

Georgia's Nominees for United States Senate Address Our State's Most **Critical Health Challenges**



Ms. Michelle Nunn



Mr. David Perdue

Election Guide 2014

UPDATED
SEPTEMBER
2014

Healthcare Georgia Foundation
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About Election Guide 2014

Healthcare Georgia Foundation is pleased to present *Election Guide 2014: Georgia's Nominees 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.

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.

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Once candidates Michelle Nunn and David Purdue secured their respective party's nominations, each was asked to respond to two follow-up questions. Their unedited responses are captured in this publication, along with their responses to the seven questions they were asked during the primaries.

Follow-Up Question #1

Of Georgia's 159 counties, 109 are classified as rural. The small towns and communities in these regions of the state are facing a healthcare crisis – hospital closings, workforce shortages, and often worse-than-third-world health outcomes, among others. What are your priorities specifically aimed at addressing the healthcare issues of rural Georgia?

Follow-Up Question #2

Whether the U.S. Senate stays Democratic or flips to Republican control next year, it is expected that the majority party will enjoy a very slim margin. The illustration from the Pew Research Center demonstrates that members of both the House and Senate have grown increasingly more ideological in their voting patterns. What ideas or programs to address healthcare access do you propose that could also attract the support of senators and citizens of the other party?

We are deeply indebted to each of these nominees—one of whom will be our state's Senator, and each of whom is 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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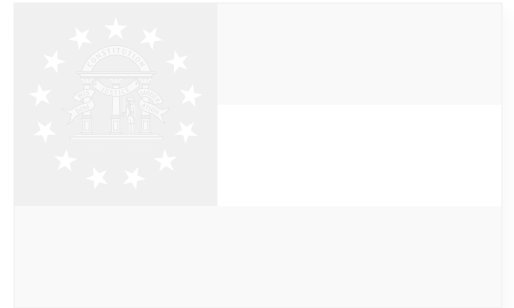


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An electronic version of the Election Guide is available at www.healthcaregeorgia.org.

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.



Michelle Nunn – Democratic Nominee

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.

Once candidates Michelle Nunn and David Perdue secured their respective party's nomination, each was asked to respond to two follow-up questions. The nominees' unedited responses to the new questions are captured below, along with their responses to the seven questions they were asked during the primaries.

Follow-Up Question #1

Of Georgia's 159 counties, 109 are classified as rural. The small towns and communities in these regions of the state are facing a healthcare crisis—hospital closings, workforce shortages, and often worse-than-third-world health outcomes, among others. What are your priorities specifically aimed at addressing the healthcare issues of rural Georgia?

Addressing rural healthcare issues is a priority, as all Georgians should have access to high-quality healthcare. I am extremely concerned about the recent hospital closures in rural Georgia. These hospitals provided vital services to their community and their closures have decreased access to acute care and negatively impacted rural economies.

We must undo the cuts facing Georgia's hospitals due to the elimination of disproportionate share payments and our state's failure to expand Medicaid. Too many communities already lack access to prompt emergency care, and if these cuts are allowed to continue, the effect on Georgia's rural communities will be

devastating. Georgia must also expand its Medicaid program, which would enable over 600,000 low-income Georgians to sign up for Medicaid and allow rural hospitals to receive payments for services to people who were previously uninsured. By not expanding Medicaid, Georgia will lose \$33.7 billion in federal funding from 2013 to 2022, while our tax dollars are spent in other states.

And we need to create a new tier of lower-cost healthcare plans for places like southwest Georgia, which still faces some of the highest premiums in the nation. In the long term, the key to addressing rural healthcare issues is investing in preventive care. We need to continue helping Georgians take advantage of preventive health provisions that increase access to screenings, immunizations, and other health services. These preventive measures will help reduce healthcare costs and improve outcomes.



Follow-Up Question #2

Whether the U.S. Senate stays Democratic or flips to Republican control next year, it is expected that the majority party will enjoy a very slim margin. The illustration from the Pew Research Center demonstrates that members of both the House and Senate have grown increasingly more ideological in their voting patterns. What ideas or programs to address healthcare access do you propose that could also attract the support of senators and citizens of the other party?

Many of our political leaders are more interested in fighting each other than getting things done. I am running to

help put our nation back on a path of responsible governing. We need a Congress that works—that passes budgets and makes the tough decisions that are in the best of the country. I have a record of bipartisanship and plan on continuing to work with people of all political persuasions to solve problems.

When it comes to healthcare, we need to move forward and fix what's wrong with the healthcare law while keeping what's working. Solutions need to come out of bipartisan cooperation and should include creating a new tier of more

affordable plans, expanding tax credits available to help make coverage affordable to small businesses and reversing the cuts facing our rural hospitals.

All of these solutions are based on the real needs of Georgians, and I hope that members of both parties can come together to support expanding tax credit to entrepreneurs and working to save Georgia's struggling rural hospitals.

Please refer to the charts below for more information regarding Follow-Up Question #2.

In Congress As Well As Public, The Center Increasingly Cannot Hold

Ideological scores of senators and representatives based on roll-call votes. Negative numbers represent liberal views and positive numbers conservative views.

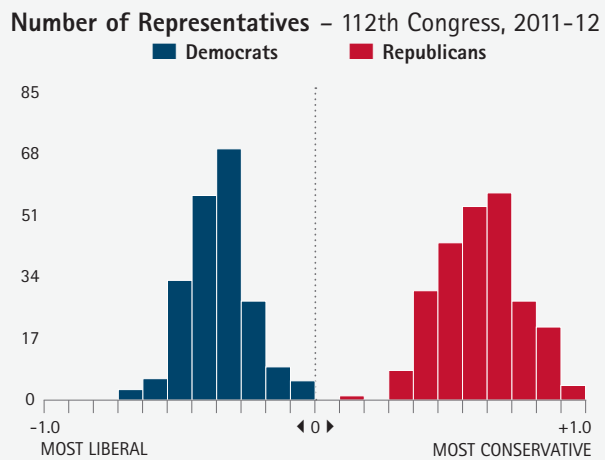
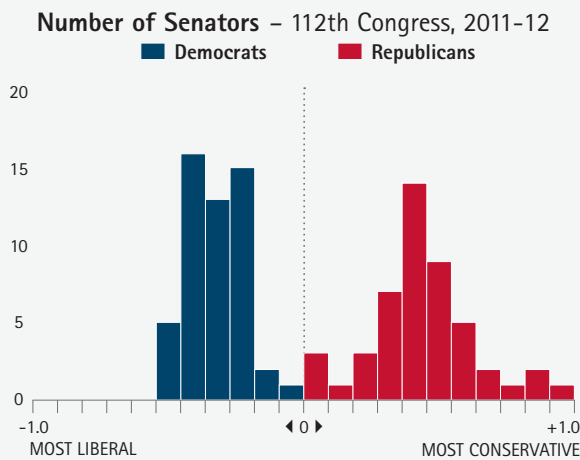
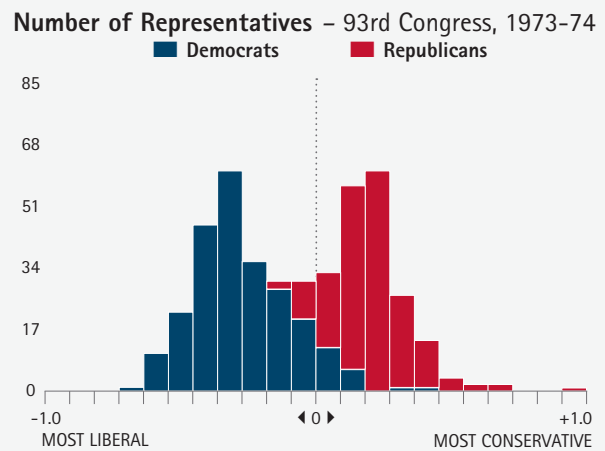
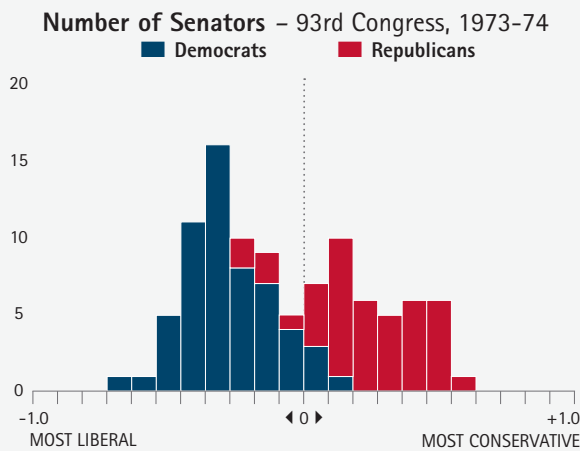


Chart sources: Royce Carroll, Jeff Lewis, James Lo, Nolan McCarty, Keith Poole and Howard Rosenthal, Voteview.com, Pew Research Center

Michelle Nunn, Democratic Nominee - *continued*

Prior to securing their party's nomination, each candidate responded to the following seven broad health questions between January–February 2014. The positions, opinions and policies of all the candidates were originally published in May 2014 and are presented precisely as they were submitted by each candidate.

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.

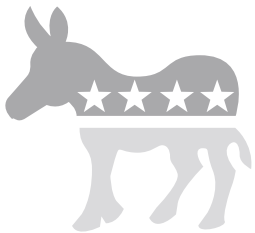
2 The United States has poor health outcomes and high healthcare expenditures when compared to other industrialized countries. What approach would you take towards improving outcomes and lowering costs?

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.

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 Nominee

Bio



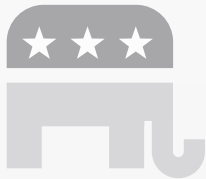
Recent Experience: Chairman and CEO, Dollar General, President and CEO, Reebok

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.



Once candidates Michelle Nunn and David Perdue secured their respective party's nomination, each was asked to respond to two follow-up questions. The nominees' unedited responses to the new questions are captured below, along with their responses to the seven questions they were asked during the primaries.

Follow-Up Question #1

Of Georgia's 159 counties, 109 are classified as rural. The small towns and communities in these regions of the state are facing a healthcare crisis – hospital closings, workforce shortages, and often worse-than-third-world health outcomes, among others. What are your priorities specifically aimed at addressing the healthcare issues of rural Georgia?

Obamacare worsened the healthcare crisis in rural Georgia by ending DSH payments, driving insurance companies out of many underserved areas, and causing healthcare premiums to spike on the remaining plans. As an overall strategy, I would push to enact Congressman Price's Empowering Patients First Act (H.R. 2300). An independent analysis estimated that it will save \$1.7 trillion over the next decade while reducing healthcare premiums more effectively than Obamacare.

Unlike the failed policies of the Obama Administration that uses state coercion to force compliance, I firmly believe in harnessing technology, financial incentives, and the free market in creating a sufficient market for hospitals, medical practitioners, and other parties to invest in rural America.

A reduction in the regulatory burden is also critical to assisting rural healthcare providers. Hospitals are often forced to spend as much time on federally-mandated paperwork as patient care. I trust our providers and would seek to lessen that burden.

Follow-Up Question #2

Whether the U.S. Senate stays Democratic or flips to Republican control next year, it is expected that the majority party will enjoy a very slim margin. The illustration from the Pew Research Center demonstrates that members of both the House and Senate have grown increasingly more ideological in their voting patterns. What ideas or programs to address healthcare access do you propose that could also attract the support of senators and citizens of the other party?

I will focus on common goals such as constraining the spiraling costs of healthcare, improving healthcare delivery

to our at-risk population groups, and tackling our future unfunded liabilities and entitlement programs. I simply have to look no further than a recent legislative achievement (“the Veterans Access, Choice & Accountability Act”) to see evidence of bipartisan cooperation on a healthcare initiative. Senator Sanders and Congressman Miller found common ground in reforming the Veterans Administration by attempting to provide better healthcare results for our military veterans. The bipartisan bill passed with wide margins in both the House and Senate.

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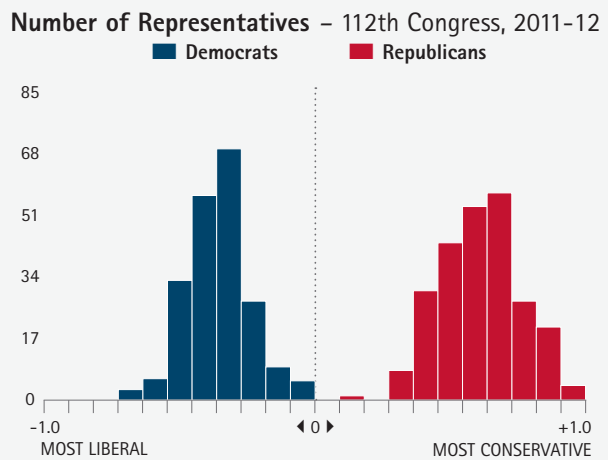
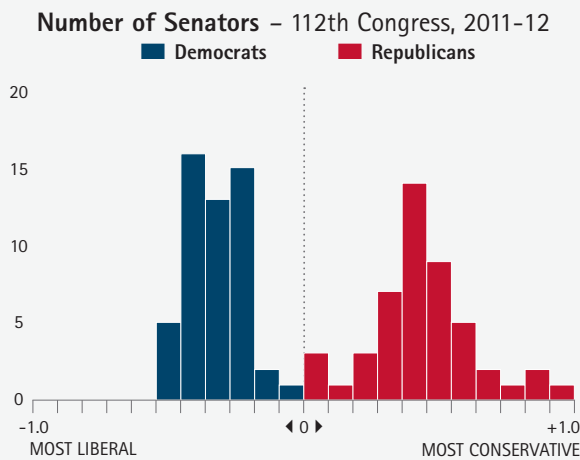
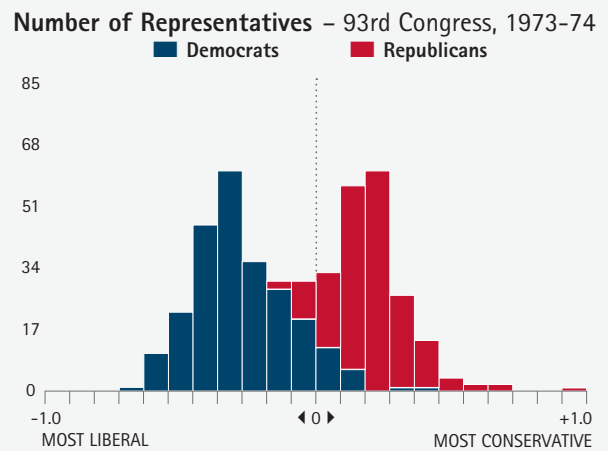
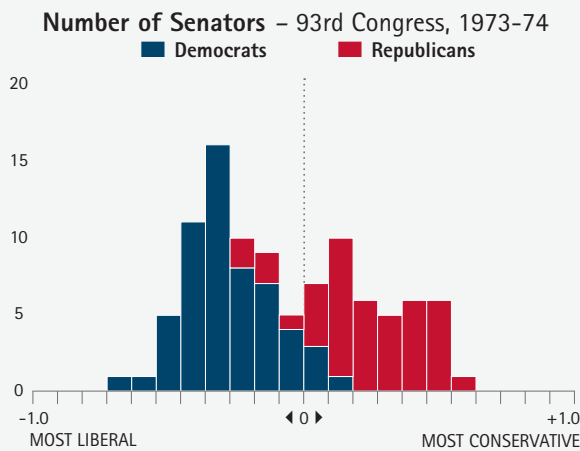


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David Perdue, Republican Nominee – *continued*

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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.

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?

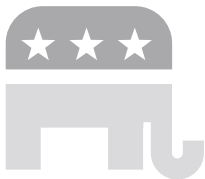
I believe in a safety net that provides help to those who have fallen on hard times through no cause of their own. I do not seek to repeal Medicare or Medicaid; I do seek to reform the programs so that they are sustainable for future generations.

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.

Healthcare Georgia Foundation
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Acknowledgements:

Mathews & Maxwell, Inc.
(Survey Development and Implementation)
Avatar Communications, Inc. (Graphic Design)

Recommended Citation:

Georgia's Nominees for United States Senate
Address Our State's Most Critical Health
Issues—Election Guide 2014—Updated September
2014, Healthcare Georgia Foundation, Publication
#88, September 2014.