

**NEW MEMBERS OF THE 111TH CONGRESS:
PROFILES OF HEALTH AND MEDICAL EXPERIENCE**



FRESHMAN

House Members

District 2 Alabama

Bobby Bright (D)



Bright was the Mayor of Montgomery from 1999 to the present. He is the first Democrat to capture this seat in half a century and is pro-life.

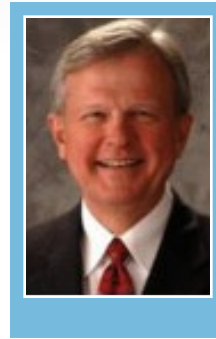
Bright supports the continuation of the State Children's

Health Insurance Program (S-CHIP) to the extent that it is available to the children of families who cannot afford health insurance. He also supports rural hospitals to ensure that the federal government fully reimburses Medicare and Medicaid costs.

In Montgomery, he introduced a first-of-its-kind program—that has received national attention—to reduce the cost of prescription drugs for city employees and retirees. Now, in Montgomery, employees and retirees may participate in an international prescription drug purchasing program and receive drugs at no cost. The program has saved the city of Montgomery between \$300,000 and \$500,000 each year.

District 5 Alabama

Parker Griffin (D)



Griffin has served as an Alabama state Senator since 2006. His healthcare focus is affordability and access to care.

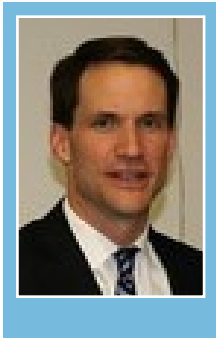
As an Oncologist who has spent much of his life treating cancer patients, Griffith

pledged to focus his congressional labors on access to and affordability of healthcare. As a doctor, he had a rule that no patient would be turned away because they could not pay. In Congress, his goal will be to work across party lines to achieve real healthcare solutions so all Americans can get the care they need when they need it most.

Griffin feels the key to a successful healthcare system is increased access to care for all Americans so they can get the tests, care, and preventive medicine they need to improve their lives.

District 4 Connecticut

Jim Himes (D)



Himes was born in Peru in 1966. He was a Rhodes Scholar in 1990, and prior to the election was an affordable housing non-profit executive.

For healthcare, he wants a hybrid public-private system that

improves efficiency and offers universal healthcare. He pledged to aggressively pursue healthcare reform that covers all Americans and reduces costs in the system by creating a basic coverage plan offered to everyone. Additionally, he pledged to work for reform that includes: creating subsidies for those who can not otherwise afford healthcare, shifting our emphasis from disease care toward prevention and healthy living, practicing evidence-based medicine, and putting technology and administrative standards in place to reduce staggering overhead costs.

District 8 Florida

Alan Grayson (D)



Alan supports increasing federal funding for stem cell research to try to develop cures and therapies for diseases like Alzheimer's and cancer. As a founder and officer for 20 years of the Alliance for Aging Research, Alan has

devoted himself to better care for seniors and others. A top concern for Grayson is improving elder care and benefits for senior citizens. He recommends eliminating double taxation of Social Security benefits and expanding Medicare coverage for hearing aids, eye care, and more prescription drugs.

As a child, Alan suffered from severe asthma attacks and remembers his parents worrying about having enough money to take him to the doctor and get him the medicine he needed. He believes strongly that no parent should have that burden. There should never be a child in America who can not see a doctor or get the care he or she needs because parents are poor.

Grayson supports expanding healthcare coverage to all Americans and ensuring that all citizens have the power to choose their own medical providers.

District 1 Idaho

Walter Minnick (D)



Minnick has national political experience. He was the deputy assistant director of the White House Office Of Management and Budget from 1972 until 1973. During that time, he helped found the Drug Enforcement Agency. He served

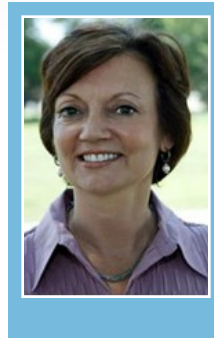
as a staff assistant to the White House Domestic Council from 1971 until 1972. Minnick was a Republican until 12 years ago.

At age nine months, Minnick's son Dixon was diagnosed with a life-threatening congenital heart defect. He received excellent care locally followed by 13 hours of surgery in Chicago. After six months, his son was discharged – and Minnick had a \$600,000 medical bill. His company's health insurance covered almost all the bills.

Minnick believes no American should go into debt or bankruptcy because of illnesses or injury. His company maintained drastically reduced deductible and reasonable co-payment costs for all of their employees. He wanted to make sure everyone – even cashiers and janitors – had reasonable and affordable healthcare.

District 11 Illinois

Debbie Halvorson (D)



Halvorson served as an Illinois state Senator since 1996 and was majority leader since 2005.

Her mother was a breast cancer survivor who struggled to find healthcare coverage. Halvorson created a

program that offered every senior citizen and disabled person in Illinois cheaper prescription drugs. She also supported legislation to help Illinois children and low-income families obtain affordable health insurance.

She believes small businesses should be able to bargain collectively for lower premiums on their employee health benefits. She also wants to strengthen Medicare by allowing the Federal government to negotiate with drug companies for lower prescription drug prices.

Debbie has received numerous awards for her leadership on healthcare:

- Freshman Legislator of the Year by the Illinois Health Care Association.
- Distinguished Legislator of the Year from the National Alliance of the Mentally Ill.
- Outstanding Legislator of the Year from the Illinois Hospital and Health Systems Association.
- Legislator of the Year by the South Suburban Area on Aging.

District 2 Kentucky

Brett Guthrie (R)



Guthrie was a state Senator from 1999 to the present. Guthrie is a West Point graduate and served on active duty as a field artillery officer with the 101st Airborne Division.

Guthrie believes we need more competition in the health insurance

market to help lower costs and strongly opposes a federal government takeover of healthcare. He also supports lawsuit reform to keep trial lawyers from driving up the cost of healthcare, and he supports reforms to give consumers more choices. He opposes government-provided healthcare and says he wants to work to increase competition in the health insurance market.

District 9 Louisiana

Bill Cassidy (R)



Cassidy served as state Senator from 2006 to the present. As a physician, one of his top priorities is healthcare. He has learned that any solution to the healthcare crisis must address access, cost, and quality. He advocates for portable insurance, more

competition among insurers, and the establishment of insurance pools to expand choices for consumers.

Cassidy first decided to run in a special election for the state Senate after Louisiana was devastated by Katrina. In the days after the storm, he led a group of volunteers to convert an abandoned building into a makeshift field hospital where several hundred evacuees were treated. Cassidy hopes to continue to work as a doctor in Louisiana.

Cassidy has a long history of health care service:

- He has worked in the Charity/Public Hospital System and private practice for 20 years treating the uninsured and the under-insured.
- He co-founded a clinic which provides free dental and medical care to the working uninsured.
- He developed a public health program giving free hepatitis B vaccinations to 36,000 school children.
- He opposed rebuilding the \$1,400,000,000 Charity Hospital in New Orleans because of lopsided spending of need to per capita ratio.
- He is a teacher at Louisiana State University Medical School.

District 1 Maine

Chellie Pingree (D)



Pingree was the President of Common Cause from 2003 until 2007. She was a state Senator from 1992 until 2000 – serving as majority leader from 1996 until 2000.

She intends to use her position to lead the development of affordable healthcare and to push for legislation to lower prescription drug prices — a personal endeavor she adopted after witnessing her brother’s struggle with terminal cancer. Pingree believes not-for-profit health insurance works - public insurance like Medicare and S-CHIP are successful federal/state partnerships that deliver a high quality product at a much lower cost. Pingree thinks that Medicare and S-CHIP should add new products offering affordable coverage choices for every American family. She believes tax credits should be offered to small businesses that provide coverage to their employees, as well as to working families to cap their expenses at a percentage of income.

Pingree supported H.R. 676, the United States Healthy Insurance Act, sponsored by Representative John Conyers (D-MI). H.R. 676 is a proposal for a single-payer healthcare system in America. When no profit is taken, costs can be even lower.

Pingree Record on Healthcare and Public Health:

- Sponsored and passed Maine Rx, which allowed Maine to negotiate directly with drug companies to secure the lowest prices possible.

- Sponsored Maine’s Patients’ Bill of Rights.
- Commitment to mental health parity.
- Sponsored legislation to create Office of Women’s Health.
- Co-sponsored legislation to create the Fund for a Healthy Maine from Maine’s share of the national tobacco settlement. It funds a variety of programs to prevent disease and promote good health, including Maine’s award-winning tobacco prevention and treatment program that has reduced youth smoking rates by over 60%.
- Fought to improve nursing home and long-term care and reduce overall healthcare costs for seniors.
- Opposed the sale of Maine’s only non-profit health insurer, Blue Cross and Blue Shield of Maine, to the for-profit insurance company, Anthem.
- Received several awards for work on healthcare policy, including Families USA and Center for Policy Alternatives.

District 3 Minnesota

Erik Paulsen (R)



Since 1994, Paulsen was a member of the state House and served as Majority Leader from 2003 until 2007.

He thinks consumers need more choice and freedom so they can have greater control over their healthcare.

Paulsen does not think government-run healthcare is the answer. He feels it will restrict patient choice, stifle quality, hurt the creativity and innovation which has brought us medical advances and will raise costs dramatically. Doctors and healthcare professionals should be in charge of patient care, not insurance companies or the government.

He also supports an increased focus on health information technology (electronic medical records/ e-prescribing). He believes we should use secure technology to help lower costs and improve quality for better outcomes for patients.

District 3 New Jersey

John Adler (D)



Since 1991, Adler served as a state Senator as well as the chairman of the Democratic Conference from 2002 until 2003. When he left the Senate he was chairman of the Senate Judiciary Committee.

In the State Senate, he was a vocal supporter of embryonic and cord stem cell research, helping to make New Jersey a leader in the country on the issue. In Congress, he pledged to continue to support stem cell research. Adler supports accelerated investment in information technology to reduce medical, hospital, and pharmaceutical errors. He favors tuition assistance and loan reduction for medical students pursuing pediatrics and family practice to ensure a steady supply of trained doctors to help America's families.

In the New Jersey Senate, he voted in favor of expanding the FamilyCare program, which provides health benefits for families, and he has sponsored legislation to establish incentives for corporations to provide health insurances for their employees.

In Congress, John Adler pledges to continue to support the reauthorization of S-CHIP through 2012. He also pledged to help pass bipartisan legislation such as H.R. 976, the Children's Health Insurance Program Reauthorization Act.

District 2 New Mexico Harry Teague (D)



Teague's father became ill when he was 17. His family did not have insurance so Teague went to work in the oil fields to help provide for his family.

Teague supports a program that would allow Americans to

buy coverage through the same plan as members of Congress.

Teague supports a repeal of the law that prevents Medicare from negotiating drug costs with drug makers and empowers states to use Medicaid's leverage to purchase drugs at lower prices. Once in Congress, he will also support the safe importation of prescription drugs from Canada and Mexico.

District 3 New Mexico Ben Ray Lujan (D)



Lujan served as Public Regulation Commissioner. He speaks of his first hand experience helping patients who have been "victimized by insurance companies that refused to pay their medical bills." He often sites the case of

a woman who contracted endometriosis and was treated for infertility. Her health-insurance company refused to pay her medical claims because they claimed, wrongly, that the infertility was a pre-existing condition. Because of his efforts as the PRC, the insurance company was forced to pay what it owed after an investigation reviewed the company's denial of coverage.

Joining with his fellow commissioners, Lujan developed legislation that expands coverage and closes loopholes the industry had used to unfairly refuse payment on medical claims. The legislation -- Senate Bill 226 -- was recently signed into law by Gov. Richardson. New Mexico is one of the first states in the country to enact such legislation. But Lujan promises this is only a first step.

District 21 New York

Paul Tonko



Tonko was a member of the state Assembly from 1983 until 2007.

He is a supporter of a single payer national health insurance program that covers every American regardless of their employment status or

age. In 1992, Tonko co-sponsored and voted for a bill in the New York State Assembly that would have established a single payer health insurance system in New York. His support of a single payer health insurance plan is largely because he is convinced it will save hundreds of millions of dollars a year by reducing overhead and ensuring timely access to care. Additionally, the overhead costs at HMO's are estimated at between 13% and 20%, while overhead costs for Medicare and single payer programs in other countries are below 3%. Further, doctors and hospitals are forced to hire additional staff to deal with the multitude of different insurers. By cutting this hundreds of millions of dollars in waste, Tonko feels that healthcare coverage can extend to every American.

Tonko also authored "Timothy's Law" mandating insurance coverage for mental health. Timothy's Law mandates that insurance providers covering any healthcare services must also provide coverage for mental health and substance abuse services, and that coverage and cost must be 'on par' with all other healthcare services covered under such policy.

District 29 New York

Eric Massa (D)



In 2004, Massa was a staff person for the Wesley Clark for President campaign and a professional staff member for the U.S. House Armed Services Committee in 2003.

Massa retired from the Navy in 2001 after a diagnosis of terminal non-Hodgkins lymphoma and underwent active treatment. While in follow-up treatment, he worked at Corning Inc. Following his treatment, Massa worked on the House panel, commuting from New York during his tenure. Massa says these experiences convinced him that the healthcare system needs a massive overhaul.

Massa supports the idea of a single-payer healthcare system in which the doctor-patient relationship remains personal and private, but costs and payments are centrally managed. He feels this approach can reduce overhead and operational costs. He believes this plan would encourage preventive healthcare and dramatically simplify paperwork and reimbursement processes.

District 16 Ohio

John Bocchieri (D)



Bocchieri was a member of the state House from 2000 until 2006. He served in the state Senate from 2006 to the present.

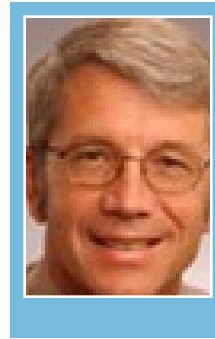
His focus on healthcare reform is to lower costs and increase access. He supports a combination

of public and private solutions that will put decisions about healthcare in the hands of doctors and patients. Additionally, Bocchieri feels a way to enhance care and dramatically cut cost is by focusing on prevention. He would prefer to shift the focus to prevention by offering incentives to seek preventive care and live healthier lifestyles. Bocchieri feels that improving the efficiency of chronic care is vital to lowering overall healthcare costs. He wants to promote care management programs that help ensure proper and continuous care for chronic conditions.

Bocchieri also sees the need to eliminate restrictions on government negotiations of prescription drug prices and other measures that will help bring down the cost of medicines. An example he uses is the use of electronic medical records (EMR) to reduce healthcare paperwork and decrease the accidents and errors that arise when a healthcare provider doesn't know a patient's medical history. Bocchieri feels that investment in developing and implementing innovations like EMRs can both improve care and reduce costs.

District 5 Oregon

Kurt Schrader (D)



Schrader has been a farmer and a veterinarian. He has been a state Senator since 2002. He served as co-chairman of the Ways and Means Committee from 2003. He was a member of the state House from 1996 to 2002.

As a State Senator, Schrader has done a great deal to improve healthcare in Oregon. He helped pass legislation that requires insurance companies to cover vital preventative services including: mammography, cervical cancer screening, clinical breast exams, and prostate exams.

He has worked protecting services for seniors. That included establishing a permanent, stable funding source for Oregon Project Independence, which provides home care assistance that allows seniors to stay living independently in their homes instead of being forced into expensive nursing homes. This program not only helped seniors, but saved tax dollars as well. He also protected senior's access to long term care. Schrader created the bulk purchasing program that allows low income seniors to pay less for their prescription medicines. And he co-sponsored the bill to expand the program to all Oregonians without prescription drug coverage.

District 3 Pennsylvania Kathy Dahlkemper (D)

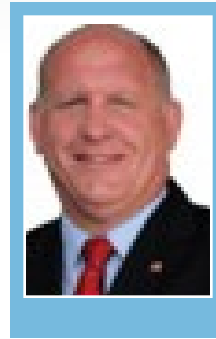


Dahlkemper has a unique insight into healthcare. She began her career as a Clinical Dietitian, after receiving her Bachelor of Science in Dietetics from Edinboro University. And as a small business owner, she has come to understand

healthcare from an employer perspective. Dahlkemper offered healthcare to her employees in an industry where many employers do not.

Dahlkemper focused her healthcare reform efforts on the importance of covering all children. She thinks it is inexcusable that there are uninsured children in our country and that we cannot allow the debate for the 'right' system to delay covering our children.

District 5 Pennsylvania Glenn Thompson (R)



Thompson is a 26-year veteran Susquehanna Health Rehab Services Manager. He has served as the Centre County Republican Chairman and on the Republican State Committee for six years.

One of his areas of reform is improving Medicare payouts for rural providers. Thompson feels the discrepancy between payouts for urban and rural providers is stark and needs to be corrected. Many of the patients in rural hospitals rely on Medicare and Medicaid for their coverage and as the population ages, the contrast will become more apparent. If the payout system is not improved hospitals run the risk of closing and as transit time increases we add unnecessary cost and risk to patients in need of care.

He is also interested in lowering costs to providers. He believes the liability systems make physician retention difficult, due to the burden of malpractice insurance.

Thompson does not support Universal Health Care. He feels that healthcare can be extended to more people if limits are placed on some of the unwieldy cost systems that exist in our health practices.

Thompson is also concerned about maintaining the solvency of Medicare. As the number of Medicare recipients increases and the paying population dwindles, he feels the government must stop raiding the fund and adding unnecessary costs to the program.

District 1 Tennessee Phil Roe (R)



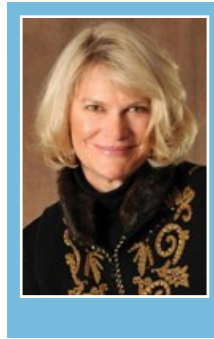
Phil Roe is a physician and was Mayor of Johnson City from 2007 until 2008. From 2003 until 2007, he was Vice Mayor of Johnson City and he also served on the City Commission from 2003 until 2008.

Roe believes that a government-run healthcare system is not the answer, and that free market ideas and competition can help rein in escalating healthcare costs. He feels that Medicare and Medicaid are vital federal government programs that serve the needs of those Americans, who qualify, but much can be done to streamline the paperwork and the excessive administrative burdens associated with them.

An Army veteran, Roe has practiced gynecology for more than 30 years. In his 2006 campaign, Roe touted his medical experience and called for healthcare reform that included medical malpractice reform. Roe retired after practicing medicine for 31 years.

Roe wants to draw attention to health risks such as obesity and smoking and improve healthcare access without adding government paperwork or rules. Given his medical background -- and the fact his district houses drug manufacturers and a major medical hub at East Tennessee State University -- a natural fit for him could be the House Energy and Commerce Committee.

District At-Large Wyoming Cynthia Lummis (R)



Lummis was the state Treasurer from 1998 until 2006. From 1992 through 1994, she served in the state and was a member of the state House from 1984 until 1992 and before that time from 1978 until 1982.

Lummis supports Senator Enzi's ten point plan for healthcare reform. Lummis believes families should be in charge of their healthcare dollars, not the government. She supports changing the tax code to make all healthcare expenses tax-deductible thus eliminating the special treatment afforded to employer-provided healthcare plans and leveling the playing field for families and individuals.

Lummis believes families should be able to purchase health insurance nationwide, across state lines, which will foster increased competition for insurers and lower costs for families. She also believes individuals should be able to get health insurance through organizations or associations that cross state lines and that those policies should be transferable across all jobs. Lummis supports the development of routes for the sale of safe, less-expensive generic drugs, the development of tax-advantaged healthcare savings accounts, and private sector solutions to affordability and accessibility.

FRESHMAN

Senate Members

Colorado

Mark Udall (D)



Udall served as a member of the U.S. House of Representatives from 1998 until the present.

In the House, Udall was a supporter of the Patients' Bill of Rights, but he wants to make sure the 45 million

Americans who are uninsured have access to coverage. He believes that universal health coverage is achievable by providing tax credits for low and moderate income workers/families, expanding group purchasing pools that mirror the federal employees' health plan, and creating a requirement that all Americans get health coverage, with support for employers so they can provide health care coverage. He believes the health insurance options that are available to Members of Congress ought to be made available to every American.

On Medicare, Udall wants to reform the Medicare Law signed in 2003 – repealing and replacing what he considers the worst parts of the law, including closing the “donut hole” and a ban on Medigap policies. He also supports legislation that will allow Medicare recipients more physician access. He believes that reforming the audit process and making some broad regulatory reforms, changing billing practices, and increasing education and communication to educate providers about proper documenting and billing procedures will help reach that goal. He also supports rolling back the physician payment cuts that took effect in January 2006.

Udall is a strong supporter of the S-CHIP program, including making it easier for states to provide prenatal care under the program.

Mark Udall's father, the late Morris K. Udall, represented Arizona in the House for three decades. His father suffered from Parkinson's and the Parkinson's Action Network hosts their annual dinner in his honor.

Udall has a long history of healthcare reform in the House. His highlights include the following votes:

- Voted YES on giving mental health full equity with physical health.
- Voted YES on adding 2 to 4 million children to S-CHIP eligibility.
- Voted YES on requiring negotiated Rx prices for Medicare part D.
- Voted NO on limiting medical malpractice lawsuits to \$250,000 damages.
- Voted NO on allowing re-importation of prescription drugs.
- Voted NO on small business associations for buying health insurance.

Established a national childhood cancer database – Udall co-sponsored establishing a national childhood cancer database and sponsored the Conquer Childhood Cancer Act of 2007.

New Mexico

Tom Udall (D)



Tom Udall was a member of the U.S. House of Representatives from 1998 until the present.

Tom Udall's uncle, the late Morris K. Udall, suffered from Parkinson's and the Parkinson's Action

Network hosts their annual dinner in his honor.

Udall feels the U.S. should allow the re-importation of drugs from other countries and the government should be allowed to negotiate with the drug companies to lower prescription drug costs.

He cosponsored H.R. 676, which would establish the United States National Health Insurance (USNHI) program which would provide health care to all individuals residing in the U.S. and its territories. Coverage would include primary care, prevention, prescription medicines, emergency care and mental health services, and would leave patients free to choose their physician and other clinicians, hospitals, and inpatient care facilities.

Udall also supports the idea of tax credits for businesses that offer wellness and preventative health programs. Udall states the goal should be universal access for everyone and he supports the idea of making the plan that members of Congress benefit from available to small businesses. He also supports expanding the State Children's Health Insurance Program (S-CHIP) to cover all children.

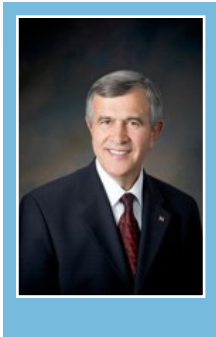
To alleviate the growing problem of the uninsured, Udall supports allowing every American over the age of 55 to buy into the Medicare insurance coverage at a fixed cost.

Udall's support of healthcare reform was extensive during his tenure in the House. His highlights include the following votes:

- Voted YES on giving mental health full equity with physical health.
- Voted YES on adding 2 to 4 million children to SCHIP eligibility.
- Voted YES on requiring negotiated Rx prices for Medicare part D.
- Voted NO on limiting medical malpractice lawsuits to \$250,000 damages.
- Voted YES on allowing re-importation of prescription drugs.
- Voted NO on small business associations for buying health insurance.

Nebraska

Mike Johanns (R)



Johanns served as the U.S. Secretary of Agriculture from 2005 until 2007. Prior to that, he was Governor of Nebraska from 1998 until 2005. He served as Mayor of Lincoln from 1991 until 1998.

His healthcare initiative has three important principles: accessibility, affordability, and portability. He wants to avoid a national one-size-fits-all government-mandated approach.

Johanns will work to provide individuals and families affordable access to quality healthcare and opposes a single-payer government run program. He will advocate for healthcare policies to be tax deductible if purchased by an individual or family and allow small businesses to form alliances to purchase care at the lower cost offered to larger companies.

He supports a rational approach for utilizing the proceeds from the tobacco settlement. He proposes that a major endowment be dedicated to biomedical research while leaving the majority of the tobacco funds for significant public health needs.

He also supports the following issues:

- A federal/state partnership to assist in providing healthcare coverage for the uninsured that assists in paying for private insurance premiums, co-pays and deductibles as a supplement to existing Medicaid, Medicare, and private insurance pay plans.

- Healthcare reform that places an emphasis on community-based healthcare programs that encourages better health habits and preventative healthcare. This should be done at the state level.
- A change in legislation to allow for an average daily census calculation instead of an absolute cap on the number of beds allowed, giving Rural Critical Access Hospitals more flexibility in managing their resources.
- Work to encourage investment in the use of electronic medical records and Telemedicine Programs that improve service delivery and diagnosis while bringing specialty care and mental health services to all parts the country.
- Legislation that works toward mental health parity.
- Allowing consumers to deduct the cost of healthcare premiums from their income for federal tax purposes.
- Portability of healthcare plans.
- The Children's Health Insurance Program.

New Hampshire

Jeanne Shaheen (D)



Jeanne Shaheen served as governor of New Hampshire from 1996 until 2002.

Shaheen supports a healthcare system that incentivizes wellness, not illness. She believes in retooling the current healthcare system to

place greater emphasis on preventive care and chronic disease management. Shaheen believes in a universal healthcare system to cover every single American. She will lead the fight to reduce healthcare costs by increasing access to preventive care; moving to electronic medical recordkeeping; and taking on the big drug companies to allow the importation of safe drugs from Canada.

Shaheen also supports investment in new healthcare technology. Digitizing health information reduces duplication, avoids errors, allows providers to use data to improve their patients' outcomes and reduce costs and improves quality reporting and research into the effectiveness of different treatments. Transferring medical records to an electronic format lowers costs and increases efficiency.

As governor, she also supported the establishment of a healthcare tax credit for small businesses. She proposed a tax credit of up to 50 percent on premiums paid by small businesses that pay for at least 60 percent of their employees' healthcare premiums and are located in states like New Hampshire where

insurance companies are barred from discriminating against businesses that have sick workers.

Shaheen supports reimportation prescription drugs from Canada and will push to end patent abuses that prevent cheaper generic drugs from coming to market. Shaheen will also fight to allow Medicare to negotiate with drug companies for lower drug prices to ease the burden on seniors.

North Carolina

Kay Hagan (D)



Hagan served in the state Senate from 1998 to the present.

Kay Hagan was a strong supporter of healthcare reform in the state Senate. Under her leadership, North Carolina extended health insurance to

uninsured children, expanded preventive and primary care for uninsured patients in rural North Carolina, and fought to end insurance discrimination against mental health care. Hagan believes that by investing in higher quality and more efficient care, focusing on keeping people healthy instead of only treating them when they are sick, and streamlining the system to cut down on costs and waste, healthcare can be more affordable and accessible for families and businesses.

She has been a strong advocate for cancer research and prevention efforts. In the state Senate, she supported legislation that provided \$300 million for cancer research and treatment. She also supported \$12.4 million for a new building to house NC Central University's Biomanufacturing Research Institute and Technology Enterprise (BRITE), which is focused on developing tailor-made drugs for patients and creating new and better treatments and cures for genetic and acquired diseases. She believes Congress should restore full funding for the National Cancer Institute to ensure a coordinated approach for cancer research and prevention activities.

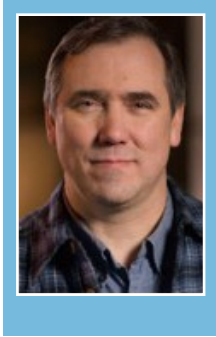
In the U.S. Senate, she will support legislation that promotes the development of uniform standards for electronic health records and creates incentives for healthcare providers to adopt health information technology. She will also support grants for regional health organizations to buy and use information technology for medical records.

In the U.S. Senate, Hagan will advocate to replace the current Medicare reimbursement formula with new long-term guidelines that provide adequate reimbursement and predictability under Medicare and TRICARE. Further, she recognizes the special needs facing communities with large military populations, where TRICARE patients can receive basic care on bases but often need to leave the base to access specialty doctors or treat children with special needs. Some specialists limit the number of TRICARE patients they treat because of the added administrative burdens. She believes we must streamline the TRICARE system to reduce the administrative burden. She would also explore options for incentivizing specialists in military communities to accept more TRICARE patients, ensuring that service-members and their families can get access to needed care quickly without being forced to travel hundreds of miles.

Hagan will sponsor legislation that allows Americans ages 55-64 who do not have access to a group or federal health insurance plan to buy into the Medicare system, which will prevent and detect illness and reduce costs when they finally enroll in Medicare at age 65.

Oregon

Jeff Merkley (D)



Since 1998, Merkley has served as a member of the Oregon House. He served as the speaker from 2007, and minority leader from 2003 to 2007.

Merkley gets his perspective on healthcare from his wife, Mary, a

professional nurse who sees the system through the eyes of patients and their families. Mary currently works at Providence Portland Medical Center.

Merkley pledges to fight for universal access to affordable, quality healthcare coverage. One of his first acts in the Senate will be to sign on as a cosponsor of Oregon Senator Ron Wyden's healthcare bill, the Healthy Americans Act. The Healthy Americans Act would guarantee that every American receives universal, affordable, comprehensive, portable, and high-quality health coverage.

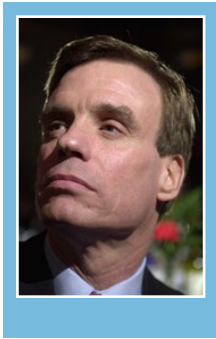
Merkley also strongly supports the Capps Nurse Reinvestment Act (House legislation) and would sponsor similar legislation in the U.S. Senate. This plan establishes a National Nurse Service Corps to provide educational scholarships to nurses that commit to serve in a health facility determined to have a critical shortage of nurses.

Grants would also be available to help individuals at any level of the nursing profession—from a nursing aide to an individual pursuing a doctoral degree. The bill also provides funding for public service announcements and supports nursing recruitment grants

for educational facilities. In addition, it would expand Medicare and Medicaid funding for clinical nursing education and reimburses some home health agencies, hospices, and nursing homes for nurse training.

Virginia

Mark Warner (D)



Mark Warner was Governor from 2001 until 2005.

During his term in office, Warner changed the state's health insurance program for children -- Family Access to Medical Insurance Service (FAMIS).

Almost 138,000 additional children were covered by health insurance through FAMIS.

In 2003, Warner announced a series of reforms in the Commonwealth's approach to the treatment of mental health and mental retardation. His proposal redirected millions of dollars annually from state mental health institutions to community service boards. The goal of this transfer was to offer more patients care at home and in the community – not in large institutions.

The reforms included funds to replace two outdated state hospitals and two aging state training centers with smaller, state-of-the-art treatment facilities. At the same time, he proposed \$116 million in new funding for community-based care for behavioral health services. By the end of his term, reforms served an average of 10,000 people in the community.

To address the growing incidence of obesity, heart disease, diabetes, and other preventable diseases, Warner launched the Healthy Virginians initiative in 2004. Healthy Virginians was a comprehensive program aimed at encouraging healthier lifestyles among state employees,

promoting exercise and proper nutrition among Virginia's school children, and improving the healthcare of Virginia's Medicaid population.

Healthy Virginians used a number of measures to achieve these goals, including: a new emphasis on walking for all targeted groups, a statewide Disease Management Program for Medicaid beneficiaries suffering from coronary disease, and an increased emphasis on healthy cafeteria options and physical education for school children.