

November 6, 2009

H.R. 3962, Affordable Health Care for America Act

Some of the Letters And Statements of Support

A List of More Than 150 Groups Expressing Support

AARP

American Medical Association

Consumers Union

American Cancer Society Cancer Action Network

American Heart Association

American Diabetes Association

Small Business Majority

U.S. Women's Chamber of Commerce

American College of Physicians

American Nurses Association

National Committee to Preserve Social Security & Medicare

Leadership Council of Aging Organizations

Families USA

National Alliance on Mental Illness

Consortium for Citizens with Disabilities

Easter Seals

Child Welfare League of America

A Coalition of Youth Groups

MORE THAN 150 GROUPS EXPRESSING SUPPORT FOR H.R. 3962, AFFORDABLE HEALTH CARE FOR AMERICA ACT

List of Supportive Groups
As Of November 6, 2009
9:00 am

AARP
Advocates for Youth
AFL-CIO
AFSCME
AIDS Action Council
AIDS Foundation of Chicago
AIDS Institute
Alliance for Children and Families
Alliance for Retired Americans
American Academy of Child and Adolescent Psychology
American Academy of Family Physicians
American Academy of Ophthalmology
American Academy of Pediatrics
American Association for Geriatric Psychiatry
American Association of Health and Disability
American Association for Marriage and Family Therapy
American Association of Nurse Anesthetists
American Association of Pastoral Counselors
American Art Therapy Association
American Cancer Society – Cancer Action Network
American College of Obstetricians and Gynecologists
American College of Physicians
American College of Surgeons
American Counseling Association
American Diabetes Association
American Gastroenterological Association
American Group Psychotherapy Association
American Heart Association – American Stroke Association
American Medical Association
American Medical Student Association
American Mental Health Counselors Association
American Nurses Association
American Osteopathic Association
American Psychological Association
American Psychiatric Nurses Association
American Psychoanalytic Association
American Psychotherapy Association
American Public Health Association
American Society of Cataract and Refractive Surgeons

Anxiety Disorders Association of America
Arc of the United States
Association for the Advancement of Psychology
Association for Ambulatory Behavioral Healthcare
Association for Community Affiliated Plans
Bazelon Center for Mental Health Law
Association of American Medical Colleges
Beyond the Divide
Black Youth Vote
California Rural Indian Health Board (CRIHB)
Campaign for America's Future
Campaign for Tobacco-Free Kids
Campus Progress
Center for Clinical Social Work/ABE
Center for Community Change
Center for Health Care Policy, Research and Analysis
Center for Rural Affairs
Cerebral Palsy Association of Ohio
Children and Adults with Attention-Deficit/Hyperactivity Disorder
Children Now
Children's Partnership
Child Welfare League of America
Choice USA
Clinical Social Work Association
Clinical Social Work Guild 49, OPEIU
Consortium for Citizens with Disabilities
Consumers Union
Corporation for Supportive Housing
CWA
Delta Center for Independent Living
Democracy for America
Demos
Depression and Bipolar Support Alliance
Doctors for America
Easter Seals
Eating Disorders Coalition for Research, Policy & Action
Ecu-Health Care, Inc
Families USA
Family Voices
Federation of American Hospitals
Fight Crime: Invest in Kids
Forward Montana
Friends Committee on National Legislation
Generational Alliance
Health Access California
Health Care For All

Health Care for America NOW
Health Care for America NOW – Southern Oregon Coalition
Herndon Alliance
HIV Medicine Association
Leadership Council of Aging Organizations
Main Street Alliance
Maryland Citizens' Health Initiative
Medicare Rights Center
Mental Health America
MichUHCAN (Michigan Universal Health Care Access Network)
MoveOn.org Political Action
NAACP
National Alliance on Mental Illness
National Asian Pacific American Women's Forum
National Assembly on School-Based Health Care
National Association of Anorexia Nervosa and Associated Disorders-ANAD
National Association of Community Health Centers (NACHC)
National Association of Mental Health Planning and Advisory Councils
National Association of Public Hospitals and Health Systems
National Association of Social Workers
National Association of State Mental Health Program Directors
National Breast Cancer Coalition
National Coalition of Mental Health Consumer/Survivor Organizations
National Committee to Preserve Social Security and Medicare
National Council for Community Behavioral Healthcare
National Disability Rights Network
National Education Association (NEA)
National Federation of Families for Children's Mental Health
National Foundation for Mental Health
National PACE Association
National Patient Advocate Foundation
National Spinal Cord Injury Association
New Jersey Citizen Action
New Mexico Voices for Children
NWO/UHCAN
NYC for Change
Paralyzed Veterans of America
Pennsylvania Budget and Policy Center
PHI – Health Care for Health Care Workers
ProgressOhio
Rock the Vote
Service Employees International Union (SEIU)
Small Business Majority
Suicide Prevention Action Network USA, a Division of AFSP
Toledo Area Jobs with Justice Coalition
Tourette Syndrome Association, Inc,

UAW
Union for Reform Judaism
United Cerebral Palsy
United Methodist Church – General Board of Church and Society
United Neighborhood Centers of America
United Spinal Association
United Steel Workers
Universal Health Care Action Network of Ohio – UHCAN Ohio
USAction
U.S. Psychiatric Rehabilitation Association
U.S. Public Interest Research Group (USPIRG)
U.S. Women’s Chamber of Commerce
Utah Health Policy Project
Virginia Interfaith Center for Public Policy
Virginia Organizing Project
Voto Latino
Washington Community Action Network
Witness Justice
Young Democrats of America
Young Invincibles
18 in ‘08

FOR IMMEDIATE RELEASE

November 5, 2009

Contact

David Allen or Jordan McNerney
202-434-2560

AARP Endorses Affordable Health Care for America Act

“As members of the House gear up for this historic vote, they will hear from older Americans”

WASHINGTON—Today AARP announced its endorsement of the Affordable Health Care for America Act (H.R. 3962) and the accompanying Medicare Physician Payment Reform Act (H.R. 3961). The Association’s support follows nearly two years of work with lawmakers on both sides of the aisle to craft a health care reform plan that meets the needs of AARP’s nearly 40 million members and all older Americans. Among those needs are reforms that strictly curb insurance companies’ discrimination against older Americans and Medicare improvements that strengthen benefits while protecting the program for future generations.

“We started this debate more than two years ago with the twin goals of making coverage affordable to our younger members and protecting Medicare for seniors,” said AARP CEO Barry Rand. “We’ve read the Affordable Health Care for America Act and we can say with confidence that it meets those goals with improved benefits for people in Medicare and needed health insurance market reforms to help ensure every American can purchase affordable health coverage.”

Today’s endorsement marks the first time in this legislative battle that AARP has put its full weight behind a comprehensive health care reform package. In the coming days, AARP will be educating its members about the health care reform package through its publications, paid advertising and more than five million calls and e-mails to its grassroots activists.

“As members of the House gear up for this historic vote, they will hear from older Americans,” Rand said.

The Affordable Health Care for America Act and the Medicare Physician Payment Reform Act contain critical components AARP has been fighting for on behalf of its members and all older Americans to improve health care for them and their families. They include:

- Protecting and strengthening Medicare for today’s seniors and future generations of retirees;
- Ensuring seniors can see the doctor of their choice or find a doctor if they need one by improving Medicare’s payments to doctors;

- Lowering drug costs for seniors by closing the Medicare Part D “doughnut hole” and allowing Medicare to negotiate with drug makers for lower drug prices;
- Taking steps to reduce waste, fraud, abuse and inefficiency in the Medicare program;
- Requiring Medicare and insurance companies to provide for important preventive services like screenings for diabetes, cancer and osteoporosis free of charge;
- Stopping insurance companies from denying you affordable coverage because of your age;
- Preventing insurance companies from denying you coverage if you have a pre-existing condition or dropping your coverage if you get sick;
- Limiting how much your insurance company can make you pay out-of-pocket;
- Providing affordable health insurance options for those who don’t have insurance; and
- Providing benefits to help seniors and people with disabilities live in their own homes and communities by establishing the Community Living Assistance Services and Supports (CLASS) program.

Rand added: “We cannot continue to let insurers price older Americans out of the market, just as we cannot stand idle while millions of seniors are forced to choose between their groceries and their prescriptions. AARP is proud to endorse the Affordable Health Care for America Act and the Medicare Physician Payment Reform Act, and we urge members of the House to pass this critical package in the coming days to help fix our broken health care system.”

AARP is a nonprofit, nonpartisan membership organization that helps people 50+ have independence, choice and control in ways that are beneficial and affordable to them and society as a whole. AARP does not endorse candidates for public office or make contributions to either political campaigns or candidates. We produce AARP The Magazine, the definitive voice for 50+ Americans and the world's largest-circulation magazine with over 35.5 million readers; AARP Bulletin, the go-to news source for AARP's nearly 40 million members and Americans 50+; AARP Segunda Juventud, the only bilingual U.S. publication dedicated exclusively to the 50+ Hispanic community; and our website, AARP.org. AARP Foundation is an affiliated charity that provides security, protection, and empowerment to older persons in need with support from thousands of volunteers, donors, and sponsors. We have staffed offices in all 50 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands.



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

November 5, 2009

The Honorable Nancy Pelosi
Speaker
U.S. House of Representatives
H-232 Capitol Building
Washington, DC 20515

Dear Speaker Pelosi:

On behalf of the American Medical Association, I want to express our support for concurrent passage of both H.R. 3961, the "Medicare Physician Payment Reform Act of 2009," and H.R. 3962, the "Affordable Health Care for America Act." A successful foundation for health system reform is dependent on House passage of both bills. Together, H.R. 3962 and H.R. 3961 will deliver on our shared commitment to assure that patients have access to care and choice of physicians.

H.R. 3962 and H.R. 3961 substantially address several of the following essential elements the AMA has identified for health system reform:

- **Expanding coverage:** H.R. 3962 will raise the percentage of legal, non-elderly residents with insurance coverage from 83 percent to 96 percent.
- **Insurance market reforms:** The legislation eliminates pre-existing condition exclusions and lifetime limits on total spending, does not allow insurers to vary premiums based on health status, and expands choice and access to coverage for those who are self-insured or employed by small businesses.
- **Patient-physician decision making:** Expanded coverage and choice will empower patient and physician decision making. H.R. 3962 is consistent with our principles of pluralism, freedom of choice, freedom of physician practice, and universal access.
- **Investments in quality, prevention, and wellness:** The legislation provides additional resources to achieve these goals and, importantly, treats quality improvement as an investment in our nation's health care system.
- **Repealing the sustainable growth rate (SGR):** Preserving access to care and choice of physician for Medicare patients and military families is a critical component of

The Honorable Nancy Pelosi

November 5, 2009

Page 2

comprehensive health system reform. An overwhelming majority in Congress agree that the existing Medicare physician payment formula is flawed, that the steep pay cuts it produces should not be implemented, and that the formula should be repealed. Previous temporary actions by Congress have raised the cost of a permanent solution and increased the size of future cuts. The CBO scoring of H.R. 3961 must be put in proper perspective. This bill establishes a realistic budget baseline that reflects actual congressional actions and policies, rather than pretending Congress will allow future cuts to occur that are far more severe than those it rejected for the last seven years. Earlier this year, the House of Representatives adopted statutory pay-as-you-go legislation that provided an exception for Medicare physician payment reform legislation, acknowledging the importance of this policy change and the legacy aspect involved.

- **Reduce administrative burdens:** The legislation incorporates many recommendations that will streamline claims processing across payers and reduce overhead costs.

In addition, H.R. 3962 authorizes incentive payments to states that adopt certificate of merit and/or early offer medical liability reforms. Testing alternative reforms holds promise for gaining additional insight on reducing the cost of defensive medicine and abusive litigation practices, although we continue to believe that comprehensive reforms such as those enacted in California and Texas will do more to lower health care costs.

Concurrent passage of H.R. 3962 and H.R. 3961 represent a critical step in the legislative process that will enable further refinement of policies to lay a solid foundation for achieving our shared goal of assuring high-quality, affordable health care coverage for all Americans. We will continue to work with the House, Senate and the Administration to improve the final legislative product we hope will emerge from a joint House-Senate conference committee.

Sincerely,



Michael D. Maves, MD, MBA



American Heart Association | **American Stroke Association**

Learn and Live.

National Center

7272 Greenville Avenue • Dallas, Texas 75231-4596
Tel: 214.373.6300 • americanheart.org

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*"Building healthier lives.
One at a time."*

November 5, 2009

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

Dear Speaker Pelosi:

The American Heart Association (AHA) has long recognized the need for meaningful, comprehensive health care reform that meets the needs of patients with heart disease and stroke and their families. On behalf of the AHA and its American Stroke Association division, we believe that the Affordable Health Care for America Act (H.R. 3962) is a significant step towards meaningful health care reform. H.R. 3962 addresses the Association's patient-centered principles and priorities for health reform, particularly in the areas of enhancing coverage and emphasizing prevention. Therefore, we support specific provisions in the bill that make health care coverage more accessible, affordable and adequate for the 80 million Americans living with heart disease and stroke.

We are pleased to see that the Congressional Budget Office projects that the bill's provisions would expand health insurance coverage to an additional 36 million people, achieving coverage for 96 percent of all Americans. We are also pleased and supportive of provisions that ensure that patients with pre-existing medical conditions, such as heart disease and stroke, will no longer be denied insurance or dropped from coverage. The bill also addresses the issue of affordability and protects patient and their families from facing medical bankruptcy. In addition, the bill makes great progress in the area of prevention by making a significant new investment in community prevention and requiring Medicare, Medicaid and private health plans to provide first-dollar coverage for evidence-based clinical preventive services. And the bill takes positive steps in the right direction in improving the delivery of health care by putting a greater emphasis on the quality and not just the quantity of care delivered to patients and better coordination of care.

Given the immense breadth and complexity of the issues involved in achieving meaningful health care reform, the American Heart Association recognizes that there are still significant issues and concerns that will need to be reconciled in the final legislation. The AHA firmly believes that it is imperative that the legislative process proceed and the public dialogue continue; therefore we encourage passage of H.R. 3962 with the hope and expectation that these deliberations will progress towards our goal of achieving meaningful health care reform this year.

We look forward to continuing to work with you to ensure that the needs of heart disease and stroke patients and the millions more at risk for cardiovascular disease are addressed.

Sincerely,

Neil M. Meltzer, MPH
Chairman of the Board

Clyde W. Yancy, MD, FAHA
President



Please remember the American Heart Association in your will.

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

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

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

The Honorable Steny Hoyer
Majority Leader
U.S. House of Representatives
H-232 the Capitol
Washington, DC 20515

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

The Honorable John Dingell
Committee on Energy and Commerce
2328 Rayburn House Office Building
Washington, DC 20515

Dear Representatives,

On behalf of the nearly 24 million Americans with diabetes and the 57 million more with pre-diabetes, we thank you for your tireless commitment to reforming our nation's health system. The American Diabetes Association strongly supports H.R. 3962, the Affordable Health Care for America Act.

We are pleased that this landmark legislation will make health care more accessible to the millions of Americans who are currently uninsured and underinsured, including those with diabetes who have been denied coverage due to their pre-existing condition. Key provisions included in H.R. 3962, such as prohibiting pre-existing condition exclusions, eliminating annual and lifetime caps on benefits, ending discriminatory rating practices based on health status, prohibiting age ratings over two to one, allowing for dependent coverage up to age 27, and mandating guaranteed issue of insurance, are long overdue improvements to our broken health care system.

H.R. 3962 establishes a Health Benefits Advisory Committee to recommend required benefits. We thank the leadership and committees for recognizing that an expert third-party will be most qualified to determine a package of essential minimum benefits. We are pleased that the Committee will examine the health coverage laws and benefits of each state in developing recommendations. Including public input will also go a long way to enhance this process. At the same time, we are grateful for language that sets up important categories of essential benefits, including required coverage of durable medical equipment, which will provide test strips, blood glucose meters and other important equipment for individuals with diabetes.

We are happy to see the inclusion of affordability credits for premiums and cost sharing for individuals and families with incomes up to 400 percent of the federal poverty level as well as caps on out-of-pocket costs for individuals and families. We are also happy to see the expansion of Medicaid eligibility, giving more people access to needed health care coverage. When people with diabetes are unable to afford necessary care, they go without the treatment needed to prevent or slow the devastating and costly complications of diabetes.

National Office

1701 North Beauregard Street
Alexandria, VA 22311
Tel: 703-549-1500

Diabetes Information

call 1-800-DIABETES (1-800-342-2383)
online www.diabetes.org

The Association gratefully accepts gifts through your will.

The Mission of the American

Diabetes Association is to prevent and cure diabetes and to improve the lives of all people affected by diabetes.

We are pleased to see the elimination of cost-sharing for Medicare covered preventive services, including diabetes screening, Diabetes Self Management Education (DSME), and Medical Nutrition Therapy (MNT) for certain individuals.

Additionally, this legislation recognizes that in order to truly reform the health of our country we must do more than just improve the health insurance industry. H.R. 3962 will advance the quality of health care, invest in important prevention and wellness programs, and work towards eliminating health disparities. We are pleased that your legislation creates a Prevention and Wellness Trust Fund to support prevention and wellness activities. At the same time, it creates a national wellness and prevention strategy and provides investments in our public health infrastructure. We greatly appreciate that your bill gives employers the tools they need to help their employees lead healthier lives by creating a grant program to implement effective workplace wellness programs. A focus on prevention is an essential tenet of this legislation that allows us not only to ensure that Americans have access to health coverage when they get sick, but to improve our system in a way that helps people live healthier lifestyles and prevent chronic diseases like diabetes.

Diabetes disproportionately affects members of minority communities. Over seven percent of the general population has diabetes, but for minority populations prevalence is much higher. Over ten percent of Latinos, 14 percent of African Americans and 16 percent of American Indian/Alaska Natives have diabetes. This legislation includes important data collection provisions that will allow us to better address and work to eliminate these health disparities. Also, we support language that invests in our health workforce, providing training for primary care physicians, nurses and public health professionals. Enhancing our public health workforce will also help address the diabetes epidemic in underserved communities.

Again, we thank you for your commitment to repairing America's health system. As this health reform legislation moves forward, we look forward to continuing to work with you to ensure that people with diabetes, those at risk for diabetes, and all Americans have access to not only meaningful, affordable health care but also to the tools necessary to building a more healthy society. Should you have further questions, please contact Tekisha Dwan Everette, Director, Federal Government Affairs at teverette@diabetes.org or (703) 253-4375.

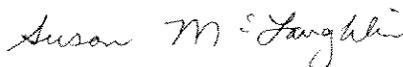
Sincerely,



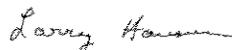
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Chief Executive Officer

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For More Information, Contact:
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House Health Care Reform Legislation Would Dramatically Improve the Health Care System for People With Cancer

WASHINGTON, D.C. – November 5, 2009 – The American Cancer Society Cancer Action Network (ACS CAN) today announced its support of proposed health care legislation that will be debated this week in the U.S. House of Representatives. In a letter to House leaders, ACS CAN, the advocacy affiliate of the American Cancer Society, said the proposed legislation has the potential to take the fight against cancer in this country to a new level.

“This legislation represents an exceptional opportunity to advance our mission of reducing suffering and death related to cancer,” said John R. Seffrin, PhD, chief executive officer of ACS CAN. “We have the potential to transform our nation’s health care system in a fundamental way that begins the process of making adequate and affordable health care accessible to all Americans.”

The House bill takes a number of steps to improve health care for cancer patients and their families by refocusing the system to emphasize prevention, ending the practice of denying coverage because of pre-existing conditions, limiting the cost burden on families by providing care that covers more and costs less and emphasizing patients’ quality of life.

“If enacted, this bill could have immediate and lasting benefits for millions of people with cancer and other life-threatening chronic diseases,” said Daniel E. Smith, president of ACS CAN. “Getting a cancer diagnosis would no longer put families at risk of being denied or getting priced out of lifesaving coverage.”

The American Cancer Society and ACS CAN believe more than 60 percent of all cancer deaths could be avoided through more effective use of existing scientific knowledge. The House bill proposes a significant investment in cancer prevention and early detection by requiring coverage for cancer screenings including mammography, colonoscopy and Pap tests, as well as for tobacco cessation programs in both public and private plans at little or no cost to patients. The bill also calls for an investment of \$34 billion over five years in a new Public Health Investment Fund for community health centers, primary care training and prevention and wellness research.

The bill makes significant progress in providing adequate, affordable coverage to the uninsured and the underinsured by expanding access to Medicaid for those earning up to 150 percent of the federal poverty level, providing subsidies for the purchase of insurance to people earning up to 400 percent of poverty, reducing or eliminating cost sharing for cancer screenings and implementing insurance market reforms that eliminate annual and lifetime benefit caps and limit patient out-of-pocket expenses.

ACS CAN has not weighed in on the financing of any health care reform proposal except to support an increase in the federal tobacco tax as a way to help pay for reform and save lives. Therefore, ACS CAN takes no position on the revenue provisions of the House bill.

“As the leading voice of patients in the debate, we continue to call on Congress to put aside politics and pass health care reform that will save lives this year,” said Robert E. Youle, a cancer survivor and volunteer chair of ACS CAN’s Board of Directors. “The status quo is too costly for cancer patients, who often are forced not only to fight for their lives, but also for their life savings.”

A recent survey by National Public Radio, the Kaiser Family Foundation, and the Harvard School of Public Health found that the American Cancer Society is the most trusted among all the interest groups involved in the health care reform debate. Seventy-four percent of those surveyed said they trust the Society to recommend the right thing for the country when it comes to health care reform.

ACS CAN volunteers across the country have been holding rallies and other events to let their Members of Congress know how important health care reform is to cancer patients, survivors and their loved ones. ACS CAN volunteers have also made more than 70,000 calls to lawmakers since June, and nearly 2,000 calls a day are expected into congressional offices in coming weeks in support of meaningful health care reform.

Cancer is many different chronic and acute diseases affecting people of all ages. As such, cancer patients and survivors interact extensively with every aspect of our nation’s health care system – from prevention, diagnosis and treatment through survivorship and end of life. Armed with this knowledge and understanding, over the past two years the Society and ACS CAN have chosen to view health care through the “cancer lens” and worked to illustrate the overwhelming need for reform.

For more information about ACS CAN’s efforts in support of health care reform, visit <http://www.acscan.org>.

ACS CAN, the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society, supports evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem. ACS CAN works to encourage elected officials and candidates to make cancer a top national priority. ACS CAN gives ordinary people extraordinary power to fight cancer with the training and tools they need to make their voices heard. For more information, visit www.acscan.org.

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Nov. 3, 2009

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

Dear Madam Speaker:

The introduction in the U.S. House of Representatives of H.R. 3962—America's Affordable Health Choices Act—clears another major hurdle in the fight to repair the nation's broken healthcare system, and moves us that much closer to the goal of providing high-quality, affordable healthcare to small businesses, their employees and their families.

Small business owners have been mired in a healthcare system that burdens them with inordinate costs, threatens their competitiveness and discourages entrepreneurialism. Economic research we released in June shows that without healthcare reform, small business owners will pay nearly \$2.4 trillion over the next 10 years to provide health insurance for their employees. And our recent opinion polling of small business owners in 17 states shows resounding support for reform. Clearly, the cost of doing nothing is too high; the status quo—not passing healthcare reform legislation this year—is unacceptable.

We're pleased to see some of the amendments that have come out of the long debate—provisions such as short-term relief in the form of a high-risk pool that will commence immediately in 2010, and the requirement that health plans spend a minimum of 85 percent of premium dollars on medical care. These will be of great benefit to small businesses, especially the self-employed.

These changes further strengthen the legislation's core benefits to small businesses: cost containment, insurance reform, tax credits and a robust, competitive exchange.

There's still more work to do, and all stakeholders must stay constructively engaged. We can begin the process of providing small businesses with substantial relief from their current untenable situation by enacting comprehensive healthcare reform this year. It starts with the passage of H.R. 3962.

As you know Small Business Majority is a national nonprofit organization focused on solving the single biggest problem facing America's 28 million small businesses: the skyrocketing cost of healthcare. We conduct extensive opinion and economic research and bring nonpartisan small business voices to the public policy table.

Sincerely,

John Arensmeyer
Founder and CEO
Small Business Majority



November 3, 2009

The Honorable Steny Hoyer
House Democratic Majority Leader
H-107, The Capitol
Washington D.C. 20515

Dear Leader Hoyer:

On behalf of the U.S. Women's Chamber of Commerce and our over 500,000 members (three-quarters of whom are small business owners), I am writing to express our support for HR 3962, the "Affordable Health Care for America Act of 2009" and urge swift passage of this important legislation. After months of discussion, committee work, and leadership within Congress, we are pleased to see the strength of this legislation and know that the reform of America's healthcare system will have a profound and positive impact on the lives of many women, and the economic opportunities of millions of small business owners.

Our members have been very concerned that healthcare reform provide women and small business owners with real competitive choices and flexibility, affordability, simplification, guaranteed coverage, prohibition of pre-existing conditions and that reform should include a both Health Insurance Exchanges and a robust government lead public plan to take on the insurance carriers, provide vigorous competition and bring down the cost of coverage. We are pleased that H.R. 3962 includes the key elements our members want and need.

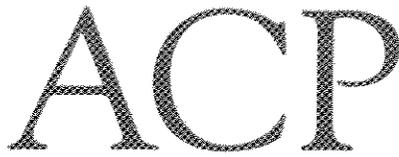
We are all stakeholders in the reform of our healthcare system. Working together through shared responsibility we will all achieve positive outcomes that will serve to reinvigorate small businesses and provide protection, stability and quality life for all Americans. Women-owned firms are generally smaller than male-owned firms. Consequently, we appreciate the flexibility within H.R. 3962 giving employers the choice to offer coverage or make contributions towards coverage, and the inclusion of important tax credits to help smaller businesses offset these expenses.

During this historic time of challenge and opportunity, our members call upon you to lead with passion, vision and a commitment to the individuals you serve. The U.S. Women's Chamber of Commerce is proud to offer our support of H.R. 3962, the "Affordable Health Care for America Act of 2009," and call upon Congress and the Administration to enact comprehensive healthcare reform this year.

Sincerely,

A handwritten signature in black ink, appearing to read 'Margot Dorfman', written over a horizontal line.

Margot Dorfman, CEO
U.S. Women's Chamber of Commerce



AMERICAN COLLEGE OF PHYSICIANS
INTERNAL MEDICINE | *Doctors for Adults*[®]

November 2, 2009

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

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

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

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

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

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

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

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

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

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

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

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

Coverage:

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

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

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

Primary care, prevention and wellness:

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

Reform of delivery and payment systems:

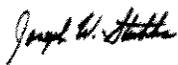
- A combined investment of \$2.3 billion to fund Medicare and Medicaid pilots of the Patient-Centered Medical Home. We are pleased that the Medicare community-based medical home pilot no longer will be restricted to "high cost" beneficiaries, as proposed earlier, but recommend that the same change be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

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

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

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

Yours truly,



Joseph W. Stubbs, MD, FACP
President



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REBECCA M. PATTON, MSN, RN, CNOR
PRESIDENT

MARLA J. WESTON, PhD, RN
CHIEF EXECUTIVE OFFICER

November 3, 2009

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

Dear Madam Speaker:

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

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

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

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

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

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

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

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

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

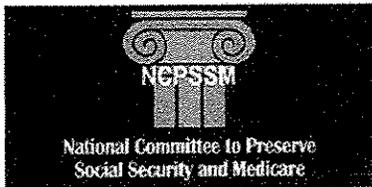
Once again, the need for fundamental reform of the U.S. health care system is critical. Bold action is called for to create a health care system that is responsive to the needs of consumers and provides equal access to safe, high-quality care for all in a cost-effective manner. ANA and nurses around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

Sincerely,



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

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



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October 29, 2009
United States House of Representatives
Washington, DC 20515

Dear Representative:

On behalf of the millions of members and supporters of the National Committee to Preserve Social Security and Medicare, I am writing to express our strong support for H.R. 3962, the *Affordable Health Care for America Act*, introduced by Chairman Dingell. We applaud Ways and Means Committee Chairmen Rangel, Energy and Commerce Committee Chairman Waxman, and Subcommittee Chairmen Stark and Pallone for including necessary and significant changes to the Medicare program that will positively impact millions of beneficiaries and strengthen the solvency of the program. It is my understanding that Medicare provisions in H.R. 3962 which slow the growth of health care costs, attack waste, and reform the payment and delivery systems will extend the solvency of the Medicare Trust Fund for five years.

The *Affordable Health Care for America Act* includes substantial beneficiary improvements and protections that are very important to our members. Top among these are provisions that will make prescription drugs more affordable by closing the doughnut hole in the Part D prescription drug program, providing discounts on certain drugs when beneficiaries reach the doughnut hole, and allowing Medicare to negotiate lower drug costs for beneficiaries in Part D which the government is prohibited from doing under current law. This legislation also helps beneficiaries by eliminating all cost-sharing - deductibles and copays - for preventive screenings and services; raising the asset limits so that more low-income beneficiaries will qualify for assistance with their out-of-pocket health care costs; protecting Medicare Advantage beneficiaries from paying more for high-cost care, such as home health care and chemotherapy, than they would in original Medicare; and enacting delivery system and payment reforms that will allow providers to better coordinate the care of beneficiaries, particularly those with multiple chronic conditions.

In addition to these beneficiary improvements, we support of provisions in the *Affordable Health Care for America Act* that will eliminate wasteful spending in Medicare and strengthen the solvency of the program. Contrary to the rhetoric heard from opponents, this bill does not cut Medicare; rather it includes provisions to ensure that we are receiving high-quality care and the best value for our Medicare dollars. We have long advocated for eliminating wasteful spending on overpayments to Medicare Advantage plans which are increasing costs to all Medicare beneficiaries and to the federal government. And we believe that slightly slowing the rate of increase in payments to providers - keeping in mind that they will continue to receive increases each year - can be done in ways that improve care and strengthen Medicare for the future.

The National Committee supports H.R. 3962, the *Affordable Health Care for America Act*, and I urge you to support this legislation when it reaches the House floor for consideration. In addition to its important provisions to cover the uninsured and reform private health insurance, this legislation is important to millions of beneficiaries who are counting on you to enhance and safeguard the Medicare program.

Cordially,

Barbara B. Kennelly
President and CEO



Leadership Council of Aging Organizations

November 5, 2009

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

Dear Speaker Pelosi:

As the Chair of the Leadership Council of Aging Organizations (LCAO), I write to you and your colleagues in the House of Representatives to convey our strong support for the manager's amendment to H.R. 3962, *Affordable Health Care for America Act*.

The LCAO -- founded in 1977 -- is a coalition of 60 national not-for-profit organizations long focused on the well-being of America's 87 million people over age 50, the fastest growing population segment of our country, and the age group that needs and uses health services the most. We believe that your leadership team and the leadership of the Ways and Means Committee, Energy and Commerce Committee, and Education and Labor Committee have succeeded in creating legislation that will make changes to the Medicare, Medicaid, and other long-term supports and services programs that will benefit millions of older beneficiaries and strengthen the future of these programs.

The work that has been done toward health care reform during this Congress has led to many substantial beneficiary improvements and protections that are very important to our members and their families. For example, provisions such as those that will make prescription drugs more affordable by closing the doughnut hole over time in the Part D prescription drug program, providing discounts on certain drugs when beneficiaries reach the doughnut hole, and allowing the Medicare program to negotiate drug prices on behalf of beneficiaries will positively impact the lives of millions of older adults who currently struggle to pay for their prescription drugs.

Further, extending the solvency of the Medicare trust fund, improvements on the delivery system through better coordinated care for those with multiple chronic conditions, protection for Medicare Advantage plan beneficiaries, improvements in preventive screenings and services, and help for low-income beneficiaries make this legislation a significant step forward for older adults as well as those who lack insurance coverage.

The LCAO also applauds your efforts to address the need for reforms in the long-term care system. The CLASS Act provisions, which create a new fiscally sound long-term care insurance option for all working Americans, improved support for family caregivers, and provisions that address quality problems in long-term care facilities are all important improvements on the currently broken system.

The bill provides an important reinsurance fund for pre-Medicare eligible retirees that will enable many in the 55 - 64 age group to keep their insurance coverage. Valuable advances are

601 E Street NW, Washington, DC 20049 ♦ (202) 434-6363 ♦ (202) 434-7686 (Fax)

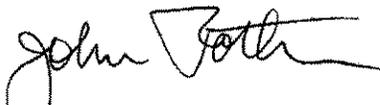
♦ E-mail: lcao@aarpp.org ♦

The bill provides an important reinsurance fund for pre-Medicare eligible retirees that will enable many in the 55 - 64 age group to keep their insurance coverage. Valuable advances are made to strengthen the health care workforce -- particularly in primary care settings -- to help ensure that seniors will have access to the care they need.

The LCAO met yesterday and after deliberation, voted to support H.R. 3962, the *Affordable Health Care for America Act*, and authorized me on behalf of the entire coalition to urge all members of the U.S. House of Representatives to support the manager's amendment to this legislation when it reaches the House floor.

Thank you for your consideration of our views and for all that you have done to make this historic moment possible.

Sincerely,

A handwritten signature in black ink, appearing to read "John Rother". The signature is fluid and cursive, with a large initial "J" and "R".

John Rother
Chair

The Leadership Council of Aging Organizations



October 29, 2009

Speaker Nancy Pelosi
United States House of Representatives
Washington, DC 20515

The Honorable John Dingell
United States House of Representatives
Washington, DC 20515

Dear Speaker Pelosi and Representative Dingell,

Families USA, the national voice for health care consumers, is pleased to formally endorse H.R. 3962, the Affordable Health Care for America Act. The bill will provide America's families with peace of mind by ensuring that affordable, high-quality health coverage and care will not be taken away from them, even when they get sick, have a pre-existing condition, or lose their jobs.

Families USA especially lauds the House proposal because it makes health coverage affordable to families most in need. It does so by ensuring that the Medicaid safety-net program will become available for families with incomes below 150 percent of the federal poverty level – approximately \$33,000 in annual income for a family of four. The bill also provides needed subsidies so that health insurance premiums are affordable for working families.

We urge the House to adopt this bill as soon as possible. We will mobilize families across the country to secure final passage of the legislation this year. The cost of doing nothing is far too great and, working with you, we look forward to enacting the Affordable Health Care for America Act into law.

Sincerely,

A handwritten signature in black ink that reads "Ron Pollack". The signature is written in a cursive, slightly slanted style.

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



October 30, 2009

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

Dear Speaker Pelosi:

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

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

Insurance Market Reforms

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

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

Inclusion and Equitable Coverage of Mental Health and Substance Abuse Benefits

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

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

Improvements to Medicare and Medicaid

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

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

Comparative Effectiveness Research (CER)

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

Community Living Assistance Services and Supports (CLASS) Act

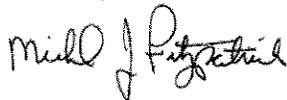
NAMI is extremely pleased that HR 3962 includes the late Senator Edward Kennedy’s CLASS Act, a new voluntary, public, long-term care insurance program to help support people with significant functional limitations, including serious mental illness. After a contribution period, individuals determined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

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

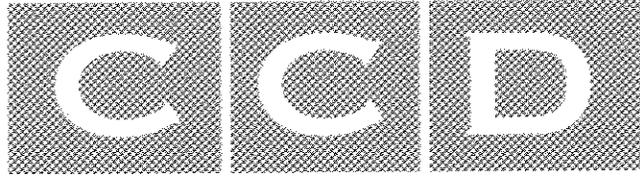
Finally, NAMI would like to express our gratitude for a provision in HR 3962 that would establish new standards for Federally Qualified Behavioral Health Centers (FQBHCs) under the Public Health Service Act (Section 2513). These new standards include outpatient mental illness treatment services, targeted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

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

Sincerely,

A handwritten signature in black ink that reads "Michael J. Fitzpatrick". The signature is written in a cursive style with a large initial "M" and "F".

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



**CONSORTIUM FOR CITIZENS
WITH DISABILITIES**

November 4, 2009

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

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

Dear Speaker Pelosi:

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

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

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

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

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

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

Sincerely,

ACCSES

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

NISH

Paralyzed Veterans of America

Rehabilitation Engineering and Assistive Technology Society of North America

Teacher Education Division of the Council for Exceptional Children

The Arc of the United States

Tourette Syndrome Association

United Cerebral Palsy

United Spinal Association

World Institute on Disability

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



Easter Seals

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November 3, 2009

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

Dear Speaker Pelosi:

Easter Seals is writing in strong support of the Affordable Health Care for America Act, H.R. 3962. We believe access to appropriate and high quality health care services is essential for people with disabilities to live, learn and work and play in their communities.

The goal of health care reform is to assure that all people with access to quality, affordable health care and long term services and supports that meet their individuals needs. It is through these types of changes to the health care system that we can hope to enable all Americans, including people with disabilities and chronic conditions, to be healthy, functional, live as independently as possible and participate in their communities.

In particular, Easter Seals is strongly in favor of the proposed changes to the insurance market that would provide guaranteed issue and guaranteed renewal in the individual and small markets as well as prohibiting the use of pre-existing health condition exclusions. These changes would have the effect of opening these markets for people with disabilities to get and keep quality insurance coverage.

A major part of the health care reform effort is to try to close the gaps in unmet needs. One of the primary unmet needs for people with disabilities and chronic conditions is access to long term services and supports. The inclusion of the CLASS Act in health care reform is a meaningful step toward meeting the needs of people with disabilities and chronic conditions so that they may function as independently as possible with their families, in their homes and in their communities.

Easter Seals thanks you for all of your efforts on health care reform. We look forward to working with you as the legislative process continues.

Sincerely,

Katherine Beh Neas
Vice President, Government Relations



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

November 4, 2009

Dear Madam Speaker:

On behalf of the Child Welfare League of America (CWLA) and our public and private member agencies across the country who work directly with abused, neglected, and otherwise vulnerable children, youth, and their families, I write to indicate our support for comprehensive health reform and the Affordable Health Care for America Act (H.R. 3962), while also urging Congress to not leave children worse off as a result of health reform and to make every assurance possible that children's benefits not be reduced or compromised.

CWLA is wholeheartedly supportive of H.R. 3962's expansion of the Medicaid program to cover individuals below 150% of the federal poverty line. The Medicaid program is a lifeline for so many vulnerable children, youth, and families—including children and youth in foster care—and for children, promises access to needed services through the all important Early Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit. CWLA also supports the bill's temporary extension of the American Recovery and Reinvestment Act (ARRA)'s increased federal match to both the Medicaid and Title IV-E programs. Our nation's economic crisis remains dire and this extension is necessary to support states and ensure that Medicaid beneficiaries continue receiving health services and that children in care get the support they so desperately need. Other Medicaid provisions that are important to CWLA include: automatic enrollment for otherwise uninsured newborns; more efficient access for states and beneficiaries to family planning services; the medical home pilot program; and suspension of Medicaid (rather than termination) for youths released from public institutions.

CWLA is particularly appreciative that H.R. 3962 contains two provisions that we and our members have advocated for: funding for home visitation programs and protection for therapeutic foster care (TFC) programs. The home visiting provisions in H.R. 3962 would provide much needed grants to states to improve the well-being, health, and development of children by enabling the establishment and expansion of high quality programs that provide voluntary home visitation for families with young children and families expecting children. These grants are intended to target at risk and vulnerable families and communities who are in need of services that will not only reduce abuse and neglect but also improve the overall health and development of young children. TFC provides medically necessary, evidence-informed, and cost-effective services to at least 50,000 children with severe mental and behavioral health needs in a community-based environment.

We are very pleased that H.R. 3962 continues the good work of the Paul Wellstone and Pete Domenici Mental Health and Addiction Equity Act of 2008 by including mental health and addiction services in the essential benefits package and requiring them to be offered at parity. For children, it is so important that guaranteed, essential benefits include well baby and well child visits, as well as oral health, vision, and hearing services—as H.R. 3962 states. CWLA is thankful for the generous efforts to help make health coverage affordable for working yet struggling families, by providing affordability credits and cost sharing limitations for individuals up to 400% FPL. We are also supportive of the bill's investments in the health care workforce, efforts to reduce health disparities, and progress to ensure better access to health care in rural America.

As many children's advocates, CWLA is concerned about H.R. 3962's failure to reauthorize the Children's Health Insurance Program (CHIP) and for not including—at a minimum—the amendment accepted in the House Energy and Commerce Committee that would have required the Secretary of HHS to ensure children's benefits would be equal or better in the Exchange, prior to transferring them. We hope that as health reform moves forward, stronger language can be inserted guaranteeing that children will not be left worse off as a result of health reform and that their benefits will not be reduced or compromised. Children are our future and it would be immoral to regress and pull back their health coverage when they truly deserve every opportunity possible to lead long, healthy, and productive lives.

CWLA thanks you for your diligence and commitment to improving our nation's health care system and particularly for H.R. 3962's provisions that would directly benefit vulnerable children, youth, and families. We look forward to continuing to work with you—to ensure that children are not left worse off and to enacting comprehensive health reform in the near future.

Sincerely,

A handwritten signature in cursive script that reads "Christine James-Brown". The signature is written in black ink and is positioned above the typed name and title.

Christine James-Brown
President/CEO

November 2, 2009

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

Dear Madame Speaker:

We are writing on behalf of organizations representing millions of young people to urge the swift passage of H.R. 3962, the Affordable Health Care for America Act.

As you know, young people are the most uninsured age group in America and have been vocal about the need to change the system. This legislation will help make health insurance affordable, competitive, continuous, comprehensive and fair for young Americans.

We support several key elements of the bill, including: the creation of the Health Insurance Exchange marketplace with a public option; efforts to contain costs through caps on deductibles, out-of-pocket expenses and co-pays; reform of the insurance industry by ending discriminatory and abusive practices, especially pre-existing conditions and gender discrimination; better employer-based coverage; and the focus on preventive care. These elements – and subsidies that provide access to quality, affordable health care for all Americans – are essential to comprehensive reform.

We are particularly grateful for the inclusion of a critical provision to allow young adults to remain on their parents' insurance policy until the age of 27. This could provide coverage for millions of uninsured young Americans.

As the Congress continues to craft final health care reform legislation, we are eager to work with you to ensure that it is a good deal for young Americans. Young people are counting on you to deliver on the promise of reform and a better future for our generation. Thank you for your continued leadership on this issue.

Sincerely,

Advocates for Youth
Black Youth Vote
Choice USA
Campus Progress
Center for Community Change
Demos
Forward Montana

Generational Alliance
Rock the Vote
Young Democrats of America
Young Invincibles
Voto Latino
18 in '08