



CONGRESSMAN
JOHN SARBANES
REPRESENTING MARYLAND'S 3RD CONGRESSIONAL DISTRICT



The Sarbanes Standard

Health Care Update

Dear Friends,

As a member of the Health Subcommittee, I have been fully engaged in the health care reform debate since the beginning of this year. I have been impressed at the level of attention this issue has received from Members of Congress in scores of hearings that have taken place. Over the last several weeks, my Committee has considered a comprehensive health reform bill (H.R. 3200). We reported the bill to the full House of Representatives on July 31st after a five day markup. The bill is expected to be on the House floor in the fall.

Many of you have written to me over the last several months to express your views about our efforts to reform health care. I understand and respect that this is a very personal issue for many Americans. It is critically important that people understand the various elements of the reform proposal. For that reason, I have grown increasingly concerned about the amount of false information that has been circulating on the Internet and through other communications about the intentions of Congress and the content of the health reform legislation. I wanted to set the record straight on what is and is not in the bill.

What H.R. 3200, the America's Affordable Health Choices Act, will mean for you:

LOWER COSTS

- Provides insurance affordability credits for low- and moderate-income families
- No more co-pays or deductibles for preventive care
- No more rate increases for pre-existing conditions, gender, or occupation
- An annual cap on your out-of-pocket expenses
- Group rates of a national pool if you buy your own plan
- Guaranteed, affordable oral, hearing, and vision care for your kids

GREATER CHOICE

- Keep your doctor, and your current plan, if you like them
- Choose from a number of plans in a national insurance exchange that will include multiple private plans and a public health insurance option to compete with private insurers

HIGHER QUALITY

- You and your doctors make health care decisions — not insurance companies
- Create comprehensive health workforce policies so more family doctors and nurses will enter the workforce, helping guarantee access
- Fund scientific research that will empower doctors to make decisions about what medicines and procedures work best for their patients, improving care

STABILITY & PEACE OF MIND

- No more coverage denials for pre-existing conditions
- No more lifetime limits on how much insurance companies will pay
- No reason to ever make a job or life decision again based on health care coverage

What is NOT included in H.R. 3200, the America's Affordable Health Choices Act:

- **It does not require anyone to enter into a government-run health care plan.** If you like your doctor and your current plan, you can absolutely keep them if this proposal becomes law. The bill will give you more choices by creating an insurance exchange where individuals can choose from multiple plans and purchase health coverage. This will give Americans peace of mind that they can continue to receive health care if they change jobs, are laid off, or simply don't like the plan offered through their employer. Among the many plans offered in the exchange, there will be a public health plan option that will compete with the private plans, keeping costs lower and the health insurance industry honest.
- **It does not attempt to replicate the Canadian, British, French, or any other health system, nor will it lead to "rationing" care.** H.R. 3200 will create a uniquely American health care system that builds on what works and fixes what doesn't in our current system. Nothing in the bill empowers any government official to prohibit private health plan coverage of particular medications or treatments. It does fund scientific research that will empower doctors to make decisions about what works best for their patients and improve care.
- **It does not threaten Medicare coverage for seniors.** The bill actually strengthens traditional Medicare and eliminates the "donut hole" in the Medicare Part D prescription drug plan. It also seeks to reduce cost of prescription drugs by allowing Medicare to negotiate with pharmaceutical companies for the best price they can get for drugs — much like the Department of Veterans' Affairs currently does. The bill does rein in overpayments that are resulting in a windfall for certain Medicare providers. The savings generated in these areas are reinvested in the Medicare program. These reforms are based on recommendations made by the independent Medicare Payment Advisory Commission (MedPac).

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• **The bill will not cause employers to “dump” their workers into the public plan option.** Some worry that large and small businesses will have an incentive to terminate coverage for their employees and dump them into the public option. In fact, these employers will have plenty of reasons to continue coverage. For example, small businesses are largely exempt from the coverage mandate in the bill and those that are obligated will have access to tax credits to help with their expenses. Large businesses will need to keep offering coverage in order to compete for workers in the market. That’s why the Congressional Budget Office projects that by the Year 2019 only 4% of the population – about twelve million people – will be in the public plan.

• **It does not provide subsidies for undocumented immigrants to purchase health insurance.** Section 246 of the bill explicitly states that “Nothing in this subtitle shall allow Federal payments for affordability credits on behalf of individuals who are not lawfully present in the United States.”

• **The bill absolutely does not promote euthanasia.** This may be the most outrageous and irresponsible assertion that has been circulated. H.R. 3200 authorizes reimbursement of doctors for their time if a patient wants to consult with them about end of life care or advanced care planning. Section 1233 of the bill describes these services, which are completely voluntary, and may include educating a patient about an advance directive or living will; sharing what resources are currently available to learn about end-of-life care; and explaining options available for end-of-life care, including hospice. Advance directives are written by patients and help their doctors and family members understand the treatment that they wish to receive. These circumstances are often complex and always difficult. Having a medical professional to provide advice gives many individuals and their family peace of mind.

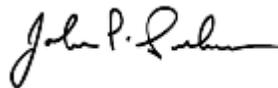
• **The legislation does not commit taxpayer dollars to fund abortion or require abortion coverage.** This issue divides Americans who hold sincerely felt, but conflicting views about abortion. Section 122 of the bill was amended to state that, as it pertains to abortion, the Health Benefits Advisory Committee “may not require such

services for qualified health benefit plans to participate in the Health Insurance Exchange.” It also maintains current law which prohibits federal funds to be used for abortion services except for in cases of incest, rape, or if the mother’s life is in danger. An amendment was also adopted in the Energy and Commerce Committee to prohibit discrimination against any individual or institution that refuses to “provide, pay for, provide coverage of, or refer for abortions.”

A bill of this importance will not be rushed through Congress. Since January, the three House committees of jurisdiction have held more than 20 hearings on all aspects of the health care system. These committees released a discussion draft in June, introduced a formal bill in July, and each conducted thorough markups of the bill. The full House is likely to take up the bill in the fall and the Senate must follow suit. Differences between the House and Senate bills must be reconciled by a conference committee.

I hope this information is useful to you as the Congress continues to make progress on health care legislation. I believe it is possible to make intelligent reforms to our health care system that expand coverage and improve quality of care. I also believe there are many areas where we can reduce cost by eliminating waste and making our system more efficient. The status quo is unsustainable for our economy and I am convinced that long term security will be elusive until we fix our health care system. If you would like more information about the health care reform bill, please visit the Energy and Commerce website at www.energycommerce.house.gov. I look forward to your continued feedback as the process unfolds in the coming weeks and months.

Sincerely,



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