

MELISSA L. BEAN
8TH DISTRICT, ILLINOIS

COMMITTEE ON FINANCIAL SERVICES
SUBCOMMITTEE ON FINANCIAL INSTITUTIONS
AND CONSUMER CREDIT
SUBCOMMITTEE ON CAPITAL MARKETS, INSURANCE,
AND GOVERNMENT-SPONSORED ENTERPRISES

COMMITTEE ON SMALL BUSINESS
SUBCOMMITTEE ON FINANCE AND TAX
SUBCOMMITTEE ON REGULATIONS AND HEALTHCARE

Congress of the United States
House of Representatives
Washington, DC 20515-1308

WASHINGTON OFFICE:
432 CANNON HOUSE OFFICE BUILDING
(202) 225-3711
DISTRICT OFFICE
1701 EAST WOODFIELD ROAD, SUITE 200
SCHAUMBURG, IL 60173
(847) 517-2927
www.house.gov/bean

April 16, 2010

Mr. Craig Mijares

Dear Mr. Mijares,

Since I came to Congress, I've heard from thousands of families and small businesses across the 8th District, whose personal stories illustrated the need for health insurance reform. Many shared concerns about the impact health insurance reform would have on the federal deficit. Others expressed opposition to a "government takeover" of health care.

After deliberate review of the final legislation in relation to those concerns, I supported it because it will provide the health care security, affordability and choice families and businesses seek, while utilizing the private market not a government takeover and yielding a significant federal deficit reduction of \$1.3 trillion. I voted for H.R. 3950, *The Patient Protection and Affordable Care Act* (P.L. 111-148) that originated in the Senate and passed by a margin of 219 to 212 (Roll Call 165), as well as H.R. 4872, *The Health Care and Education Reconciliation Act* (P.L. 111-152), which passed 220 to 207 (Roll Call 194), and amended Senate provisions which I, like many of you, took exception with. The following is a summary of how this legislation addresses the concerns of various communities within our district.

Across the district, I've heard of countless health care challenges families have been struggling with: A mother fearing for her son's life because he's hit his lifetime cap on benefits at age 14, contemplating bankruptcy to provide him care. A man unable to start his own company because his pre-existing condition makes it impossible to afford health insurance in the individual market. Moms and dads who have been laid off from work, dreading the expiration of COBRA benefits and access to health insurance for their families. I'm proud to have voted to end these uniquely American stories.

The top priorities I have heard from **families** in the Eighth District are affordability, portability, and security of healthcare coverage. Preexisting medical conditions have put families in the category of uninsurable and limited career options to keep coverage. American families with insurance have seen their premiums increase while benefits shrink, and too many have been driven into health care related bankruptcies because of benefit caps or being dropped from coverage when they needed it most. This legislation changes that.

Illinois currently has the highest number of rescissions, or "drops" by insurance companies, in the country. Beginning in September, insurance companies will no longer be able to drop coverage of an individual or family when they make a claim, and will not be able to impose lifetime caps on care. Starting in 2014, those limited to the individual market will be able to choose from a variety of benefit plans in a state-wide Exchange. By pooling together, they will have more benefit options, volume pricing, and reduced risk. An estimated 31,500 uninsured Eighth District families will get access to affordable coverage.

When **small business** succeeds, America prospers. Small businesses have had limited access to affordable coverage and have paid roughly 18 percent more than large employers for the same benefits. American employers are competitively disadvantaged in the global marketplace, as foreign competitors are not burdened by double-digit increases in health care costs. Too many employers have seen their premiums double or their plans dropped by their insurance company after making an expensive health care claim. Even without an increase in claims, small businesses have been forced to reduce or eliminate benefits because of excessive premium increases.

With this legislation, insurance companies will be banned from dropping coverage or increasing rates arbitrarily after a claim from an employee. Premium increases will be more predictable as they will need to be justified based on paid claims. Small businesses can purchase coverage through the Exchange, which will provide choices of benefit plans and spread cost and risk over a larger group. There will be no requirement to provide coverage for employers with less than

50 employees. For those over 50, there is no mandate if they are already providing affordable coverage. Most significantly, 17,000 Eighth District small businesses (with 25 employees or less) will be eligible for tax credits of up to 50 percent of employer-paid premium costs.

America keeps its commitment to its **seniors**. Contrary to some reports, the bill **does not reduce Medicare benefits**. In fact, senior benefits will increase with savings on prevention and wellness services, which will be provided without a co-pay starting in September. It closes the Part D donut hole, allowing the 6,800 Eighth District beneficiaries who enter the donut hole each year to receive a \$250 rebate in 2010 and 50 percent discounts on brand name drugs beginning in 2011, fully closing the donut hole over the next decade. This bill also ensures that Medicare stays solvent for an additional nine years, by removing over \$400 billion in overpayments and eliminating waste, fraud, and abuse from the system.

Taxpayers expect accountability. Health insurance reform is as important to America's fiscal health as it is to our physical health. Currently the U.S. spends twice as much, as a percentage of GDP, than other industrialized nations on health care, while an estimated 45 million people are uncovered. At a time when our nation's debt exceeds \$12 trillion, H.R. 3950 provides the most significant deficit reduction in more than a decade. According to the non-partisan Congressional Budget Office, this bill cuts our federal deficit by \$1.3 trillion over 20 years. Importantly, the additional anticipated savings from electronic medical records (reducing errors, redundant prescriptions and procedures, and readmissions) are not included in the CBO's savings projections.

While other countries have improved health care outcomes and savings with electronic patient records, America's patients and health care professionals have been too afraid of the insurance industry's pre-existing condition exclusions to move forward. This **reform** unleashes our ability to **transform** our system to better incorporate technology and best practices. Providing patient- and practice-specific data to doctors drives better health care outcomes. Not surprisingly, better health lowers costs. As our health care costs represent the largest and fastest-growing portion of our government's non-military spending, this legislation puts our nation on a better fiscal track.

When we or a loved one becomes a **patient**, our top priority is quality of care. The U.S. has the best medical schools, doctors and technology, and yet the World Health Organization has ranked us 37th in the world for quality. We can do better, and this legislation demonstrates America's commitment to improving our nation's standing in health care quality and coverage. To promote best-in-class health care, this legislation increases access, prevention, patient-centered care, and chronic disease management, and implements payment reforms for measurable improvements in quality outcomes. The law ensures that no insurance company or government bureaucrat interferes with doctor and patient decisions.

In summary, H.R. 3950 meets the criteria I established early on to preserve, improve, and expand affordable private sector choices for Americans with or without insurance, while containing unsustainable cost increases. In Congress I've had the opportunity to work on issues of economic security and national security. However, striving to achieve an improved level of health care security for all Americans is more deeply personal. Having done my due diligence on behalf of those I am honored to represent, I respectfully appreciate that many hold differing views on the degree to which this law will accomplish that goal. I remain committed to the hard work necessary to ensure it does.

Thank you again for contacting me about health insurance reform. For further information on how this legislation may affect you, please visit my website at: www.house.gov/bean and click on "Health Insurance Reform." Please do not hesitate to write, call, or email if I can ever help you in any way.

Sincerely,



Melissa L. Bean
U.S. Representative (IL-08)