

SUPPLEMENTAL VIEWS OF THE HONORABLE TOM PRICE (R-GA)
COMMITTEE ON EDUCATION AND LABOR
H.R. 3200, AMERICA'S AFFORDABLE HEALTH CHOICES ACT OF 2009

Over the course of nearly a quarter century as a physician, I cared for thousands of patients. And caring for each and every one of them was a privilege. So when I left the practice of medicine to shape public policy and the health care delivery system of this nation, I did so clinging to a steadfast aspiration to achieve full access to affordable, quality health care for all Americans, while preserving the patient-doctor relationship without governmental interference.

Relying on my experiences as a physician, I can attest to how current federal laws and incentives retard access to health care and often put a bureaucrat in between a patient, his family, and their doctor. The tax code institutes a third-party health care model making it difficult for those to gain coverage outside of an employer or government entity. And the federal health care programs that do exist dictate to patients which doctors they may see and how frequently, and which procedures or tests doctors may or may not order or provide.

H.R. 3200, the *America's Affordable Health Choices Act of 2009*, marks the latest attempt to fundamentally alter our health care financing and delivery structure. This measure, however, is a transformational piece of legislation intended to erode personal and private decision-making while further institutionalizing the very errors of current federal health care laws and programs. The end result will be a system built on penalties, mandates, rationing, and bureaucracy – all of which are fundamental threats to quality care. For example:

- Sec. 102 of H.R. 3200 grandfathers out health insurance coverage on the individual market. Issuers of existing coverage may not enroll new individuals, alter benefits and cost-sharing, and increase premiums. These plans will no longer be available.
- Sec. 123 of H.R. 3200 creates the Health Benefits Advisory Committee, a new panel to recommend covered benefit standards, including treatments, items and services, and cost-sharing. The Committee is comprised primarily of either political appointees or federal bureaucrats, and these are the folks who will be making these critical decisions.
- Sec. 141 of H.R. 3200 creates the Health Choices Administration, a new federal agency charged with establishing the Health Insurance Exchange. The Administration is the final arbitrator of what is a qualified health benefits plan (i.e. “acceptable”) under the exchange and is charged with enforcement.
- Sec. 301 and Sec. 401 of H.R. 3200 impose a “personal responsibility” on every American to obtain “acceptable” health insurance coverage or face a tax of 2.5 percent on gross income.

- Sec. 313 and Sec. 412 of H.R. 3200 impose a tax of eight percent of average wages paid on employers. Providing health care to employees is no longer a voluntary benefit and only the smallest businesses are exempt.
- Sec. 221 of H.R. 3200 creates a public health insurance option, available through the Health Insurance Exchange, to “compete” against privately run health insurance coverage. Independent analysis by both the Congressional Budget Office and the Lewin Group has concluded that millions of Americans would lose their existing coverage as a result of this government-run plan.

Certainly, the status quo is unacceptable. Yet, a true health care reform package empowers patients first; it builds on what is working and fixes what is flawed without disrupting or destroying quality care; it does not ingrain what is broken and scraps what works.

Before consideration of H.R. 3200, a bipartisan, fundamental rethinking of this nation’s health care delivery system could have been possible if reform focused on a patient-centered approach and championed personal ownership and coverage over government control. Further, any effort needed to embrace the same health care principles most Americans embrace: accessibility, affordability, choices, innovation, quality and responsiveness.

As the leader of a group of conservative Republicans in the House of Representatives faithfully committed to these principles and the implementation of reform, I introduced H.R. 3400, the *Empowering Patients First Act*. It represents the possibility of a new patient-centered era in American health care without putting the government in charge.

For starters, the measure ensures all Americans have access to affordable coverage through a series of tax credits, deductions, and tax equity. It makes it feasible for individuals to pick any health care plan, not just what is offered by the government or at work, meaning that no matter who is paying the bill, patients own and control their own health plan. This puts Americans in a position whereby insurance companies are responsive to them rather than a third-party.

There is portability to maintain coverage if someone changes jobs or moves across state lines. To establish a viable marketplace, barriers are knocked down so coverage can be purchased across state lines.

And since one cannot be serious about reform without addressing the medical liability crisis, the *Empowering Patients First Act* provides for the creation of specialized health care courts relying on the expertise of medical specialty societies to relieve upward pressure on medical costs.

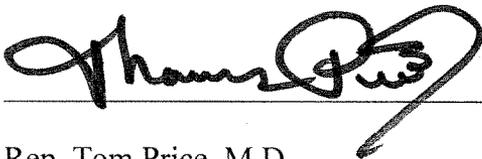
This same commitment to principles and reform by dedicated Republicans inspired my personal efforts during the mark up of the *America’s Affordable Health Choices Act of 2009* before the Committee on Education and Labor. Yet every attempt to offer common sense amendments was defeated by Committee Democrats on near party line votes. For example:

- An amendment to ensure current coverage provided by employer-sponsored group plans would be considered a qualified health benefits plan. Rejecting the amendment flies in the face of “If you like what you have, you can keep it,” and restricts access to existing, affordable plans. (Amendment #11, defeated 18-29)

- An amendment to permit states a waiver out of Division A of the Act, which contains the new health care bureaucracies, the individual and employer mandates, and the public health insurance option. Various states have already taken innovative steps to adopt comprehensive health care reform. (Amendment #29, defeated 19-28)
- An amendment to enable employers to contribute to a worker's account and permit that worker to purchase insurance coverage of his choice. (Amendment #40, defeated 19-29)
- An amendment to eliminate the "tiered" payment structure for "preferred" and "non-preferred" physicians who participate in the public health insurance option. Without it, the existing provision forces health care providers to accept payments mandated by the federal government which are well below the actual cost and would likely result in the deterioration of quality care. (Amendment #41, defeated 19-29)

In the end, the *America's Affordable Health Choices Act of 2009* rejects the health care principles most Americans embrace and embodies the go-it-alone attitude that House Democrats embarked on from the beginning. House Republicans were never consulted or brought into the process. In fact, more than 70 percent of amendments offered by Republicans for final consideration in the mark up of the Committee on Education and Labor were defeated on near party line votes.

It is why the end product is so terribly flawed and, if adopted, Congress will end up revisiting soon thereafter to correct many of its faults. It is with the sentiments outlined here that I oppose this legislation, and ask all House Republicans to do the same.

A handwritten signature in black ink, appearing to read "Tom Price", written over a horizontal line.

Rep. Tom Price, M.D.
Sixth Congressional District of Georgia