

DEAR JENNIE

A MESSAGE TO YOU FROM THE AARP PRESIDENT



Q: We're worried health care reform may go too far. Will we be forced into a plan or have to change doctors?

A: AARP will not support reform that would deny you the freedom of choice to keep your current plan, including keeping your current doctor. That's what AARP's fight for health care reform is all about—creating the kind of quality, affordable, and uniquely American health care system you want.

AARP's policy agenda is driven by you, our members. We developed our health care reform priorities from nationwide member surveys, from member focus groups in a number of cities, and from the thousands of letters and phone calls we've received. You've told us what you need and what you want in health care reform, and that's exactly what we've been fighting for.

Those of you who like your current plan and your doctors have told us in no uncertain terms that you want to keep them. Those of you ages 50 through 64 who have had trouble getting coverage have told us that you're tired of being told you can't get insurance because of an illness you had five years ago, or because of some other preexisting condition, or because of your age. AARP supports reform that ensures Americans ages 50 through 64 a real choice of quality, affordable health care plans.

Those of you on Medicare let us know, in overwhelming numbers, how the Medicare Part D prescription-drug coverage gap—the dreaded “doughnut hole”—is hurting you. Annually, about one-quarter of Part D enrollees fall into the gap, paying so much more for brand-name meds that some people stop taking them altogether. Only 4 percent make it across the gap to the other

side, when costs drop substantially.

There is good news at press time: AARP has endorsed an agreement—brokered by Senator Max Baucus (D-Mont.)—between President Obama and U.S. drug manufacturers, who have offered to pay half the costs for most people who reach the coverage gap, as part of health care reform legislation. This could take effect as early as July of next year. (For more information on dealing with the doughnut hole, see “Drugs for Less,” on page 70.)

Another serious problem we've been hearing more about lately is that of hospitals discharging older patients without any follow-up, or “transitional,” services. One of every five Medicare beneficiaries is readmitted within 30 days of discharge; and one of every three, within 90 days—often because of poor communication between patients, caregivers, and health care providers. We need a benefit in Medicare to help people safely transition to home or another setting to prevent costly and unnecessary hospital readmissions.

Our work is to see that you get *more* from health care reform, not less. You deserve the peace of mind of knowing you will always have quality, affordable

care. But we need your support to persuade Congress to act on AARP's commonsense health care reform priorities. Please visit our health care reform website—healthactionnow.org—to see how you can make a difference in getting to needed solutions.

—Jennie Chin Hansen, President

HAVE A QUESTION ABOUT AARP?

Send it to Dear Jennie, AARP, 601 E St. NW, Washington, DC 20049, or e-mail DearJennie@aarp.org. And check out Jennie's blog at shAARPsession.com.

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