

PATRIOT MAJORITY USA – “BAD COMPANY”

AD	FACTS
<p>ANNCR: In North Carolina, we put families first.</p> <p>ANNCR: But Senate candidate Thom Tillis sides with health insurance companies – he’d let them deny coverage for pre existing conditions and raise rates for women needing mammograms.</p> <p>On screen: Thom Tillis: Deny coverage for pre-existing conditions [Charlotte Observer, 9/23/13]</p> <p>On screen: Thom Tillis: Raise rates on mammograms [USA Today, 2/1/14]</p>	<p><u>TILLIS: “UNDO” FREE MAMMOGRAMS AND PROTECTIONS FOR THOSE WITH PRE-EXISTING CONDITIONS</u></p> <p>Tillis: “Republicans Should Do Everything In Our Power To Undo” Affordable Care Act. Tillis statement posted to his website and published in the Charlotte Observer in September 2013: “Many have asked where I stand in the battle to defund Obamacare and the House/Senate vote on the Continuing Resolution (CR). I believe Obamacare is a mortal threat to our economy. It will decrease healthcare quality and raise healthcare premiums and Republicans should do everything in our power to undo it.” [ThomTillis.com, 9/20/13; Charlotte Observer, 9/23/13]</p> <ul style="list-style-type: none"> • Tillis Supported A “Full Repeal” Of The Affordable Care Act. According to Thom Tillis’ campaign website: “Thom will fight in the Senate for full repeal of ObamaCare, for defunding ObamaCare, and he will work to implement private sector solutions to reduce healthcare costs for North Carolinians.” [ThomTillis.com, accessed 10/15/13] • Tillis Pledged To Challenge The Affordable Care Act At Every Step In 2011. According to the Associated Press State & Local Wire, “What we’re trying to do is be a player on this chessboard’ of resistance to the federal law, said Tillis, R-Mecklenburg. The health overhaul law ‘clearly has a long and phased timeline and at every step we’re going to go after it.” [Associated Press State & Local Wire, 1/26/11] <p>Repealing Affordable Care Act Would Mean “Anyone With A Pre-existing Condition Would Either Lose Insurance Or Pay Much Higher Premiums.” “The consequences of repeal, health care officials and industry analysts say, go beyond the fact that 9 million people would suddenly lose their insurance or that anyone with a pre-existing condition would either lose insurance or pay much higher premiums.” [USA Today, 2/1/14]</p> <ul style="list-style-type: none"> • Under The Affordable Care Act, North Carolinians Can No Longer Be Denied Coverage Because Of A Pre-Existing Condition. “As many as 4,099,922 non-elderly North Carolinians have some type of pre-existing health condition, including 539,092 children. Today, insurers can no longer deny coverage to children because of a pre-existing condition, like asthma or diabetes, under the health care law. And beginning in 2014, health insurers will no longer be able to charge more or deny coverage to anyone because of a pre-existing condition. The health care law also established a temporary health insurance program for individuals who were denied health insurance coverage because of a pre-existing condition. 5,866 North Carolinians with pre-existing conditions have gained coverage through the Pre-Existing Condition Insurance Plan since the program began.” [HHS, North Carolina Fact Sheet, 8/1/13] <p>Consequences Of Repealing Affordable Care Act: “Insurer Would Probably Recoup Their Losses By Charging Higher Premiums.” “The consequences of repeal, health care officials and industry analysts say, go beyond the fact that 9 million people would suddenly lose their insurance or that anyone with a pre-existing condition would either lose insurance or pay much higher premiums. All consumers would take a huge financial hit, because health care costs would continue to rise, and insurers would probably recoup their losses by charging higher premiums.” [USA Today, 2/1/14]</p>

Under The Affordable Care Act, Insurers Are Required To Provide Free Preventive Health Benefits For Women, Including Mammograms. “Beginning Wednesday, all new health insurance plans will be required to provide eight preventive health benefits to women for free. The benefits include contraceptives, breast-feeding supplies and screenings for gestational diabetes, sexually transmitted infections and domestic violence, as well as routine check-ups for breast and pelvic exams, Pap tests and prenatal care. [...] An additional 14 free preventative service benefits for women have already taken effect as a requirement of health care reform, including mammograms to screen for breast cancer in women over 40 and screenings for osteoporosis in women over age 60.” [CNN, [7/31/12](#)]

- **More Than 1.3 Million North Carolina Women Have Already Gained Preventive Services With No Cost-Sharing.** “The health care law requires many insurance plans to provide coverage without cost sharing to enrollees for a variety of preventive health services, such as colonoscopy screening for colon cancer, Pap smears and mammograms for women, well-child visits, and flu shots for all children and adults. In 2011 and 2012, 71 million Americans with private health insurance gained preventive service coverage with no cost-sharing, including 2,062,000 in North Carolina. And for policies renewing on or after August 1, 2012, women can now get coverage without cost-sharing of even more preventive services they need. Approximately 47 million women, including 1,352,427 in North Carolina will now have guaranteed access to additional preventive services without cost-sharing.” [HHS, North Carolina Fact Sheet, [8/1/13](#)]

HEALTH INSURANCE COMPANIES OPPOSED AFFORDABLE CARE ACT

Headline: “Busted! Health Insurers Secretly Spent Huge To Defeat Health Care Reform While Pretending To Support Obamacare” [Rick Ungar column, Forbes, [6/25/12](#)]

American Health Insurance Plans (AHIP) Funneled \$102.4 Million Over 15 Months For Advertising Designed To Defeat Affordable Care Act. “According to the National Journal’s Influence Alley, at the very same time the American Health Insurance Plans (AHIP)—the health insurance industry super lobby—was cutting a deal with the White House leading to its stated support of the proposed Obamacare legislation, they were secretly funneling huge amounts money to the Chamber of Commerce to be spent on advertising designed to convince the public that the legislation should be defeated. How much money? A stunning \$102.4 million spent over just 15 months. While one would not think that so much money could be spent in secret, AHIP pulled it off by utilizing a completely legal process of funneling the cash to the Chamber under the radar while putting the giant expenditure on their books under the simple heading of ‘advocacy’.” [Rick Ungar column, Forbes, [6/25/12](#)]

AHIP Gave Money To Anti-Affordable Care Act Lobby In 2011. “The National Federation of Independent Business, a small-business lobby that opposes the Affordable Care Act, quietly cashed an \$850,000 check from a health insurance industry lobby two years ago, National Journal reported on Tuesday. Advocacy groups can legally move their money in secret, but reporter Chris Frates found an expense by the insurers’ group, America’s Health Insurance Plans, on 2011 tax records that neatly matched a donation to the NFIB the same year.” [Bloomberg Businessweek, [5/14/13](#)]

ANNCR: Tillis supports a plan that would end Medicare as we know it.

On screen: Thom Tillis: Supports A Plan To End Medicare As We Know It. [Raleigh News & Observer, 6/5/12; Reuters, 8/12/12]

TILLIS SUPPORTED THE FY 2013 RYAN BUDGET WHICH WOULD “END TRADITIONAL MEDICARE” AND END “THE GUARANTEED BENEFIT IN MEDICARE”

Tillis Said The Ryan Plan Was “Absolutely” Comparable To What He Would Push In The North Carolina Legislature. “As Congressman Paul Ryan pitched his budget plan Tuesday in Raleigh, he sat between two important Republicans listening intently: Senate leader Phil Berger and House Speaker Thom Tillis. Ryan’s budget calls for serious reductions in federal spending, privatizing Medicare plans and eliminating the six current tax rates to two, 10 percent and 25 percent. Tillis suggested elements of the plan are a model for North Carolina, particularly eliminating taxes and loopholes. Asked whether Ryan’s plan is comparable to what the legislature is doing at the state level, Tillis said ‘absolutely.’ ‘If you take a look at our strategy for broadening the (tax) base and lowering the (tax) rate ... and eliminating loops holes, it’s exactly the same framework,’ he said.” [Raleigh News & Observer, Under the Dome, [6/5/12](#)]

- **Raleigh News & Observer’s Under The Dome: “N.C. Republicans See Paul Ryan’s Controversial Budget As A Model.”** [Raleigh News & Observer, Under the Dome, [6/5/12](#)]
- **Tillis Thought Romney And Ryan Could Deal With “Structural Problems” With The Debt.** In September 2012, in an interview with “Rock the Red” Tillis was asked, “How do you think Romney and Paul Ryan came across? Do you think that they came across as the answer to the problems that a lot of Americans are dealing with?” Tillis responded: “I think that, I think what they did and what I really believe is that the DNC should do is just recognize that there is a problem. In the week that the deficit surpassed 16 trillion dollars don’t pretend that nothing but a threat to national security and our economic security. I met both Gov. Romney and Rep. Ryan on a personal basis. I’m convinced that they get the structural problems that need to be dealt with and I know that they can do it. They need to communicate that in a way the average voter, the average citizen can understand and I think if they do they will be very successful.” [Transcript, Rock the Red Interview, 9/5/12] ([video](#))

Ryan Plan “Calls For An End To The Guaranteed Benefit In Medicare And Replaces It With A System That Would Give Vouchers To Recipients To Pay For Health Insurance” Which Could Increase Costs For Seniors. “Ryan’s plan calls for an end to the guaranteed benefit in Medicare and replaces it with a system that would give vouchers to recipients to pay for health insurance. The risk in such a plan is that if healthcare costs rise faster than the value of the vouchers, seniors would have to pay the difference.” [Reuters, [8/12/12](#)]

FY 2013 Ryan Plan “Would End Traditional Medicare By Capping Spending And Offer Vouchers To Buy Private Insurance.” “The 2010 Patient Protection and Affordable Care Act that Obama pushed for doesn’t cut Medicare; it simply reduces projected future increases in costs by \$700 billion over 10 years. [...] Those same reductions in the future growth of Medicare are contained in the budget bills sponsored by Ryan and approved by the same House Republicans who now say they’ll campaign against the provision. Romney has endorsed the Ryan plan. The difference is the savings in the Republican bill don’t go to help seniors with their prescription drug costs. In fact, Ryan’s legislation increases the amount senior citizens will have to pay for drugs since it repeals the health-care legislation that provides the extra subsidy. Ryan’s budget bill also would end traditional Medicare by capping spending and offer vouchers to buy private insurance.” [Bloomberg, [8/13/12](#)]

RYAN PLAN WOULD INCREASE COSTS FOR SENIORS

CBO Estimated The Ryan Plan Could Increase Costs For Seniors. “CBO said it’s possible that seniors would face higher costs under the Ryan plan, and said other possible side effects include ‘reduced access to health care; diminished quality of care; increased efficiency of health care delivery; less investment in new, high-cost technologies; or some combination of those outcomes.’ The budget office did not make specific projections about any of those possibilities, though it noted that some would ‘necessarily’ be heightened under the Ryan plan because federal spending would be so much lower.” [The Hill, [3/20/12](#)]

CBPP: The Ryan Medicare Plan Would “Replace Medicare’s Guarantee Of Health Coverage With Premium-Support Payments To Seniors” And “Over Time, More Costs Would Likely Be Pushed On To Beneficiaries.” “The Ryan plan would also replace Medicare’s guarantee of health coverage with premium-support payments to seniors (starting with new beneficiaries in 2023) that they would use to buy coverage from private insurance companies or traditional Medicare. The growth in these payments each year would be limited to the percentage increase in per capita GDP plus one-half percentage point. For more than 30 years, however, health care costs per beneficiary in the United States have risen an average of about two percentage points per year faster than GDP per capita. CBO thus projects that under the Ryan budget, federal Medicare expenditures on behalf of an average 67-year-old beneficiary would, by 2050, be 35 percent to 42 percent lower than under current law. Under the Ryan budget, moreover, Medicare would no longer make payments to health care providers such as doctors and hospitals; it would instead provide premium-support vouchers to beneficiaries that they’d use to help buy coverage from private insurance companies or traditional Medicare. Therefore, the only way to keep Medicare cost growth within the GDP +0.5 percentage-point target would be to limit the annual increase in the government’s premium-support vouchers. That would very likely cause the vouchers to grow more slowly than health care costs — and hence purchase less coverage with each passing year. Over time, more costs would likely be pushed on to beneficiaries.” [Center on Budget and Policy Priorities, [3/20/12](#)]

AARP: The Ryan Medicare Plan “Is Likely To Simply Increase Costs For Beneficiaries While Removing Medicare’s Promise Of Secure Health Coverage.” AARP CEO Barry Rand: “Yesterday’s budget proposal appropriately acknowledges that health care costs must be addressed if the federal budget is to be balanced. However, rather than recognizing that health care is an unavoidable necessity which must be made more affordable for all Americans, this proposal simply shifts these high and growing costs onto Medicare beneficiaries, and it then shifts even higher costs of increased uninsured care onto everyone else. The typical Medicare beneficiary today, living on an income of roughly \$20,000, already struggles to pay for their ever-rising health and prescription drug costs — and nearly 20 percent of their income currently goes to health care costs. By creating a ‘premium support’ system for future Medicare beneficiaries, the proposal is likely to simply increase costs for beneficiaries while removing Medicare’s promise of secure health coverage — a guarantee that future seniors have contributed to through a lifetime of hard work.” [AARP, Letter to Congress, [3/21/12](#)]

ANNCR: And force seniors to spend up to \$1700 more for prescriptions.

On screen: Thom Tillis: Seniors forced to pay \$1,700 more [National Journal, 6/2/11]

TILLIS: REOPEN THE DONUT HOLE AND FORCE SENIORS TO SPEND MORE OUT OF POCKET ON PRESCRIPTIONS

Repealing The Affordable Care Act Would “Immediately” Reopen The Medicare Part D Donut Hole For 3 To 4 Million Seniors, Increasing Their Out-Of-Pocket Costs. According to National Journal, “Ryan’s plan to convert Medicare into a limited insurance subsidy, the most controversial aspect of the budget, wouldn’t take effect until

ANNCR: Thom Tillis: He's with the special interests; hurting North Carolina families.

On screen: Thom Tillis with Special interests, hurting North Carolina families.

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2022. But the proposal would also repeal last year's health care law, which means reopening a coverage gap in Medicare's prescription-drug benefit that the statute closed. The gap, commonly called the 'doughnut hole,' requires seniors to pay 100 percent of any prescription costs after the annual total reaches \$2,840 and until it hits \$4,550. Those who spend more or less have at least three-quarters of the costs covered. Under the 2010 health law, Medicare will pay 7 percent of the cost of generic drugs and 50 percent on name-brand pharmaceuticals; by 2020, the doughnut hole will be closed. If Congress were to pass Ryan's plan and repeal the law, as House Republicans want, the 3 million to 4 million seniors left in the doughnut hole each year would immediately face significant out-of-pocket costs. They and all other Medicare beneficiaries would also lose access to a host of preventive-care benefits in the health care law, including free wellness visits to physicians, mammograms, colonoscopies, and programs to help smokers quit." [National Journal, [6/2/11](#)]

- **Seniors Who Fell Into The Donut Hole Had To Pay Up To \$1,710 Out Of Pocket For Prescription Drugs.** "The gap, commonly called the 'doughnut hole,' requires seniors to pay 100 percent of any prescription costs after the annual total reaches \$2,840 and until it hits \$4,550. Those who spend more or less have at least three-quarters of the costs covered." [National Journal, [6/2/11](#)]
- **Prior To The Affordable Care Act, Seniors On Medicare Part D "Had To Pay Full Price For The Drugs In The Coverage Gap," Or Donut Hole.** "The widely unpopular "doughnut hole" -- the coverage gap in the Medicare drug benefit -- is headed for oblivion, under the new health law. Beginning this year, seniors who hit the doughnut hole will get substantial discounts on both brand-name and generic drugs. Those discounts will increase over time, effectively closing the gap by 2020. The change is 'quite significant,' says John Rother, AARP's executive vice president for policy and strategy. In the past, when people had to pay full price for the drugs in the coverage gap, they sometimes stopped filling prescriptions, he says." [Kaiser Health News, [2/11/11](#)]

Affordable Care Act Allows Medicare Beneficiaries To Save On Prescription Drug Costs And Will Close The Medicare Part D Donut Hole. Under the Affordable Care Act, "You can save money on brand-name drugs. If you're in the donut hole, you'll also get a 50% discount when buying Part D-covered brand-name prescription drugs. The discount is applied automatically at the counter of your pharmacy—you don't have to do anything to get it. The donut hole will be closed completely by 2020." [Medicare.gov, accessed 2/9/14]

- **In 2013, 115,953 North Carolina Seniors Have Saved Money On Prescription Drugs From Closing The Donut Hole.** [Centers for Medicare and Medicaid Services, 11/26/13]
- **In 2013, North Carolina Seniors Saved An Average Of \$856 On The Cost Of Prescription Drugs.** "[Centers for Medicare and Medicaid Services, 11/26/13]
- **North Carolinians On Medicare Have Already Saved \$275 Million Total On Prescription Drugs.** [Centers for Medicare and Medicaid Services, 11/26/13]