

**Sent:** Sat, 19 Dec 2009 10:36:00 -0500 P6/b(6)  
**From:** Pete Rouse <[REDACTED]>  
**To:** "Pfeiffer, Dan" <dpfeiffer@who.eop.gov>, "Schiliro, Philip M." <pschiliro@who.eop.gov>, "Messina, Jim" <jim\_messina@who.eop.gov>, "Messina, James A." <"/o=eop/ou=first administrative group/cn=recipients/cn=james\_a.\_messina">, "Schiliro, Philip M." <"/o=eop/ou=first administrative group/cn=recipients/cn=philip\_m.\_schiliro">, "Pfeiffer, Howard D." <"/o=eop/ou=first administrative group/cn=recipients/cn=howard\_d.\_pfeiffer">  
**Cc:** Recos <recos@who.eop.gov>, Recos <"/o=eop/ou=first administrative group/cn=recipients/cn=recos">  
**Bcc:** Recos <"/o=eop/ou=first administrative group/cn=recipients/cn=recos">, "Messina, Jim" <"/o=eop/ou=first administrative group/cn=recipients/cn=james\_a.\_messina">, "Schiliro, Philip M." <"/o=eop/ou=first administrative group/cn=recipients/cn=philip\_m.\_schiliro">, "Pfeiffer, Dan" <"/o=eop/ou=first administrative group/cn=recipients/cn=howard\_d.\_pfeiffer">  
**Subject:** Fwd: NELSON TO SUPPORT HEALTH CARE BILL: DELAY WOULD HURT NEBRAKSA FAMILIES, WORKERS AND EMPLOYERS  
[DC release header](#)  
[ATT228100.htm](#)

Sent from my iPhone

Begin forwarded message:

**From:** "Becker, Tim (Ben Nelson)" <[Tim\\_Becker@bennelson.senate.gov](mailto:Tim_Becker@bennelson.senate.gov)>  
**Date:** December 19, 2009 10:15:44 AM EST  
**To:** "Becker, Tim (Ben Nelson)" <[Tim\\_Becker@bennelson.senate.gov](mailto:Tim_Becker@bennelson.senate.gov)>  
**Subject:** NELSON TO SUPPORT HEALTH CARE BILL: DELAY WOULD HURT NEBRAKSA FAMILIES, WORKERS AND EMPLOYERS

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**From:** Thompson, Jake (Ben Nelson)  
**Sent:** Saturday, December 19, 2009 9:03 AM  
**To:** Thompson, Jake (Ben Nelson)  
**Subject:** NELSON TO SUPPORT HEALTH CARE BILL: DELAY WOULD HURT NEBRAKSA FAMILIES, WORKERS AND EMPLOYERS



# NEWS FROM NEBRASKA SENATOR BEN NELSON

[HTTP://BENNELSON.SENATE.GOV](http://BENNELSON.SENATE.GOV)

TOM FAZZINI (202) 224-5326

JIM FAGIN (402) 398-0283

## **NELSON TO SUPPORT HEALTH CARE BILL: DELAY WOULD HURT NEBRASKA FAMILIES, WORKERS AND EMPLOYERS**

December 19, 2009 â€“ Nebraskaâ€™s Senator Ben Nelson announced today he will vote for the Senate health care reform bill, which will reduce the cost, expand access, and improve health care for all Nebraskans. The bill also includes provisions Nelson won in negotiations shielding Nebraska from an unfunded mandate and new national protections barring public funding of abortion.

â€œChange is never easy...but change is what is needed in America today. I will vote for health care reform because it will deliver relief from rising health care costs to Nebraska families, workers, rural communities and employers,â€ Senator Nelson said. â€œOn the floor of the Senate, in town hall meetings throughout our states, and in one-on-one meetings with our constituents, we have all heard heart-wrenching stories of people who are left behind, or forced into bankruptcy, or caught in the grip of a health care system that just doesnâ€™t work as well as it should.

â€œWhile each of my colleagues may differ on how to fix the system, I know of no member who suggests the current system is satisfactory; I know of no member who doesnâ€™t think we need to change our health care system. We must act and we must act now.â€

Nelson said he is pleased that the health care bill does not include a public option that would undermine health coverage 200 million Americans have now and that it will reduce the federal deficit. Among its provisions, the bill takes a market-based approach offering tax credits for middle class Americans to help make insurance more affordable and improving the delivery of health care.

For the first time ever, Americans will not go bankrupt because of health care costs. There will no longer be preexisting conditions, health status ratings, annual or lifetime limits on health insurance coverage. Insurance companies will no longer be able to drop coverage just because people get sick.

In negotiations with Senate leaders Nelson won new protections addressing abortion that are more thorough than the Stupak language included in the House health care bill.

Nelsonâ€™s provisions: (1) ensure that no public funds will be used for abortion; (2) mandate that every state provide an insurance plan option that does not cover abortion; and (3) gives each state the right to pass a law barring insurance coverage for abortion within state borders.

â€œMy values and principles have required me to fight hard to prevent tax dollars from being used to subsidize abortions,â€ Senator Nelson said. â€œI believe we have accomplished that goal. I also fought hard to protect the right of states to regulate the kind of insurance that is offered, and to provide health insurance options in every state that do not provide coverage for abortion.

â€œI know these limits on abortion are hard for some people to accept, and I respect those who disagree, but I would not have voted for this bill without them.â€

In those negotiations Nelson also won help for rural hospitals, families and workers.

A Nelson provision will save \$3.4 billion by requiring the Consumer Operated and Oriented Plan (CO-OP) program be in the form of grants and not loans. This conversion of funding from grants to loans serves as good stewardship of taxpayer dollars and would create a level playing field for new CO-OPs to compete against existing nonprofit plans in their respective regions.

A provision Nelson fought for made sure that contributions to flexible spending accounts, now capped at \$2,500, will be indexed to inflation. Flexible spending accounts are vehicles for health care coverage primarily utilized by the working class and those with chronic conditions that require ongoing care and medical supplies. Without indexing the limit to inflation the value of FSA plans would fall to less than half its worth in a decade.

For Nebraska, Nelson also won these provisions:

- The bill will extend the Rural Community Health demonstration project from one year to five years. This program began when Congress recognized there were small rural hospitals “sometimes the only hospital for miles and miles” that did not qualify for federal funding, but were still struggling to keep their doors open. The RCH demonstration project has played a critical role in helping rural hospitals with 24-hour emergency care service open to their communities and patients.
- The bill will offer tax relief for health professionals participating in state-funded loan repayment programs. A 2004 law passed by Congress excluded loan repayments from individual income tax for health professionals participating in the **federal** loan repayment program or state loan repayment programs which operate under **federal** guidelines. However, this income tax exclusion was not afforded to health professionals participating in state-funded loan repayment programs set up by 17 states, including Nebraska, which wanted to address similar but state-specific health care needs without using federal dollars and to target health profession shortage areas **not** eligible under federal guidelines. Nelson won the creation of the same tax exemption used for the federal loan repayment program for state-funded programs not eligible under current federal guidelines.
  - The bill gives the Secretary of Health and Human Services the choice to test various different payment structures designed to foster patient-centered care, improve quality, and slow the rate of Medicare cost growth. Nebraska has a model for that at Madonna Rehabilitation Hospital in Lincoln.
- Extension of and revisions to Medicare rural hospital flexibility program. This provision extends the Flex Grant program through 2012 and will allow Flex grant funding to be used to support rural hospitals’ efforts to implement delivery system reform programs, such as value-based purchasing programs, bundling, and other quality programs. This provision supports Nebraska’s critical access hospitals.
- The bill provides a MedPAC study on adequacy of Medicare payments for health care providers serving in rural areas. This provision would require MedPAC to review payment adequacy for rural health care providers serving the Medicare program, including an analysis of the rural payment adjustments included in this legislation and beneficiaries’ access to care in rural communities.