

Todd Snitchler	12/07/10	832.31
Ron Maag	12/07/10	1,296.42
John Adams	12/16/10	1,317.15
Registration Rebate for Housing - Maag	12/07/10	50.00
<b>Current Balance</b>		<b>\$ (1,232.63)</b>

# ALEC

## MEMO TO ALEC STATE CHAIRS

**From: Chaz Cirame, Senior Director of Membership & Development**

**Subject: State Membership Events**

**January 25, 2011**

**What is a State Membership Event?** An ALEC State Membership Event is an event planned by the Public and Private Sector Chairs (in coordination with ALEC staff) to recruit new Legislative Members in your state. Ideally, it is located in or near the state Capitol to easily draw attendees. The format is flexible. It can range from a small reception or lunch to a large dinner or reception. It also could be done in conjunction with an ALEC Issue Briefing (based on availability), where an ALEC policy expert would come discuss a pressing policy issue. The goal of the event should be to introduce ALEC to prospective legislative members and engage as many existing ALEC members as possible. **It is suggested that you invite all legislators or a non-partisan group, such as all newly elected legislators.**

**Keep it simple and nearby.** A good event does not have to be extravagant. Look for opportunities to have the event serve in place of a social gathering that would otherwise take place (such as a happy hour at the end of the day). The Public Sector State Chairs should talk about what ALEC means to them and ALEC Staff will be available to make brief remarks. Having prominent leaders such as your Governor can also be helpful. Be sure to have a sign-in sheet and a place to collect forms and checks near the entrance.

**State events are paid for out of your state scholarship accounts.** Many states cover the cost of the events working with their Private Sector chairs to secure sponsorships.

**ALEC Staff Support.** ALEC will provide any requested publications and membership materials and we will also send an ALEC representative to assist you with the event (ALEC would cover their travel expenses). You will be assigned a member of ALEC's staff who will assist you throughout the entire process of planning and hosting your State Membership Event.

### Basic Responsibilities

- **Notify ALEC of date/time of event** by contacting Laura Elliott at 202-742-8527 or [Lelliott@alec.org](mailto:Lelliott@alec.org)
- Make sure all **ALEC Leadership in your state** knows about the event
- Work with other Public & Private Sector State Chairs to **plan details** (2 months prior)
- Compose a list of **prospective legislative members** for ALEC Staff & other State Chairs
- Send out **invitations** (preferably to all legislators) one month prior to event
- Arrange with ALEC Staff to have **membership materials** easily available
- Have a **sign-in sheet** for all attendees
- Work with ALEC Staff to **follow up with all attendees** (membership, Task Force Appointment, and getting to at least one meeting this year)
- Work with ALEC staff to ensure **photos are taken of the event**
- Assist ALEC Staff in **reaching out to private sector prospects** in the region

**Questions?** Contact Laura Elliott at 202-742-8527 or [Lelliott@alec.org](mailto:Lelliott@alec.org).

## PRESS RELEASE

For Immediate Release:

Contact: Raegan Weber  
Phone: 202-742-8536  
Email: [rweber@alec.org](mailto:rweber@alec.org)

### *[INSERT LEGISLATOR]* COMMENDS OBAMACARE REPEAL; VOWS TO “FINISH THE JOB” WITH HEALTH CARE FREEDOM ACT

**LOCATION (Date)** – *[Legislator]*, *[insert any leadership or health committee assignments]*, commends the U.S. House of Representatives for its repeal of ObamaCare and is ready to move forward with legislation at the state level to further protect the citizens of *[insert state]* from the overreaching arms of the federal government.

“The U.S. House of Representatives has thankfully taken the first major step so desperately needed to repeal ObamaCare. Our state cannot afford *[select one of the following points]*:

- the budget-busting Medicaid expansion, coupled with a ‘maintenance of effort’ requirement, which will force us to slash other funding priorities, like education or law enforcement,” said *[legislator]*.
- the individual mandate that requires massive government subsidies to purchase the required health insurance, and that will also raise health insurance premiums and push more Americans onto government healthcare programs funded by the states,” said *[legislator]*.
- job-killing employer mandates that will cripple small businesses and postpone economic recovery, and that will require states themselves to pay federal penalties,” said *[legislator]*.
- a federal takeover of health insurance regulation, which has traditionally been the purview of states, and will require states to expend limited state resources to comply with the new law,” said *[legislator]*.

*[Legislator]* also *[intends to introduce/has introduced]* complementary legislation at the state level, ALEC’s *Freedom of Choice in Health Care Act*, which will help block a government requirement to purchase health insurance. If enacted in *[state]*, the legislation will allow the state to launch additional litigation against the federal government if the current lawsuits fail; can empower the state attorney general to litigate on behalf of individuals harmed by the mandate in 2014; and may block an individual mandate if ObamaCare is repealed or overturned in court.

Forty-two states have either introduced or announced that they will introduce ALEC’s *Freedom of Choice in Health Care Act*. Six states (Virginia, Idaho, Arizona, Georgia, Louisiana, and Missouri) passed the ALEC model as a statute, and two states (Arizona and Oklahoma) passed the model as a constitutional amendment. An active citizen initiative is also underway in Mississippi.

“I am introducing legislation to protect the people of *[state]* from ObamaCare’s federal takeover of our health care choices, and to finish the job Congress began by repealing ObamaCare,” said *[legislator]*. “I also urge the U.S. Senate to do the right thing, listen to the voices of the American people, and send the repeal of this federal health care law to President Obama’s desk.”

# # #

*The American Legislative Exchange Council (ALEC) is the nation's largest nonpartisan, individual membership organization of state legislators. [www.alec.org](http://www.alec.org)*

# ALEC

## **Summary Talking Points: ALEC's Freedom of Choice in Health Care Act**

The *Freedom of Choice in Health Care Act* protects the right of patients to pay directly for medical services, and it prohibits penalties levied on citizens and businesses for declining participation in a particular health plan.

### **About the Bill**

#### **The *Freedom of Choice in Health Care Act* will:**

- Ensure a person's right to pay directly for medical care.
- Ensure that patients—not government officials—should decide which doctor to see, what treatments to get, and whether or not to get a second or third opinion.
- Would block legislation that imposes costly, bureaucratic penalties for choosing to obtain or decline health coverage.

#### **Purpose or goal of the Act if passed by statute:**

- Gives a state standing in the current lawsuits against the federal individual mandate.
- Allows a state to launch additional, 10<sup>th</sup> Amendment-based litigation if the current lawsuits fail.
- Empowers a state attorney general to litigate on behalf of individuals harmed by the mandate in 2014.

#### **Purpose or goal of the Act if passed by constitutional amendment:**

- *The three points listed above, PLUS...*
- Will prohibit a Canadian-style, single-payer healthcare plan at the state level if ObamaCare is upheld.
- Will prohibit a state-level requirement to purchase health insurance if ObamaCare is repealed.

#### **The Act does not nullify ObamaCare:**

- It challenges those provisions of the law that are arguably unconstitutional—the federal requirement to purchase health insurance, and related restrictions on the sale and purchase of health services.
- Citizens may still choose to participate in other provisions of the law, including the new health insurance exchange subsidies or the Medicaid expansion. They just can't be forced into those choices.
- To the extent that the rest of the federal legislation is severable from the mandate, the law would likely remain in effect.

#### **The Constitutional Defense:**

- Even without the *Freedom of Choice in Health Care Act*, ObamaCare is vulnerable to constitutional challenge:
  - Congress does not have the authority to regulate inactivity under the Commerce Clause. SCOTUS has ruled this way in *U.S. v. Lopez* (1995) and *U.S. v. Morrison* (2000).

For more information about ALEC's *Freedom of Choice in Health Care Act*, or if you need technical assistance, contact ALEC HHS Task Force Director Christie Herrera at 202-725-7127 or [christie@alec.org](mailto:christie@alec.org).

- Congress does not have the authority to penalize certain individuals—in this case, individuals who don’t buy health insurance—and then call it a “tax” under Congress’ taxing power.
- Congress does not have the authority to commandeer states to do their bidding. SCOTUS has ruled this way in *New York v. United States* (1992).
- The *Freedom of Choice in Health Care Act* makes ObamaCare even more constitutionally vulnerable.
  - Objections that the Act would be trumped by the Supremacy Clause are unfounded. As affirmed recently by SCOTUS in *Gonzales v. Oregon* (2006), state law may go above and beyond federal law in protecting constitutional rights, especially as related to health care choices.
  - This kind of legal argument is not present in the current legal challenges, so the Act provides states with an additional layer of protection against federal overreach.

## Additional Information

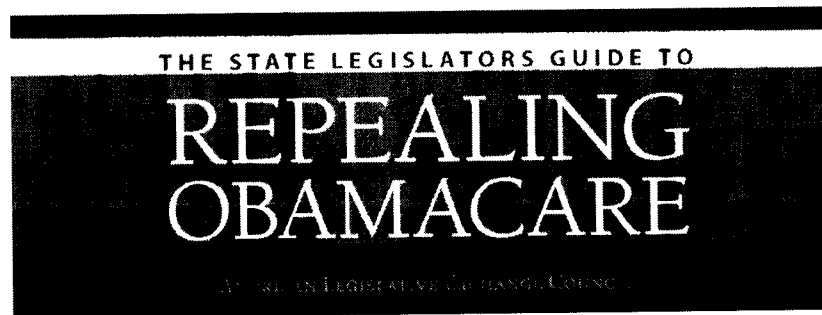
### Health insurance vs. auto insurance:

- Owing an automobile is a choice—a choice many people don’t exercise (think: New York City). Some of these people use public transportation, but many others also hire taxis or bike or walk.
- Auto insurance exists to protect other drivers. Health insurance exists to protect the individual who purchases it. Not all passengers in a car are required to have auto insurance.
- Auto insurance mandates only apply to those who drive on public roads, not private property. The government is constitutionally charged with providing public roadways. No such constitutional provision exists regarding health care.
- Caution from the Congressional Budget Office (1994):
 

“A mandate requiring all individuals to purchase health insurance would be an unprecedented form of federal action. The government has never required people to buy any good or service as a condition of lawful residence in the United States. An individual mandate would have two features that, in combination, would make it unique. First, it would impose a duty on individuals as members of society. Second, it would require people to purchase a specific service that would be heavily regulated by the federal government.”

### ObamaCare places a tremendous financial burden on the states, including:

- A budget-busting Medicaid expansion, coupled with a “maintenance of effort” requirement, which will force states to slash other funding priorities, like education or law enforcement; and
- An individual mandate that requires massive government subsidies to purchase the required health insurance, and that will also raise health insurance premiums and push more Americans onto government healthcare programs funded by the states; and
- Job-killing employer mandates that will cripple small businesses and postpone economic recovery, and that will require states themselves to pay federal penalties if they don’t provide federally-dictated health insurance to state workers; and
- A federal takeover of health insurance regulation, which has been traditionally been the purview of states, and will require states to expend limited state resources to comply with the new law.



**Executive Summary: ALEC's State Legislators Guide to Repealing ObamaCare**

State legislators now have a tremendous opportunity to fight the *Patient Protection and Affordable Care Act*—either through legislation, oversight, or by reframing the health reform debate. Here are a few things you can do.

1. **Introduce ALEC's *Freedom of Choice in Health Care Act***, the primary legislative vehicle for state pushback of the individual mandate and Canadian-style, single-payer health care.
2. **Introduce a resolution supporting repeal of ObamaCare**, an effective way to communicate the repeal message to members of your state's Congressional delegation.
3. **Enact a moratorium on ObamaCare rulemaking**, which will allow your state to focus its limited regulatory resources on core functions of government.
4. **Introduce legislation authorizing a federal waiver on ObamaCare's medical loss ratio requirement**, which will help your state delay implementation of this provision until 2014.
5. **Reject ObamaCare discretionary grants** that aid in the federal takeover of state health insurance regulation.
6. **Decline to enforce ObamaCare's "consumer protections"** if such enforcement authority does not already exist.
7. **Commission independent research to track and measure ObamaCare's impact at the state level.**
8. **Hold public hearings and establish standing legislative committees to examine ObamaCare's implementation and impact.**
9. **Participate in the ObamaCare rulemaking and comment process** to the extent possible.
10. **Serve as a legislative check on agency and executive branch implementation of ObamaCare.**
11. **Introduce study bills or make public calls for Medicaid "opt out" in 2014**, which has already shifted the debate to the unintended consequences of ObamaCare's Medicaid mandates.
12. **Introduce study bills or make public calls for "public employee opt out" in 2014**, which has already focused attention on the unintended consequences of ObamaCare's employer mandate.
13. **Recruit unlikely allies and demonstrate broad-based opposition to the individual mandate.**
14. **Engage key stakeholders in an "adult conversation" about ObamaCare's impact on state funding priorities.**
15. **Introduce ALEC model legislation and chart a course for patient-centered, free-market health policy.**

For more information about *The State Legislators Guide to Repealing ObamaCare*, visit [www.alec.org/health](http://www.alec.org/health). For technical assistance, contact ALEC HHS Task Force Director Christie Herrera at 202-725-7127 or [christie@alec.org](mailto:christie@alec.org).

# ALEC

## Responding to HHS: The Repercussions of Keeping ObamaCare in Place

Earlier this month, U.S. Department of Health and Human Services Secretary Kathleen Sebelius released a document outlining so-called “repercussions” if the *Patient Protection and Affordable Care Act*, otherwise known as ObamaCare, is repealed. Unsurprisingly, the real threat remains only if ObamaCare is kept in place. Here is a quick summary of some of the claims made by HHS, along with facts about the real harm ObamaCare will cause to patients and taxpayers.

HHS’ Misguided Claims About Repealing ObamaCare	The Facts About ObamaCare and Its Devastating Impact
<p>“As a result of the Affordable Care Act, families will soon be free from the constant worry that they will not be able to get health care when they need it the most.”</p>	<ul style="list-style-type: none"> <li>* ObamaCare’s anti-consumer restrictions have already caused insurers to <u>flee the marketplace</u>, leaving privately-insured families without the coverage they need. ObamaCare caused Principal Financial Group to flee the market, leaving nearly 1 million Americans to find new coverage.</li> <li>* ObamaCare will push families onto the Medicaid program, and leave them without the care they need, because the Medicaid program <u>restricts access to care and results in poor health outcomes</u>. The problem will only get worse, as ObamaCare will expand Medicaid to nearly 13 million new Americans nationwide.</li> <li>* ObamaCare’s employer mandate will jeopardize the health insurance of millions of Americans who get coverage through their employer. According to the <u>Administration’s own estimates</u>, 50% of all businesses, and up to 80% of small businesses, will be forced to drop current coverage and purchase more expensive coverage under the new laws.</li> <li>* The provisions designed to expand dependent coverage spurred an SEIU local in New York to drop <u>6,000 dependents</u>, leaving them uninsured.</li> </ul>
<p>“But repealing the law would strip Americans of this new freedom and take us back to the days when big insurance companies had the power to decide what care residents of the United States could receive ...”</p>	<ul style="list-style-type: none"> <li>* Thanks to ObamaCare, the power to dictate your <u>benefits and premiums</u> now lies with government bureaucrats, most notably HHS Secretary Kathleen Sebelius.</li> <li>* ObamaCare’s anti-consumer regulations are not the only way to provide coverage for the medically-uninsurable. For example, high-risk pools can insure those with pre-existing conditions without decimating the private insurance market. Currently, 35 states have some form of a high-risk pool.</li> </ul>
<p>“In addition, repealing the law would add at least a trillion dollars to the deficit, which America cannot afford, nor do we want to pass that debt to our children and grandchildren.”</p>	<ul style="list-style-type: none"> <li>* Former CBO Director Doug Holtz-Eakin says that <u>the estimate is based on “garbage out, garbage in” scoring, and that ObamaCare will raise the deficit by \$500 billion in its first ten years, and by \$1.5 trillion in its next ten years.</u></li> </ul>

For more information, or if you need technical assistance, contact ALEC HHS Task Force Director Christie Herrera at [christie@alec.org](mailto:christie@alec.org).



	<p>* The non-partisan CBO, CMS, and IMF have all discredited the idea that ObamaCare will reduce the deficit.</p> <p>* Leaving ObamaCare intact will also present <u>significant costs for states with Medicaid expansion</u>, which will cost \$33.5 billion through 2020.</p>
<p>“Over 1.2 million young adults would lose their insurance coverage ...”</p>	<p>* ObamaCare imposes its highest taxes on young adults, who must buy government-mandated health insurance at inflated premiums.</p> <p>* Young adults could access affordable coverage if lawmakers reduced or eliminated <u>expensive health benefit mandates, all of which must be “purchased” in order to get coverage</u>; or allowed young adults to purchase more affordable coverage across state lines. The framers of ObamaCare rejected both of those options.</p>
<p>“Over 165 million residents of the United States ... would suddenly find themselves vulnerable again to having lifetime limits...”</p>	<p>* ObamaCare mandates that consumers purchase unlimited lifetime coverage. HHS estimates this mandate will increase premiums by <u>close to 1 percent</u>, which could cause <u>more than 100,000 Americans to lose their coverage</u>.</p>
<p>“Insurance companies would once again be allowed to cut off someone’s coverage unexpectedly ... This would leave 15.9 million people at risk of losing their insurance ...”</p>	<p>* It has always been illegal for insurance companies to breach their contract with you by canceling your coverage in violation of the terms of your policy.</p>
<p>“15.9 million residents of the United States would not know if they are receiving value for their health insurance premium dollars ...”</p>	<p>* The new medical loss ratio requirement—which requires insurers to spend 80-85 percent of health insurance premiums on medical care—will <u>encourage fraud</u> and wasteful medical care, and will likely leave only large insurance companies in the market, as <u>many small insurers may be ill-equipped to comply with the new rules</u>. This will lead to <u>less consumer choice and higher prices</u>, and may also force consumers to lose popular coverage options such as high-deductible and “mini med” health insurance policies.</p> <p>* The CBO has <u>written</u> that the medical loss ratio regulation is so onerous that setting it just 5 percentage points higher would turn the private health insurance market into an “essentially governmental program.”</p>
<p>“New insurance plans would no longer be required to cover recommended preventive services, like mammograms and flu shots, without cost sharing ...”</p>	<p>* ObamaCare mandates that consumers purchase 100% coverage for preventive services, even if consumers would prefer to purchase these items out of pocket.</p> <p>* HHS estimates this mandate will increase premiums by <u>1.5 percent</u>, which could cause <u>more than 400,000 Americans to lose coverage</u>.</p> <p>* <u>Some health care researchers have refuted</u> the administration’s claim that preventive care saves money.</p>

For more information, or if you need technical assistance, contact ALEC HHS Task Force Director Christie Herrera at [christie@alec.org](mailto:christie@alec.org).

# ALEC

January 6, 2011

The Honorable John Boehner  
Speaker of the House of Representatives  
H-232 The Capitol  
Washington, D.C. 20515

Dear Mr. Speaker:

On behalf of ALEC's legislative members, we are writing to express our support of your efforts to repeal the costly *Patient Protection and Affordable Care Act* and replace the legislation with affordable, sustainable, patient-centered, and market-driven health policy reforms.

The American Legislative Exchange Council is the nation's largest nonpartisan individual membership association of state legislators, with nearly 2,000 legislator members across the country and over 100 alumni members in Congress.

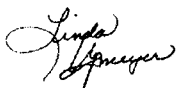
As a former state legislative and ALEC alumni, you know the tremendous financial burden that the *Patient Protection and Affordable Care Act* places on the states, including:

- A budget-busting Medicaid expansion, coupled with a "maintenance of effort" requirement, which will force states to slash other funding priorities, like education or law enforcement; and
- An individual mandate that requires massive government subsidies to purchase the required health insurance, and that will also raise health insurance premiums and push more Americans onto government healthcare programs funded by the states; and
- Job-killing employer mandates that will cripple small businesses and postpone economic recovery, and that will require states themselves to pay federal penalties if they don't provide federally-dictated health insurance to state workers; and
- A federal takeover of health insurance regulation, which has been traditionally been the purview of states, and will require states to expend limited state resources to comply with the new law.

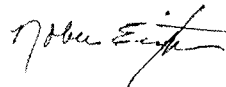
With a stagnant economy, declining tax revenues, and looming budget cuts in other areas, the states simply cannot afford the *Patient Protection and Affordable Care Act*—and we believe that the only alternative is to repeal this costly legislation, and to replace it with reforms that protect individual rights and allow states to implement innovative policies that are responsive to local needs and budgets.

Thank you for your leadership in working to repeal the *Patient Protection and Affordable Care Act*. ALEC legislators look forward to working with you to advance our mutual goals of affordable, sustainable, patient-centered, and market-driven health reform.

Sincerely,



Representative Linda Upmeyer  
Chair, ALEC's Health Task Force  
Majority Leader, Iowa House of Representatives



Representative Noble Ellington  
2011 ALEC National Chairman  
District 20, Louisiana House of Representatives



# ALEC

## State Chair Task Force Nomination Form

For Term: January 1, 2011- December 31, 2012

Deadline for Appointments: **February 1, 2011**

State: \_\_\_\_\_

State Chair Name: \_\_\_\_\_

State Chair Signature: \_\_\_\_\_

**Directions:** In the left column, list the name of the nominated Task Force Member or Task Force Alternate, and in the right column, list any related committee(s) that the Legislator serves on in the State Legislature.

### Civil Justice Task Force

**Major issue areas include:** tort reform, transparency in lawsuits, government contracts with private attorneys, right to appeal, and state consumer protection statute reform.

Primary Nominations	Related Committee(s) in State Legislature
1.	
2.	
3.	

Alternate Nominations	Related Committee(s) in State Legislature
1.	
2.	
3.	

### Commerce, Insurance, and Economic Development Task Force

**Major issue areas include:** insurance, transportation, financial services, labor and business regulation, competitiveness, innovation, employment and economic prosperity.

Primary Nominations	Related Committee(s) in State Legislature
1.	
2.	
3.	

Alternate Nominations	Related Committee(s) in State Legislature
1.	
2.	
3.	

### Education Task Force

**Major issue areas include:** alternate teacher certification, charter schools, virtual schools, private school choice, class size, higher education, open enrollment, special education, and transparency.

Primary Nominations	Related Committee(s) in State Legislature
1.	
2.	
3.	

Alternate Nominations	Related Committee(s) in State Legislature
1.	
2.	
3.	

### Energy, Environment, and Agriculture Task Force

**Major issue areas include:** energy, climate change, agriculture, environmental health, federal lands, endangered species, food safety, electricity, property rights, air and water quality, and biotechnology.

Primary Nominations	Related Committee(s) in State Legislature
1.	
2.	
3.	

Alternate Nominations	Related Committee(s) in State Legislature
1.	
2.	
3.	

### Health and Human Services Task Force

**Major issue areas include:** Freedom of Choice in Health Care Act, and other free-market, pro-patient health care reforms at the state level.

Primary Nominations	Related Committee(s) in State Legislature
1.	
2.	
3.	

Alternate Nominations	Related Committee(s) in State Legislature
1.	
2.	
3.	

## **International Relations Task Force and Federal Relations Working Group**

**International Relations issue areas include:** intellectual property, international organizations, international good governance, free trade agreements, foreign emissions, and international flat-tax movements; **Federal Relations issue areas include:** federalism, block granting, mandate relief, and constitutional issues.

<b>Primary Nominations</b>	<b>Related Committee(s) in State Legislature</b>
1.	
2.	
3.	

- There are no alternate members for this Task Force

## **Public Safety and Elections Task Force**

**Major issue areas include:** criminal justice (including courts and sentencing, prison overcrowding, sexual predators, retail theft and drug enforcement); corrections and reentry (parole, recidivism rates, instituting evidence-based practices, and justice reinvestment) and elections and ethics (including Voter ID, campaign finance, and opposition of the National Popular Vote movement).

<b>Primary Nominations</b>	<b>Related Committee(s) in State Legislature</b>
1.	
2.	
3.	

<b>Alternate Nominations</b>	<b>Related Committee(s) in State Legislature</b>
1.	
2.	
3.	

## **Tax and Fiscal Policy Task Force**

**Major issue areas include:** pro-growth tax policies, budget reform policies, tax and expenditure limitations, supermajority requirements for tax increases, dynamic revenue forecasting, fiscal federalism and public employee pension reform.

<b>Primary Nominations</b>	<b>Related Committee(s) in State Legislature</b>
1.	
2.	
3.	

<b>Alternate Nominations</b>	<b>Related Committee(s) in State Legislature</b>
1.	
2.	
3.	

**Telecommunications and Information Technology Task Force**

**Major issue areas include:** Network Neutrality Regulation, Internet and e-commerce taxation, online privacy, cybersecurity, state telecom deregulation, government-owned and funded broadband networks, and online child safety.

<b>Primary Nominations</b>	<b>Related Committee(s) in State Legislature</b>
1.	
2.	
3.	

<b>Alternate Nominations</b>	<b>Related Committee(s) in State Legislature</b>
1.	
2.	
3.	

**Please email, fax, or mail this form or requests to:**

**Stephanie Linn, Policy Coordinator**  
American Legislative Exchange Council  
1101 Vermont Ave., NW, 11<sup>th</sup> Floor  
Washington, D.C. 20005  
Fax: 202.466.3801  
[slinn@alec.org](mailto:slinn@alec.org)

<b>Ohio ALEC Legislators</b>	<b>Meetings Attended 2009-2010</b>	<b>Current Task Force Appointment</b>	<b>Position on Task Force</b>
Rep. John P. Adams	2009 Spring Task Force Meeting 2009 Annual Meeting 2009 States & Nation Policy Summit 2010 Spring Task Force Meeting 2010 Annual Meeting 2010 States & Nation Policy Summit	Tax & Fiscal Policy	Legislative Member
Rep. Ron Amstutz	None	Telecommunications & Information Te	Legislative Member
Rep. Kevin Bacon	None		
Rep. Troy Balderson	None		
Rep. Williams G. Batchelder III	2010 States & Nation Policy Summit 2009 Annual Meeting 2010 Annual Meeting		
Rep. Peter A. Beck	2010 Spring Task Force Meeting 2010 Annual Meeting 2010 States & Nation Policy Summit	Telecommunications & Information Te	Legislative Member
Rep. Louis W. Blessing Jr.	2010 Annual Meeting		
Rep. Terry R. Boose	2009 Annual Meeting		
Rep. Danny R. Bupp	2009 Annual Meeting 2010 Annual Meeting		
Sen. Stephen P. Buehrer	None	Commerce & Economic Development	Legislative Member
Rep. Dave Burke	2009 Spring Task Force Meeting	Health & Human Services	Legislative Member
Sen. John A. Carey	None	Education	Legislative Member
Rep. William P. Coley II	2009 Annual Meeting 2010 Annual Meeting	Civil Justice	Alternate
Rep. Courtney E. Combs	2009 Annual Meeting		
Rep. Timothy Derickson	None		
Rep. Clyde M. Evans	None		
Sen. Keith L. Faber	None	Civil Justice	Legislative Member
Sen. Robert Gibbs	None	Tax & Fiscal Policy	Legislative Member
Sen. Karen L. Gillmor	None	Health & Human Services	Legislative Member
Rep. Bruce W. Goodwin	None	Energy, Environment, and Agriculture	Legislative Member
Rep. Robert D. Hackett	None		
Rep. Dave Hall	None		
Rep. Cliff Hite	2010 Annual Meeting	Education	Legislative Member
Rep. Dale Hottinger	2010 Annual Meeting		
Rep. Matt Huffman	2010 Annual Meeting	Civil Justice	Legislative Member

		2010 States & Nation Policy Summit		
Sen. Jim	Hughes	None		
Rep. Shannon	Jones	None		
Rep. Kris	Jordan	2009 Annual Meeting	Energy, Environment, and Agriculture	Legislative Member
		2010 Annual Meeting		
Rep. Peggy	Lehner	2009 Spring Task Force Meeting	Health & Human Services	Legislative Member
		2010 Spring Task Force Meeting		
Rep. Ronald	Maag	2009 Spring Task Force Meeting	Tax & Fiscal Policy	Legislative Member
		2010 States & Nation Policy Summit		
Rep. Jarrod	Martin	2009 Annual Meeting		
		2010 Annual Meeting		
Rep. Seth	A. Morgan	2009 Annual Meeting	Commerce, Insurance & Economic De	Legislative Member
		2010 Annual Meeting		
Sen. Tom	Niehaus	2009 Annual Meeting	Energy, Environment, and Agriculture	Legislative Member
		2010 Annual Meeting		
Sen. Thomas	F. Patton	None		
Rep. Barbara	Sears	2009 Annual Meeting	Commerce, Insurance & Economic De	Legislative Member
		2009 States & Nation Policy Summit		
		2010 Spring Task Force Meeting		
		2010 Annual Meeting		
		2010 States & Nation Policy Summit		
Sen. William	Seitz	2009 Spring Task Force Meeting	Civil Justice	Task Force Chair
		2009 Annual Meeting		
		2009 States & Nation Policy Summit		
		2010 Annual Meeting		
		2010 States & Nation Policy Summit		
Rep. Todd	Snitchler	2009 Spring Task Force Meeting	Public Safety & Elections Task Force	Legislative Member
		2009 Annual Meeting		
		2010 Annual Meeting		
		2010 States & Nation Policy Summit		
Rep. Gerald	L. Stebelton	2010 Annual Meeting	Education	Legislative Member
Rep. Joseph	W. Uecker	2009 Annual Meeting		
Rep. Lynn	R. Wachtmann	2010 Annual Meeting		
Sen. Mark	D. Wagoner	None		
Rep. Jim	Zehringer	2010 Annual Meeting		



# ALEC Legislative Reception Talking Points

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- ALEC is the American Legislative Exchange Council
- There will be a Legislative Reception for all legislators on February 1, 2011 at the Athletic Club from 5-7PM benefitting the ALEC Scholarship Fund
- The ALEC Scholarship Fund is a fund of private, corporate and PAC monies designed to reimburse legislators for travel and or mileage and hotel arrangements for ALEC sponsored meetings
- The levels for sponsorship for the 2/1 event is Platinum \$5,000, Gold \$2,500 and Silver \$1,000
- The \$5,000 level allows for dinner with the House and Senate majority leadership teams after the February 1 reception at Mitchell's Steakhouse
- ALEC is sponsoring a national Task Force Meeting in Cincinnati on April 29-30, 2011
- The Annual ALEC Meeting is August 3-6, 2011 in New Orleans

# ALEC talking points

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- ALEC is the American Legislative Exchange Council
- ALEC is a nonpartisan membership association for conservative state lawmakers who shared a common belief in limited government, free markets, federalism, and individual liberty. Their vision and initiative resulted in the creation of a voluntary membership association for people who believed that government closest to the people was fundamentally more effective, more just, and a better guarantor of freedom than the distant, bloated federal government in Washington, D.C.
- Governor John Kasich was one of the legislators who helped mold ALEC in its formative years
- For more than 35 years, ALEC has been the ideal means of creating and delivering public policy ideas aimed at protecting and expanding our free society. Thanks to ALEC's membership, the duly elected leaders of their state legislatures, Jeffersonian principles advise and inform legislative action across the country. Literally hundreds of dedicated ALEC members have worked together to create, develop, introduce and guide to enactment many of the cutting-edge, conservative policies that have now become the law in the states. The strategic knowledge and training ALEC members have received over the years has been integral to these victories. Since its founding, ALEC has amassed an unmatched record of achieving ground-breaking changes in public policy. Policies such as mandatory minimum sentencing for violent criminals, teacher competency testing, pension reform, and Enterprise Zones represent just a handful of ALEC's victories in the states.
- ALEC has Ohio representation as Senator Seitz is on the Board of Directors, and Rep. Adams is the State Chairman, Ohio currently has XX members. Ed Kozelek is the Ohio private sector chairman
- ALEC is sponsoring a national task force meeting in Cincinnati on April 29-30, 2011
- The Annual Meeting of ALEC is in New Orleans August 3-6, 2011

Prefix	First	Middle	Last	Suffix	Title	Company
Mr.	Bob		Broadus		Director, State Government Affairs	Allergan, Inc.
Mr.	Donald		Ratliff		VP - External Affairs	Alpha Natural Resources
Mr.	Toby		Spangler		Regional Director of State Government Affairs	Altria Client Services, Inc.
Mr.	Jonathan		Shore		Manager, External Mobilization	American Petroleum Institute
Mr.	Alan		Cobb		National Director of State Operations	Americans for Prosperity
Mr.	Johann	D.	Lopez		Regional Director, Government Affairs	Anheuser Busch
Mr.	William		Castleberry		Vice President, Public Policy	AOL Inc.
Mr.	Greg		Schaefer		VP External Affairs	Arch Coal
Mr.	Jim	M.	Epperson		Senior Vice President, State Legislative & Regulatory Affairs	AT&T
Mrs.	Sandra	S.	Oliver		Vice President, Public Policy and State Government Affairs	Bayer Healthcare
Ms.	Melissa		Garrett		Director of Government Affairs	Bridgepoint Education
Mr.	Mike		Rose		Director of Government Affairs	Comcast Cable Communications, LLC
Mr.	William	T.	Gallagher	Esq.	General Counsel	Crown Cork & Seal
Mr.	James		Schuler		Assistant VP, External & State Affairs	CTIA-The Wireless Association
Mr.	Kenneth	F.	Lane		Vice President, State Government Affairs	Diageo North America, Inc.
Ms.	Vicki		Knighthon		Director, State Government Affairs	EMD Serono
Ms.	Sano		Blocker		Senior Vice President, Public Affairs	Energy Future Holdings
Mr.	Kevin		Murphy		U.S. Government Relations Manager	ExxonMobil Corporation
Mr.	Mike	W.	Yadon		Manager, Government Affairs	FedEx
Mr.	Jason		Stverak		President & Chairman	Franklin Center for Government & Public In
Mr.	Austin		Lee		Executive Director	Fueling California
Mr.	Trey	H.	Paris	III	Manager, Government Relations	General Electric Company
Mr.	John	F.	Del Giorno		Vice President, Government Relations	GlaxoSmithKline
Mr.	Tom		Giovanetti		President	Institute for Policy Innovation
Ms.	Donna		Gehlhaart		Sr. Manager - State Gov't Relations	International Paper
Mr.	Jim		Ruda		Senior Policy Advisor	Intuit Inc.
Mr.	Drew		Ryun		Executive Director	Johnson & Johnson
Mr.	Jeff		Buel		Director, Government Affairs	Koch Companies Public Sector, LLC
Mr.	Michael	K.	Morgan		Consultant	Kraft Foods, Inc.
Mr.	Derek	L.	Crawford		Director, State and Local Government Affairs	Lumina Foundation
Mr.	Kevin		Corcoran		Program Director	Merck & Company, Inc.
Mr.	Jim		Vance		Director, Government Affairs	National Cable & Telecommunications Assi
Mr.	Rick		Cimerman		Vice President State Government Affairs	Netchoice/Expedia
Mr.	Steve		DeBianco		Vice President Public Policy	Norfolk-Southern Corporation
Mr.	Scott		Muir		Resident Vice President	Northrop Grumman
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Mr.	Michael		McGarey		Director, State Outreach	Orchid Cellmark
Dr.	Jeff		Boschwitz		Vice President, North American Sales & Marketing	Peabody Energy
Mr.	Kelly		Mader		Vice President, State Government Affairs	Pew Center on the States
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Mr.	Mike		Hubert		VP, US Public Affairs	

Mr.	Edward	T.	Bedwell	Senior Director, State and Local Government Relations	PG&E
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Ms.	Jaime	R.	Huff	Manager, State Affairs	Southern California Edison
Mr.	Roland		Spies	Counsel	State Farm
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Ms.	Tracie		Sharp	President	State Policy Network
Ms.	Brooke		Rollins	President	Texas Public Policy Foundation
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Mr.	Rich		Winget	Vice President, State Affairs	US Chamber ILR
Mr.	Paul		Russinoff	Vice President, State Relations	Visa
Ms.	Maggie		Sans	Vice President of State Government Affairs	Wal-mart Stores, Inc.
Mr.	Steve		Gross	State Relations Director	Wine Institute

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1220 L Street, NW			Washington	DC	20005
2111 Wilson Blvd.	Suite 350		Arlington	VA	22201
1401 Eye Street, NW	Suite 200		Washington	DC	20005
1050 K Street, NW			Washington	DC	20001
Box 406			Wright	WY	82732
208 South Akard Street	Suite 3517		Dallas	TX	75202
555 White Plains Rd.			Tarrytown	NY	10591
13500 Evening Creek Dr. North	Suite 600		San Diego	CA	92128
One Comcast Center			Philadelphia	PA	19108
One Crown Way			Philadelphia	PA	19154-4599
1400 16th Street, NW	Suite 600		Washington	DC	20036
1301 K Street, NW	Suite 1000 East Tower		Washington	DC	20005
975 F St., NW	Suite 330		Washington	DC	20004
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1017 L Street			Sacramento	CA	95814
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P.O. Box 13398			Research Triangle Park	NC	27709
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1101 Pennsylvania Avenue, NW	Suite 200		Washington	DC	20004
55 Airport Road			Dudley	MA	01571-5954
6255 Arlington Blvd.			Richmond	CA	06255
6929 North Hayden Rd.	Suite C-4, #612		Scottsdale	AZ	85250
P.O. Box 332			Andover	KS	67002
3 Lakes Drive	Mail Code Nf677		Northfield	IL	60093
30 S Meridian St.	Suite 700		Indianapolis	IN	46206
6431 Woodcliffe Ln.			East Lansing	MI	48823
25 Massachusetts Avenue, NW	Suite 100		Washington	DC	20001
1401 K Street, NW	Suite 502		Washington	DC	20005-3405
One Constitution Avenue, NE	Suite 300		Washington	DC	20002
Aerospace Systems	One Spacepark Blvd.	K4/1729	Redondo Beach	CA	90278
3826 Rivers Edge Dr.			Lake Oswego	OR	97034
1776 Eye Street, NW	Suite 400		Washington	DC	20006
4390 U.S. Route One			Princeton	NJ	08540
701 Market Street			St. Louis	MO	63101
901 E Street NW	10th Floor		Washington	DC	20004
235 East 42nd Street	MS 235/12/14		New York	NY	10017

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P.O. Box 800		Rosemead	CA	91770
One State Farm Plaza	A-3	Bloomington	IL	61710
515 King Street, Ste 325		Alexandria	VA	22314
6255 Arlington Blvd.		Richmond	CA	94805
900 Congress Avenue, Suite 400		Austin	TX	78701
1530 Wilson Boulevard	Suite 690	Arlington	VA	22209
901 F Street NW	Suite 800	Washington	DC	20004
211 North Union Street	211 North Union Street	Alexandria	VA	22314
316 Pennsylvania Avenue, SE	Suite 300	Washington	DC	20003
1615 H Street, NW		Washington	DC	20062
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702 SW 8th Street		Bentonville	AR	72716-8071
425 Market Street	Suite 1000	San Francisco	CA	94105

House Engrossed

State of Arizona  
House of Representatives  
Forty-ninth Legislature  
First Regular Session  
2009

## **HOUSE CONCURRENT RESOLUTION 2014**

A CONCURRENT RESOLUTION

PROPOSING AN AMENDMENT TO THE CONSTITUTION OF ARIZONA; AMENDING ARTICLE XXVII, BY ADDING SECTION 2, CONSTITUTION OF ARIZONA; RELATING TO HEALTH CARE SERVICES.

(TEXT OF BILL BEGINS ON NEXT PAGE)

1 Be it resolved by the House of Representatives of the State of Arizona, the  
2 Senate concurring:  
3 1. Article XXVII, Constitution of Arizona, is proposed to be amended  
4 by adding section 2 as follows if approved by the voters and on proclamation  
5 of the Governor:

6 2. Health care; definitions

7 SECTION 2. A. TO PRESERVE THE FREEDOM OF ARIZONANS TO  
8 PROVIDE FOR THEIR HEALTH CARE:

9 1. A LAW OR RULE SHALL NOT COMPEL, DIRECTLY OR  
10 INDIRECTLY, ANY PERSON, EMPLOYER OR HEALTH CARE PROVIDER TO  
11 PARTICIPATE IN ANY HEALTH CARE SYSTEM.

12 2. A PERSON OR EMPLOYER MAY PAY DIRECTLY FOR LAWFUL  
13 HEALTH CARE SERVICES AND SHALL NOT BE REQUIRED TO PAY PENALTIES  
14 OR FINES FOR PAYING DIRECTLY FOR LAWFUL HEALTH CARE SERVICES. A  
15 HEALTH CARE PROVIDER MAY ACCEPT DIRECT PAYMENT FOR LAWFUL HEALTH  
16 CARE SERVICES AND SHALL NOT BE REQUIRED TO PAY PENALTIES OR  
17 FINES FOR ACCEPTING DIRECT PAYMENT FROM A PERSON OR EMPLOYER FOR  
18 LAWFUL HEALTH CARE SERVICES.

19 B. SUBJECT TO REASONABLE AND NECESSARY RULES THAT DO NOT  
20 SUBSTANTIALLY LIMIT A PERSON'S OPTIONS, THE PURCHASE OR SALE OF  
21 HEALTH INSURANCE IN PRIVATE HEALTH CARE SYSTEMS SHALL NOT BE  
22 PROHIBITED BY LAW OR RULE.

23 C. THIS SECTION DOES NOT:

24 1. AFFECT WHICH HEALTH CARE SERVICES A HEALTH CARE  
25 PROVIDER OR HOSPITAL IS REQUIRED TO PERFORM OR PROVIDE.

26 2. AFFECT WHICH HEALTH CARE SERVICES ARE PERMITTED BY  
27 LAW.

28 3. PROHIBIT CARE PROVIDED PURSUANT TO ARTICLE XVIII,  
29 SECTION 8 OF THIS CONSTITUTION OR ANY STATUTES ENACTED BY THE  
30 LEGISLATURE RELATING TO WORKER'S COMPENSATION.

31 4. AFFECT LAWS OR RULES IN EFFECT AS OF JANUARY 1, 2009.

32 5. AFFECT THE TERMS OR CONDITIONS OF ANY HEALTH CARE  
33 SYSTEM TO THE EXTENT THAT THOSE TERMS AND CONDITIONS DO NOT HAVE  
34 THE EFFECT OF PUNISHING A PERSON OR EMPLOYER FOR PAYING DIRECTLY  
35 FOR LAWFUL HEALTH CARE SERVICES OR A HEALTH CARE PROVIDER OR  
36 HOSPITAL FOR ACCEPTING DIRECT PAYMENT FROM A PERSON OR EMPLOYER  
37 FOR LAWFUL HEALTH CARE SERVICES.

38 D. FOR THE PURPOSES OF THIS SECTION:

39 1. "COMPEL" INCLUDES PENALTIES OR FINES.

40 2. "DIRECT PAYMENT OR PAY DIRECTLY" MEANS PAYMENT FOR  
41 LAWFUL HEALTH CARE SERVICES WITHOUT A PUBLIC OR PRIVATE THIRD  
42 PARTY, NOT INCLUDING AN EMPLOYER, PAYING FOR ANY PORTION OF THE  
43 SERVICE.

44 3. "HEALTH CARE SYSTEM" MEANS ANY PUBLIC OR PRIVATE  
45 ENTITY WHOSE FUNCTION OR PURPOSE IS THE MANAGEMENT OF,



1 PROCESSING OF, ENROLLMENT OF INDIVIDUALS FOR OR PAYMENT FOR, IN  
2 FULL OR IN PART, HEALTH CARE SERVICES OR HEALTH CARE DATA OR  
3 HEALTH CARE INFORMATION FOR ITS PARTICIPANTS.

4 4. "LAWFUL HEALTH CARE SERVICES" MEANS ANY HEALTH-RELATED  
5 SERVICE OR TREATMENT TO THE EXTENT THAT THE SERVICE OR TREATMENT  
6 IS PERMITTED OR NOT PROHIBITED BY LAW OR REGULATION THAT MAY BE  
7 PROVIDED BY PERSONS OR BUSINESSES OTHERWISE PERMITTED TO OFFER  
8 SUCH SERVICES.

9 5. "PENALTIES OR FINES" MEANS ANY CIVIL OR CRIMINAL  
10 PENALTY OR FINE, TAX, SALARY OR WAGE WITHHOLDING OR SURCHARGE OR  
11 ANY NAMED FEE WITH A SIMILAR EFFECT ESTABLISHED BY LAW OR RULE  
12 BY A GOVERNMENT ESTABLISHED, CREATED OR CONTROLLED AGENCY THAT  
13 IS USED TO PUNISH OR DISCOURAGE THE EXERCISE OF RIGHTS PROTECTED  
14 UNDER THIS SECTION.

15 2. The article heading of article XXVII, Constitution of Arizona, is  
16 proposed to be changed as follows if approved by the voters and on  
17 proclamation of the Governor:

18 The article heading of article XXVII, Constitution of  
19 Arizona, is changed from "REGULATION OF PUBLIC HEALTH, SAFETY  
20 AND WELFARE" to "REGULATION OF HEALTH, SAFETY AND WELFARE".

21 3. The Secretary of State shall submit this proposition to the voters  
22 at the next general election as provided by article XXI, Constitution of  
23 Arizona.



**Questions and Answers: ALEC's Freedom of Choice in Health Care Act**  
*For more information, contact Christie Herrera, director of ALEC's Health and Human Services Task Force, at (202) 742-8505 or [christie@alec.org](mailto:christie@alec.org).*

**Why does my state need the *Freedom of Choice in Health Care Act*?**

Efforts in our state capitol, and in Washington, are gaining steam to put complete control over your health care in the hands of government bureaucrats and appointed "experts." Government control means you will have less freedom to make the health care choices that are best for you and your family. The *Freedom of Choice in Health Care Act* will protect your health care freedom from these threats.

**What does the *Freedom of Choice in Health Care Act* do?**

The *Freedom of Choice in Health Care Act* will preserve and protect your right to make your own health care and health insurance choices. Specifically, it would protect your right to pay directly for medical care, and it would prohibit any individual or employer from being penalized for not purchasing government-defined health insurance.

**Why should my state's constitution protect the right of patients to pay directly for medical care?**

Single-payer systems, like in Canada, make it illegal for citizens to go outside of the government's health care plan and contract for their own medical services. The *Freedom of Choice in Health Care Act* would make this fundamental provision of Canadian-style, single-payer health care unconstitutional.

Patients should have the right to pay directly for medical services with their own money. When consumers control the dollars, they make the treatment decisions. When the government controls the dollars, they make treatment decisions based on what's best for the government, not what's best for the patient.

The consequences of government making medical decisions are often dire, and sometimes deadly. In New Zealand, breast cancer patients were blocked from accessing the lifesaving drug Herceptin because it cost too much. In Sweden the wait for heart surgery can be as long as 25 weeks. In Canada more than 800,000 patients are currently on waiting lists for medical procedures.



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The *Freedom of Choice in Health Care Act* will ensure that patients, not government bureaucrats, decide which doctor to see or what medical treatments to get.

**More information about the consequences of single-payer health care can be found in:**

- \* Michael Tanner, "The Grass Is Not Always Greener: A Look at National Health Systems Around the World," Cato Institute Policy Analysis No. 613, March 18, 2008: <http://www.cato.org/pubs/pas/pa-613.pdf>.
- \* John C. Goodman, Linda Gorman, Devon Herrick, and Robert M. Sade, Health Care Reform: Do Other Countries Have the Answers?, National Center for Policy Analysis, March 10, 2009: [http://www.ncpa.org/pdfs/sp\\_Do\\_Other\\_Countries\\_Have\\_the\\_Answers.pdf](http://www.ncpa.org/pdfs/sp_Do_Other_Countries_Have_the_Answers.pdf).
- \* <http://BigGovHealth.org>: A website with "single-payer horror stories" and fact sheets on the U.S. and worldwide infant mortality/life expectancy statistics; whether the U.S. Veterans Administration is a model for health reform; and much more.

**Why should my state's constitution block penalties for individuals or employers who don't purchase health insurance?**

It is important for people to have health insurance coverage, but a government requirement to purchase health insurance is ineffective, bureaucratic, and costly. The *Freedom of Choice in Health Care Act* would strike at heart of individual and employer mandates—implemented in Massachusetts, Hawaii, and elsewhere—that just don't work.

In Massachusetts—a state that imposed an individual mandate and an employer mandate in 2006—more than 1/3 of their uninsured still don't have coverage; health insurance is 40% more expensive than in the rest of the country; it's getting harder to see a doctor since before "reform" was enacted; and legislators expect a \$2-\$4 billion shortfall over the next decade.

The Massachusetts mandate didn't just affect the uninsured. The Massachusetts government actually told 20% of its already-insured citizens to buy more health insurance, because their existing coverage wasn't "good enough." When the government enforces a requirement for people to buy health insurance, they need to define what "insurance" is. The Cato Institute estimates that a federal individual mandate will force 100 million Americans to drop their existing plans and buy more expensive health insurance that is "good enough" for bureaucrats.

Employer mandates don't yield universal coverage and are harmful for consumers and workers. Hawaii has had a "pay or play" employer mandate for 35 years, and yet the number of uninsured has remained the same because employers shifted jobs to (exempt) part-time employees. And when the government forces businesses to buy health insurance for their



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workers, it really means higher taxes and fewer jobs. When businesses face cost increases, they'll pass on those costs in the form of increased prices, job cuts, or wage freezes.

An individual mandate would harm patients, and an employer mandate would threaten our fragile economy. The *Freedom of Choice in Health Care Act* would protect our citizens from these threats.

**More information about the consequences of individual and employer mandates can be found in:**

- \* Michael Tanner, "Massachusetts Miracle or Massachusetts Miserable: What the Failure of the 'Massachusetts Model' Tells Us About Health Reform," Cato Institute Briefing Paper No. 112, June 9, 2009: <http://www.cato.org/pubs/bp/bp112.pdf>.
- \* Michael F. Cannon, "All the President's Mandates: Compulsory Health Insurance Is A Government Takeover," Cato Institute Briefing Paper No. 114, September 23, 2009: <http://www.cato.org/pubs/bp/bp114.pdf>.
- \* James Sherk and Robert A. Book, "Employer Health Care Mandates: Taxing Low-Income Workers to Pay for Health Care," Heritage Foundation WebMemo No. 2552, July 21, 2009: [http://www.heritage.org/Research/HealthCare/upload/wm\\_2552.pdf](http://www.heritage.org/Research/HealthCare/upload/wm_2552.pdf).

**Does supporting the *Freedom of Choice in Health Care Act* mean that I favor "free riders" who choose to not purchase health insurance and then show up in the emergency room?**

Free riders do present a cost-shifting problem as uncompensated care costs are borne by the already-insured—although researchers estimate uncompensated care to be just 2-3% of overall health costs. The Massachusetts data reveal that at best, an individual mandate didn't affect ER visits at all—and at worst, an individual mandate actually increased ER usage by 17%.

The Massachusetts example shows that an individual mandate alone will not decrease ER usage. One Massachusetts survey reported that although the newly-insured had "insurance coverage" on paper, 90% of them did not have access to care from a non-ER provider. Other reports indicate that average wait times to get appointments with doctors in Boston ranged from 21 days for cardiologists to 70 days for obstetrician-gynecologists. And the Massachusetts Medical Society reports that the average wait to see a primary care doctor is 36 days.

Lawmakers cannot artificially create a growing demand for care without other policies (encouraging "minute clinics," enacting medical liability reform to encourage more doctors to practice, loosening scope of practice laws, etc.) to encourage healthcare supply. And those reforms can be achieved without a bureaucratic, ineffective, and costly requirement to



purchase health coverage.

**More information about the why an individual mandate won't solve the "free rider" problem can be found in:**

\* Minna Jung, "What Massachusetts Teaches Us About Emergency Departments and Reform," Robert Wood Johnson Foundation's User's Guide to the Health Reform Galaxy Blog, October 5, 2009:  
<http://rwjfblogs.typepad.com/healthreform/2009/10/whatmassachusetts-teaches-us-about-emergency-departments-and-reform.html>.

\* Liz Kowalczyk, "ER Visits, Costs in Massachusetts Climb," Boston Globe, April 24, 2009:  
[http://www.boston.com/news/local/massachusetts/articles/2009/04/24/er\\_visits\\_costs\\_in\\_m ass\\_climb/](http://www.boston.com/news/local/massachusetts/articles/2009/04/24/er_visits_costs_in_m ass_climb/).

**Does the Freedom of Choice in Health Care Act only benefit insurance companies?**

The *Freedom of Choice in Health Care Act* prohibits the forced purchase of private health insurance plans. This benefits patients, not insurance companies.

**How will the Freedom of Choice in Health Care Act affect Medicaid, SCHIP, or Medicare?**

The *Freedom of Choice in Health Care Act* will not in any way impact the funding of, or functioning of Medicaid, SCHIP, or Medicare. The language "This section does not affect laws or rules in effect as of January 1, 2009" clarifies this matter. Citizens will be free to participate in any safety net program (Medicaid, Medicare, SCHIP) to which they are entitled, as well as participate in any proposed programs (the public option or the national health insurance exchange) as they do today. The *Freedom of Choice in Health Care Act* simply ensures that citizens are not forced into these programs.

**Does the Freedom of Choice in Health Care Act enable my state to block any kind of federal health reform?**

No. The *Freedom of Choice in Health Care Act* would not attempt to block implementation of any federal law as long as the federal law does not require an individual/employer mandate, or forbid patients from paying directly for medical services.

**Congress is now implementing health reform. Doesn't this solve a problem that doesn't yet exist?**

Two hundred and twenty years ago, some founders questioned the need for the Bill of Rights to be included in the U.S. Constitution. Eventually, they realized that the Bill of Rights was essential in protecting the people from a powerful central government. Today, the First through Tenth Amendments preserve our freedoms—and the *Freedom of Choice in Health Care*



Questions and Answers: ALEC's *Freedom of Choice in Health Care Act*  
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Act will protect our right to health care freedom in the same way.

But this is more than an issue of federal encroachment. Threats of single-payer health care, or of an individual/employer mandate, also exist at the state level. In 2009, 14 states introduced legislation to enact state-based, single-payer health care. Countless other states have proposed requirements for individuals or employers to purchase health coverage or else pay a fine to the state. The *Freedom of Choice in Health Care Act* would make these state-based assaults on patients' rights unconstitutional.

**Does supporting the *Freedom of Choice in Health Care Act* mean that I am against health reform? Doesn't this tie our hands with future reforms?**

No. The *Freedom of Choice in Health Care Act* simply states that the cornerstone of any future health care reform must be the preservation and protection of patients' rights.

###



Questions and Answers: ALEC's *Freedom of Choice in Health Care Act*  
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## HCR 2014 LANGUAGE BREAKDOWN

To preserve the freedom of Arizonans to provide for their health care,

*A goal we can all agree upon*

- 1. A law or rule shall not compel, directly or indirectly, any person, employer, or health care provider to participate in any health care system.**

*Arizonans should have the right to choose whether or not to join any health care system—to preserve their freedom to be in charge of their own health care decisions.*

*Note- there is no question that this language preserves the ability to use taxes from individuals and businesses to fund health care programs. It does prevent forcing people or businesses or providers to pay EXTRA penalties or taxes for opting out.*

- 2. A person or employer may pay directly for lawful health care services and shall not be required to pay penalties or fines for paying directly for lawful health care services.**

*The right to spend your own money to pay for lawful health care services must be protected and preserved.*

**A health care provider may accept direct payment for lawful health care services and shall not be required to pay penalties or fines for accepting direct payment from a person or employer for lawful health care services.**

*It is not enough to protect the right to pay for a health care service if the health care provider is forbidden from getting paid for the service. This protects the providers so they can actually provide the care that Arizonans want.*

**B. Subject to reasonable and necessary rules that do not substantially limit a person's options, the purchase or sale of health insurance in private health care systems shall not be prohibited by law or rule.**

*It is not enough to simply protect the right to purchase health care services directly. Arizonans understand that health care is expensive. We must also protect the right of private businesses to sell health insurance to help defray some of the costs of health care. Nothing in this prevents the legislature and department of insurance from regulating insurance companies to protect Arizonans from fraud and abuse.*

**C. This section does not:**

- 1. Affect which health care services a health care provider or hospital is required to perform or provide.**

*The legislature retains the right to determine which services are in the scope of practice for health care providers and hospitals, and if a service must be offered.*

## HCR 2014 LANGUAGE BREAKDOWN

### **2. Affect which health care services are permitted by law.**

*The legislature retains the right to determine if a health care service is legal.*

### **3. Prohibit care provided pursuant to Article XVIII, Section 8 of this Constitution or any statutes enacted by the legislature relating to workers' compensation.**

*Workers' compensation is addressed elsewhere in the state constitution and in statute. It is not the intent of HCR 2014 to disrupt or change workers' compensation rights for the people of Arizona.*

### **4. Affect laws or rules in effect as of January 1, 2009.**

*The aim of HCR 2014 is to protect rights that the people of Arizona currently enjoy—while there are some serious issues with the right of Medicare patients to spend their own money now, it is not the intent of HCR 2014 to jeopardize health care benefits that Arizonans currently have.*

### **5. Affect the terms or conditions of any health care system shall not be affected to the extent that those terms and conditions do not have the effect of punishing a person or employer for paying directly for lawful health care services or a health care provider or hospital for providing directly purchased lawful health care services.**

*Private contracts for health care should be protected. The people of Arizona must be protected from health care and insurance contracts that take away the right to maintain the ultimate control over health care decisions.*

### **E. For the purposes of this section:**

- 1. “Compel” includes penalties or fines.**
- 2. “Direct purchase” means payment for lawful health care services without a public or private third party, not including an employer, paying for any portion of the service.**
- 3. “Health care system” means any public or private entity whose function or purpose is the management of, processing of, enrollment of individuals for or payment for, in full or in part, health care services or health care data or health care information for its participants.**
- 4. “Lawful health care services” means any health related service or treatment to the extent that the service or treatment is permitted or not permitted by law or regulation that may be provided by persons or businesses otherwise permitted to offer such services.**
- 5. “Penalties or fines” means any civil or criminal penalty or fine, tax, salary or wage withholding or surcharge or any named fee with a similar effect established by law or rule by a government established, created or controlled agency that is used to punish or discourage the exercise of rights protected under this section.**



# GOLDWATER INSTITUTE

## **The Health Care Freedom Act: Questions & Answers**

by Clint Bolick, Litigation Director, Goldwater Institute

*The Health Care Freedom Act will appear as a proposed constitutional amendment on Arizona's 2010 election ballot, and similar measures are under consideration in more than 30 other states. With the possibility that Congress will enact some sort of national health insurance legislation, questions are being raised about the scope of the Health Care Freedom Act and its effect should a federal bill become law. In the following pages, Clint Bolick, who helped to author the Health Care Freedom Act, answers frequently asked questions.*

**Q:** What is the Health Care Freedom Act?

**A:** The Health Care Freedom Act is a proposed amendment to the Arizona Constitution that would preserve certain existing rights that individuals have regarding health care. It was initially proposed by two Arizona physicians, Dr. Eric Novack and Dr. Jeffrey Singer, with drafting assistance from the Goldwater Institute. The measure qualified as a voter initiative on the 2008 ballot, and despite a well-financed opposition campaign, it was defeated by less than one-half of 1 percent of the vote. Changes were made to address concerns raised by the opponents, and the Arizona Legislature voted to refer the revised version to the 2010 ballot.

The American Legislative Exchange Council adopted model legislation based on the Arizona measure, and activists and legislators in at least 35 additional states are pursuing constitutional amendments or statutes based on the Arizona model.

**Q:** What are the key provisions?

**A:** Although the precise language varies from state to state, the Health Care Freedom Act seeks to protect two essential rights. First, it protects a person's right to participate or not in any health care system, and prohibits the government from imposing fines or penalties on that person's decision. Second, it protects the right of individuals to purchase—and the right of doctors to provide—lawful medical services without government fine or penalty. The Health Care Freedom Act would place these essential rights in the state constitution (or, in some states, it would protect them by statute).

**Q:** What motivated the Health Care Freedom Act?

**A:** No one questions the need for serious health care reform. However, the proponents of the Health Care Freedom Act believe that regardless of how such reform is fashioned, either at the state or federal level, the essential rights protected by the Health Care Freedom Act should be preserved. Many advocates of a larger government role in regulating or providing health insurance support a mandate that would compel individuals to join a government-approved health insurance plan, whether or not they can afford it and whether or not the system best fits their needs. In some countries in which government plays a large role in providing health insurance, medical services are rationed and individuals are prevented or discouraged from obtaining otherwise lawful medical services. Supporters of the Health Care Freedom Act have a variety of perspectives on the form that health care reform should take. But they agree that no matter what legislation is passed, it should not take from Americans their precious right to control their own medical affairs.

**Q:** By what authority can states pass the Health Care Freedom Act?

**A:** It is well-established that the U.S. Constitution provides a baseline for the protection of individual rights, and that state constitutions may provide additional protections—and all of them do. For instance, some states provide greater protections of freedom of speech or due process rights. Because the Health Care Freedom Act offers greater protection than the federal constitution, states are allowed to enact it.

**Q:** Does it matter whether the Health Care Freedom Act is passed as a statute or as a constitutional amendment?

**A:** A state constitution is the organic law of the state, reflecting the most fundamental values shared by the citizens of the state. Moreover, a state constitutional amendment will ensure the state legislature can never infringe upon the protected rights. So a constitutional amendment is preferable, especially to protect against legislative tinkering. However, for purposes of a federalism defense against excessive federal legislation, it should not matter whether the people of the state have acted through their constitution or by statute.

**Q:** Does the Health Care Freedom Act attempt to “nullify” federal health insurance legislation?

**A:** Absolutely not. If federal legislation is enacted, individuals would still have the option to participate in federal health insurance programs. This act simply protects a person’s right not to participate.

**Q:** To the extent that the Health Care Freedom Act conflicts with provisions of federal legislation, isn't the state law automatically preempted by the Supremacy Clause of the U.S. Constitution?

**A:** No. In any clash between state and federal provisions, at least four federal constitutional provisions are relevant. The Supremacy Clause establishes the Constitution as the supreme law of the land and provides that federal laws prevail over conflicting state laws where Congress has the legitimate authority to enact the legislation and where it does not impermissibly tread upon state sovereignty. The federal government will have to demonstrate that its legislation legitimately is derived from congressional authority to regulate interstate commerce. It will also have to show the legislation does not violate the 10<sup>th</sup> Amendment, which reserves to the states all government power not expressly delegated to the national government; and the 11<sup>th</sup> Amendment, which protects states from being used as mere instrumentalities of the national government. This constitutional construct is known as federalism.

**Q:** Are certain provisions of proposed federal health care legislation vulnerable to constitutional challenge even without the Health Care Freedom Act?

**A:** Yes, in at least three ways. First, to the extent that the legislation purports to regulate transactions that do not directly affect interstate commerce, such as mandating insurance for individuals, Congress may lack authority to do so under the Commerce Clause. Several relatively recent decisions by the U.S. Supreme Court have invalidated federal legislation on this basis. In *U.S. v. Lopez* (1995), the Court struck down federal laws that restricted guns in school zones; and in *U.S. v. Morrison*, it struck down a federal statute involving violence against women. In both cases, the Court found the subject matter of the federal laws did not "substantially affect" interstate commerce, so Congress had no power to regulate it under the circumstances presented.

Second, to the extent the legislation interferes with the individual's right to choose health insurance providers, doctors, or lawful medical services, it may violate the right to medical self-determination recognized under the U.S. Constitution. As the Court declared in *Griswold v. Connecticut* (1965), "We have recognized that the special relationship between patient and physician will often be encompassed within the domain of private life protected by the Due Process Clause." Several of the early abortion cases involved what Justice William O. Douglas, concurring in *Doe v. Bolton* (1973), described as the "right to seek advice on one's health and the right to place reliance on the physician of one's choice." Whether or not one agrees with those abortion rulings, they establish a strong basis for challenging certain federal and state intrusions.

Third, several recent decisions have invalidated federal laws that "commandeer" state governments to do their bidding. In *New York v. United States* (1992), for instance, the Court struck down federal rules requiring states to take ownership of certain radioactive waste and to expose themselves to liability. Speaking for the Court, Justice Sandra Day O'Connor ruled that

“no matter how powerful the federal interest involved, the Constitution simply does not give Congress the authority to require the States to regulate.” Tellingly, she added “the Constitution protects us from our own best intentions: It divides power among sovereigns . . . precisely so that we may resist the temptation to concentrate power in one location as an expedient solution to the crisis of the day.” To the extent that federal health insurance legislation forces states to implement its provisions, it could be subject to robust constitutional challenge.

**Q:** Could the Health Care Freedom Act provide additional protection against federal health insurance legislation that violates protected rights?

**A:** Yes. Although the federal government usually prevails in federalism clashes, the current U.S. Supreme Court is the most pro-federalism Court in decades. There are no cases precisely on point, but the Court under Chief Justice John Roberts has sided with the states in at least three major recent federalism clashes. In the case most closely on point, *Gonzales v. Oregon* (2006), the Court upheld the state’s “right-to-die” law, which was enacted by Oregon voters, over the objections of the U.S. Attorney General, who argued that federal law pre-empted the state law. Applying “the structure and limitations of federalism,” the Court observed that states have great latitude in regulating health and safety, including medical standards, which are primarily and historically a matter of local concern. Holding that the attorney general’s reading of the federal statute would mark “a radical shift of authority from the States to the Federal Government to define general standards of medical practice in every locality,” the Court interpreted the statute to allow Oregon to protect the rights of its citizens.

*Horne v. Flores* (2009) considered a measure adopted by Arizona voters to require English immersion as the state’s educational policy for students for whom English is a second language. Lower federal courts had imposed an injunction based on a finding that Arizona was failing to comply with federal bilingual education requirements. The Supreme Court held that injunctions affecting “areas of core state responsibility, such as public education,” should be lifted as quickly as circumstances warrant. It observed that “federalism concerns are heightened when . . . a federal court decree has the effect of dictating state or local budget priorities.” The Court remanded the case to lower courts to reconsider the injunction.

In *Northwest Austin Municipal Utility District No. 1 v. Holder* (2009), the Court examined a challenge to section 5 of the Voting Rights Act, which places certain states and localities in a penalty box, requiring them to obtain “pre-clearance” by the U.S. Department of Justice for any changes that impact voting. The Court was sharply critical of the “federalism costs” imposed upon the covered jurisdictions. It avoided the constitutional question by applying the federal law in a way that allowed the utility district to “bail out” from pre-clearance requirements under section 5.

In each of these cases, the Court sided with states in federalism disputes with the federal government.

**Q:** Will the Health Care Freedom Act affect future state legislation regarding health insurance?

**A:** Yes. If it is passed as a constitutional amendment, it would prevent any future legislation that infringes upon the rights protected by the amendment.

**Q:** Won't this be really expensive for the states to defend in court?

**A:** The Goldwater Institute has offered to defend the constitutionality of the Health Care Freedom Act at no cost to any state. Because legal challenges would involve purely constitutional issues and would not require expensive trials, to the extent that states become involved in litigation, they should be able to do so within existing Attorney General litigation budgets. Moreover, depending on the details of national health insurance legislation, the cost of federal mandates is likely to far exceed the cost of litigation.

**Q:** Even if the states and individuals did not prevail in a challenge to intrusive federal health insurance legislation, would there be reasons to support the Health Care Freedom Act?

**A:** Yes. First, if these rights are given additional protection under state constitutions, they will create an absolute barrier to future state legislation that violates those rights. Moreover, efforts to enact the Health Care Freedom Act send a powerful message to our nation's capitol that people at the grassroots take these rights very seriously and intend to protect them.

**Q:** Does the Health Care Freedom Act impair drug laws?

**A:** Absolutely not. It protects the right to purchase or provide "lawful" medical services. It does not limit the power of any government to determine what constitutes lawful medical services.

**Q:** Does the Health Care Freedom Act affect the issue of abortion?

**A:** No. Again, to the extent that states may regulate abortion under applicable constitutional doctrine and state or federal law, this measure would not alter that power in any way. The Health Care Freedom Act does, however, prevent the government from forcing individuals into health care systems against their will, and matters of conscience may influence such individual decisions.

**Q:** Does the Health Care Freedom Act affect Veterans' Administration programs, workers' compensation, Medicare, Medicaid, or state health-care systems?

**A:** Generally, no. The Health Care Freedom Act leaves intact any rules and regulations that were in place as of January 1, 2009. The only way such programs could be affected is if they are changed in the future in ways that violate the freedom of choice protected by the Health Care Freedom Act.

**Q:** Will this restrict the government from limiting the choice of providers or imposing other limits for the people who do opt-in to a government health care system?

**A:** No and yes, respectively. If a person voluntarily joins a government health care system, the government may set the terms and conditions, including choice of providers. However, the government cannot prevent a person from purchasing, or a health care professional from providing, lawful medical services outside that system.

**Q:** Is the Health Care Freedom Act supported financially by insurance companies?

**A:** No. Many insurance companies support an individual mandate (requiring individuals to buy health insurance or face government fines), which the Health Care Freedom Act would prohibit. An individual mandate guarantees a customer base to the insurance industry. It is present in some legislative proposals as a means to subsidize health insurance for others. If insurance companies play a role in the battle over the Health Care Freedom Act, we expect they will oppose it, possibly with significant resources.

**Q:** Are there other ways in which freedom advocates can use state constitutions to protect their liberties?

**A:** Absolutely. State constitutions are full of provisions unknown to the U.S. Constitution that are designed to protect individual liberty and limit the power of government, such as the line-item veto, anti-monopoly provisions, prohibitions against corporate subsidies ("gift clauses"), constraints against earmarks ("special law clauses"), and the like. Citizens and legislatures can amend their state constitutions to add additional protections; and taxpayers can enforce their state constitutional rights in state courts. State constitutions were intended to be the first line of defense in protecting the freedoms of the people. As the power of government grows at every level, we need to use whatever tools are available to us to safeguard our rights. For more on how state constitutions can protect liberty, see the recent Goldwater Institute report, "**50 Bright Stars: An Assessment of Each State's Constitutional Commitment to Limited Government.**"

American Legislative Exchange Council  
1101 Vermont Ave., NW, 11th Floor  
Washington, DC 20005

Invoice No. TWOH10

# INVOICE

**Federal Tax ID# 52-0140979**

**Bill To:** Edward F. Kozelek  
Regional Vice President - Midwest  
Time Warner Cable, Midwest Region  
1015 Olentangy River Road  
Columbus, OH 43212

Account No.  
90219

Terms  
Upon Receipt

Invoice Date  
12/14/10

Description	Amount Due
ALEC-Ohio Scholarship Fund	10,000.00

**Total: \$10,000.00**

States Nation Policy Summit 2010 Attendees

PREFIX	FIRST	MIDDLE	LAST	COMPANY	STA PHONE	EMAIL
Rep.	John	P.	Adams	Ohio Legislature	OH (614) 466-1507	kara.joseph@ohr.state.oh.us
Rep.	Peter	A.	Beck	Ohio Legislature	OH (614) 644-6027	district67@ohr.state.oh.us
	Jack		Dalton	LifeSafer Interlock Inc.	OH 513-651-9560	
	Eric	D.	Fingeehut	Ohio Board of Regents	OH 614-466-0887	
Rep.	Ronald		Maag	Ohio Legislature	OH (614) 644-6023	district35@ohr.state.oh.us
	Margie		Nimmo	LifeSafer Interlock Inc.	OH 513-651-9560	gregory@lifesafef.com
Mr.	Mike		Prentiss	Procter & Gamble Company	OH (513)983-6760	prentiss.m@pg.com
Mr.	Brian		Rosen	Purdue Pharma L. P.	OH 614-406-6506	brian.rosen@pharma.com
Mr.	Joshua		Sanders	Diageo North America, Inc.	OH (614) 365-3163	joshua.sanders@diageo.com
Rep.	Barbara		Sears	Ohio Legislature	OH (614) 466-1731	barbara.sears@ohr.state.oh.us
Sen.	William		Seitz	Ohio Legislature	OH (614) 466-8068	sd08@senate.state.oh.us
Rep.	Todd		Snitchler	Ohio Legislature	OH (614) 466-9078	district50@ohr.state.oh.us
	Jerry		Stanton	LifeSafer Interlock Inc.	OH 513-651-9560	
Rep.	Michael		Stinziano	Illinois Legislature	OH 614-940-6336	
	Michael L.		Weinstein	American Electric Power Company Inc.	OH (614) 716-2706	mlweinstein@aep.com



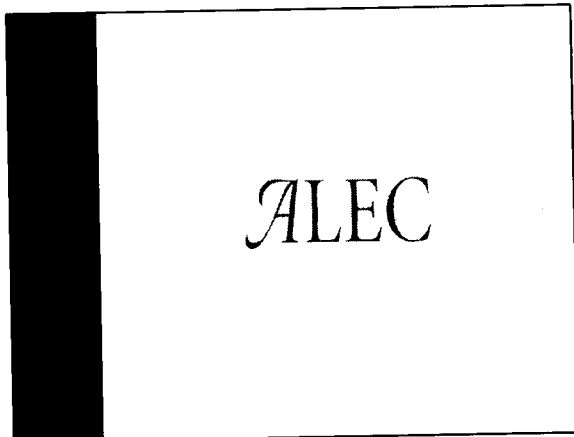
State Chairs Teleconference Action Items  
Thursday, November 18, 2010  
4:00 – 5:00 Eastern

State Chairs brought up:

- Growing the economy
- Increasing fundraising for scholarship funds
- Working with ALEC on bringing in new Private Sector Members
- Legislators being able to accept scholarship funds
- Ensuring that ALEC is presented publicly in a good light
- Healthcare reform
- Additional materials for promoting ALEC
- National speakers for state events
- Extend registration deadlines and decrease public sector one-day registration rates

ALEC plans to:

- Add fundraising (for scholarships and for ALEC membership), scholarship legislation, and an overview on healthcare to the SNPS State Chairs Meeting agenda
- Include materials regarding scholarship legislation and accessing on-line materials in the State Chairs packets
- Staff offers to work with State Chairs to develop individual fundraising and event strategies for their states
- Staff will write a grant proposal to try and get funding for national speakers
- Will pass along the media-related issues to Public Affairs and event-related issues to the Meetings Department




**American Legislative Exchange Council**


Our mission is to:

*advance and promote the Jeffersonian principles of **Free Markets, Individual Liberty, Limited Government, and Federalism** through our nonpartisan public-private sector partnership of state legislators and members of the private sector.*

**ALEC's Presence**

**State-Level** 

- Nearly 2,000 Legislative Members in all 50 States

**Federal-Level Alumni** 

- **Members of Congress**
  - 9 Senators
  - 95 Representatives

**Private Sector Membership**

- Nearly 300 companies, foundations, and associations are currently ALEC members
- Private sector members and legislators participate in ALEC and on the National Task Forces to create ALEC policy
- ALEC is one of America's most dynamic public-private partnerships

**ALEC's Nine Task Forces**

- Civil Justice
- Commerce, Insurance & Economic Development
- Education
- Energy, Environment & Agriculture
- Health & Human Services
- International Relations
- Public Safety & Elections
- Tax & Fiscal Policy
- Telecommunications & Information Technology

**ALEC's Task Forces**

- To date, ALEC's Task Forces have considered, written and approved hundreds of model bills on a wide range of issues.
- **Each year, close to 1,000 bills, based at least in part on ALEC Model Legislation, are introduced in the states. Of these, approximately 17 percent become law.**

### Value of Membership

- Networking opportunities at the state and national level
- Eligibility to participate on any of ALEC's nine National Task Forces
- Access to policy research and analysis
- Subscriptions to all publications and full website access including our complete database of model legislation

### ALEC Publications

### Task Force Membership

- Voting member(s) for the Task Force with benefits of:
  - Introducing and identifying critical issues
  - Presenting opportunities during Task Force meetings
  - Introducing, drafting, and voting on model legislation
- Alternate member(s) on the Task Force
- 3 Task Force meetings per year

### Task Force Programs


- **Issue Alerts** are sent to state legislative members to highlight and support specific bills or votes that either represent established ALEC policies and model legislation or clearly advance ALEC's mission.
- **Issue Briefings** bring policy experts directly to lawmakers for a state-specific seminar and discussion on a critical, current issue.
- **Academies** are two-day long Invitation-only seminars held around the country for ALEC legislators on a specific policy issue.


### ALEC Conferences


ALEC holds three national meetings per year – **Spring Task Force Summit**, **Annual Meeting**, and **States & Nation Policy Summit**.

- Bring together ALEC's public sector and private sector members
- Several days of intensive policy debate and formulation
- Networking opportunities – learn from other states
- Task Force meetings held at each
- State scholarship funds available for state legislators to cover the cost of travel, hotel, and registration for the meetings upon approval of the ALEC State Chairs.

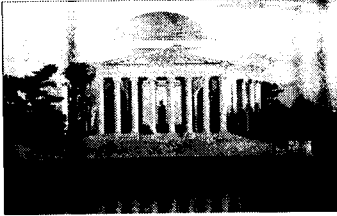
### 2011 Conference Schedule

**SPRING TASK FORCE SUMMIT**  
- Cincinnati, OH: April 29-30 

**ANNUAL MEETING**  
- New Orleans, LA: August 3-6 

**STATES & NATION POLICY SUMMIT**  
- Scottsdale, AZ: November 30-December 2 

*Thank You!*



For more information:

**Rob Shrum**  
**(202) 742-8512**  
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PREFIX	FIRST_NA	MIDDLE_N	LAST_NAM	COMPANY	STATE_PF
Rep.	John	P.	Adams	Ohio Legislature	OH
Rep.	Peter	A.	Beck	Ohio Legislature	OH
	Jack		Dalton	LifeSafer Interlock Inc.	OH
Rep.	Ronald		Maag	Ohio Legislature	OH
	Margie		Nimmo	LifeSafer Interlock Inc.	OH
Mr.	Mike		Prentiss	Procter & Gamble Company	OH
Mr.	Brian		Rosen	Purdue Pharma L. P.	OH
Mr.	Joshua		Sanders	Diageo North America, Inc.	OH
Rep.	Barbara		Sears	Ohio Legislature	OH
Sen.	William		Seitz	Ohio Legislature	OH
	Michael	L.	Weinstein	American Electric Power Company Inc.	OH

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**Committees**  
Commerce & Labor; Insurance  
State Government; Veterans Affairs  
Rules and Reference

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**John Adams**  
**House Minority Whip**

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November 8, 2010

Dear ALEC Members:

As you may know, the 2010 ALEC States and Nation Policy Summit will be held in Washington, D.C. from December 1<sup>st</sup>- 3<sup>rd</sup>. This ALEC meeting promises to provide us with a great deal of useful information and will feature such guest speakers as former Speaker of the US House Newt Gingrich and Governor Rick Perry (R-Texas).

As Ohio's Public Sector Chairman, I am very pleased to announce we do have scholarships available to assist in covering the cost of attendance. These scholarships will cover:

- Up to \$375.00 for ALEC member registration;
- Up to \$150.00 for spouse registration;
- Up to two nights stay at the host hotel (if you are an official member of a subcommittee/ workgroup that meets at 9 am or earlier on December 1<sup>st</sup>, you will be reimbursed for 3 nights);
- Up to \$240.00 for member's airfare or mileage to Washington, D.C. (reimbursement for mileage is unavailable if flying);
- Up to \$21 for airport parking;
- Up to \$46 for cab fare or hotel parking while in Washington, D.C.;
- Up to \$50.00 for member's meals if the meals are not provided for at the conference (please remember this requires an itemized receipt from the restaurant and alcohol cannot be reimbursed).

In order to ensure timely processing and scholarship accountability, all reimbursement requests and receipts MUST be submitted for reimbursement by March 1, 2011. After that date, any reimbursements from the scholarship fund will be unavailable.

I look forward to seeing you at this year's States and Nation Policy Summit and please do not hesitate to contact me should you have any questions or need further information.

Thank you,

A handwritten signature in black ink, appearing to read "John Adams".

Rep. John Adams  
ALEC Ohio Chair

PREFIX	FIRST	MIDDLE	LAST	COMPANY	ST	PHONE	EMAIL
Rep.	John	P.	Adams	Ohio Legislature	OH	(614) 466-1507	kara.joseph@ohr.state.oh.us
Rep.	Peter	A.	Beck	Ohio Legislature	OH	(614) 644-6027	district67@ohr.state.oh.us
Mr.	Bruce		Johnson	BP	OH	614-364-2067	BruceC.Johnson@bp.com
Mr.	Margie		Nimmoo	LifeSafer Interlock Inc.	OH	513-651-9560	gregory@lifesafes.com
Mr.	Mike		Prentiss	Procter & Gamble Company	OH	(513)983-6760	prentiss.m@pg.com
Mr.	Brian		Rosen	Purdue Pharma L. P.	OH	614-406-6506	brian.rosen@pharma.com
Sen.	William		Seitz	Ohio Legislature	OH	(614) 466-8068	sd08@senate.state.oh.us
	Michael	L.	Weinstein	American Electric Power Company Inc.	OH	(614) 716-2706	mlweinstein@aep.com