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AARP Board of Directors
Congressional Black Caucus Political and
Leadership Institute
Health Care Reform Panel
Tunica (Robinsonville), Mississippi
August 15, 2009, 9:30am**

Good morning, everyone, and thank you to my representative and sister from St. Croix, the Honorable Donna Christensen.

What I've shown you on the screen, and what you'll read in your AARP brochures – this is what AARP is fighting for – it's what we know will improve health care for older Americans.

AARP believes health care reform should guarantee all Americans affordable, stable health care.

We want to preserve what's right with health care, and we definitely want to fix what's wrong.

But today, what we call a system is costly, wasteful, responsible for far too many avoidable mistakes, and gives tax payers too little value for the money we spend.

We can do better.

The debate over health care reform is intense. And the media is overflowing with arguments for and against reform.

In this atmosphere, AARP stands firmly for health care reform that protects and strengthens Medicare and guarantees dependable, affordable coverage for Americans age 50-64.

We will fight the good fight alongside all who believe that the time is now for reform – no matter what side of the aisle they're on.

One of the most shameful aspects of American health care is the persistence of ethnic and racial disparities.

African Americans and other diverse populations often receive less care *and* an inferior quality of care than their White counterparts.

This nation should not be home to health care 'haves' and 'have-nots.' The answer is reform. Reform that provides quality, affordable, accessible care to everyone – including people ages 50-64.

Reform that ensures individuals and families a choice of doctors and insurance plans.

And with reform, insurers *must not* be allowed to reject or overcharge anyone based on age, cultural background or health history.

We must get rid of the road blocks to good health for members of diverse communities, like the lack of accessible, consistent health care providers, lack of insurance and lack of access to affordable prescription drugs.

So, reform must also lower prescription drug costs, close the Part D doughnut hole, and make low cost generics more widely available.

And it must improve overall care. That means:

- people getting the right treatment at the right time;**

- **People getting appropriate educational information;**
- **and people getting proper follow up care so that once patients are discharged from the hospital they don't end up right back in the hospital.**

This doesn't happen often enough, especially for African Americans and Hispanics.

As a result, we see older Blacks getting fewer flu and pneumonia vaccinations than Whites.

We see older Blacks receiving fewer health screenings than Whites. And sadly, older Black diabetics lose limbs more frequently to amputations than Whites.

It's unacceptable. So AARP was very pleased to support Delegate Christensen's Health Equity and Accountability Act of 2009 – H.R. 3090 – to address racial and ethnic disparities and increase cultural competency among the health care workforce.

Now, as one of Delegate Christensen's constituents, I know she's working hard for me and our fellow Virgin Islanders.

One of the greatest burdens to us is our extremely low Medicaid cap – a cap lower than any of the states.

It's a cap that prevents many Medicaid eligible individuals from receiving the care they rightfully deserve.

The territories want parity.

As islands brimming with diverse cultural communities, we are suffering under this grave inequity.

So, as a Virgin Islander, I speak for many when I say we are grateful to Delegate Christensen for her leadership on parity for the Virgin Islands.

But AARP also supports parity for Puerto Rico and other U.S. territories, and we look to the Senate's HELP bill to help the territories receive health insurance subsidies.

I also want to acknowledge the bipartisan Medicare Transitional Care Act, sponsored by Representatives Blumenauer and Boustany, and Senators Shaheen and Collins.

The Act is a commitment to reducing hospital readmissions, improving quality care for Medicare beneficiaries and reducing wasteful spending in Medicare.

With 20 percent of older Americans – many of them African American – suffering from five or more chronic conditions, 75 percent of total Medicare spending is focused solely on them.

One of the biggest reasons: High rates of hospital admissions *and* readmissions. What we need is prevention not re-admission!

AARP wants to work with you, the President and all of Congress to create reform legislation that guarantees everyone a choice of affordable, dependable health insurance options.

We want reform that ensures dependable doctors are available to work with individuals and families to make the best possible treatment choices.

We want reform that guarantees that those options will stand even if someone loses their job or changes jobs.

[PAUSE]

Everyone deserves the right to speak freely – just as everyone deserves the right to health care.

But we must not be swayed by the falsehoods and misinformation that have led to disruption and anger in town halls across the country.

We must help our fellow Americans to understand the facts about health care and not to react out of fear.

Fixing what's broken about health care is not about politics, it's about people's lives.

It's about doing what's right for everyone, regardless of race, ethnicity, economic status, gender or anything else.

The time is now. We can't afford to wait and do nothing.

And *nothing* should prevent any American from having quality, affordable, accessible health care. Thank you.

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