has risen dramatically and progress in reducing infant mortality has stalled. Health reform offers the opportunity to renew progress on this vital measure of our nation's health, and we are tremendously grateful for the leadership you are providing on this issue.

Sincerely,

Michael Fraser, Ph.D.
Chief Executive Officer



July 14, 2009

The Honorable Henry Waxman
Chairman, Committee on Energy and Commerce
U.S. House of Representatives
Washington, DC 20515-3215

Dear Chairman Waxman:

The following members of the Alliance for Better Health Care Coalition (ABHC) and others strongly support the type of permanent comparative effectiveness research (CER) language in the Tri-Committee Draft and in the Senate Committees. We hope that permanent CER legislation will be in the final health reform legislation. We believe CER is a key to improving the quality of our nation's health care system, and we look forward to working with Congress to resolve the differences between the various versions of CER.

We are a coalition of consumers, employers, unions, health care providers, pharmaceutical benefit managers, health plans, pharmacists, researchers, and other stakeholders who believe that high quality health care requires good evidence to support sound medical decision-making.

Independent, objective comparative effectiveness research (CER) has the potential to improve greatly health care quality and patient outcomes by helping to ensure clinicians and patients have the evidence they need to make informed decisions. This research can aid in health care decision-making to ensure the delivery of high quality, evidence-based care that is appropriate for the individual patient. Furthermore, well-designed comparative effectiveness research will be able to identify specific subpopulations of patients for whom one intervention might be more appropriate than another intervention. As a result, comparative effectiveness research will enable physicians to make better decisions based on specific patient characteristics and reduce health care disparities for racial and ethnic minority populations.

We particularly appreciate that the House Draft does not seek to impose limits or requirements on how the evidence-based information that results from CER may be used.

This research will generate personalized, reliable and relevant evidence that physicians, patients, and others will use to improve the quality of care. Any language that limits use of this new information will make it more likely, not less, that patients and physicians will be denied the opportunity to make informed treatment decisions.

We look forward to working with the Congress to pass health care reform legislation that includes meaningful comparative effectiveness research provisions.

This research will generate personalized, reliable and relevant evidence that physicians, patients, and others will use to improve the quality of care. Any language that limits use

of this new information will make it more likely, not less, that patients and physicians will be denied the opportunity to make informed treatment decisions.

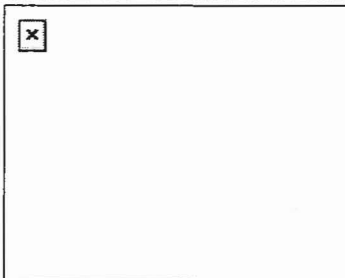
We look forward to working with the Congress to pass health care reform legislation that includes meaningful comparative effectiveness research provisions.

Thank you for your consideration of this important issue for the delivery of quality health care.

Sincerely,

AARP
Academy of Managed Care Pharmacy
Aetna
AFL-CIO
Alliance of Community Health Plans
American Society of Health-System Pharmacists
Center for Medical Consumers
Coalition for Health Services Research
Consumers Union
Community Catalyst
CVS Caremark
Express Scripts
Group Health Cooperative
Health Dialog
Kaiser Permanente
Marshfield Clinic
National Partnership for Women & Families
SEIU

From: Carl Schmid [cschmid@theaidsinstitute.org]
Sent: Monday, June 22, 2009 3:03 PM
To: cschmid@theaidsinstitute.org
Subject: HOUSE HEALTH REFORM BILL WILL HELP PEOPLE WITH HIV/AIDS



National Office - Washington, DC: 202-835-8373
Administrative Office - Tampa, FL: 813-258-5929

For Immediate Release: 6.22.09

Media Contact: Carl Schmid, (202) 669-8267 CSchmid@theaidsinstitute.org

HOUSE HEALTH REFORM BILL WILL HELP PEOPLE WITH HIV/AIDS
Includes Early Treatment of HIV Act & AIDS Drug Assistance Program Enhancement-

Washington, DC – “The AIDS Institute commends the three House Democratic Chairmen for crafting a comprehensive health reform program that seeks to expand access to health care for the nation’s uninsured, including thousands of low-income people with HIV/AIDS,” commented Carl Schmid, Director of Federal Affairs for The AIDS Institute. While there are numerous elements of the discussion draft that will help people with HIV/AIDS gain access to health care and treatment, two sections in particular will directly assist them. Included in the draft is 1) an optional Medicaid coverage for low-income people with HIV, and 2) allowing expenditures by the Ryan White AIDS Drug Assistance Program (ADAP) to count in the determination of True Out-of-Pocket (TrOOP) expenses in the Medicare Part D drug program. Both of these issues have been high priorities for the HIV/AIDS community for several years and The AIDS Institute is hopeful they will both be enacted as part of comprehensive health reform this year.

The Medicaid expansion for low-income people with HIV would provide states the option of amending their Medicaid eligibility to extend coverage to uninsured, low-income persons with HIV, before they progress to full blown AIDS. This provision has been championed by Rep. Eliot Engel (D-NY), who serves on the Energy and Commerce Committee, along with Speaker Nancy Pelosi (D-CA) and Chairman Henry Waxman (D-CA). The Early Treatment for HIV Act (HR 1616) now enjoys 118 co-sponsors. Rep. Ileana Ros-Lehtinen (R-FL) is the Republican lead sponsor. Early treatment for people with HIV will result in better health outcomes and save costs in the long term. President Barack Obama repeatedly stated during the campaign that he supports “covering low-income HIV patients with Medicaid.”

The Medicare Part D drug benefit will be improved for people with HIV/AIDS by allowing ADAP expenditures to count in the determination of TrOOP. Currently, beneficiaries are trapped in the donut hole and must remain dependent on ADAPs to pay for their medications. ADAPs are struggling to meet increased demand at a time when state budgets are being drastically cut. They are funded by both federal and state dollars and function very much like a State Pharmacy Assistance Program (SPAP),

which are allowed to count as TrOOP. The provision was included in the "Helping Fill the Medicare Rx Gap Act of 2009" (HR 2777), which was recently introduced by Rep. Rush Holt (D-NJ).

"The AIDS Institute urges the Congress to pass meaningful health reform, which includes both of these HIV/AIDS specific provisions, this year," added Schmid.

###

*For more information and to become involved in AIDS advocacy work, please contact
The AIDS Institute at: (202) 835-8373, or by email at: Info@theaidsinstitute.org or www.TheAIDSInstitute.org
The AIDS Institute is a national nonprofit and nonpartisan agency that promotes action for
social change through public policy research, advocacy and education.*

Carl Schmid
Director of Federal Affairs
The AIDS Institute
Washington DC
202/462-3042
cell: 202/669-8267
fax: 202/328-0467
cschmid@theaidsinstitute.org

AMERICAN FEDERATION OF LABOR AND CONGRESS OF INDUSTRIAL ORGANIZATIONS



815 SIXTEENTH STREET, N.W.
WASHINGTON, D.C. 20006

JOHN J. SWEENEY
PRESIDENT

RICHARD L. TRUMKA
SECRETARY-TREASURER

ARLENE HOLT BAKER
EXECUTIVE VICE-PRESIDENT

LEGISLATIVE ALERT!

(202) 637-5057

July 16, 2009

Honorable Henry A. Waxman, Chairman
House Committee on Energy and Commerce
2125 Rayburn House Office Building
Washington, D.C. 20515

Honorable Charles B. Rangel, Chairman
House Committee on Ways and Means
1102 Longworth House Office Building
Washington, D.C. 20515

Honorable George Miller, Chairman
House Committee on Education and Labor
2181 Rayburn House Office Building
Washington, D.C. 20515

Dear Chairman Waxman, Chairman Rangel and Chairman Miller:

On behalf of the AFL-CIO, I am writing to offer our strong support for H.R. 3200, America's Affordable Health Choices Act. The legislation meets our goals for guaranteed quality affordable health care for all and we urge the committees to give swift approval to the bill.

The legislation details comprehensive reform that builds on what works in our current health care system while creating new options for obtaining coverage and lowering costs for families, business, and government at all levels.

For the majority of Americans, what works in our current health care system is employer-based coverage—the backbone of health care coverage and financing in America. Building on the foundation of employer-provided health coverage – as the bill's employer responsibility requirement does – will allow working families to keep what they now have or choose from a new set of coverage options in a health insurance exchange with a contribution from their employer. The bill establishes a reasonable and effective employer responsibility requirement that would help shore up employer-based coverage. And by extending that obligation to part time workers on a pro-rated basis, the bill eliminates any incentives for employers to move workers to part-time status to avoid the new requirement.

The bill also establishes a strong public health insurance option to compete on a level playing field with private health plan options in a new national exchange. The public health insurance plan created in H.R. 3200 will be key to making health care coverage more affordable for working families, businesses, and governments, all of which are increasingly burdened by escalating health care costs. A public health insurance plan would also promote competition and keep private plans honest in a market that is now largely dominated by a handful of private insurers.

H.R. 3200 makes other important and necessary improvements to our broken health care system. It establishes new rules for insurance companies to guarantee no one is turned away or denied coverage for pre-existing conditions, eliminates rating based on health status and gender, and limits rate variation based on age to no more than two to one. It establishes a Health Insurance Exchange that will provide a transparent, fair and functioning marketplace for individuals and small employers to choose among private and public health insurance options that must meet the new rules for costs, benefits and consumer protections. And it recognizes two important points in achieving affordability: moderate-income families and not just the very poor need help buying coverage, and subsidies must help offset all out of pocket costs, not just premiums.

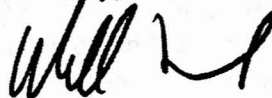
In addition, H.R. 3200 expands Medicaid coverage for the poorest individuals and families so they can have the security of comprehensive benefits with limited cost sharing. It also establishes a temporary catastrophic reinsurance program for employers and VEBAs that provide health coverage to pre-Medicare retirees. And it improves access and cost for low-income Medicare beneficiaries and phases out the Part D benefit "donut hole."

Finally, this legislation transforms our health care system from one that rewards quantity of care delivered rather than the quality of care. It would realign payment incentives to reduce overuse, slow the growth of health care costs and improve Americans' health.

The legislation before the committees delivers on the promise of comprehensive reform with the cost of reform fully offset. With half the costs offset by savings and efficiencies in Medicare and Medicaid and the other half paid for by a surcharge on the wealthiest 1.2 percent of Americans, H.R. 3200 is the right prescription for improving our nation's health and our economy.

We agree with President Obama that health care reform cannot and must not wait. We commend the committees for their commitment to enacting reform this year and urge prompt approval of America's Affordable Health Choices Act.

Sincerely,



William Samuel, Director
GOVERNMENT AFFAIRS DEPARTMENT

c: All Members of the House Committee on Energy and Commerce
House Committee on Ways and Means and
House Committee on Education and Labor

July 15, 2009

Dear Representative:

On behalf of the American Academy of Family Physicians and the Academic Family Medicine Advocacy Alliance, we urge you to support HR 3200, *America's Affordable Health Choices Act of 2009*. Our members have called for fundamental reform of the US health care system for two decades and we commend members of the three committees for their leadership and commitment to find solutions to this complex national priority. While we will continue to work with the committees on changes to specific provisions, we urge approval of this legislation to keep the health care reform process moving.

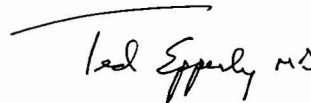
We are supportive of many sections of this legislation:

- Health care coverage for all, insurance plan changes and subsidies for lower-income people to purchase meaningful coverage;
- The comprehensive approach to recognize the value of primary care: elimination of the "overhanging debt" associated with the Sustainable Growth Rate; authorization of medical home pilot programs in Medicare and Medicaid; the creation of a bonus for primary care services along with increases in Medicaid payment so that it is equal to Medicare by 2012; and the investment in numerous workforce improvements, including robust primary care training, a new national workforce commission and student loan funding;
- Comparative effectiveness research provisions;
- A public plan option to allow individuals to purchase high quality, affordable insurance and which can include a variety of innovative payment mechanisms and policies, including the patient-centered medical home and care management.

Now is the time to provide affordable, high-quality health care coverage. The status quo is not working. We urge committee members to pass the *America's Affordable Health Choices Act of 2009*.



Terrence E. Steyer, MD
President
Society of Teachers of Family Medicine



Ted D. Epperly, MD
President
American Academy of Family Physicians



Stanley Kozakowski, President
Association of Family Medicine
Residency Directors



Allen Dietrich, MD, President
North American Primary Care
Research Group



Jeffrey Borkan, MD, PhD, President
Association of Departments of Family Medicine

ACP AMERICAN COLLEGE OF PHYSICIANSSM
INTERNAL MEDICINE | *Doctors for Adults*

July 15, 2009

The Honorable Henry Waxman
Chairman
House Energy & Commerce Committee
Washington, D.C. 20515

The Honorable Charles Rangel
Chairman
House Ways & Means Committee
Washington, D.C. 20515

The Honorable George Miller
Chairman
House Education and Labor Committee
Washington, D.C. 20515

Dear Chairmen:

On behalf of the 129,000 internal medicine physician and medical student members of the American College of Physicians, I am writing to express our appreciation and support for the many policies in the America's Affordable Health Choices Act of 2009, H.R. 3200, to provide Americans with access to affordable coverage, ensure a sufficient number of primary care physicians, and institute payment and delivery system reforms to help physicians produce the best possible outcomes for patients. ACP is the second largest physician membership organization in the United States. Our initial review of H.R. 3200 as introduced on July 14th, is that it is closely aligned with ACP's top priorities for health reform. Accordingly, ACP supports approval of the bill by the three House committees, and following mark up, we expect to recommend passage of H.R. 3200 by the full House of Representatives, pending review of any amendments made by the committees. As noted below, there are several issues that we ask be addressed during the mark-up to ensure that the payment reforms to support primary care accomplish the desired goals.

- **Coverage:** The bill creates a pluralistic framework so that all Americans will have access to affordable health insurance coverage. We are pleased that the bill will provide people with a wide choice of health plans, including the option of maintaining their current health plan. ACP supports the bill's proposals to reform the insurance industry so that coverage no longer is out of reach for people who have pre-existing conditions or who develop an illness while insured. We support sliding scale tax credits, coverage of evidence-based preventive services with no cost-sharing, and expansion of Medicaid to cover the poor. ACP believes that a public plan could appropriately be offered if physician and patient participation is voluntary and if the plan is funded through premiums—as H.R. 3200 requires. We also believe that the public plan should be able to use innovative payment models to support patient-centered primary care, and appreciate the reference in the bill to medical homes as being among the new payment and delivery models that the public plan should consider adopting. We believe that payments to physicians under the public plan should be competitive with those of other insurers and not replicate flaws, such as the undervaluation of primary care, in existing payment models. We look forward to continued dialogue on the design of the public plan option.

Although we do not have policy on the specific tax surcharge provisions called for by the bill, the College urges Congress to consider a variety of approaches to finance coverage including ones that encourage individuals to make prudent decisions affecting use of health care resources. We also support shared responsibility for funding health care reform, including requirements that employers contribute to coverage and that individuals obtain coverage once affordable options are available to them.

- **Workforce:** The bill would establish a national health workforce policy to help set goals and policies to achieve a sufficient and optimal number and distribution of physicians and other clinicians.

We applaud the committees for including policies to increase the numbers of physicians in primary care internal medicine, family medicine and geriatrics, including increased funding and creation of new pathways to provide scholarships and loan forgiveness to primary care physicians who agree to practice in areas of need and policies to facilitate increased training in office-based primary care practices. We also agree on the need to increase GME training positions for primary care specialties.

- **Payment and delivery system reforms:** We are very pleased that the bill would eliminate the accumulated Medicare SGR payment cuts, provide a new framework for future updates that allow for spending on physician services to increase at a rate greater than GDP, and create a higher spending baseline target for evaluation and management and preventive services, including those associated with primary care.

We applaud the committees for increasing Medicare payments for designated services provided by primary care physicians. The language in H.R. 3200 changes the definition of "primary care services" from the language in the draft bill in a way that could exclude many primary care internists and other primary care physicians from being eligible for the bonus. We have shared our suggestions for resolving this problem with your staff and ask that the eligibility criteria be modified during mark up to ensure that the Secretary incorporates the services typically provided by general internists and other primary care services. ACP also requests that the committees increase the primary care bonus to at least 10%. We strongly support the proposal to increase Medicaid payments for primary care to be equivalent to Medicare.

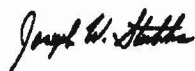
We strongly support the dedicated funding that is provided to pilot-test, on a national scale, the idea of paying physicians for care coordination in a qualified Patient-Centered Medical Home. ACP will continue to provide Congress with ideas on strengthening the payment and delivery system reforms to accomplish the goals of increasing the numbers of physicians in primary care fields.

The College strongly supports the proposal to fund independent, transparent and evidence-based research on the comparative effectiveness of different treatments to inform physician-patient decision-making. We believe that CER will lead to better care for patients, not denials of needed care. We also are pleased by provisions in the bill to simplify and reduce the costs associated with interactions with health plans.

In summary, we are pleased that America's Affordable Health Choices Act of 2009 includes policies on coverage, workforce, payment and delivery system reform, primary care, comparative effectiveness research, and administrative simplification that are strongly supported by the College. Since we recognize that changes will be made as health reform legislation makes its way through both the House and Senate, we intend to continue to provide you, the White House, and your colleagues in the House and Senate with our views on potential changes and how they would reflect ACP's priorities and policies.

We are committed to doing all that we can to get legislation enacted this year to ensure that all Americans will have access to affordable coverage and to a general internist or other primary care physician. America's Affordable Health Choices Act of 2009, H.R. 3200, will go a very long way toward achieving these goals. ACP looks forward to H.R. 3200 being reported out of the committees and we expect to issue a strong recommendation for its passage by the House of Representatives, pending review of any amendments.

Yours truly,



Joseph W. Stubbs, MD, FACP
President



Office of the President
Gerald F. Joseph, Jr., MD, FACOG
39288 Magnolia Trace
Ponchatoula, LA 70454-6922

July 16, 2009

The Honorable George Miller
Chairman
Education & Labor Committee

The Honorable Charles Rangel
Chairman
Ways & Means Committee

The Honorable Henry Waxman
Chairman
Energy & Commerce Committee

Dear Chairmen,

As President of the American College of Obstetricians and Gynecologists (ACOG), I'm pleased to provide ACOG's endorsement of H.R. 3200, America's Affordable Health Choices Act of 2009.

Enactment of this bill would be a historic accomplishment, setting in place a mechanism and practical plan for solving the health care crisis that is crippling our Nation.

Through ACOG's Health Care for Women, Health Care for All Campaign, we have identified the critical elements of women's health that must be an integral part of any health reform plan. In fact, no health reform proposal is complete without this important piece of the puzzle. Our critical elements include:

- Maternity coverage for every woman in every plan,
- Medical home for women,
- Ending gender rating and pre-existing condition exclusions, and
- Medical liability reform.

H.R. 3200 encompasses the first three of these critical elements, and a number of other very important policies:

- Repeal of the SGR
- Elimination of the cliff
- Voluntary participation in the public program
- No ultrasound cuts
- Incentives for ob-gyn participation in the Medicare and public programs.

As we work with you and Senate leaders to improve and pass this bill, we urge you to work with us to ensure the highest levels of patient safety in maternity care, by all providers and in all settings, and to address defensive medicine which drives up health care costs. The President and Democratic leaders in Congress agree that medical liability reform must be an integral part of meaningful health reform. ACOG urges you to use this historic opportunity to test alternative approaches to our broken liability system.

Thank you for your leadership and commitment in this enormous, and enormously important, undertaking.

Sincerely,

Gerald F. Joseph, Jr., MD, FACOG
President



July 15, 2009

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

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

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

RE: Community Mental Health Centers Strongly Support H.R. 3200

Dear Chairmen Waxman, Rangel and Miller:

On behalf of the National Council for Community Behavioral Healthcare – representing 1,600 Community Mental Health Centers (CMHCs) and other community-based mental health and addiction providers – I am writing to express our strong support for the H.R. 3200, America’s Affordable Health Choices Act. Our members serve over 6 million low-income children and adults with mental health and addiction disorders. Fully 25% of the consumers of public mental health care that we serve are uninsured.

While H.R. 3200 is a multi-faceted bill, perhaps its single most important policy change is the extension of Medicaid coverage to individuals up to 133% of poverty. According to the Kaiser Family Foundation, one in five Americans below 200% of poverty have mental disorders including serious mental illnesses like schizophrenia, autism and major clinical depression. In turn, the National Council estimates that the legislation’s coverage expansions will add 2.8 million low income persons to the public mental health system and increase the patient/consumer average caseload of CMHCs by 50% upon full implementation in 2013.

There are a series of other provisions in America’s Affordable Health Choices Act that specifically address the needs of individuals with mental health and substance abuse disorders. For example, the National Council was particularly pleased that mental health and substance abuse services are mandatory in the basic package of minimum health benefits that private insurance plans must offer through the new health insurance exchange. Moreover, the application of the Wellstone/Kennedy/Domenici mental health parity law to the health care benefits offered to all uninsured persons receiving coverage through the exchange is a tremendous step forward. We are also grateful that the enrollment provisions for the exchange pay special attention to the needs of individuals with mental illnesses and cognitive impairments.

As congressional action of H.R. 3200 proceeds, we hope to have a dialogue with you on two key policy matters. First, as indicated by the estimates cited earlier, our nation needs to significantly

expand the capacity of the public mental health system. A critical first step in this effort is to update the basic statutory definition of front line mental health and substance abuse providers -- untouched since 1980 -- by authorizing Federally Qualified Behavioral Healthcare Centers (FQBHCs). The legal impact of this key no-cost policy change is to update the basic set of services provided by these entities while establishing base line data reporting and quality criteria. Behavioral health cannot be integrated into the larger health care system if we fail to meet the new accountability standards being demanded of our peers in primary care and specialty medicine.

In addition, the National Council requests that persons with serious mental illnesses served in the public mental health system be explicitly designated as a target beneficiary chronic disease patient population for the Medicaid medical home pilot authorized in H.R. 3200. Mortality data from the Substance Abuse and Mental Health Services Administration show that persons with conditions like bipolar disorder, psychosis and schizophrenia served by public mental health agencies die, on average, 25 years sooner than other Americans. These shocking death rates are explained by the high incidence of untreated co-occurring chronic conditions – including cancer, diabetes, heart disease and asthma – in this patient population. Clearly, we need federal help to stop this emerging public health crisis in its tracks.

In conclusion, the National Council pledges to fight side-by-side with you to ensure congressional passage of America's Affordable Health Choices Act.

Sincerely,

A handwritten signature in cursive script that reads "Linda Rosenberg". The signature is written in black ink and is positioned below the word "Sincerely,".

Linda Rosenberg, MSW
President & CEO

CENTER FOR MEDICARE ADVOCACY, INC.

1025 CONNECTICUT AVENUE, NW, SUITE 709

WASHINGTON, DC 20036

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Shaun Harrington

July 16, 2009

OF COUNSEL

Sally Hart*
Wey-Wey Elaine Kwok*

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The Honorable John Dingell
Committee on Energy and Commerce
U.S. House of Representatives
Washington, DC 20515

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

The Honorable Pete Stark
Committee on Ways and Means
U.S. House of Representatives
Washington, DC 20515

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

Re: America's Affordable Health Choices Act of
2009, provisions addressing Medicare skilled
nursing facility reimbursement

Dear Congressmen Dingell, Miller, Stark, and Waxman:

The Center for Medicare Advocacy supports the four changes proposed to the Medicare skilled nursing facility (SNF) reimbursement system that are made by your health care reform legislation, America's Affordable Health Choices Act of 2009.

Congress enacted the prospective payment system (PPS) for SNFs in order to more effectively control excessively rising costs for SNF care. In the decade since the Centers for Medicare & Medicaid Services (CMS) implemented the new reimbursement system, however, both the Government Accountability Office (GAO) and the Medicare Payment Advisory Commission (MedPAC) have repeatedly confirmed that SNFs' Medicare reimbursement rates far exceed the costs of the care that is actually provided to most residents. The GAO has also reported that Congress's increasing Medicare reimbursement specifically for nurse staffing did not result in increased numbers of nurses providing care to Medicare beneficiaries and that SNFs have placed residents in rehabilitation classifications yielding the best reimbursement rates, while not providing sufficient rehabilitation services to residents. MedPAC has repeatedly recommended changes to SNF reimbursement policy and rates, including not paying a market basket increase. CMS has proposed

some significant changes for SNF reimbursement for Fiscal Year 2010 and additional changes for Fiscal Year 2011 to correct some of these problems. We hope the proposed changes are incorporated in the final regulations, which will be published later this month.

At the same time that most facilities are overpaid by Medicare, Medicare rates for some limited number of SNF residents may not be sufficient. Medicare beneficiaries who use ventilators, for example, are among those who have the most difficulty gaining admission to SNFs.

The proposed legislation addresses both concerns effectively and correctly. The bill reigns in overpayments (freezing the market basket, §1101; incorporating productivity improvements, §1103(b); and changing the recalibration factor to retain budget neutrality when CMS expanded the number of resident classifications under PPS from 44 to 53, §1111(a), as CMS first proposed in May 2008) and recognizes the need for upward adjustments in non-therapy ancillary costs, including enactment of an outlier payment system (§1111(b), (c)).

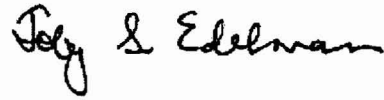
In our comments on the proposed reimbursement rates for Fiscal Year 2010, we urged CMS to develop a SNF-specific wage index. At present, CMS uses the hospital wage index in setting SNF rates. The Bureau of Labor Statistics annually reports SNF-specific wages and these are considerably lower than hospital wages. Developing a SNF-specific index based on data from the Bureau of Labor Statistics could save more than \$2 billion a year. Congress may want to direct CMS to develop a SNF-specific wage index.

The nursing home industry will argue that any reduction in SNF rates will result in the loss of tens of thousands of jobs, nursing home bankruptcies, and poorer quality care for residents. We do not accept these scare tactics as true and urge Congress to reject them as well. Multiple GAO and MedPac reports have reiterated for many years that the nursing home industry has been significantly overpaid by Medicare, both by PPS and before. The GAO reported that the nursing home chains' bankruptcies of the late 1990s were caused by factors beyond PPS, primarily, for the two corporations discussed by the GAO, Sun Healthcare Group, Inc. and Vencor, Inc., high capital-related costs and substantial non-recurring charges (asset impairment losses). Both corporations agreed with the GAO's analysis. Residents have not received the quality of care and the rehabilitation services that the Medicare program so generously pays the nursing home industry to provide. The Nursing Home Reform Law enacted by Congress in 1987 requires facilities that choose to participate in either Medicare or Medicaid, or both, to provide each resident with the care and services he or she needs in order to attain and maintain his or her highest practicable physical, mental, and psychosocial well-being. The law also requires facilities to have sufficient staff to meet residents' individual needs, as determined by their assessments and care plans. Facilities that voluntarily choose to participate in these federal health care programs must meet these federal Requirements of Participation. They may not evade their statutory responsibility to provide residents with the high quality care they need by claiming that reimbursement is too low.

To ensure that SNFs provide residents with the care they need and do not inappropriately lay off necessary staff, we urge Congress to increase the survey and certification budget so that CMS and state survey agencies can effectively monitor SNF care and impose sanctions, as required.

Thank you for introducing America's Affordable Health Choices Act of 2009.

Sincerely,

A handwritten signature in black ink that reads "Toby S. Edelman". The signature is written in a cursive style with a large, stylized initial "T".

Toby S. Edelman
Senior Policy Attorney

The Center for Medicare Advocacy is a private, non-profit organization, founded in 1986, that provides education, analytical research, advocacy, and legal assistance to help older people and people with disabilities obtain necessary health care. The Center focuses on the needs of Medicare beneficiaries, people with chronic conditions, and those in need of long-term care. The Center provides training regarding Medicare and health care rights throughout the country and serves as legal counsel in litigation of importance to Medicare beneficiaries nationwide.



American College of Surgeons

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James K. Eisey, MD, FACS
Lawrenceville, GA

July 16, 2009

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

The Honorable Henry Waxman
Chairman, Energy and Commerce Committee
U.S. House of Representatives
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable George Miller
Chairman, Education and Labor Committee
U.S. House of Representatives
2181 Rayburn House Office Building
Washington, DC 20515

Dear Chairmen Rangel, Waxman, and Miller:

On behalf of the more than 74,000 members of the American College of Surgeons (College), I write to express the College's support for the "America's Affordable Health Choices Act of 2009" (H.R. 3200). The College shares your desire and commitment to make quality health care more accessible to all Americans. While the legislation includes a wide range of provisions, it does embody many of the top legislative priorities of the College including addressing the underlying problems of the sustainable growth rate (SGR) used to calculate Medicare physician payments, resetting the budget baseline for the Medicare physician payment system, and ensuring that increased payments to primary care are not financed through reductions in payments for surgical care. As this legislation moves forward, we are committed to working with you to ensure that any changes remain in line with the College's priorities.

One of the greatest threats to our health care system is the uncertainty facing physicians in Medicare, and H.R. 3200 takes important steps to address the problems posed by the SGR. First, the bill stops the pending 21.5 percent cut in Medicare reimbursement that will occur on January 1, 2010 and replaces the cut with an increase based on the Medicare Economic Index. Second, it would reset the budget baseline for the Medicare payment system to 2009. This step, along with action by the Centers for Medicare & Medicaid Services (CMS) to remove physician-administered drugs from the calculation of Medicare physician payments, addresses

The Honorable Charles Rangel
The Honorable Henry Waxman
The Honorable George Miller
July 16, 2009

Page 2

what has served as a consistent road-block to Medicare payment reform for the better part of a decade. Also, rather than implementing untried and untested models of care and reimbursement, H.R. 3200 would test various delivery system reforms that would build on models that have been shown to improve quality of care. Collectively, these measures will stop years of scheduled cuts in Medicare, better align incentives to improve quality, and ensure that surgeons will be able to care for patients without the annual concern of Medicare payment cuts.

The College also appreciates that while the bill addresses challenges facing primary care, it does not finance increased payments for primary care through reductions in payments for surgical care. We are grateful that this bill recognizes that such payment cuts would exacerbate the trend of declining payments for many surgical services and threaten patients' ability to access these important services.

Likewise, the College strongly supports modifications from the discussion draft to protect patient access, particularly in rural and underserved areas, to ultrasound and other less expensive imaging services. By preserving and promoting access to these low-cost, yet highly effective, diagnostic tools, surgeons and other physicians will be able to detect and treat patients for a wide of range of conditions and diseases—including cancer, cardiovascular disease, and osteoporosis—that may otherwise have gone undetected until becoming more difficult and more costly to treat.

Finally, the College appreciates that in the effort to expand access to affordable coverage, H.R. 3200 would not mandate physician participation in the public insurance option. In order for a public option to be successful for patients and for physicians, physicians need to be able to have the same voluntary participation options that are available to them under any other plan. The College is grateful that this legislation would ensure that physicians will continue to have the freedom to make determinations that are in the best interest of their practice and ultimately their patients.

Thank you again for your introduction of this important legislation. The College is pleased to offer its support and we look forward to continuing the open dialogue on how comprehensive health care reform legislation can be further improved to ensure Americans' access to both quality coverage and care.

Sincerely,

A handwritten signature in black ink, appearing to read "Thomas R. Russell". The signature is written in a cursive, flowing style.

Thomas R. Russell, MD, FACS
Executive Director

March of Dimes Foundation

Office of Government Affairs
1146 19th Street, NW, 6th Floor
Washington, DC 20036
Telephone (202) 659-1800
Fax (202) 296-2964

marchofdimes.com
nacersano.org

The Honorable John Dingell
Chairman Emeritus
Energy and Commerce Committee
US House of Representatives
Washington, DC 20515

The Honorable George Miller
Chairman
Education and Labor Committee
US House of Representatives
Washington, DC 20505

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

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

July 17, 2009

Dear Congressmen:

The March of Dimes Foundation applauds your leadership in introducing the America's Affordable Health Choices Act, H.R. 3200. The mission of the March of Dimes to improve the health of women of childbearing age, infants and children by preventing preterm birth, birth defects and infant mortality can best be achieved if all women and children in the U.S. have access to affordable, comprehensive health insurance. The March of Dimes greatly appreciates the numerous provisions in your bill that address issues pertaining to these populations, including improving access to comprehensive private insurance, maintaining and strengthening Medicaid coverage, and investing in the public health system.

H.R. 3200 proposes significant steps forward to ensure that individuals purchasing private health insurance will be able to obtain plans that meet their needs. The March of Dimes strongly supports requiring all plans to cover maternity care, well baby and well child care, as well as medical equipment, habilitative therapy, vision, hearing and oral care services for children. The inclusion of basic preventive health services for children in this legislation is essential, and the Foundation would also encourage the Committee to consider adding a parallel provision for preventive services — such as preconception care — for women of childbearing age. The Foundation strongly supports the bill provision that prohibits the use of pre-existing condition exclusions to limit access to maternity services. This will make it possible for many more pregnant women and children with serious health needs to obtain the medically necessary care required. The Foundation is also pleased that H.R. 3200 would require inclusion of an individual with expertise in pediatrics among the members of the Health Benefits Advisory Committee, and we urge the Committee to add a representative with obstetric and gynecological expertise to help ensure the most medically appropriate benefits for pregnant women.

Congress and the states have already made excellent progress in extending coverage to millions of pregnant women and children through Medicaid and the Children's Health Insurance Program (CHIP), and the March of Dimes enthusiastically supports the Medicaid maintenance of effort provision in H.R. 3200 that would ensure continuation of Medicaid eligibility levels during the transition to full implementation of the reforms contemplated by this bill. With regard to children enrolled in CHIP, the March of Dimes looks forward to continuing to work with you to ensure that transition to coverage through the Exchange is implemented carefully so that children – especially those with significant and ongoing health problems – do not experience any interruption in access to medical services. As a precautionary step, we strongly encourage the Committee to add to the bill a provision requiring concurrence by Congress that the Exchange is ready to enroll these children and provide them the scope of coverage that meets their health needs.

The Foundation wholeheartedly supports the provisions designed to strengthen Medicaid coverage, by ensuring that all pregnant women in Medicaid have access to a comprehensive tobacco cessation benefit and by permitting states to expand Medicaid family planning coverage without a waiver. These common sense approaches can dramatically improve maternal health and birth outcomes while simultaneously lowering healthcare costs for infants by reducing the risk of preterm birth and low birthweight.

Finally, the March of Dimes strongly supports the commitment to strengthen the public health system and create a national strategy to promote good health. Specifically, the creation of a Prevention and Wellness Trust will establish a new and stable funding mechanism to implement a national strategy. Investing in wellness and prevention can help avoid serious costly conditions (including birth defects and preterm birth) and thereby avert the need for expensive – and often lifelong -- treatment. Funding public health prevention and wellness programs is a down payment toward limiting unnecessary suffering and holds promise for reducing systemic health care costs as well. For example, repeated studies have shown that timely immunizations generate both short and long term cost savings and result in overall better health across the lifespan.

Once again, the March of Dimes thanks you for your visionary leadership in advancing national health reform, and we look forward to continuing to work with you toward enactment of the strongest legislation possible for our nation's women and children.

Sincerely,



Marina L. Weiss, Ph.D.
Senior Vice President, Public Policy
and Government Affairs





INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS®

HAROLD A. SCHAITBERGER
General President

VINCENT J. BOLLON
General Secretary-Treasurer

July 17, 2009

The Honorable George Miller, Chairman
House Committee on Education and Labor
2181 Rayburn House Office Building
Washington, DC 20515

The Honorable Charles B. Rangel, Chairman
House Committee on Ways and Means
1102 Longworth House Office Building
Washington, DC 20515

The Honorable Henry A. Waxman, Chairman
House Committee on Energy and Commerce
2125 Rayburn House Office Building
Washington, DC 20515

Dear Chairmen Miller, Rangel, and Waxman:

On behalf of the nearly 300,000 men and women of the International Association of Fire Fighters, I wish to express our strong support for H.R. 3200, the America's Affordable Health Choices Act of 2009. This outstanding piece of legislation will do much to fix our nation's broken health care system, and the IAFF is proud to join with you in this historic effort.

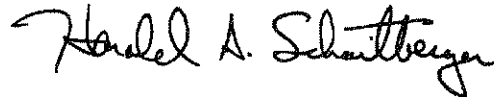
As both consumers of health care and the nation's primary providers of pre-hospital emergency medical care, professional fire fighters understand firsthand the need to reduce the cost of health insurance and reduce the number of uninsured Americans.

From a consumer perspective, IAFF is pleased that this legislation will allow fire fighters to retain the high quality health insurance that they have fought so hard for over the years. Of particular importance to IAFF is language in the bill that establishes a re-insurance program to incentivize employers to continue to provide health care coverage to their pre-Medicare retirees. We also applaud the broad range of common-sense savings and revenue provisions included in the bill. Specifically, IAFF commends your decision not to alter the current tax-exempt status of health insurance benefits provided through one's employer.

Additionally, as providers of emergency medical services, fire fighters every day witness the impact that the uninsured have had on our health care system. The cost of uncompensated care weighs heavily on all Americans, and falls especially heavily on health care providers who treat patients that are forced to utilize ambulances and emergency rooms as their primary means of receiving medical care. The fact that this legislation will create affordable access to comprehensive health insurance for a vast majority of those who currently lack coverage is of immense importance. To that end, IAFF strongly supports the creation of a robust public health insurance option as well as the establishment of a national health insurance exchange.

Last year, the American people voted for change – change that critically hinges upon a significant reform of this country’s health care system. IAFF believes that the America's Affordable Health Choices Act of 2009 not only achieves this goal, but also sets the benchmark for what we hope will be an extremely positive final product addressing this crucial issue.

Sincerely,

A handwritten signature in black ink that reads "Harold A. Schaitberger". The signature is written in a cursive style with a large, stylized initial 'H'.

Harold A. Schaitberger
General President

cc: Members of the House Committees on Education and Labor, Ways and Means, and Energy and Commerce



Society of General Internal Medicine

July 17, 2009

Cong. Charles Rangel, Chairman
Committee on Ways and Means
1102 Longworth House Office Building
Washington, DC 20515

Cong. Henry Waxman, Chairman
Committee on Energy and Commerce
2125 Rayburn House Office Building
Washington, DC 20515

Cong. George Miller, Chairman
Committee on Education and Labor
2181 Rayburn House Office Building
Washington, DC 20515

Dear Chairmen:

I am writing on behalf of the Society of General Internal Medicine (SGIM) to express our appreciation of and support for H.R. 3200, the "America's Affordable Health Choices Act of 2009." SGIM believes that this legislation represents a thoughtful and comprehensive approach to many of the issues that confront our health care system today. We urge the members of the three committees involved to support the bill and send it to the full House without delay.

There are many provisions in the bill that we strongly support. In particular, we are pleased that the bill:

- Would extend coverage to virtually all Americans through significant health insurance market reforms;
- Provides the American consumer with a choice of plans through a health insurance exchange and protects that coverage through the elimination of pre-existing condition exclusions, lifetime caps, etc;
- Repeals the sustainable growth rate formula, which has had a negative impact on physicians;
- Directs the Secretary to identify misvalued services and adjust the relative values to more accurately reflect their worth;
- Establishes a patient-centered and community-centered medical home pilot program in urban, rural and underserved areas;
- Strongly encourages chronic disease management and care coordination through additional funding for primary care services;

July 17, 2009

Page 2

- Makes significant improvements in the support for the physician workforce that will result in the training of additional primary care providers;
- Creates a robust and transparent comparative effectiveness program with predictable funding.

SGIM is pleased to endorse this legislation and looks forward to continuing to work with the Tri-Committees during the mark-up process and beyond. You should not hesitate to call on us at any time.

Sincerely,

A handwritten signature in cursive script that reads "Nancy Rigotti".

Nancy Rigotti, MD, FACP
President



July 21, 2009

Honorable Members of the House Energy and Commerce Committee

Greetings,

American Medical Student Association/Foundation

- Quality, Affordable Healthcare for All
- Global Health Equity
- Enriching Medicine through Diversity
- Professional Integrity, Development, and Student Well-Being

The American Medical Student Association (AMSA) is pleased to endorse the House Tri-Committee health care reform legislation HR 3200, supporting effective and robust reform. AMSA is the oldest and largest organization of physicians-in-training in the United States, and the international representative organization of American medical students through the International Federation of Medical Student Associations (IFMSA). AMSA represents over 62,000 medical, pre-medical, resident and physicians members.

As future physicians, we see throughout our training the lack of access and affordability our patients must face. All too often, our patients are left without needed medical care, including preventative care, life-saving therapies, and other medical interventions. This is why AMSA recognizes as one of its key Strategic Priorities: Quality, Affordable Health Care for All.

We applaud our leaders in Washington for presenting legislation that is the first step towards true reform. We support a strong national exchange unconditionally open to all individuals and employers, providing our patients with a stable, affordable option for health access. We also have worked for years to build a strong primary care workforce, which is a cornerstone of reform, through the highly effective and successfully National Health Service Corps (NHSC) program. We encourage you to support funding levels consistent with the recently passed Senate HELP health reform legislation for the NHSC, in continuing to build America's primary care provider network to provide for all hardworking families.

HR 3200 represents an important step towards robust reform, and includes many truly vital provisions necessary to achieve a more quality and efficient system.

AMSA is committed to continuing to work for health care that allows us as future physicians to serve our patients to the best of our ability. As the future physicians of this great country, we urge you to stand with us as health care providers in supporting effective health care reform, and vote for HR 3200.

In health,

Farheen Qurashi
Jack Rutledge Legislative Director

1902 Association Drive
Reston, VA 20191 – 1502

- Phone: (703) 620-6600
- Fax: (703) 620-5873
- Web: www.amsa.org

July 15,2009

~

The Honorable Henry Waxman
Chairman, Committee on Energy and Commerce
U.S. House of Representatives
Washington, DC 20515-3215

Dear Chairman Waxman:

Members of the Patient and Consumer Coalition thank you for including permanent comparative effectiveness research language in the final health care reform legislation in the America's Affordable Health Choices Act of 2009. Given the billions of dollars that are wasted every year on medical procedures and products that are less effective than others that are available - and often less expensive - the wise use of comparative effectiveness research is the key to improving the quality of our nation's health care. We look forward to working with Congress to resolve the differences between the various versions of legislative language regarding comparative effectiveness research.

The Patient and Consumer Coalition includes nonprofit organizations that represent patients, consumers, health care providers, researchers, and other stakeholders who believe that our nation's health care will improve if based on the best possible evidence to support sound medical decision-making.

Independent, objective comparative effectiveness research is urgently needed to improve the quality and affordability of health care in this country. Used appropriately, these research findings will save lives and improve the quality of life for millions of Americans. This research will offer more accurate information to doctors, other healthcare providers, patients, and family members, so that they can make better informed decisions.

Comparative effectiveness research can also identify specific subpopulations of patients for whom one intervention might be safer or more effective than other interventions. By supporting and conducting research that includes more diverse populations, including racial and ethnic minorities, those with co-morbidities, seniors, and children, we can reduce health disparities for racial and ethnic minority populations, and improve the healthcare of women, men, children, and elderly adults.

We strongly support the House bill's provision on comparative effectiveness research because it does not impose limits or requirements on how the evidence-based information may be used. Comparative effectiveness research will generate strong evidence that physicians, patients, and others can use to improve the quality of care. Language that limits its use would make it less likely that patients and physicians will be able to make informed treatment decisions.

We also support the recent recommendation of the Institute of Medicine (*Initial National Priorities for CER*) that a Comparative Effectiveness Research program should "fully involve consumers, patients and caregivers in key aspects of CER, including strategic planning, priority setting, research proposal development, peer review and dissemination."

We look forward to working with you to pass health care reform legislation that includes strong, meaningful comparative effectiveness research provisions.

Thank you for your leadership on this important issue.

Sincerely,

Breast Cancer Action

Cancer Prevention and Treatment Fund (of the National Research Center for Women & Families)

Center for Medical Consumers

Consumers Union

Government Accountability Project (GAP)

National Consumers League

National Women's Health Network

Our Bodies Ourselves

THE TMJ Association

U.S. PIRG



**CONSORTIUM FOR CITIZENS
WITH DISABILITIES**

July 20, 2009

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

RE: Disability Community Supports H.R. 3200

Dear Chairman Rangel:

The following members of the Consortium for Citizens with Disabilities (CCD) are writing to express our strong support for the America's Affordable Health Choices Act of 2009 (H.R. 3200). CCD, a coalition of national consumer, service provider and professional organizations, advocates on behalf of persons with disabilities and chronic conditions and their families.

We believe that the goal of health care reform should be to assure that all Americans, including people with disabilities and chronic conditions, have access to high quality, comprehensive, affordable health care that meets their individual needs and enables them to be healthy, functional, live as independently as possible, and participate in the community. H.R. 3200 goes a long way toward meeting that goal. Many of its provisions mark a sea change in improving access to quality, affordable health care for people with disabilities and chronic conditions.

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

- Major insurance market reforms such as the elimination of discrimination based on health status, a prohibition on pre-existing condition exclusions, guaranteed issue and renewal requirements, elimination of annual and lifetime caps, and mental health and substance abuse parity requirements;
- Significant investments in Medicaid to provide health care services to those with low incomes and disabilities;
- A serious commitment to expand access to affordable coverage through credits for the purchase of insurance through the new Health Insurance Exchange.

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

For further information, please contact the CCD Health Task Force Co-Chairs: Peter Thomas, American Academy of Physical Medicine and Rehabilitation (Peter.Thomas@ppsv.com); Angela Ostrom, Epilepsy Foundation (aostrom@efa.org); Mary Andrus, Easter Seals (mandrus@easterseals.org); Liz Savage, The Arc and United Cerebral Palsy Disability Policy Collaboration (savage@thedpc.org) and Tim Nanof, American Occupational Therapy Association (tnanof@aota.org).

Sincerely,

ACCSES

Alexander Graham Bell Association for the Deaf and Hard of Hearing
 American Academy of Physical Medicine and Rehabilitation
 American Association of People with Disabilities
 American Association on Health and Disability
 American Association on Intellectual and Developmental Disabilities
 American Medical Rehabilitation Providers Association
 American Network of Community Options and Resources
 American Occupational Therapy Association
 American Therapeutic Recreation Association
 Amputee Coalition of America
 Association of University Centers on Disabilities
 Autism Society
 Bazelon Center for Mental Health Law
 Brain Injury Association of America
 Burton Blatt Institute
 Council for Exceptional Children
 Council of Parent Attorney's and Advocates
 Council of State Administrators of Vocational Rehabilitation
 Disability Rights Education and Defense Fund
 Easter Seals
 Epilepsy Foundation
 Family Voices
 Helen Keller National Center
 Higher Education Consortium for Special Education
 Lutheran Services in America
 Mental Health America
 National Alliance on Mental Illness
 National Association for the Advancement of Orthotics and Prosthetics
 National Association of State Head Injury Administrators
 National Coalition on Deaf-Blindness
 National Council for Community Behavioral Healthcare
 National Council on Independent Living
 National Disability Rights Network
 National Down Syndrome Congress

National Multiple Sclerosis Society
National Respite Coalition
National Spinal Cord Injury Association
Paralyzed Veterans of America
The Arc of the United States
United Cerebral Palsy
United Spinal Association

The following organizations that do not belong to CCD also strongly support H.R. 3200:

Special Olympics

CC: The Honorable Nancy Pelosi
The Honorable Steny Hoyer

MARK H. AYERS, President
SEAN McGARVEY, Secretary-Treasurer

MICHAEL J. SULLIVAN, 1st Vice President
JOHN J. FLYNN, 2nd Vice President
DANA A. BRIGHAM, 3rd Vice President
EDWIN D. HILL, 4th Vice President
JOSEPH J. HUNT, 5th Vice President



JAMES A. GROGAN, 6th Vice President
JAMES A. WILLIAMS, 7th Vice President
NEWTON B. JONES, 8th Vice President
WILLIAM P. HITE, 9th Vice President
KINSEY M. ROBINSON, 10th Vice President
PATRICK D. FINLEY, 11th Vice President
JAMES P. HOFFA, 12th Vice President
TERENCE M. O'SULLIVAN, 13th Vice President

Building and Construction Trades Department

AMERICAN FEDERATION OF LABOR—CONGRESS OF INDUSTRIAL ORGANIZATIONS
815 SIXTEENTH ST., N.W., SUITE 600 • WASHINGTON, D.C. 20006-4104

(202) 347-1461

www.BCTD.org

FAX (202) 628-0724

July 20, 2009

The Honorable George Miller, Chairman
Committee on Education and Labor
2181 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Charles B. Rangel, Chairman
Committee on Ways and Means
1102 Longworth House Office Building
Washington, D.C. 20515

The Honorable Henry A. Waxman, Chairman
Committee on Energy and Commerce
2125 Rayburn House Office Building
Washington, D.C. 20515

Dear Chairmen Miller, Rangel and Waxman:

On behalf of the 13 national and international unions who comprise the Building and Construction Trades Department, AFL-CIO, I am writing to inform you that we support H.R. 3200, "America's Affordable Health Choices Act."

America's Building Trades Unions have long supported health care reform that would allow all Americans to gain access to affordable quality health care. We stand with President Obama in his contention that this is a problem of such severity that it can no longer be put off for a future generation to address and must be tackled swiftly.

For decades, health care costs have skyrocketed, and an increasing number of Americans are finding it harder to afford coverage. And for those lucky enough to still have coverage, they find themselves paying more and more for less and less coverage. As this problem has festered, and more people have become uninsured, the health care benefits that our members have negotiated are dramatically escalating in cost, as our plans assume the liability of absorbing the costs of uncompensated care and cost shifting from doctors and hospitals looking to recoup their lost revenues.

More than 160 million Americans currently receive their health insurance coverage through their employer. We are pleased to see that your committees have crafted reform that builds on that successful model, and allows workers to keep what they already possess. Our signatory contractors of whom the majority employs less than 10 employees, and 90% of whom employ less than 20, have seen their companies increasingly placed at a competitive disadvantage with unscrupulous employers who have no interest in providing health insurance. In fact, 30% of our multiemployer health and welfare fund's costs are attributable to cost shifting by employers who do not act responsibly. That is not sustainable, and it certainly is not fair. Given the direction of other provisions in the tri-committee bill, there will be greater opportunities for small businesses to cover all of their employees. It is our position that all employers regardless of size should provide affordable coverage to all their employees or pay an equivalent fee.

Further, we are pleased to see that this legislation will create a Health Insurance Exchange with both private and public plans as options. A public plan is crucial to reining in out of control costs, and creating competition that will truly deliver savings to all Americans both inside and outside the exchange. The exchange will also provide help to both low-income and middle class families in keeping all costs within their means.

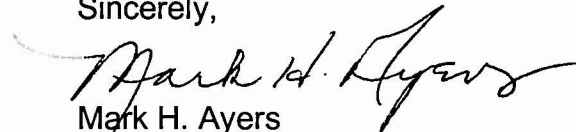
We are additionally pleased that the committees met their promise of paying for reform through means other than taxing working American's health benefits, by finding savings in the existing system, and levying a small surcharge on the wealthy to keep all Americans healthy.

H.R. 3200 is an even better document than the earlier Discussion Draft, and will set the stage for transforming our health care system into one that rewards the quality of health care outcomes, not the number of procedures performed; and will put affordable, quality health care within reach of all Americans.

We look forward to working with Congress to meet President Obama's principles and timeline for health care reform. Thank you again for your tireless efforts to address this critical issue.

With kind, personal regards, I am,

Sincerely,



Mark H. Ayers
President

cc: All Members of the House Education and Labor Committee
House Ways and Means Committee
House Energy and Commerce Committee



California Primary
Care Association

July 15, 2009

The Honorable Henry Waxman
Chair, Committee on Energy and Commerce
U.S. House of Representatives
2125 Rayburn House Office Building
Washington, DC 20515

Chairman Waxman,

On behalf of California Primary Care Association (CPCA), representing over 800 non-profit Community Clinics and Health Centers (CCHCs) and the 4 million patients they serve, I write today to express our profound gratitude and our strong support for the "America's Affordable Health Choices Act of 2009"

Health
Care
Access
for All

California's CCHCs witness the urgent need for fundamental health reform every single day, in the faces and struggles of our patients who for too long have been left behind by our current dysfunctional health care system. Your legislation would not only extend meaningful health coverage to most of the 46 million Americans who are currently uninsured, but would make the investments necessary to bring community-based primary and preventive care to every individual and community in America.

In particular, we commend the investment your legislation would make in the continued expansion of health centers through the Public Health Investment Fund. These resources will bring new health centers to needy communities currently without them, will expand capacity and stabilize existing centers, and will ensure the full range of medical, dental, mental health and pharmacy services is available to every health center patient. The health center model of care has been proven, time and again, to save our health system money and keep patients healthy, and this investment builds on that record of success.

Beyond the infrastructure investments in the legislation, we are particularly supportive of:

- The expansion of **Medicaid** to cover all individuals up to 133% of the Federal Poverty Level (FPL). This will ensure that millions more low-income Americans will be covered for the comprehensive President & CEO benefits they need, while at the same time ensuring health centers are able to receive appropriate, predictable reimbursement, for the care they provide.

- The improvements in training, payment and incentive programs all designed to strengthen the **primary care workforce and primary care services**, a necessary step toward ensuring meaningful access to care.

www.cPCA.org

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1215 K Street, Suite 700 Sacramento, California 95814

- The requirement that exchange plans contract with “**Essential Community Providers**”, including Health Centers and other safety-net providers, which will assure access to care for the residents of underserved areas who gain coverage through Exchange plans.

California’s community clinics and health center’s years of experience in caring for America’s medically disenfranchised has taught us three things: that health reform must achieve universal coverage that is **available** and **affordable** for everyone, and especially to low-income individuals and families; that such coverage must be **comprehensive**, with emphasis on **prevention and primary care**; and that it must guarantee everyone access to a **medical or health care home**, where they can receive **high quality, cost effective care** for their health needs.

Your legislation meets those goals, and represents a strong blueprint for an American health care system that expands access, improves quality, and controls costs. We wholeheartedly support the bill and look forward to working with you to ensure its successful consideration and passage.

Sincerely,

A handwritten signature in black ink, reading "Carmela Castellano Garcia". The signature is written in a cursive style with a large initial "C".

Carmela Castellano-Garcia

NATIONAL COORDINATING COMMITTEE FOR MULTIEMPLOYER PLANS

815 16TH STREET, N.W. WASHINGTON, DC 20006 ★ PHONE: 202-737-5315 ★ FAX: 202-737-1308

MARK H. AYERS
CHAIRMAN**RANDY G. DEFREHN**
EXECUTIVE DIRECTOR
E-MAIL: RDEFREHN@NCCMP.ORG

July 17, 2009

The Honorable George Miller
Chairman
Committee on Education and Labor
U.S. House of Representatives
2181 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Charles B. Rangel
Chairman
Committee on Ways and Means
U.S. House of Representatives
1102 Longworth House Office Building
Washington, D.C. 20515

The Honorable Henry A. Waxman
Chairman
Committee on Energy and Commerce
U.S. House of Representatives
2125 Rayburn House Office Building
Washington, D.C. 20515

Greetings:

On behalf of the millions of American workers and families who depend on joint labor-management, collectively bargained, multiemployer health and welfare trust funds for their medical and other health benefits, I am writing to lend the NCCMP's support for H.R. 3200, *America's Affordable Health Choices Act of 2009*, and to urge that the Committees approve the measure expeditiously.

Health care is a matter of great personal importance to each and every America man, woman and child. Achieving a high quality, affordable and universally available health care system is a matter of great importance to our Nation. Yet, for many decades, the obvious need for national, systemic reform has gone unaddressed in Washington, and the health care system's cost, access and quality problems have been allowed to fester to crisis level, endangering us all. We congratulate you for your leadership in breaking the stalemate, and taking bold action to address the health care system crisis.

H.R. 3200 contains key elements for effective reform. For example, building on the employment-based system that covers more than 160 million Americans, the bill would require more employers to assume significant responsibility for their employees' health insurance coverage. At present, irresponsible employers that do not provide employee health coverage are unfairly shifting the cost of health care for their employees and employees' families to our health and welfare trust funds, participating workers, and contributing employers. At least 20% of our trust funds' health care costs are attributable to unfair cost-shifting for individuals not even covered by the funds. The bill's employer and individual responsibility mandates will significantly reduce this unfair competition and cost-shifting, and help to contain overall health care system costs.

H.R. 3200, America's Affordable Health Choices Act of 2009

July 17, 2009

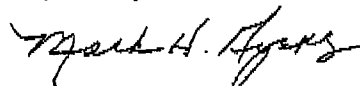
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The bill's provision for a federal regulatory system for health plans is also important to the multiemployer health and welfare trust fund community. Nationally uniform regulation, as provided under the Employee Retirement Income Security Act, is essential for the survival of multiemployer health and welfare trust funds, many of which cover workers and families in multiple States. Regulation by fifty States' duplicative and conflicting laws would be virtually impossible and would, in any event, greatly inflate fund costs at the expense of the workers who bear the full cost of the trust funds. There is no source of revenue to offset higher health and welfare fund costs than the covered workers' pay.

We are also pleased that the bill provides for creation of a reinsurance program for pre-Medicare retirees. In industries such as building and construction, the effects of years of hard physical labor force many workers into retirement before the age of Medicare eligibility. Affordable health plan coverage for these retirees is a need that must be addressed by reform, and the bill does so.

The three Committees have done an extraordinary job in producing a joint bill that is even better than the earlier Discussion Draft. We expect that progress will continue apace, and we look forward to continuing to work with the Congress through final enactment of national health care system reform that is right and good for the Nation, including the millions of workers and families in the multiemployer health and welfare fund community.

Respectfully,



Mark H. Ayers
Chairman

cc All Committee Members



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REBECCA M. PATTON, MSN, RN, CNOR
PRESIDENT

MARLA J. WESTON, PhD, RN
CHIEF EXECUTIVE OFFICER

July 17, 2009

The Honorable George Miller Chairman Education & Labor Committee	The Honorable Charles Rangel Chairman Ways & Means Committee	The Honorable Henry Waxman Chairman Energy & Commerce Committee
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Dear Chairmen:

On behalf of the American Nurses Association (ANA), I am writing to reaffirm our support for health care reform and HR 3200, the America's Affordable Health Choices Act of 2009. ANA commends the work of the House Energy and Commerce, Ways and Means, and Education and Labor committees for their work in the America's Affordable Health Choices Act of 2009. This legislation clearly represents a movement toward much-needed, comprehensive and meaningful reform for our nation's healthcare system. America's nurses understand that this reform cannot wait; it must be done today.

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

ANA remains committed to the principle health care is a basic human right and that all persons are entitled to ready access to affordable, quality health care services. ANA supports a restructured health care system that ensures universal access to a standard package of essential health care services for all individuals and families – as is illustrated in the America's Affordable Health Choices Act of 2009. That is why ANA strongly supports the inclusion of a public health insurance plan option as an essential part of comprehensive health care reform in H.R. 3200.

ANA believes that inclusion of this public health insurance plan option would assure that patient choice is a reality and not an empty promise, and that a high-quality public health insurance plan option will above all, provide the access to preventative and early intervention that is missing from our current health care environment. ANA deeply appreciates the commitment to a public health insurance plan in H.R. 3200, and we look forward to partnering with you to make this plan a reality.

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

ANA knows that registered nurses are the backbone of hospitals, community clinics, school health programs, home health and long-term care programs, and serve patients in many other roles and settings.

Advanced Practice Registered Nurses (APRNs), in particular Nurse Practitioners and Nurse Midwives are proven providers of high-quality, cost effective primary care. The America's Affordable Health Choices Act of 2009 clearly recognizes the support, development and deployment of this keystone profession, is essential for any quality health reform plan to succeed.

ANA deeply appreciates the recognition of the need to expand the nursing workforce, and thanks you for your commitment to amend the Title VIII Nursing Workforce Development Programs under the Public Health Service Act. We also are grateful for the financial commitment to the Title VIII programs made in H.R. 3200. The funding stream created through the Public Health Investment Fund and the dollars committed through 2019 would offer vital resources and much needed funding stability for these important programs. We are pleased to see so many important provisions included in the bill that will help address the growing nursing shortage. We also appreciate the inclusion of the definition of the Nurse Managed Health Centers under the Title VIII definitions.

In addition, ANA applauds the use of "community-based multidisciplinary teams" to support primary care through the Medical Home Model. This model demonstrates a commitment to quality, coordinated care by all health providers, and represents a focus, not just on treating illness, but on emphasizing wellness and prevention. ANA is especially pleased that Nurse Practitioners have been recognized as primary care providers and authorized to lead Medical Homes. Their skill and education, which emphasizes patient and family-centered, whole-person care, makes them particularly well-suited providers to lead the Medical Home Model. ANA commends the many measures in the H.R. 3200 that would bolster the nursing profession, and for its demonstrated commitment to fostering full integration, coordination, and collaboration at all levels among our nation's health care workforce.

Once again, the need for fundamental reform of the U.S. health care system is critical. Bold action is called for to create a health care system that is responsive to the needs of consumers and provides equal access to safe, high-quality care for all in a cost-effective manner. ANA and nurses around the country are ready to work with you to advance and enact into law H.R. 3200, the America's Affordable Health Choices Act of 2009. Our nurses should no longer bear witness to the cost of inaction on the lives of the patients we serve.

Sincerely,

A handwritten signature in cursive script that reads "Rebecca M. Patton".

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



August 7, 2009

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

Dear Speaker Pelosi:

On behalf of the members of the American College of Nurse-Midwives (ACNM), I am writing to express the profession's strongest possible endorsement for the America's Affordable Health Choices Act (H.R.3200), legislation that will improve women access to health care coverage and make necessary reforms to our nation's health care system. ACNM wishes to acknowledge the hard work of House Ways and Means, Energy and Commerce, and Education and Labor Committee members and staff in crafting this important legislation that ACNM believes will improve the health status of women and their newborns.

As the health reform debate began this Congress, ACNM identified seven key principles as essential ingredients in health reform legislation:

- Providing universal coverage,
- Eliminating health disparities,
- Focusing health care resources on wellness, disease prevention and primary care services,
- Improving care integration and coordination,
- Aligning payment systems with evidence-based practice and optimal outcomes,
- Improving women's access to high quality care, and
- Improving maternal and infant health.

ACNM believes H.R.3200 takes important strides toward addressing each of these important principals and is proud to endorse this landmark legislation. For additional information on ACNM's position, please feel free to contact our federal representative Patrick Cooney at (202) 347-0034.

Sincerely,

Lorrie Kline Kaplan
Executive Director