

## **Sue Hammond in Fort Wayne:**

**President Obama keeps saying that he can pay for his health care plan with the overspending of Medicare and Medicaid. What is he planning on taking away from Medicare and Medicaid to pay for this health care plan? Is he planning on taking away benefits from beneficiaries? Or is he planning on taking away payments from doctors?**

- It is my understanding that the savings would come from reductions within the Medicare program, of which the biggest are cuts to Medicare Advantage plans (net cut of \$162.2 billion), reductions to certain market-basket updates for hospitals and other providers (total of \$141.7 billion), skilled nursing facility payment reductions (total of \$32 billion), various reductions to home health providers (total of \$56.8 billion), and reductions in imaging payments (\$4.3 billion).
- Of all these proposed cuts the one that concerns me most is the cut to Medicare Advantage. This cut could cause the 30,833 seniors in the 3<sup>rd</sup> district to lose their Medicare Advantage plan coverage. This is wrong because these seniors find that Medicare Advantage meets their needs better and are more affordable than traditional coverage.
- Democrats believe this overspending is mostly in Medicare Advantage plans. The Democrats have long argued that the Medicare Advantage program rates being paid to private plans (such as HMOs) are too high and thus are “subsidizing” HMOs. However, private plans were available in Medicare almost since its creation.
- Democrats have been pushing different proposals for awhile that would reduce payments to private Medicare Advantage (MA) plans and spend the money on other priorities such as the government-run health care program or expansion the SCHIP program. Seniors who especially value MA are those living in rural areas and/or with low-incomes (traditionally under \$20,000) who can’t afford supplementary coverage. Opponents of MA have said that traditional Medicare fully meets beneficiary needs, so MA plans are not needed.
- **REGARDING DOCTORS:** HR 3200 links physician reimbursement for the government-run plan to Medicare reimbursement rates that are 20 percent below private payment levels. This would result in a net decrease in physician reimbursement levels of \$16,000 annually even after accounting for additional revenue form the newly ensured.

## Connie Heckler in New Haven:

### What waste and fraud is President Obama speaking of when he says he will cut \$500 billion from Medicare and will this result in losing benefits?

- The President recently said, “Reducing the waste and inefficiency in Medicare and Medicaid will pay for most of this plan. Much of the rest would be paid for with revenues from the very same drug and insurance companies that stand to benefit from tens of millions of new customers.”
- However, the Congressional Budget Office has previously found that the cuts to Medicare Advantage plans included in the Democrat legislation would result in millions of seniors losing their current health coverage—this is a direct contradiction of the President’s assertion that “nothing in this plan requires you to change what you have.”
- The cuts could reduce beneficiaries’ access to type of care leading to fewer choices, lower health care quality—breaking the President’s promise that “if you like your plan, you can keep it.”
- To help finance the government-run plan, they will use savings out of Medicare to pay for almost 40 percent of the cost of the bill.
- This also includes billions in cuts to Medicare payments to skilled nursing facilities, inpatient rehabilitation facilities, hospitals, hospice care, and home health care.
- **IRONY:** The Democrats claim they will require the government-run plan to adopt Medicare’s fraud “enforcement” measures. Their success is debatable at best. Last year, Medicare wasted \$10 billion in fee-for-service payments alone.

There is obviously waste and fraud. It should always be pursued aggressively. But a funny thing in budgeting: we never really get such savings or an argument that spending would have gone by more. Mostly what he is talking about is limiting choices. For example, in radiation oncology and cardiology, proposal cuts may result in everybody from Fort Wayne to go to Indy for such care in the future. It was a terrible idea to have our Veterans do this. VA Secretary Shinseki promised to reverse this.

## **Jeremy Hinshaw in Fort Wayne**

**Is President Obama using money out of Social Security to make this program work? If there is that much money available in Social Security, then why not: A) fix Social Security or B) Give me my money back?**

- I have read the bill and did not see anything in it that would have taken any money from Social Security. Obviously, anything like that would give me another very good reason to oppose the bill. Any excess Social Security funds should be directed to save social security and I oppose any other use.
- House Democrats' government takeover of health care (H.R. 3200) would divert \$500 billion from Medicare—on top of more than \$800 billion in tax increases—in order to finance new entitlements for younger Americans without addressing Medicare's solvency.
- The Democrats plan to use a series of new tax increases including:
  - 2.5 percent tax on individuals who do not obtain health coverage their employer or do not purchase bureaucrat-approved coverage through the exchange—these are the very people who can't afford insurance in the first place!
  - 8 percent tax on firm's total payroll costs if they can't afford to purchase coverage for their employees. This employer mandate could lead to the loss of 4.7 million jobs.
  - New surtaxes on high earners—increasing tax rates to as much as 45 percent.
  - Per capital tax on all health insurance policies—the first tax on health care benefits ever.

## **Jeremy Hinshaw in Fort Wayne**

**What will happen to consumer driven plans like HSA's? Some people don't deem medical costs as highly as you do (the young healthy singles with no children).** There is a debate on how best to handle this. Most likely it will be formed into some sort of new system. But I believe it should be a limited plan if so chooses.

**Will we have to take one of these health plans? Yes**

**Will I be fined for not choosing a plan? Yes**

**Patricia Moore in Fort Wayne:**

**Do you know anyone who has Multiple Sclerosis or rheumatoid arthritis? Do you know the cost of their drugs? \$1620.00 for MS and \$7200.00 for arthritis. Why are these drugs so expensive? When other products are mass produced, they usually get less expensive—computers, calculators, TVs, etc. This is not the case in pharmaceuticals, why?**

- The difference between other mass-produced products and drugs is in the upfront cost -- the innovation of a new drug is much higher.
- For a basic pill, it takes \$80 million to bring that drug to market and for biologics it takes \$1 to 1.2 billion. A series of clinical trials are necessary to make sure the drug is safe so it can be approved by the FDA. And for every drug that is approved there are many more that don't make it and those costs need to be recovered.
- We must continue this innovation to produce new life saving drugs. There's a reason why the US is #1 in the world at creating and bringing these new life saving drugs to market.
- But, at the same time we need to find a balance between continuing this innovate and providing affordable treatments.
- I am concerned that HR 3200 contains several provisions to impose price controls within health care industry. These one-time savings would do nothing to slow long-term growth in health costs, while permanently harming the research on breakthrough treatments that can cure or improve a myriad of diseases.

**John Bielko in Fort Wayne**

**I live in the fourth district. I am a 69 year senior citizen who is depending on receiving Social Security payments. For your information I have paid into the Social Security fund when I started working at the age of 17 and 1/2 years. I heard a news report that the Social Security fund will be broke in about two years. My questions are:**

**1.Is that report correct? 2.If it is correct, what are you and your colleagues going to do to fix the problem.**

**Thank you for your service to our district.**

**PS. I will try to listen to the Tele-Town Hall. However, if I miss it could someone on your staff answer my questions by email.**

- 1) Social Security will likely not be broken in two years but it is in bad financial shape.
- 2) We attempted to try to fix it but members refuse to make any tough decisions.
- 3) The longer we wait, the harder the decisions will be. I expect it will become primarily for low income seniors, with additional annual spending. But that may be 10-15 years away.

**Megan Moss, Auburn**

**What are you doing to bring jobs to Indiana?**

I will continue to promote solar, wind, bio-diesel and ethanol as well as other companies efforts to do so. Specifics include earmarks for Parker-Hannifin in New Haven to improve energy efficiency to a regulated "green roof" for summit Middle School. Please check my website to see my long record in this area.

**Lynn Prout from Osceola**

**Can you ask the speaker of the house a question for me on the record? She stated when she took over that politicians who did not follow the law would be prosecuted. Did she mean only republicans? What about Charlie Rangel? I want to not pay my taxes and write in "OK per Charlie Rangel"**

She doesn't take questions from any of us.

I wouldn't suggest it—apparently only Charlie Rangel can get away with it.

**James Beck, Topeka**

**I am a single dad that is raising 2 teenage girls. I do not care about health insurance, but I think the President needs to look into how the auto insurance companies are raping america.**

**My 1 daughter got 3 tickets an 1 accident before she found out how to slow down, my auto insurance went from \$65.00 per month to over \$500 per month with both girls.**

**The insurance companies are walking away with billions in profits each year and I only made around \$10,000 last year with 2 jobs.**

**I need the auto ins. to drive to work but all of my money is going out to support auto insurance fat cats not health insurance companies.**

Auto Insurance is run by the states. I would hope it stays that way.

**Arlene Aker, Yoder**

**What can be done to have these "Czars" publicly vetted? Are the taxpayers paying them? And who is SCIU? Thanks for all you do. God Bless.**

1) The SCIU is the Service for Employers Union. It is one of the strongest supporters of President Obama.

2) I have co-sponsored bills from Representatives Jack Kingston of Georgia and Marsha Blackburn of Tennessee. Those bills plus my floor statement are on my home page.

**Theresa Haneline from Fort Wayne**

**Are we seeing any realistic movement among Democrats towards turning down the Obamacare Health Reform?**

No, unfortunately some movement the other way. Congressman Brad Ellsworth of IN just state now leans “yes”.

**It seems like the Blue Dogs waiver every other day according to what the liberal media reports.**

Some Blue Dogs will likely oppose – they represent conservative Republican districts. The bulk have been referred to as “Blue Chickens” by some of their own long-term members. Congressman Ross long ago signed up supporting basic concepts though right now is saying he is against the bill. Unless more public pressure, the House is lost.

**C.C. Galbraith of Kendallville IN**

**This is a very large and complex piece of legislation. Can you tell me the names of those who authored this?**

Chairmen Miller and Waxman were directly involved as was Congressman Andrews and Pallone both of New Jersey. Their staff worked with liberal groups to draft this. Broad liberal coalitions, but shouldn’t assume all done by outsiders. Waxman, Miller & Andrews in particular are guys who have advocated this for years.

**Laura LaMaster from Fort Wayne**

**President Obama said that the health care reform bill would not include federal dollars for abortions. Is this true of the reform bills that you have seen?**

It is likely that the bill may say that taxpayer dollars would be committed to fund abortion, but it is false to say that the Hyde Amendment (which bans public funding) covers it because it is an annual condition attached to the Health and Human Services bill and the conscience clause is easily manipulated. They are avoiding the issue by proposing to put premiums in a fund that won't pay for abortion claiming that wouldn't be taxpayer funded abortions) and the house bill defeated my amendment to prohibit this. If a public option or federal co-op is allowed, it will drive out private companies and then government will fund it.

**Michael Davis of Fort Wayne**

**Given the push for some type of health care or health insurance reform, do you intend to pursue responsible freeform legislation, or would you prefer that the health care issue be removed from the current legislative agenda?**

I will continue to support health care reform legislation as I have my entire career. Some is relatively low cost, such as tort reform and “association health plans.” Those would lower costs plus mostly address the catastrophic and pre-existing conditions challenges by allowing risk-pooling (and a form of re-insurance.

The more costly programs – health savings accounts, tax credits – need to be phased in. As you probably know, the Federal government is beyond broke.

**Ed and Cindy Waldron from Lagrange**

**I think this (coop insurance) is worth doing. The existing health care is a mess that needs to be changed. we as a nation cannot continue like this. If companies and or people continue to manipulate health care (raising prices& over charging), than we need to go to a public option. (after a trial period with the coop plan).**

1. Co-ops are currently allowed by law. Problem is they can only be done in-state.
2. The so-called “association health plan” law that I have co-sponsored, voted for and passed the house when the Republicans were in control would allow them to expand past state lines.
3. Sen. Conrad’s proposal is not to “allow co-ops” it is to have a federal gov’t funded (up to \$10 billion) for states
4. The Democrat co-op proposal is basically the same as the public/government option

**Dawn Buck from Fort Wayne**

**Those who represent the citizens in the USA, need to start listening to the citizens you represent. I have a case that took 6 months of persistence to help a neighbor with his Medicare, I have never heard of so many levels MSPRC, Claims level 1 and you have to go through the whole scenario with Claims level 1 to get to Claims Level 2, then be told that this is not there area and you need to talk to MSPRC and this takes about an hour, to get to this point. No wonder Senior citizens get confused and upset and then they have problems with the providers. Also, there is a 24 hour number you can call for Medicare, but every time I have called I was told that they could not help me. Federal government needs to clean up what they control before they take on another project.**

I completely agree, why given the problems with Medicare would we put them in charge of everything?

**Dr. James Lewis from Fort Wayne**

**Have you considered setting up a government Re-Insurance department rather than providing medical insurance directly to the uninsured?**

I have addressed this in previous town halls. It does not need to be done by the government. If the gov't allows the private sector the legal right to risk pool, they will.

**Leonard Letke from Angola**

**Mark, I have looked at all the discussion on Cap and Trade and Government Option health care, for which I am in favor of neither. But my question that has not been address concerning the Government Option is how many government employee will this require to facilitate? My guess, since England has 1.4 million to run their system, I would guess that a American system would be 2 million. I would also estimate that the addition cost, not including the cost to insure those not presently covered by a plan, would be in the neighborhood of \$70 million plus.**

Uncertain. Government never runs anything with fewer people than the private sector.

**June Mintchell from North Manchester**

**I heard a brief one liner on Ch 33 news this afternoon. They said congress was working to add something to the bill that would deny free coverage to illegal immigrants. In other words that means illegals WOULD have been covered by the bill (even though Obama said they would not.)**

Clearly illegals are covered in all current versions. Only one even attempts to limit this. The real question is whether any limitation without verification is anything but fraudulent. If an establishment selling liquor or tobacco tells people that they will not check identification and then refuses to check IDs, would anyone attempt to claim they don't sell to minors?

**Cynthia Arthur from Goshen**

**Thank you for this opportunity! It is truly appreciated.**

**1. My question is: the thousands upon thousands that marched on Washington this past March was not televised except by FOX news. Why was that blocked by NBC, ABC & CBS! Of course, I believe I know the answer to that but would like to hear your explanation.**

Right now the national media is controlled by our President, but this is nothing new. The truth is getting out.

**Most Americans do not want, do not like the proposed health care plan by Obama.**

**2. How can you, as a Congressman get the TRUTH out to the American public?**

We can only do what we can. I certainly have been using every method at my disposal.

**3. Have you or most Congressmen and Senators READ THE PROPOSED HEALTH CARE PLAN?**

I did because of the committee that I am. We debated the bill for nearly 24 hours straight, though most members have probably not read it.

**Most of us believe we have been able to glean excerpts from it.**

I have posted the bill on my website