

Election Guide 2014: Georgia's Candidates for United States Senate Address Our State's Most Critical Health Challenges



About Election Guide 2014

Healthcare Georgia Foundation is pleased to present Election Guide 2014: Georgia's Candidates for United States Senate Address Our State's Most Critical Health Challenges. The 2014 Election Guide was conceived as a truly nonpartisan public education effort designed to inform Georgia voters about our state's health challenges and each candidate's vision for a healthier Georgia. The 2014 Election Guide seeks to promote public awareness of the critical health issues facing our state today, and hopefully shared solutions for a healthier future.

History reminds us that Georgia all too often has faltered in efforts to improve the health of its residents. Health conditions have been allowed to persist long after problems have been identified and solutions developed. We have witnessed the detrimental effects of declining resources, public complacency, and the spiraling costs of poor health outcomes disproportionately affecting underserved individuals and communities. Georgia ranks at or near the bottom among states on numerous measures of health status. We can and must do better.

The path chosen by Georgia voters will determine for future generations what our state can expect in terms of the structure, delivery and financing of health services. It will have far reaching consequences for our economic vitality and quality of life in our communities. The election will further define roles and responsibilities of government, communities and residents in promoting health and preventing disease.

The Foundation, in partnership with Mathews & Maxwell, Inc., a governmental affairs consulting firm, began work on this Election Guide in the fall of 2013. The purpose of the Guide was to inform both voters and candidates, and to encourage leadership by all elected officials in efforts to address our state's most pressing health challenges. Following guidance from key stakeholders, a survey comprised of seven broad health questions was developed. Each known senatorial candidate was invited to provide a prepared response to the questions. Candidates responded to the questions between January 2014 and February 2014. The positions, opinions and policies of all the candidates are presented precisely as they were submitted by each candidate.

We are deeply indebted to each of these candidates – one of whom most likely will be Senator, all of whom are seeking to build a better Georgia, for their leadership and commitment to public service, and their contributions to this 2014 Election Guide.

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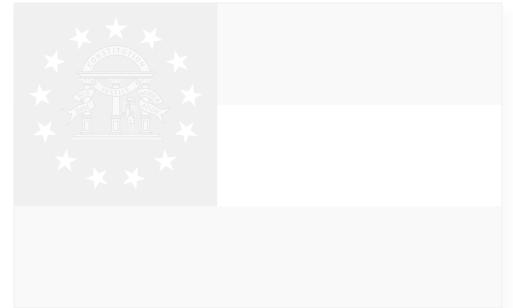
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An electronic version of the
Election Guide is available at
www.healthcaregeorgia.org.

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Healthcare Georgia Foundation

Healthcare Georgia Foundation is a statewide, private independent foundation. The Foundation's mission is to advance the health of all Georgians and to expand access to affordable, quality healthcare for underserved individuals and communities. Through its strategic grantmaking, Healthcare Georgia Foundation supports organizations that drive positive change, promotes programs that improve health and healthcare among underserved individuals and communities, and connects people, partners and resources across Georgia.

Paul Broun—Republican

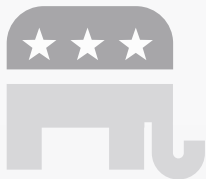
Bio

Recent Experience: U.S. Representative, Medical Officer, U.S. Navy Reserves

After graduating from the University of Georgia and the Medical College of Georgia, Paul Broun devoted nearly four decades to serving others through the practice of medicine. Dr. Broun is passionate about the medical profession and enjoys helping patients whether as a family physician, in emergency medicine, or in the military. Since his election to Congress, Dr. Broun continues to practice medicine in his role as a medical officer in the U.S. Navy Reserves.

Elected to Congress in a 2007 special election, he was re-elected by overwhelming margins in 2008, 2010, and 2012. Dr. Broun is a strong constitutional conservative. He sponsored more legislation to reduce federal spending than any other member of Congress.

For additional information, visit: www.paulbroun.com.



1 How do you believe our country should address the problem of 48 million Americans without health insurance?

As a medical doctor, I recognized the problems in our healthcare financing system before Obamacare was ever passed into law, so I put forth an alternative that would lower the costs of healthcare for everyone. My bill, the Patient OPTION Act, would free people up from government intrusion and instead, give them access to simple, affordable and quality care. In just 77 pages, my bill accomplishes this without any government mandates, no new bureaucracy, no federalism violations, and no gimmicks or hidden costs. It lowers the cost for everyone by allowing individuals and businesses to purchase health insurance across state lines, increasing competition and naturally driving down costs. It also will help the uninsured get care by providing tax incentives to physicians who provide indigent care.

2 The United States has poor health outcomes and high healthcare expenditures when compared to other industrialized countries. What approach would you take towards improving outcomes and lowering costs?

We must follow free-market principles that will actually lower the cost of healthcare for all Americans and provide patients with good quality care. This means removing government from the equation completely, and giving patients the choice and freedom when it comes to their healthcare decisions. When a third party, such as the government, gets involved, it compromises the integrity and independence of those in the medical field. If we get rid of the government bureaucracy, and allow doctors to do their jobs, we will see improved outcomes and lower costs.

3 Do you believe government has an obligation to provide healthcare for people who cannot do so for themselves? If so, what circumstances should trigger government support?

As a doctor, I believe that all Americans should have access to affordable and quality care. That is why my proposal, the Patient OPTION Act, would provide tax incentives to doctors who voluntarily provide free or low-cost indigent care, so that patients still have access to quality care even if they cannot afford it. My bill would also send the funds for Medicaid and Children's Health Insurance Program (CHIP) directly to the states rather than funneling it through the federal bureaucracy. I believe that those at the state level know their residents' needs best—and allowing for greater flexibility in administering these programs would result in better outcomes for low-income families.

4 What role should the government play in trying to impact people's individual behaviors (smoking, poor eating habits, etc.) that affect the cost of their healthcare?

Individuals ought to be accountable for their choices so that others don't have to pay higher costs as a result of their actions. Private insurance companies may choose to charge higher premiums for those who smoke, and they may choose to reduce premiums for those who exercise, for example. I believe that such actions can work as an incentive for people to make healthy choices. That being said, I do not support actions by the federal government which would impose additional taxes or other punitive measures on specific foods, beverages, or other products.

5 A significant portion of Medicaid and Medicare dollars are currently spent on the aged and disabled. What is your plan to address the needs of this demographic as it rapidly swells with a wave of aging baby boomers?

My Patient OPTION Act would prevent Medicare from going broke by transitioning it to a flexible, premium-assistance

system, where seniors have control over their own care without the government setting prices. My bill would also send Medicaid and CHIP funds directly to the states, allowing states to fund the priorities and initiatives related to low-income health care that will work best for their own residents.

6 America suffers from great health disparities correlated to race, ethnicity, income, and geography. What are your ideas to address these differences?

All Americans need to be getting access to quality and affordable care. My bill, the Patient OPTION Act, would allow patients to keep the doctor that they like and give them the choice and freedom in their healthcare decisions. Being able to keep your doctor at an affordable price is essential in preventative care that will drive down costs in the long run.

7 The Affordable Care Act reduces funding to hospitals that care for a disproportionate share of the indigent and uninsured because it assumed such support would not be needed with the expansion of Medicaid eligibility. Without disproportionate share (DSH) support, many safety net and rural hospitals say they will have to reduce services to all patients. Should federal DSH support be reinstated for states that do not expand Medicaid eligibility?

This is just one instance in which the Affordable Care Act has shown to be anything but. While we can all agree that the old system of complex formulas and government supports was less than ideal, the fact is, rural hospitals are in a worse position than ever due to the unintended consequences of this short-sighted law, and even the old system would be better than the new one. We must repeal the Affordable Care Act and rework Medicaid, Medicare, and CHIP to ensure that federal funds are being wisely spent and that states are allowed maximum flexibility in determining what their residents' needs are. My Patient OPTION Act is the first step in that direction.

Phil Gingrey – Republican

Bio

Recent Experience: U.S. Representative, OB-GYN



Congressman Phil Gingrey was born and raised in Augusta, Georgia. After graduating from St. Thomas Aquinas High School, he moved to Atlanta to attend the Georgia Institute of Technology. Dr. Gingrey completed his internship at Grady Memorial Hospital in Atlanta, and his residency at the Medical College of Georgia. He also completed a rotation during this time at Doctor's Hospital in Columbus. Dr. Gingrey moved his young family to Marietta where he set up a pro-life OB-GYN practice and delivered more than 5,200 babies.

As a U.S. Congressman, Gingrey serves on the House Energy and Commerce Committee and House Administration Committee, where he is Chairman of the Subcommittee on Oversight. He is also the Chairman of the GOP Doctors Caucus.

For additional information, visit: www.gingrey.com.

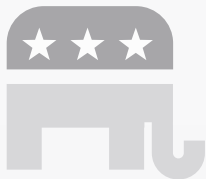
1 How do you believe our country should address the problem of 48 million Americans without health insurance?

With the latest numbers from the Administration, as little as only 11% of those currently signed up for exchange plans were uninsured; if this rate continues it is clear that the ACA will not prove to be the answer for the uninsured. For a certain population in this country, it does not make financial sense to have the comprehensive, overly expensive insurance that the ACA mandates. What we need to create are more consumer-driven options that lower the price of coverage, and for health care overall. One Republican plan already introduced in the House is H.R. 2300, the Empowering Patients First Act, introduced by Dr. Tom Price. This bill repeals the ACA and replaces it with a system focused on patient-centered objectives. The comprehensive plan creates incentives for all Americans to purchase coverage and allows a much wider choice of options for an individual's policy. It also recognizes and addresses factors that lead to out-of-control health care spending including defensive medicine and fraud, and improves the care delivery structure to ensure that patients

receive quality care. These are the types of reforms that are necessary to allow all Americans the opportunity to purchase health insurance.

2 The United States has poor health outcomes and high healthcare expenditures when compared to other industrialized countries. What approach would you take towards improving outcomes and lowering costs?

The United States has some of the best facilities and doctors in the world. We currently are leaders in medical innovation as witnessed by people from other nationalities travelling here to receive care. We should focus on incentivizing individuals to take a more active role in their own health. By allowing people to be more cost-conscious of their care as well as educating those on the benefits of healthy lifestyles, we will be able to lower costs and improve outcomes. The most important relationship to improve our overall health outcomes is between a patient and their doctor; we must again put that relationship first.



3 Do you believe government has an obligation to provide healthcare for people who cannot do so for themselves? If so, what circumstances should trigger government support?

We as a society must look after those who cannot do so for themselves. At the same time, we must allow options that provide for more individual responsibility for their health, and create incentives for better care management and personal accountability. There will always be a certain population that will need some support; we must look to both government but more importantly private charity to provide these populations with health care and education.

4 What role should the government play in trying to impact people's individual behaviors (smoking, poor eating habits, etc.) that affect the cost of their healthcare?

The government should provide access to basic health care information to allow individuals the most accurate and up-to-date facts on which to base their own decisions. An individual's most important advisor for their health care needs should continue to be a health care provider.

5 A significant portion of Medicaid and Medicare dollars are currently spent on the aged and disabled. What is your plan to address the needs of this demographic as it rapidly swells with a wave of aging baby boomers?

We first need to make sure that the eligibility rules currently in place are being followed. Secondly, and we are already seeing this happen, is that we need to continue to focus on keeping those who are able in their homes. Those that are able to remain in their homes longer are generally happier and take a smaller toll on resources. Through better care coordination, it is my hope that we can allow our seniors to remain in their own homes longer.

6 America suffers from great health disparities correlated to race, ethnicity, income, and geography. What are your ideas to address these differences?

We must strive to reach out to all populations, but especially those that are more at risk. Through medical innovation and increased knowledge of hereditary predisposition for disease, we now have an even better ability to identify certain at-risk populations before they show symptoms of disease. Through better education of those individuals, we will be able to help reduce the prevalence of disease, which will greatly help health disparities. By coordinating care and continuing to support the role of a provider in an individual's health decisions, we will be able to improve the overall health of our population.

7 The Affordable Care Act reduces funding to hospitals that care for a disproportionate share of the indigent and uninsured because it assumed such support would not be needed with the expansion of Medicaid eligibility. Without disproportionate share (DSH) support, many safety net and rural hospitals say they will have to reduce services to all patients. Should federal DSH support be reinstated for states that do not expand Medicaid eligibility?

The Disproportionate Share program was created to recognize certain hospitals that were disadvantaged due to seeing a high uninsured population. As states have made decisions regarding Medicaid expansion, there may be a need to reassess how the available DSH money is allocated. If such a reallocation were to occur, there needs to be a study to determine how this money is used by hospitals, so that the money is in fact used to help treat disadvantaged populations.

Karen Handel – Republican

Bio



Recent Experience: Author, former Senior Vice President of Public Policy, Susan G. Komen for the Cure, former Secretary of State

In 2012, Handel wrote *Planned Bullyhood: The Truth Behind the Headlines about the Planned Parenthood Funding Battle* with Susan G. Komen for the Cure, based on her experience as a senior vice president of public policy at Susan G. Komen for the Cure.

After serving as Chief of Staff to Governor Sonny Perdue in 2002, Handel became Chairman of the Fulton County Board of Commissioners in 2003 and was elected as Georgia's first Republican Secretary of State in November 2006. As the president and CEO of the North Fulton Chamber of Commerce Secretary Handel was directly responsible for working with state, local, national and international organizations to bring job growth to north Fulton County. She has also served as an executive at several Fortune 500 companies, including global eye care company CIBA Vision and international accounting firm KPMG.

For additional information, visit: www.karenhandel.com.



1 How do you believe our country should address the problem of 48 million Americans without health insurance?

2 The United States has poor health outcomes and high healthcare expenditures when compared to other industrialized countries. What approach would you take towards improving outcomes and lowering costs?

3 Do you believe government has an obligation to provide healthcare for people who cannot do so for themselves? If so, what circumstances should trigger government support?

4 What role should the government play in trying to impact people's individual behaviors (smoking, poor eating habits, etc.) that affect the cost of their healthcare?

5 A significant portion of Medicaid and Medicare dollars are currently spent on the aged and disabled. What is your plan to address the needs of this demographic as it rapidly swells with a wave of aging baby boomers?

6 America suffers from great health disparities correlated to race, ethnicity, income, and geography. What are your ideas to address these differences?

7 The Affordable Care Act reduces funding to hospitals that care for a disproportionate share of the indigent and uninsured because it assumed such support would not be needed with the expansion of Medicaid eligibility. Without disproportionate share (DSH) support, many safety net and rural hospitals say they will have to reduce services to all patients. Should federal DSH support be reinstated for states that do not expand Medicaid eligibility?

In lieu of individual answers, the following statement was provided by Karen Handel in response to the Healthcare Georgia Foundation healthcare survey request.

Thank you for the opportunity to respond to Healthcare Georgia Foundation's candidate survey. The state of healthcare in America is in crisis. Yet the path that this country is taking via the Affordable Care Act (ACA, or also known as Obamacare) puts this nation on a collision course to financial disaster while providing few meaningful long-term improvements to the nation's healthcare system. Obamacare must be repealed in its entirety and replaced with a commonsense, market driven, patient-centered reform approach, such as Congressman Price's HR 2300.

First, Obamacare is a failed law that will bankrupt our economy and must be repealed immediately. Recently, the Congressional Budget Office (CBO) projected that Obamacare will reduce the workforce in this country by two million jobs by 2021. While the botched rollout of Obamacare and the website problems were cause for concern, the real impact of the ACA is far more troubling.

As of January, over 5 million people (and counting) have had their insurance policies canceled according to *Forbes* magazine. These cancellations came despite the President's assurances that Americans would be able to keep their plans. Further, premiums are increasing at staggering rates, making insurance more and more unaffordable. According to the Heritage Foundation, under Obamacare, the premiums for the average 50 year old in Georgia will increase by 70%. In fact, multiple reports have shown that Southwest Georgia is one of the most expensive places in the nation to buy health insurance through the new online marketplace.

Under Obamacare, thousands of Georgians are no longer able to keep their doctors and our country's future doctors are debating whether they really want to enter the practice of medicine after all. If full implementation of Obamacare is realized,

Obamacare costs will hit \$17 Trillion over the first 10 years. This will undoubtedly bankrupt our nation.

Additionally, the ACA's implementation has been riddled with shortfalls. The Obama Administration has delayed the employer mandate, the small business exchange, the enforcement of out-of-compliance plans, the individual mandate for those with canceled plans, the premium payments deadline, the sign-up date for those seeking coverage, the second-year enrollment period, and the Pre-Existing Conditions Insurance Plan.

With such a significant percentage of the law's components postponed, the reality is clear; the ACA is simply unworkable, as well as unaffordable. While some candidates for U.S. Senate think that Obamacare can be "fixed," I do not. Obamacare must be repealed in its entirety.

At the same time, we all recognize that there are serious challenges with our health care system, and it is not enough for Republicans or any candidate to simply be against Obamacare.

The Republican Party must offer solutions to problems instead of just saying "no." After Hilarycare failed, the Republican Party had a great opportunity to put forth positive solutions on healthcare. Unfortunately, we did not. But today, we have a new opportunity to offer Americans a better approach—a more effective solution.

My good friend and Georgia Congressman Dr. Tom Price has introduced H.R. 2300, The Empowering Patients First Act. As a U.S. Senator, I will be a champion for this legislation. HR 2300 repeals the Affordable Care Act and replaces it with patient-centered solutions.

Specifically, HR 2300:

- Provides tax incentives for maintaining health insurance coverage, where Americans can afford to purchase insurance instead of being mandated to do so
- Creates pooling mechanisms—giving both states options to craft high-risk

pools and small businesses the ability to band together across state lines to increase their bargaining power and offer insurance at lower costs

- Creates an insurance market across state lines
- Has provisions to prevent lawsuit abuse, reward wellness and prevention treatments, increase transparency in claims, and improve quality by preventing the use of comparative effectiveness or patient-centered outcomes research to deny coverage of an item or service under a Federal health care program
- Guarantees freedom of choice for Medicare patients, while improving enforcement of Medicare secondary payor provisions, and strengthening Medicare provider enrollment standards and processes
- According to the former CBO director, HR 2300 would save American taxpayers more than \$2.3 trillion in its first decade alone.
- The American Action Forum found that, under the Empowering Patients First Act, premiums would be lowered by as much as 19% by 2023.

With solutions like HR 2300 in place, the landscape of America's healthcare climate will dramatically improve. As a United States Senator, I will be a champion for putting patients first, severely limiting the government's role in our healthcare, and passing effective reforms that do not further drown our citizens in debt.

We can all agree that healthcare is a serious issue that needs major reform. On healthcare and other important issues facing our country, the career politicians have simply failed to lead. Many of our leaders are more concerned with getting re-elected than solving problems. The surest way to maintain the status quo on healthcare and the other serious issues facing our country is to keep sending the same people to Washington. I will bring a new approach to the Senate—a relentless focus on problem-solving. I won't be afraid to take on the tough issues, even if that means only serving one term.

Jack Kingston – Republican

Bio



Recent Experience: U.S. Representative, First Congressional District of Georgia

U.S. Congressman Jack Kingston was appointed to the House Appropriations Committee in his second term, and today serves as Chairman of the Labor, Health and Human Services, Education and Related Agencies Subcommittee. He is also a senior member of the Defense Appropriations Subcommittee.

In 2013, Kingston was appointed to the State, Foreign Operations and Related Agencies Subcommittee which oversees U.S. diplomatic efforts as well as some foreign aid and international security programs. From 2008-2012, Kingston served as the top Republican on the House Agriculture Appropriations Subcommittee.

Before his election to Congress, Kingston sold agribusiness insurance and rose to the position of vice president at a regional insurance brokerage. He also served in the Georgia State House from 1985-1992. Kingston is a graduate of the University of Georgia where he earned a degree in economics.

For additional information, visit: www.jackkingston.org.



1 How do you believe our country should address the problem of 48 million Americans without health insurance?

We need market-based solutions that expand access to affordable and patient-centered health plans that meet the needs of individuals and families. Obamacare misses the mark in that respect by opting for a one-size-fits all, top down government approach that drives up costs and takes away choices.

I support health reform that empowers patients and doctors over bureaucrats by permitting the purchase of health insurance across state lines, expanding health savings accounts (HSAs), leveling the tax playing field for individuals and companies purchasing health care, medical malpractice reforms to reduce defensive medicine, and Association Health Plans (AHPs) to give small businesses the same purchasing power as large corporations.

2 The United States has poor health outcomes and high healthcare expenditures when compared to other industrialized countries. What approach would you take towards improving outcomes and lowering costs?

We need reforms that increase transparency, empower patients to shop around, and reduce unnecessary defensive medicine that drives up costs.

Medical malpractice reform is urgently needed in this country. Rather than focusing on patient care, doctors are too often forced to focus on liability reduction. As a result, unnecessary tests and procedures drive up the cost of care.

Expanding the use of health savings accounts would empower patients to shop around for the highest quality care at the most affordable price. Why should one patient pay a different price just because they have a different health insurance company than another?

3 Do you believe government has an obligation to provide healthcare for people who cannot do so for themselves? If so, what circumstances should trigger government support?

I support a safety net to ensure those in need do not fall through the cracks, however, just as in any government program, those administered closest to the people are most effective. A church or local non-profit are far better suited to provide for the care of individuals in their community than any agency administered from Washington, D.C.

All public welfare programs should be designed as a hand up or bridge to self-sufficiency rather than a long-term hand-out. I support reforms to prevent abuse of programs to ensure they are available to those who truly need them.

4 What role should the government play in trying to impact people's individual behaviors (smoking, poor eating habits, etc.) that affect the cost of their healthcare?

I grew up in the Athens YMCA where we said a prayer before every game and one afterwards, too. We learned that physical fitness and nutrition were just as important as spiritual wellbeing. If we want to address societal problems, we need to turn to families and communities rather than big government programs and Washington bureaucrats.

We need to empower parents and families to teach their children about good nutrition and the importance of physical and spiritual fitness. Community leaders can take part by playing a more active role in promoting positive role models in schools, churches, and community centers.

5 A significant portion of Medicaid and Medicare dollars are currently spent on the aged and disabled. What is your plan to address the needs of this demographic as it rapidly swells with a wave of aging baby boomers?

Medicare and Medicaid are both in serious need of reform.

For Medicaid, I have backed the Path to Prosperity which would strengthen the safety net by applying the lessons learned in welfare reform to all federal aid programs. It would give states more flexibility and give those closest to the people more tools to root out waste, fraud, and abuse. Most importantly, it empowers current recipients to get off of aid rolls and on to payrolls.

We must strengthen and preserve Medicare for those currently enrolled in the program as well as future generations. I have supported reforms that make no changes for those at or near retirement because they do not have time to plan. Younger Americans would be given a range of options to choose from.

6 America suffers from great health disparities correlated to race, ethnicity, income, and geography. What are your ideas to address these differences?

Health care outcomes should not be predetermined by race, ethnicity, income, or geography. Unfortunately, Obamacare only exacerbates existing inequality in health care. For instance, a recent study by Kaiser Health News found that South Georgia has experienced some of the highest costs under the new health care exchanges.

Expanding access and affordability to high quality, patient-centered health care starts with repealing Obamacare and enacting market-based reforms. Doing so will bring down costs and increase quality for all Americans.

In my role as Chairman of the Labor-Health and Human Services-Education Appropriations Subcommittee, I have worked to combat overly burdensome regulations and to empower non-profits to address concerns specific to their community. A top-down, big government approach is not the answer.

7 The Affordable Care Act reduces funding to hospitals that care for a disproportionate share of the indigent and uninsured because it assumed such support would not be needed with the expansion of Medicaid eligibility. Without disproportionate share (DSH) support, many safety net and rural hospitals say they will have to reduce services to all patients. Should federal DSH support be reinstated for states that do not expand Medicaid eligibility?

The best thing Congress can do to combat the DSH reimbursement rate is to repeal Obamacare. The repeal of this ill-conceived law will alleviate this problem and clear the way for real reforms to American health care.

Michelle Nunn – Democrat

Bio



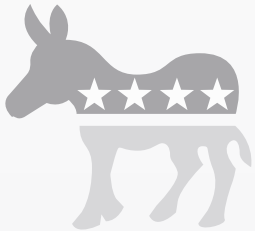
Recent Experience: Past CEO, Points of Light Foundation, Executive Director, Hands on Atlanta

Michelle Nunn, the daughter of Colleen and former U.S. Sen. Sam Nunn, helped found Hands on Atlanta, becoming its first executive director. She spent the next 10 years growing volunteerism across Georgia, and was selected for a three year Kellogg Foundation Fellowship that gave her an opportunity to travel the globe and work with civic and religious leaders to help them translate the common ground of their faith and ideals into building better, more productive communities and services.

In 2007, Hands On Network merged with the Points of Light Foundation, President George H.W. Bush's organization and legacy. After leading a successful merger, Michelle became the CEO and president of Points of Light, now the largest organization in the country devoted to volunteer service,

Michelle graduated from the University of Virginia and holds a Master's Degree in Public Administration from Harvard's Kennedy School of Government.

For additional information, visit: www.michellenunn.com.



1 How do you believe our country should address the problem of 48 million Americans without health insurance?

As someone who ran a \$30-million dollar organization with 130 employees, I've witnessed first-hand the burden and financial pain of rising health care premiums. Georgia families and businesses of all sizes have struggled with this in recent years.

The goal of the Affordable Care Act (ACA) was to drive down costs in our health care system, make health care more affordable for families and give people more choices for care. As the law has taken effect, however, some Georgians have found they only have expensive options and less choice. The law should be fixed to give families more affordable choices and expand tax credits available to small businesses so they can afford coverage. In addition, Congress and the President need to reverse the cuts that threaten our rural hospitals and hospitals that serve primarily Medicaid and Medicare populations.

There are parts of the law that are already helping families here in Georgia. Georgians shouldn't be denied coverage because they have a pre-existing condition and young adults should be able to stay on their parents' health plan when they are first starting out and looking for work. Under the law, there are no lifetime or annual limits on coverage and those who suffer a catastrophic illness don't have to worry about losing their savings or their homes.

Folks in Washington need to stop playing political games and come together and fix what's wrong with the law and preserve the parts that are working.

2 The United States has poor health outcomes and high healthcare expenditures when compared to other industrialized countries. What approach would you take towards improving outcomes and lowering costs?

Our health care system is set up to pay for services—not outcomes. Right here in Georgia, we are seeing innovative ways health care providers and insurance companies are teaming up to reorient their focus on outcomes. Emory Healthcare and Blue Cross and Blue Shield of Georgia have paired up to reduce costs and improve quality—instead of paying more for treatment when people get sick, the program will focus on keeping patients healthy. When they do get sick, coordination will eliminate duplicative services that are unnecessary, expensive, or even harmful.

We need to focus on wellness, nutrition and prevention, to lower costs. We should continue to embrace technology for enhanced self-care and self-empowerment in patient management. We should set bold goals to constrain costs and increase our health outcomes—the United States can and must do better.

3 Do you believe government has an obligation to provide healthcare for people who cannot do so for themselves? If so, what circumstances should trigger government support?

I certainly support preserving and strengthening Medicare, which has been a key part of improving the quality of life of seniors since it was enacted almost half a century ago. I also support programs that help rural hospitals stay in business so that no Georgian is at unnecessary risk because they live too far from an emergency room.

All Americans should be able to access affordable health insurance, and experts agree that increasing the number of Americans with health insurance will drive down costs for everyone by creating a stronger private insurance market

and encouraging people to seek preventative care rather than waiting until health problems become expensive emergencies. While the ACA was an effort to do this, it is clear that the law needs fixes, including more affordable health insurance options for families, protections for families that want to keep their existing health insurance plans, expanded tax credits for small businesses and protections for rural hospitals from the payment cuts that are threatening them.

4 What role should the government play in trying to impact people's individual behaviors (smoking, poor eating habits, etc.) that affect the cost of their healthcare?

Washington cannot and should not dictate what kind of foods people should eat, and Congress should not implement rules that prevent a free and fair market from working. However, I do believe in market incentives that help steer people to make better choices. We need to expand initiatives that help people live healthier lives and cut the rates of chronic disease in this country. 1 in every 3 Americans right now suffers from a chronic disease—diabetes, heart disease, hypertension, and others. According to the Kaiser Family Foundation, these costs make up 85% of all our health care spending. We need to find ways to make our country healthier without threatening individual freedoms. There are terrific examples of public/private partnerships that are providing higher quality, more affordable and nutritious foods through school lunch programs as just one example.

5 A significant portion of Medicaid and Medicare dollars are currently spent on the aged and disabled. What is your plan to address the needs of this demographic as it rapidly swells with a wave of aging baby boomers?

Our seniors should never have to doubt that they will receive the health care services they need. And those who are unable to work and can't afford care shouldn't be forced to go without needed medical care. Medicare is a critical investment that Georgia families have already paid into and earned through their own hard work. We need to keep them strong for seniors and future generations.

It's one of the reasons we need to address the debt. Over the long-term, our debt threatens to increase interest rates, increase cost-of-living, slow wage growth, and kill jobs. And eventually, in the next few decades, it will provoke a fiscal crisis—which threatens the future of Medicare and Social Security. I would oppose any effort to create vouchers for Medicare.

Michelle Nunn, Democrat - *continued*

6 America suffers from great health disparities correlated to race, ethnicity, income, and geography. What are your ideas to address these differences?

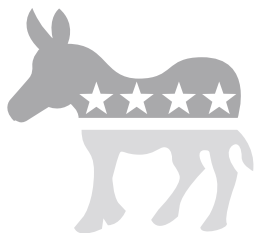
Congress needs to take a multi-pronged approach. Georgia has a number of promising initiatives underway to address these disparities—training rural health care practitioners in preventive care, encouraging public/private collaborations that offer food and nutrition programs classes, and programs that utilize telemedicine in innovative and effective ways. Also, Congress should expand initiatives that help people live healthier lives and cut the rates of chronic disease in this country.

And Congress needs to pay more attention to rural health care systems. In Georgia, rural hospitals are closing—in part because Congress is cutting support for hospitals in states that did not expand Medicaid. This decision is endangering our hospitals and risks increasing health care costs for everyone. There needs to be continued support for programs that encourage doctors, particularly primary care physicians, to set up practices in underserved areas.

At Points of Light, I saw the many creative ways that the nonprofit sector, in cooperation with schools, clinics, food banks, and parks are encouraging healthy behavior. Schools, families, and businesses are coming together to provide nutritious and healthy foods in areas that were previously “food deserts” through urban gardens, cooperative farmers markets, and entrepreneurial ventures. I hope we can continue to see these kinds of efforts.

7 The Affordable Care Act reduces funding to hospitals that care for a disproportionate share of the indigent and uninsured because it assumed such support would not be needed with the expansion of Medicaid eligibility. Without disproportionate share (DSH) support, many safety net and rural hospitals say they will have to reduce services to all patients. Should federal DSH support be reinstated for states that do not expand Medicaid eligibility?

I support restoring these payments for states like Georgia that haven't expanded Medicaid.



David Perdue – Republican

Bio

Recent Experience: Chairman and CEO, Dollar General, President and CEO, Reebok

Born in Macon, Georgia and raised in Warner Robins, David Perdue earned a degree in Industrial Engineering from Georgia Tech and a second degree, also from Georgia Tech in Operations Research.

After completing his academic work at Georgia Tech, Perdue began a professional career that took him around the globe and to the helm of major corporations. As a principal of Kurt Salmon Associates, a management consulting firm, David helped dozens of companies improve their products and expand operations.

As president and CEO of the Reebok brand, he was credited with revitalizing the athletic brand. And as chairman and CEO of Dollar General, he oversaw the company's expansion from 5,900 to 8,500 stores nationwide creating thousands of quality jobs. While at Dollar General, he became heavily involved in literacy and served as Chairman of the National Commission on Literacy and Workforce Development.

For additional information, visit: www.perduesenate.com.



1 How do you believe our country should address the problem of 48 million Americans without health insurance?

We first need to determine the basis of the 48 million uninsured. Studies have shown that once Medicaid eligible individuals, persons who can afford (e.g., incomes of over \$75,000) insurance but do not purchase it, the “young and invincibles” and undocumented immigrants are taken out, only 10 to 12 million Americans lack health insurance. For that group, I support incenting state high risk pools or examining the federal insurance pool to spread the risk. For the young and invincibles, we need to reduce the cost of health insurance by removing some of the regulatory burdens on providers and plans that make health care costs and premiums climb.

2 The United States has poor health outcomes and high healthcare expenditures when compared to other industrialized countries. What approach would you take towards improving outcomes and lowering costs?

I believe in incenting the individual to be responsible for their own health. I support Health Retirement Accounts and Health Savings Accounts as a means of increasing individuals' control over their health spending and creating real benefits for healthy living. Preventative care is critical to lowering costs, and if the cost of health insurance would decrease (through decreased regulation on providers), more would purchase health insurance which largely have free preventative care provisions or strong incentives for preventative care.



David Perdue, Republican – *continued*

3 Do you believe government has an obligation to provide healthcare for people who cannot do so for themselves? If so, what circumstances should trigger government support?

I believe in a safety net that provides help to those who have fallen on hard times through no cause of their own. I do not seek to repeal Medicare or Medicaid; I do seek to reform the programs so that they are sustainable for future generations.

4 What role should the government play in trying to impact people's individual behaviors (smoking, poor eating habits, etc.) that affect the cost of their healthcare?

I would empower States to address these issues through education and Medicaid policy. One size does not fit all, and the individual behaviors that are prevalent in Georgia may not be the same as those in Illinois.

5 A significant portion of Medicaid and Medicare dollars are currently spent on the aged and disabled. What is your plan to address the needs of this demographic as it rapidly swells with a wave of aging baby boomers?

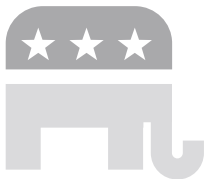
We are going to keep the commitments we made to American seniors. To do so for future seniors, however, we need to look at systemic reform for Medicaid and Medicare. For the former, that means freeing states to design Medicaid plans that best fit their populations. For the latter, it means looking at reforming the system for persons who are not yet near or at Medicare eligibility.

6 America suffers from great health disparities correlated to race, ethnicity, income, and geography. What are your ideas to address these differences?

First we need more healthcare professionals to address the shortages that exist throughout the country and right here in Georgia. Unfortunately, our State lacks a sufficient number of residency slots, and I would work to increase those so that there is more access to healthcare in areas that need it most. Second, I would work to lower the cost of healthcare by freeing providers from burdensome and crushing regulations.

7 The Affordable Care Act reduces funding to hospitals that care for a disproportionate share of the indigent and uninsured because it assumed such support would not be needed with the expansion of Medicaid eligibility. Without disproportionate share (DSH) support, many safety net and rural hospitals say they will have to reduce services to all patients. Should federal DSH support be reinstated for states that do not expand Medicaid eligibility?

Obamacare was never meant to pass in the form it did, and we all know it. The election of Scott Brown left the President and his Party with an inchoate bill that contained far more flaws, taxes, needless regulations, and job destroying provisions than it did real, tangible benefits. It is a piece of legislation that was built on a three-legged stool of expanded Medicaid, individual and employer mandates. The first was declared unconstitutional, and the President granted waivers for the second and third legs, meaning, the policy cannot stand. DSH is another casualty of this deeply flawed legislation. In the short term, DSH funds should be part of an overall Medicaid funding review given the Supreme Court's decision.



Branko Radulovacki – Democrat

Bio

Recent Experience: MD, Specializing in Addiction Psychiatry, Founder, FaithWorks

Branko (pronounced “Bronco”) Radulovacki came to the United States at the age of seven. Born in the former Yugoslavia, he graduated with a degree in Economics from Amherst College, worked as a banker on Wall Street, then earned an MBA at the University of Chicago and an M.D. with honors at the University of Illinois.

Dr. Rad (as he is professionally known) completed his psychiatry residency at Yale, and then began practicing medicine in Atlanta.

He advocated for reform when Georgia’s failing mental health system was exposed. This effort led him to found FaithWorks, a non-profit organization which galvanizes people of faith to help those with mental illness in local communities and congregations.

In 2011, Dr. Rad became a patient when he was treated for cancer. The experience intensified both his passion and his sense of purpose. Now a healthy cancer survivor, he is eager to serve the people of Georgia by bringing a sense of urgent determination to addressing national issues.

For additional information, visit: www.drradforsenate.com.



1 How do you believe our country should address the problem of 48 million Americans without health insurance?

As a physician, I believe that healthcare is a right and not a privilege. So, the question is how best to deliver healthcare to all our citizens—including those currently without health insurance?

The Affordable Care Act addressed this question by creating a system which would provide health coverage to virtually all citizens, in part through federally-funded Medicaid expansion. The Supreme Court’s decision to make Medicaid expansion optional, and to leave the decision to the individual states, turned that strategy into a political football. When Georgia’s governor declined the federal funds to expand Medicaid, he put politics before people. Republican governors in 20+ other states made the same choice.

The result? Georgians’ taxes now subsidize other states’ Medicaid expansion, Georgia’s rural and “safety net” hospitals are being forced to cut staff and clinic

care—or close completely, and Georgia’s uninsured are continuing to seek care at Emergency Rooms (while hospitals pass on the costs), at federally-qualified health centers (underwritten by taxpayers), or from charitable care groups. The same is true in other states that refused expansion.

That’s not progress.

I believe the solution—in Georgia, and elsewhere—is to take the focus off politics and, instead, focus on people in need of healthcare. If we agree their need must be met, the only question is how? I support solutions that maximize good outcomes while minimizing cost. I am open to creative alternatives to Medicaid expansion—like Arkansas’ experiment with allocating Medicaid funds to a private insurance system—but I cannot and will not support a policy of “No.”



Branko Radulovacki, Democrat - *continued*

2 The United States has poor health outcomes and high healthcare expenditures when compared to other industrialized countries. What approach would you take towards improving outcomes and lowering costs?

Prior to passage of the Affordable Care Act, there was a national consensus that our existing healthcare delivery system was unsustainable. It was oriented toward treatment of disease rather than prevention. It increasingly rewarded quantity of diagnoses and treatments, rather than quality of patient care. Insurers were making huge profits while refusing to cover clinically-indicated treatment. Meanwhile, patients were trapped in high-deductible plans with annual and lifetime limits that created disincentives to seek care except in a true crisis.

Other industrialized nations are achieving better health outcomes at lower costs. Clearly, something needed to change.

The ACA rebooted the healthcare system. It made preventive care more accessible and affordable, which is likely to reduce the need for more expensive care for illness or disease. It limited insurers' profit margins, which directly impacts costs. It eliminated annual and lifetime limits, which freed people to seek the care they need without fear of bankruptcy. I believe these and other changes were significant steps in the right direction.

But, there are still problems to address.

We must re-orient providers and insurers to seek mutually-rewarding partnerships that profit when the patient is healthy, rather than when s/he is sick. And importantly, we must educate and motivate consumers to see themselves as their own best caregivers, and to connect their investment in attentive self-care with lasting good health.

3 Do you believe government has an obligation to provide healthcare for people who cannot do so for themselves? If so, what circumstances should trigger government support?

I believe that people of conscience have a moral obligation to care for one another. And I believe our government exists to serve the people. So yes, I believe there is a role for government in fulfilling our collective commitment to provide care for those who cannot care for themselves. What circumstances should trigger that support? In the simplest terms, demonstrated need.

As a physician, I have encountered plenty of people who have needed healthcare but were unable to pay for it. Our healthcare system's primary goal should always be to ensure that they receive care. The solutions vary depending on the circumstances: free or reduced care, modified treatment plans or timing, referrals to community service programs or indigent care facilities, etc.

Those who cannot care for themselves but have unmet health needs and significant financial limitations deserve our help. The ultimate goal should always be to meet their needs as effectively, efficiently and affordably as possible.

4 What role should the government play in trying to impact people's individual behaviors (smoking, poor eating habits, etc.) that affect the cost of their healthcare?

This is a great question because it brings two competing issues face-to-face: our innate desire for the freedom to make our own choices (even if they're bad for us) vs. our desire to avoid illness, expenses and any other health-related consequences. How do we balance these desires—and what role, if any, should government play?

I believe government can play a useful role. It can fund research that enables us

to understand the links between certain behaviors and their negative health consequences. It can facilitate education in various forms so that people understand causal links between actions and foreseeable health outcomes. It can ensure access to treatments or services that assist people in making desirable behavior changes. And, it can track resulting health trends across the population in order to gauge the return on investment.

Health care providers and insurers can partner with such government efforts to exponentially increase their impact—by reinforcing behavior modification messages, quantifying the benefits of healthier choices to specific individuals (longer life now likely, fewer medications now required, etc.) and rewarding those choices (e.g., year-end policy rebates).

5 A significant portion of Medicaid and Medicare dollars are currently spent on the aged and disabled. What is your plan to address the needs of this demographic as it rapidly swells with a wave of aging baby boomers?

In the simplest terms, if the need grows, we must either reduce costs or increase budgets. Some say the only way to address this issue is by reducing earned benefits. I disagree. Given the size of the looming wave, I think we need to work this problem from multiple angles.

We can begin to reduce costs, in part, by increasing the number of people who age well—who remain physically active, healthy, and committed to sustaining life-long good health through wise choices. To accomplish this, we must educate and motivate Baby Boomers to be good stewards of their own bodies. Our healthcare system must shift its focus to encompass proactive, preventive care which reduces costs by improving patient health (rather than simply fighting disease or treating

illness). And, we must seek ways to reward and reinforce success.

At the same time, we must seek ways to cut the costs of necessary care and treatment. I believe the ACA has been a significant first step. It has shaken up the status quo—reducing the power of insurance companies, redefining the role of healthcare providers, and empowering consumers by giving them new rights and responsibilities. Our next steps should be to tackle the high prices of pharmaceuticals, the wasted costs of “defensive medicine,” and the growing need for physicians and healthcare workers (so that insufficient supply does not drive up prices unnecessarily).

As we work to reduce costs, we must also revisit our national priorities. Is the health of our aging population important to us as a nation? What do we deem more valuable or urgent? What resources can we reallocate to meet these growing costs without undermining our collective safety or welfare? This should be a candid, ongoing national dialogue.

6 *America suffers from great health disparities correlated to race, ethnicity, income, and geography. What are your ideas to address these differences?*

Candidly, I believe these disparities are manifestations of our nation’s historical perspective on the inherent worth of some lives vs. others. Too often, healthcare has been allocated accordingly. As the question suggests, this needs to change.

I believe we begin by openly acknowledging the problem. Then, we must educate people about the value of good health, their role in realizing it, and our national determination to make healthcare accessible and affordable.

I took the initiative to do these things when the Affordable Care Act launched. I traveled the state educating people—especially those most likely to benefit—about the content of the new law and the ways in which it could help them. I created a non-partisan 5-page FAQ which empow-

ered people by informing them about all aspects of the law, its rollout, and the decisions they would need to make. And, I became an outspoken proponent of Medicaid expansion in Georgia, calling on the Insurance Commissioner to stop “obstructing” the ACA rollout, and the Governor to “step up or step aside.”

We cannot force good health on anyone, nor would I suggest we try. But making quality healthcare available to all our citizens is a wise investment in our collective future, and it is one I believe is worth the effort and the cost.

7 *The Affordable Care Act reduces funding to hospitals that care for a disproportionate share of the indigent and uninsured because it assumed such support would not be needed with the expansion of Medicaid eligibility. Without disproportionate share (DSH) support, many safety net and rural hospitals say they will have to reduce services to all patients. Should federal DSH support be reinstated for states that do not expand Medicaid eligibility?*

This is a frustrating question to have to answer because it didn’t have to be this way. Had all 50 states expanded Medicaid, hospitals would be expanding services to meet the needs of a greater patient population, more people would have access to affordable care, and hospital costs to insured and self-pay patients would be declining (since hospitals wouldn’t need to cover uninsured patient expenses).

But, because nearly half of the states refused Medicaid expansion, the absence of DSH payments—which were to be offset by Medicaid payments—have dealt a crippling blow. Last year, four rural hospitals were forced to close in Georgia. And Grady, our state’s primary “safety net” hospital, has announced it will have to cut both staff and clinic services unless Medicaid is expanded or DSH payments are reinstated.

Here’s the problem: reinstating DSH payments deals with the immediate crisis, but does not address the underlying issue.

Even if payments are restored, Georgians will still be paying taxes that subsidize other states’ Medicaid expansions while also paying unnecessarily high costs for because uninsured patients will still need healthcare and hospitals will still want to cover their unreimbursed costs. In other words, reinstating DSH payments will move us closer to the pre-ACA healthcare system—which everyone agreed was unsustainable.

What’s the solution? Medicaid expansion. I truly believe that putting people before politics makes that the obvious choice. But, if states like Georgia abdicate their responsibility to their citizens, then I believe the federal government should reinstate DSH payments so that hospitals can stay open and continue to provide desperately-needed care.

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