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**KENNEDY, HELP COMMITTEE DEMOCRATS ANNOUNCE THE “AFFORDABLE
HEALTH CHOICES ACT”**

Bipartisan Talks Continue on Outstanding Key Issues

WASHINGTON, D.C. – For the past year, Chairman Edward M. Kennedy and Democratic Members and staff of the Senate Committee on Health, Education, Labor and Pensions (HELP) have been working to develop legislation that reduces health care costs, allows Americans to keep the coverage they have if they want it, and makes health insurance affordable to those who do not have it today.

Today, while discussions between HELP Committee Democrats and Republicans on key outstanding issues continue, Chairman Kennedy released the landmark “Affordable Health Choices Act.” Click here for a copy of the bill, http://help.senate.gov/BAI09A84_xml.pdf.

“Our health care system is a crisis for American families and President Obama and members of Congress of both parties recognize the urgency of the problem. Our goal is to strengthen what works and fix what doesn’t. Over the next few days, we will continue working with our Republican colleagues on common sense solutions that reduce skyrocketing health care costs, assure quality care for all and provide affordable health insurance choices. Much work remains, and the coming days and weeks won’t be easy. But we have a unique opportunity to give the American people, at long last, the health care they need and deserve,” said Senator Kennedy.

Earlier this year, Kennedy and Senator Max Baucus, Chairman of the Finance Committee, which shares jurisdiction of health care reform with HELP, established a joint process that will lead to complementary legislation being marked-up in June and on the Senate floor by July. The HELP Committee is on track to meet that goal. On Wednesday, June 10 and Thursday, June 11, Democrats and Republicans on the Committee will meet to discuss outstanding legislative options such as the public option and employer mandate.

A public hearing is scheduled for Thursday, June 11 at 3 p.m. in Dirksen 430. Mark-up will begin Tuesday, June 16 at 2:30 p.m. in Russell 325.

Last year, Kennedy asked Senator Christopher J. Dodd, vice chair of the HELP Committee, to be his chief deputy on health reform to help lead the overall effort. In addition, Senators Tom Harkin, Barbara A. Mikulski, Jeff Bingaman and Patty Murray have also assumed leadership roles on key aspects of reform within the Committee. Since January, the Committee has held over a dozen public hearings on improving the quality of care, prevention and wellness, and expanding insurance coverage.

“Health care reform cannot and must not wait. Today, we will introduce legislation that will strengthen what works and fix what doesn’t. If you like the insurance you have today, you can keep it. If you don’t like what you have today, we’ll give you better choices, including a public option for health care. This does not symbolize the end of the game or even the end of the first quarter. We still have a lot of work ahead of us and are looking forward to working with our colleagues on a bipartisan basis to resolve the remaining issues and move forward with a mark-up of this legislation next week,” Senator Dodd said.

“All stakeholders in the health reform debate agree one of the keys to reining in the rising costs of health care in this country is to reduce chronic disease. Data shows that with an investment of \$10 per person per year, community prevention programs could yield net savings of more than \$18 billion annually within 10 to 20 years,” said Senator Harkin. “This reform provides one of the largest investments in prevention and wellness initiatives, offering choices throughout the health care system. At the federal level, it creates a new inter-agency council to develop a national health strategy and a dedicated funding stream to support these efforts; at the clinical level, it provides coverage of preventive services and the elimination of co-pays and deductibles for these services; and at the grassroots level offers grants for community initiatives. In short, it realigns incentives to make it easier to be healthy and removes the barriers to preventive services like screenings for diabetes, depression, tobacco cessation, and nutrition counseling – to name just a few.”

“We can’t fix the economy without fixing health care so families can afford it and businesses can afford it. We can’t afford not to fix health care,” said Senator Mikulski, who was asked by Chairman Kennedy to lead the Senate effort on improving health care quality. “A national health care quality strategy will provide solutions to the biggest problems – medical errors, preventable hospital readmissions and failure to manage chronic disease – that severely impact people, their lives, their checkbooks and national health care costs. Emphasizing quality improves lives, saves lives and helps pay for reform by saving money.”

“This bill introduction marks a very important step toward fixing our nation’s broken health care system. As we continue developing this measure in the coming days and weeks, our primary goal will be to ensure that all Americans have access to affordable and quality health care,” Senator Bingaman said.

“Our health care reform bill is a step toward ensuring all Americans can see a doctor when they need one and that our long term economic strength is not held captive by the skyrocketing cost of care,” Senator Murray said. “I applaud my colleagues for the hours of work they have all put in and thank Senators Kennedy and Dodd for their leadership in moving this forward. I am particularly proud that as we work to offer quality, affordable coverage to all Americans that we

have included a plan to ensure we have enough health care professionals to provide that care. We still have work to do, but this bill is a good step forward on protecting patient choice, lowering costs and providing coverage for the millions of Americans who currently have none.”

A Quick Summary of the Affordable Health Choices Act

Senator Edward M. Kennedy, Chairman of the Health, Education, Labor and Pensions Committee (HELP), today released ***The Affordable Health Choices Act***, legislation that aims to reduce health care costs, protect individuals’ choices of doctors, hospitals and insurance plans and guarantee, quality and affordable health care for all Americans.

The Affordable Health Choices Act includes the following five major elements:

CHOICE: An important foundation of ***The Affordable Health Choices Act*** is the following principle: If you like the coverage you have now, you keep it. But if you don't have health insurance or don't like the insurance you have, our bill will give you new, more affordable options.

COST REDUCTION: ***The Affordable Health Choices Act*** will reduce health care costs through stronger prevention, better quality of care and use of information technology. It will also root out fraud and abuse and reduce unnecessary procedures.

PREVENTION: The best way to treat a disease is to prevent it from ever striking, which is exactly why ***The Affordable Health Choices Act*** will give citizens the information they need to take charge of their own health. The bill will make information widely available in medical settings, schools and communities. It will also promote early screening for heart disease, cancer and depression and give citizens more information on healthy nutrition and the dangers of smoking.

HEALTH SYSTEM MODERNIZATION: ***The Affordable Health Choices Act*** will take strong steps to see that America has a 21st-century workforce for a modern and responsive healthcare system. America must make sound investments in training the doctors, nurses, and other health professionals who will serve the needs of patients in the years to come. It will make sure that patients’ care is better coordinated so they see the right doctors, nurses and other health practitioners to address their individual health needs.

LONG TERM CARE AND SERVICES: ***The Affordable Health Choices Act*** will also make it possible for the elderly and disabled to live at home and function independently. It will help them afford to put ramps in their homes, pay someone to check in on them regularly, or any of an array of supports that will enable them to stay in their communities instead of in nursing homes.