

Jim Langevin (R1-2)

NPAF National Patient Advocate Foundation

The Patient's Voice | since 1996

CONGRESSIONAL CANDIDATES SURVEY ON HEALTH CARE

1. Today, over 47 million Americans are uninsured and 25 million are underinsured. To many Americans having health insurance doesn't necessary mean their medical needs will be covered, and for those without health insurance, access to healthcare services is often unattainable. NPAF supports a national, bi-partisan approach to achieve universal access to health care which is affordable, high quality, fair and equitable, and portable.

Agree
 Disagree

Comments:

See Attached

2. Health insurance requirements vary by state, creating a patchwork health care system. Some argue for a streamlined national guideline for what must be included in a health insurance plan; others say that only the states should regulate what is in a health plan; and others argue that there should be no minimum requirements for what is covered in a health plan.

Favor a national minimum benefit guideline for health insurance
 Favor state benefit guidelines for health insurance
 Do not favor minimum benefit guidelines

Comments:

3. Approximately 160 million Americans obtain their health insurance through their employers and employees are not taxed for this benefit. A number of health care reform proposals would limit or eliminate the employer-based health system, and change the tax treatment of health care. Which of the following general health care reform proposals do you support?

a. Maintain & strengthen the current employer-based system for health care
 b. Maintain employees' current tax exclusion of health benefits
 c. Phase-out the employer-based health system
 d. Phase-out the current worker exclusion from taxable income of health benefits
 e. Other

See Attached

4. In our current system, most health plans are regulated at the federal level, with a smaller percentage regulated by individual states. Some argue this regulatory framework complicates our patchwork health care system. In your opinion, the regulation of health insurance should primarily be the responsibility of:
- a. Federal government
 - b. State and local government
 - c. Both federal and state governments
 - d. Other

5. Numerous health care reform plans have been proposed by elected officials, organizations and individuals. Which, if any, of the following proposals do you support?
- a. Maintaining our current system where most health care is managed in the private sector, is responsive to individual need and personal responsibility
 - b. Creating a single-payer health care system primarily run by the Government
 - c. Allowing everyone to participate in a system of private insurance (modeled on the Federal Employee Health Benefits Program)
 - d. Requiring insurers to cover people without regard to pre-existing conditions
 - e. Helping high cost patients by establishing a Catastrophic Health Insurance program
 - f. Other See Attached

6. Several health care reform proposals include altering or eliminating the existing Medicaid and state children's health insurance programs. Do you favor phasing-out Medicaid and state children's health programs and replacing them with a system of guaranteed private insurance, with subsidies for those unable to maintain health coverage on their own?

Favor
 Oppose

Comments:

See Attached

7. Government's health care spending could exceed one-third of gross domestic product (GDP) in the U.S. by 2050 if current trends continue. As patients, payers and providers face escalating costs, it is clear that health care reform must address the critical issue of cost. Which of the following would you support to help control health care costs?

- a. Widespread use of evidence based medicine
- b. Prescription drug reimportation
- c. Consumer-driven health plans (HSAs/high deductible plans) to increase competition
- d. Health information technology including e-prescribing
- e. Use of generic drugs and biologics
- f. Empowering federal or state government to negotiate the costs of drugs
- g. Other

8. An increasing number of Americans find themselves in medical debt crisis due to mounting premiums, co-pays, deductibles and annual and lifetime caps on coverage; and research suggests that between 25-50 percent of bankruptcies are related to medical debt. To help those with severe medical debt, which would your favor?

- a. Limiting credit card interest rates for medical expenses/debt
- b. Protecting those with terminal illnesses from predatory collection practices
- c. Limiting what hospitals can charge uninsured patients
- d. Reforming our bankruptcy laws
- e. Other See Attached

9. Cancer is one of the most expensive diseases with treatments often exceeding as much as \$100,000 a year. Cancer patients are increasingly overburdened with cost-sharing requirements that place them in serious financial debt. Would you support capping out-of-pocket spending for cancer patients at a pre-determined level (example: 15% of annual income)?

- Yes
- No

See Attached

10. By 2006, approximately 22.5 million seniors had enrolled in the new prescription drug benefit under Medicare. However, the plan includes a gap in coverage often referred to as the "donut hole." Most seniors receive no coverage for their prescription drugs once they reach the "donut hole" and struggle to pay high prescription drug costs. Do you support any of the following reforms to help fix the "donut hole"?

- a. Enacting a small federal tax increase
- b. Driving down Medicare costs through the expanded use of generic drugs
- c. Charging higher income seniors more for Part D coverage
- d. Allowing Medicare to negotiate the price of drugs
- e. Removing the current cap on Social Security payroll taxes
- f. Other

Comments:

**2008 NATIONAL PATIENT ADVOCATE FOUNDATION
EXPLANATORY STATEMENTS FOR CONGRESSMAN JIM LANGEVIN**

1. Comprehensive health care reform remains one of my top priorities. In February 2008, I introduced the American Health Benefits Program (AHBP) Act. This bipartisan, universal health care proposal seeks to guarantee every American the same quality, affordable health coverage that is afforded to members of Congress.
3. Instituting meaningful health care reform will require a shift in how we view employer provided coverage. While it is critical that businesses maintain a role, we must change our perspective of health insurance as a privilege or benefit tied to employment. Instead, we must look at it as a right and responsibility to be shared by the community. Individuals, employers, healthcare providers and the government all have key roles to play in reaching a truly inclusive and efficient healthcare model.
5. My proposal is modeled after the Federal Employee Health Benefits Program (FEHBP). It leverages the power of the Federal government to negotiate with private insurance carriers and offer enrollees a wide range of health insurance options. No one will be denied coverage or discriminated against based on their health status or pre-existing condition. Insurance plans will compete for enrollees based on quality, efficiency, service and price.
6. Public programs like Medicaid and veterans services, which are tailored to meet the needs of specific populations, can be effectively streamlined and incorporated into a new model of comprehensive health care delivery.
8. While I would require further details on these proposals, I strongly support pursuing financial remedies for patients that face severe medical debt. However, medical debt is not the only catastrophic cost that results in bankruptcy. I support broad reforms to promote consumer protections against all predatory lending and collection practices.
9. Although cancer remains one of the most expensive diseases to treat, we cannot ignore the plethora of other diseases, illnesses and conditions that take a competing and persistent financial toll on Americans. It is my goal to reduce the financial burden of health care costs to all people, regardless of the ailment.