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The Choice in Healthcare Act:

- ▶ gives seniors choice for first time since 1965
- ▶ encourages innovation
- ▶ empowers medical professionals
- ▶ delivers high quality care to low-income individuals
- ▶ achieves superior outcomes without raising costs
- ▶ is entirely voluntary



The Choice in Healthcare Act

"...because healthcare has changed a lot since 1965 but government programs have not."



**Congressman
Devin Nunes**



The **Choice in Healthcare Act** places control over healthcare firmly in the hands of patients.

It lifts low-income Americans out of the failed Medicaid system and instead gives them access to the same quality health coverage enjoyed by other Americans.

For Medicare beneficiaries the **Choice in Healthcare Act** will, for the first time since the creation of Medicare, allow seniors to select both the source of their health coverage as well as the benefits they receive.

The **Choice in Healthcare Act** injects innovation into the Medicare and Medicaid programs by forcing competition among plans and providers. Hospitals, doctors, and other providers will receive competitive payments for their services.

A Region Ready for Change

The eight county region of the San Joaquin Valley - encompassing San Joaquin, Stanislaus, Merced, Madera, Fresno, Kings, Tulare, and Kern - have demonstrably worse health outcomes than the rest of California and the nation overall.

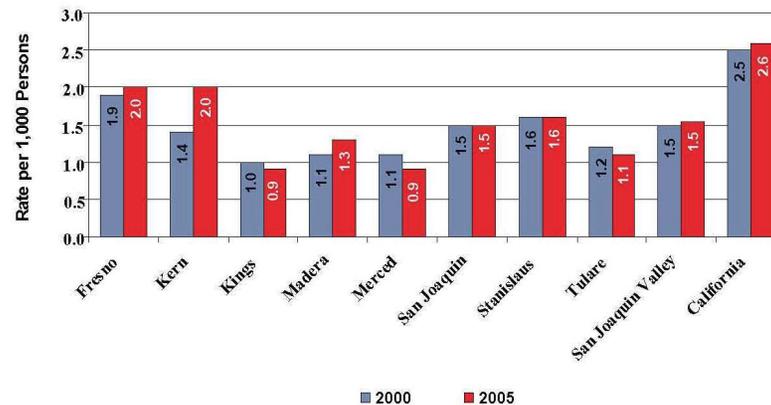
The region is disproportionately dependent on government services, including Medicaid, which have failed to meet basic expectations for the delivery of healthcare and have proven incapable of delivering the high standard of care expected and deserved by the people.

The **Choice in Healthcare Act** provides meaningful alternatives to government program beneficiaries and retired San Joaquin Valley residents where today they often have little or no choice. In doing so, the voluntary demonstration project will drive innovation and value based medicine.

Why The Choice in Healthcare Act?

- Dollars flow directly to beneficiaries rather than through the 64,700 federal bureaucrats who administer existing government health programs.
- The amount of money provided will be based on the relative health of the beneficiary. Those who face complex or chronic conditions will get additional assistance.
- Funds are made available on a monthly pro-rata basis ensuring premiums are paid each month. The difference between annual premium rates and the size of a given benefit will be realized in the form of health savings.
- Any savings realized by the beneficiary will accumulate indefinitely for expenditure on co-payments, co-insurance or other health costs.
- Each year, beneficiaries can opt to change health coverage. They cannot be denied coverage based on a medical condition.

Physicians and Surgeons, per 1,000 Persons, in the San Joaquin Valley and California, 2000 and 2005



Source: RAND California, 2005b.

For more information please visit:
www.nunes.house.gov/health