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July 13, 2012

The Honorable Thomas Coburn  
SR-172 Russell Senate Office Building  
Washington, DC 20510-3604

The Honorable John Barrasso  
SD-307 Dirksen Senate Office Building  
Washington, DC 20510-5003

The Honorable Phillip Gingrey  
442 Cannon House Office Building  
Washington, DC 20515-1011

The Honorable Charles Boustany, Jr.  
1431 Longworth House Office Building  
Washington, DC 20515-5724

Dear Senator Coburn, Senator Barrasso, Representative Gingrey, and Representative Boustany:

Thank you for your June 21, 2012, letter addressing AARP's advocacy efforts related to passage of the Affordable Care Act (the "ACA"). I served for six years as a member of the all-volunteer AARP Board of Directors, and in 2012, I became the volunteer president of AARP. It is in this capacity that I would like to give you the context and purpose of our work with respect to ACA as well as specific answers to your questions.

Since its inception in 1958, AARP has been concerned about health care and dedicated to finding solutions to provide quality, affordable healthcare for those age 50 and over. As health care reform moved forward in 2009, AARP knew that it had to be actively engaged in the debate to ensure that the policies it believes will benefit those age 50 and over were part of the final legislation. These policies include closing the doughnut hole in Medicare Part D, increasing coverage of vital preventive services under Medicare, and expanding health care coverage for people ages 50-64.

I would like to give you a sense of AARP's process for determining which policies or legislative provisions we will support. AARP's National Policy Council—which is comprised of twenty-five volunteers who have a record of public policy experience and interest studies issues, meets with experts, and develops AARP's policy recommendations. For major issues, the process may also include surveying AARP members to help determine which

issues are important to them. The positions developed by the National Policy Council are then sent to AARP's Board of Directors for consideration and approval.

Once positions are approved, AARP's staff engages with legislative and executive officials as appropriate to advance those policies. Certainly that was the case with health care reform, where AARP engaged actively with Congress and the Administration to advocate for provisions that are already benefiting Americans age 50 and over.

AARP is certainly not unique in this regard—this is what associations all over the country try to do for the constituencies they seek to serve. Different groups have different policy goals, but they work through direct lobbying and grassroots mobilization to advocate their positions as envisioned by the First Amendment, which protects the right to petition the government.

In considering our work in support of health care reform, and ultimately the ACA, it is useful to keep in mind our similar efforts on behalf of the prescription drug benefit successfully championed by President George W. Bush. In that case, AARP reached out to Members of Congress and the Bush Administration to find common ground and help move legislation forward. Like our work on the ACA, AARP sought to achieve prescription drug coverage through direct lobbying, grassroots outreach, advertising, and forming alliances with like-minded groups.

With respect to both the prescription drug benefit and the ACA, AARP's efforts were a response to the health care needs of people age 50 and over, not the political needs of either party.

I would now like to provide responses to the specific questions in your June 21 letter.

- 1. Did you reach out to Senator Nelson at the request of the White House, either in person or by phone, in order to influence his vote on the President's health care bill?**

AARP worked with many different Members of Congress to secure passage of the ACA. AARP's CEO, A. Barry Rand, made many personal calls to Members and Senators to encourage them to support the bill and particularly to support the provisions that were important to AARP. It was well known that Senator Ben Nelson was a key vote for the bill, and he was high on many groups' lists of Senators to contact. Given our close attention to the positions of Members of Congress on this legislation, we did not need the White House or anyone else to tell us about the importance of an energetic and sustained effort to contact Senator Nelson. AARP certainly reached out to him on many occasions, including during the Senate's final consideration of the legislation at the end of 2009.

- 2. Did AARP orchestrate "robo calls" to influence Senator Nelson's vote for cloture on the President's health care bill, as requested by the White House?**

As we have on other issues, AARP utilized an internally-developed, comprehensive strategy, with frequently updated day-to-day tactics, to work toward passage of health care reform—and ultimately the ACA, once AARP determined that was the right legislative vehicle to support. This approach involved both direct lobbying of Members of Congress and grassroots mobilization of the public in key states and congressional districts. As discussed above, Senator Ben Nelson was an important vote on the ACA, and AARP worked with our members to contact Senator Nelson and other Senators. AARP initiated the delivery of recorded messages about the ACA to AARP members, including members in Senator Nelson's home state of Nebraska, along with ten other states where Senators were considered to be key votes.

While the White House suggested to AARP that it encourage its members to call Senator Nelson, I can assure you that AARP used its resources based on its own determination of how best to advocate with Senators to support the ACA. AARP encouraged our members to call Senator Nelson not because the White House suggested it, but because of our own determination that his vote was vital. On an issue of this magnitude, on which AARP had attached a very high priority, it would have been entirely inconsistent with our normal advocacy practices not to have made a very active effort to enlist Senator Nelson's support.

**3. Did Democratic operatives solicit money from AARP to fund the White House 501(c)(4) Healthy Economy Now 'Super Pac' for the purpose of urging passage of the law and, if so, did AARP contribute money to Healthy Economy Now?**

While AARP is a large organization, we understand that we are most effective when we work with others who share similar goals. Having determined that our goals aligned with Healthy Economy Now, we contributed to Healthy Economy Now in order to advance our policy objectives. AARP and Healthy Economy Now shared the belief that health care reform would improve the health care system and benefit the economy generally.

This approach followed a pattern of our working with other groups to advance our goals in health care reform. In 2009 and 2010, for example, we joined forces with groups including the Business Roundtable and the National Federation of Independent Business (NFIB) to support a Divided We Fail campaign to encourage Congress to work together toward key policy objectives, including health care reform.

**4. Did AARP contribute funding to any organization not owned or operated by AARP that advocated for passage of the Democratic Party's health-care law in the 111<sup>th</sup> Congress?**

As we have done in previous advocacy campaigns, AARP contributed money to several organizations as part of our advocacy efforts around passage of the ACA, during the 111<sup>th</sup> Congress.

**5. How many of the White House “top 25 targets from house leadership...to (be) thanked with ads” for voting in favor of the health care reform did AARP thank with advertisements for their vote on health care reform?**

AARP often offers thanks to Members who support its positions after legislation is enacted. Attachment 1 contains a list of current and former House members to whom AARP offered its public appreciation for their support of the ACA through “thank you” advertisements. While the White House had its own view of whom should be thanked and that list certainly included some of the Members of Congress that AARP chose to acknowledge for their support, AARP determined whom it would thank through advertising.

**6. Will AARP publicly release the questions and methodology it used to conclude that seniors supported the President’s health care law?**

As described earlier in this letter, AARP has a process for determining the public policy positions it will take. With respect to health care reform, as part of that process, AARP conducted significant qualitative and quantitative analysis of the views of AARP members and other Americans on health care reform issues. In addition to polling, AARP relied on principles and goals established by its all-volunteer National Policy Council and Board of Directors; research into the needs and wants of older Americans; and feedback through a variety of mechanisms, including events at the state and local levels, as well as phone calls and e-mails. Notably, at the early stages of the health care debate, AARP conducted a member opinion survey. The following are among the report’s key findings:

- About two-thirds (66%) of members support a health care plan (outlined below) similar to what eventually was enacted.

11. Some have proposed a health care reform plan that looks like the following...

If you currently have health insurance, you could choose to keep it. If you do not have health insurance through your employer, you would be required to buy a health insurance policy from an insurance company or from a public program similar to Medicare. For those who could not afford to buy insurance, the government would help you pay some of the cost through a special fund set up for that purpose. Some of the money in this fund would be provided by a tax on employers who do not provide health insurance for their employees. Insurance companies would no longer be able to exclude people who have a history of illness. Do you.....

N=1003 Base: Total Respondents	
%	
33	1. Strongly Favor this plan
33	2. Somewhat Favor this plan
13	3. Somewhat Oppose this plan
15	4. Strongly Oppose this plan
5	5. Don't Know [DO NOT READ]
1	6. Refused [DO NOT READ]

- Overall, at least seven in ten members favor the following proposals: employer pay or play; public plan; low-income subsidy; guaranteed issuance; increased regulation of health insurance industry.
- Roughly two-thirds (65%) of members agree that it is “more important than ever to take on health care reform now.”
- Overall, nearly seven in ten members (68%) believe Medicare is one of the most important government programs.
- There is near universal support for keeping premium and out-of-pocket costs (in general and for hospitalizations) down within Medicare.
- More than nine in ten members support applying Medicare system savings toward continued Medicare solvency, a transitional benefit, shrinking the Part D doughnut hole, and providing long-term care services.

General polling and research, by many groups throughout the debate, indicated that older Americans, while mixed in their support and understanding of the overall law, remained supportive of specific key elements of health care reform. Throughout the policy debate, AARP focused primarily on the key aspects of the law important to older Americans.

**7. To what extent did you educate seniors on concerns raised by the Medicare Actuary related to access problems caused by the Medicare cuts in the law?**

AARP has been conducting a broad education effort on what the health care reform law means to individuals, including the development of useful tools on our website. Access to health care providers remains an ongoing concern of our members. AARP has been actively engaged in the most immediate concern -- ensuring that older Americans continue to have access to physicians in Medicare. AARP will continue its efforts to ensure that older Americans have affordable access to the health care they need.

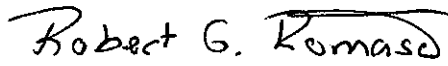
We have also launched our “*You’ve Earned a Say*” initiative, in order to foster a conversation with our members on the future of Medicare and Social Security and give them and the wider public opportunities to share their opinions on the two programs. Part of that initiative is helping our members and the public understand the current financial state of the Medicare program, as expressed in the Medicare Trustees’ report, as well as the financial challenges facing Medicare in the future.

Since March we have conducted over 2,300 on-the-ground events in every state that include information on how Medicare is financed and what changes to the program are being discussed. To complement these events, we are using our member publications, our television and radio programming, media outreach, and our website to help people understand the issues facing Medicare. In the last three months over 1.3 million AARP members have shared their thoughts about Medicare by responding to one of our questionnaires. Attachment 2 is the “*You’ve Earned a Say*” Medicare questionnaire given to individuals around the country as a part of our campaign.

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We hope this information is helpful and answers your questions.

Sincerely,

A handwritten signature in black ink that reads "Robert G. Romasco". The signature is written in a cursive style with a prominent horizontal line above the "o" in "Romasco".

Robert G. Romasco  
President

Attachments

cc: A. Barry Rand