

House Energy & Commerce Committee



Republicans

E&C Democrats Pass Government-Run Health Care

Committee OKs Medicare cuts, tax hikes, illegal aliens; who's Chicky?

WASHINGTON – It took 16 days, but Democratic leaders finally muscled a trillion dollars worth of legislation past the House Energy and Commerce Committee Friday after their Blue Dog conservatives abandoned a revolt against government-run health care.

Victory for the Democratic leadership came on a narrow, 31-28 margin, with five Democrats joining all 23 Republicans to vote no.

Revelations of the bill's \$1.6 trillion price tag had touched off a protest among the handful of sticker-shocked committee Democrats, stalling action as the Democratic leadership cajoled its reluctant followership back into line. Even exposure to a presidential charm offensive at the White House wasn't enough to mollify them initially, and subsequent committee sessions were twice canceled as Democratic leaders scrounged for votes.

The trick was how to reel conservatives back in without terrifying liberals, but as soon as the latter were satisfied, 53 of the former signed a letter declaring their independence from the leadership and their absolute commitment to a "robust" government-run system.

House members now will spend August explaining their work to constituents, with the legislation heavily dented by bipartisan dissent and its ultimate prospects less certain than ever. Many anticipate that while the House is away, the House speaker's staff will rewrite key parts of the committee-passed bill, then schedule a post-Labor Day vote with nearly all amendments forbidden.

In the committee, Democratic leaders seemed to cringe each time their rank and file was required to vote on a Republican reform that might prove popular. The very first such idea – an amendment by U.S. Rep. John Sullivan, R-Okla., to find and stop duplicative spending – drew Waxman's opposition, but won committee approval on a vote of 29-27.

After that shock reversal, leaders locked down the lid on the Democrats' pressure cooker and proceeded briskly to (1) brush off a physician's proposal to bar political officials and bureaucrats from overriding doctors on patient treatment decisions; (2) enable Washington to force states and cities to offer abortion insurance to their workers; and (3) label spending for municipal playground equipment as "preventive" medicine in order to excuse the Obama Administration's trillion-dollar deficit.

In sum, Democrats dumped 26 Republican amendments, memorably including a GOP-offered proposal to prevent a planned tax increase which featured a Brooklyn Democrat baiting another committee member to "bring it on, Chicky."

The bureaucrat-patient relationship

The question of whether government officials could order states and cities to provide insurance coverage for anything from abortions to hair plugs was outlined starkly in two questions posed by the committee's ranking Republican, U.S. Rep. Joe Barton of Texas, to the committee's chief Democratic staff counsel:

Barton: "Is it true that if we don't strike this and the bill stays as is, the federal government could withhold grants from states if they didn't comply with some of the mandated requirements for health coverage of their state employees?"

Democratic counsel: “Yes.”

Barton: “Is it true under the provisions of the bill if not struck or amended that if the federal government required abortions to be covered, a state would have to do that or lose grants?”

Democratic counsel: “If the secretary, acting on advice of the benefits advisory commission, had made abortion a minimum benefit for any acceptable insurance package, yes, sir. They could withhold that.”

“We can’t tell states what to do directly,” Committee Chairman Henry Waxman, D-Calif., said, explaining why withholding funding would be necessary. “We have to use whatever leverage we have over them.” He led a 35-20 party-line vote to reject the proposal, which had been offered by U.S. Rep. Nathan Deal, R-Ga.

Hi, do you wanna play doctor?

The proposal to ban government employees from overruling doctors on matters of direct patient treatment was rejected on a vote of 23 Republicans and one Democrat in favor, 33 Democrats opposed.

“This is about the practice of medicine,” said Barton of the amendment by U.S. Rep. Phil Gingrey, R-Ga. “If I asked for a show of hands about how many people think people in Washington should tell your doctor how to practice medicine on you, I don’t think there’d be anybody who would raise a hand. I wouldn’t raise my hand. I don’t want my doctor to be told how to practice medicine on me or my family.”

The proposal’s author, an ob-gyn who practiced in Marietta, Ga., for 26 years before coming to Congress, said that doctors “should not be forced to practice under the dictates of some federal employee or political appointee who really has no medical background.”

Added U.S. Rep. Roy Blunt, R-Mo.: “I would hope that this committee would decide that the doctor-patient relationship is more important than the bureaucrat-patient relationship.”

U.S. Rep. Mike Doyle, D-Pa., responded for his side by changing the subject from bureaucrats overruling physicians to whether small companies will dump employees into a government health plan. His advice was not to worry about that because, “No. 1, it will probably be at least eight years before that can happen, and it’s up to the secretary of HHS to make that determination.”

“Well, I believe it does, sir.”

The nurse, U.S. Rep. Lois Capps, D-Calif., provided the quote of the day on Monday as she objected to her \$250 million sex education amendment being mislabeled by a Democratic opponent: “Excuse me, this is not a ‘program.’ This is to establish a grant (pause, searching for just the right word) *opportunity*.” See?

Other frustrations ensued when she was asked if organizations receiving “evidence-based” grants would be defunded if they failed to reduce teenage pregnancy rates or achieve some other measurable goal.

U.S. Rep. Tim Murphy, R-Pa.: “Does it say somewhere in here that if an organization or state failed to reduce those issues that they would not get the grant money?”

Capps: “I would believe that would be lack of evidence.”

Murphy: “I just don’t see it in here. It doesn’t necessarily say in here that if they fail to reduce. Is it in here somewhere that I missed?”

Capps: “Page 2, line 20. Describe how the state’s proposal will address the needs of at-risk teens in the state.”

U.S. Rep. Diana DeGette, D-Colo.: “Will the gentleman yield? Page 3, line 11, B. Evaluation, through line 20. That’s where it addresses those concerns.”

...Murphy: “Will the gentle lady be amenable to perhaps putting some wording in this that specifically says that, that if they’re not able to produce results, they don’t...”

Capps: "I believe it's clear in the amendment, sir."

Murphy: "It's not in here."

Capps: "Page 4, line 3."

Murphy: "Page 4 now? See, people told me it's Page 2 and Page 3, and now it's Page 4?"

Capps, getting ticked: "The whole amendment deals with what you're talking about."

Murphy: "There's nothing in here that specifically says if they fail to meet the goals of this under the definition that they're no longer eligible for funding."

Capps, really ticked now: "Well, I believe it does, sir."

Why jungle gyms make good medicine

Although the Congressional Budget Office estimated that the bill would add \$239 billion to the federal deficit during the first 10 years, Waxman insisted it was "deficit-neutral" and led Democrats in rebuffing a proposal to delay some of the spending until the national deficit is under control.

Republicans had wanted to delay a burst of disease "prevention" spending for items like municipal jungle gyms and bicycle trails until Washington's budget deficit dips below \$1 trillion, but Democrats said the money must be spent. So the proposal by U.S. Rep. Lee Terry, R-Neb., to cork one fountain in the health bill was defeated 33 to 23. All Republicans voted yes; all Democrats voted no, except for four who skipped the post-midnight roll call.

"Public health and workforce" spending under the bill "can mean anything as we've heard from various news reports and newspaper articles from installing more jungle gyms to creating bike trails and parks," Terry pointed out.

"This is pretty straightforward," noted Barton. "President Obama's budget did get below \$1 trillion, and the Republican budget got well below \$1 trillion, so this is a target that is defensible."

Chairman Waxman not only disagreed, he said that "the dollars we spend on prevention will be the most efficient and cost-effective investments we make in health care reform. It makes no sense to hold prevention hostage to the debate over the budget."

Medicare for patients

Thirty-two Democrats voted no and 20 Republicans yes on the proposal by Republican U.S. Rep. Mike Burgess, an East Texas physician, to eliminate the annual Medicare cuts that force doctors to turn away patients.

No fix was required because "this bill provides a comprehensive permanent overhaul of the SGR that falls within the Paygo adjustment allowance," argued U.S. Rep. Bruce Braley, D-Iowa.

A quirkier but less bureaucratic stand on Medicare was taken by U.S. Rep. Anthony Weiner, D-N.Y., who attempted to abolish the nation's primary medical program for senior citizens. His "message" amendment was intended to highlight what the tart congressman called "the hypocrisy" of Republican opposition to the Democrats' government-run health care plan. On a bipartisan vote of 57-0, the Weiner farce was shrugged off as an entertaining bit of political theater. In the end, Weiner opposed his own amendment. "Mr. Weiner's got nowhere to go but up on his next amendment," said one congressman as the result was announced.

Democratic policy on tax cuts: No, thanks, and 'Bring it on, Chicky'

Weiner, a Brooklyn Democrat, had done better earlier. He drew astonished laughter from Republicans and actual votes from Democrats by leading opposition to a tax cut, saying the Obama plan does plenty to reduce taxes.

At issue was a Barton amendment to forestall the Democrats' provision to double the taxes levied in the bill. The legislation's new surtax "doubles in the year 2013 if there is a study by the Office of Management and Budget that determines if certain savings have not occurred," Barton noted. "The effect of the Barton amendment would be that beginning 2013, only those citizens who make over \$1 million would have their taxes increased by the surtax."

Weiner said blocking the tax hike was unnecessary because "American citizens' taxes are going to come down as a result of this bill." When the Georgia Republican and physician, Rep. Gingrey, tried to speak, Weiner taunted, "Bring it on, Chicky."

The proposal to block the Democrats' tax hike failed on a 33-25 vote.

Illegal aliens on Medicaid

Majority Democrats scratched out a one-vote advantage as the panel voted 29-28 to kill a Republican amendment requiring that states keep illegal aliens off the public welfare program, Medicaid.

The proposal's author, Rep. Deal, said that "the reason for the amendment is that the underlying bill would require millions of people to be automatically enrolled in Medicaid without any guarantees that these new enrollees are United States citizens or legal residents. We know that there are approximately 11-plus million individuals who are illegally in our country and... we know the verification requirements that were inserted in 2005 have proven successful."

Health Subcommittee Chairman Frank Pallone, D-N.J., however, protested that "a lot of people" were being denied care, and said no evidence exists that illegal aliens are actually getting welfare services for which they're ineligible.

Republicans differed, with Oregon's Walden pointing out that his state had audited its Medicaid rolls and discovered that 3 percent of the recipients were, in fact, in the United States illegally.

Rep. Barton added that when citizenship verification requirements were first proposed, "there was a great hue and cry that people had lost their birth certificates or they were born before there were birth certificates or whatever, and they wouldn't be able to prove it. So we added a way of documenting citizenship...and people are not being turned away if they don't walk in with a birth certificate."

The next day, Democratic U.S. Rep. Zack Space of Ohio followed up with what one congressman labeled "a CYA amendment" on illegal aliens that contained no provision for citizenship verification.

Good for taxpayers, not for politicians

The president, vice president and members of Congress will not have to join the public in the "public-option" government health plan, Chairman Waxman decided Thursday night.

"If this is a good plan for them, it ought to be good enough for us," U.S. Rep. Sue Myrick, R-N.C., argued when that amendment was offered by Rep. Blunt. U.S. Rep. Steve Scalise, R-La., called it the "put-up-or-shut-up amendment."

The only thing Democrats put up, however, was their hands to raise a procedural objection. So instead of being voted on, the Republican proposal to subject politicians right along with the public to government-run health care was tossed by the chairman.

Insurance plans exempt in wrongful death cases

Democrats spent two weeks denouncing private insurance plans, then used parliamentary procedure to bail them out when the going got tough. No vote occurred on the amendment to remove their immunity from wrongful death because Chairman Waxman ruled it "not germane to the bill."

"Don't be shocked when you get home this August and are asked why you extended immunity to plans, including union plans, that injure or kill people," cautioned the author, U.S. Rep. John Shadegg, R-Ariz.

If an employee is killed or hurt because of a decision by a plan administrator, even if the decision involves willful negligence, the plan is immune from lawsuits, he said. “That employee can recover nothing for their injuries; nothing, even if there’s a wrongful death. This bill not only doesn’t fix this problem, it preserves and extends it.”

Rep. Burgess also noted that “there is an exemption that allows some people to go to the courthouse and recover damages: specifically, members of Congress.”

Dangerous, discriminatory wellness

Healthy people may cost less, as U.S. Rep. Steve Buyer, R-Ind., said, but his attempt to promote wellness ran into a Democratic one-size-must-fit-all mandate and lost on a vote of 34-24.

Making the case for employer-based wellness programs, Buyer wanted to allow employers to pay up to half of health benefit costs instead of the current limit of 20 percent.

That approach didn’t suit Democrats led by U.S. Rep. Kathy Castor, D-Fla., who raised the specter of mandatory medical exams, penalties for obesity and increased premium costs, and then denounced the wellness proposal as dangerously discriminatory. “I’ll also put on the record that the administration opposes this,” she said.

Rep. Gingrey, however, wondered “how is it punitive or discriminator when you’re not raising the premiums for those who don’t choose to participate in a wellness program?”

“You’d think that other people who choose not to participate are being discriminated against,” he said. “What’s discriminatory about them paying the standard rate for the standard group health insurance policy, but rewarding others who lower the costs by their behavior?”

“We ought to encourage this kind of wellness activity, not discourage it,” Gingrey said.

Congressional-style health insurance for all: “Yes!...Pass!...No!”

Rep. Weiner had an idea – give Americans the same kind of health insurance as congressmen get – but his idea didn’t sit nearly as well when Republicans offered him a chance to vote for it.

In the end, the famously loquacious Democrat had just two words to say about letting everybody into congressional-style health insurance: “Pass” and then, “No.” His final choice among his shifting positions combined with 30 other “No” votes from Democrats on the House Energy and Commerce Committee to kill the idea he’d advocated a day earlier.

Republicans had argued that the idea made sense, and said they’d been hearing from constituents well before Weiner brought it up. “People will say to us, ‘Why can’t we have the same thing you guys have?’” said U.S. Rep. Phil Gingrey, R-Ga. of the amendment offered by U.S. Rep. Lee Terry, R-Neb. “We ought to give everybody in this country an opportunity to get this.”

The final vote was 31-28 against opening the plan to everyday citizens.

Gov’t-Run Health Plan May Provide Abortion

Most Democrats managed to have it all ways on the abortion issue, at first opting to make abortions available under the government’s “public-option” health plan, then deciding to disallow them as a basic benefit, and finally reversing that decision just before midnight.

The opening salvo on abortion was fired by Rep. Capps, a nurse whose proposal created a murky accounting mechanism that effectively permitted the government’s “public option” insurance plan to contain coverage for elective abortions.

Capps argued that it continued traditional bans on federal funding of abortion services, but U.S. Rep. Bart Stupak, D-Mich., refuted that stand, saying the proposal abrogated long-standing bans.

Making abortion services not only available, but “cheaper and more affordable? That’s not a principle I can endorse,” Stupak said of the Capps amendment, which won on a 30-28 squeaker.

The panel then turned to joint proposals from Stupak and U.S. Rep. Joe Pitts, R-Pa., that were designed to prohibit the kinds of abortion services that have been consistently excluded from government sponsorship.

Stupak said he and Pitts “have been very up-front” about the proposals they were offering. The amendments were these:

1. Abortions could not be a required basic benefit of any government or private plan, which was approved 31-27. Then, in a surprise move, it was then reconsidered an hour later and reversed on a vote of 29-30, aided by the chairman’s parliamentary switcheroo and a mysterious change of heart and switch of vote by a Tennessee Democrat, U.S. Rep. Bart Gordon.
2. “The conscience clause, where no one should be forced to perform an abortion or help assist in an abortion no public funds for abortions,” which won on a voice vote.
3. Application in the government-run plan of the traditional “Hyde Amendment” ban on public funding for abortion, which failed, 31-27.

Sweetheart deals may help government health plan kill off competitors

Democrats decided to give their government-run health plan such a head start that it could drive private competitors out of business. On a vote of 32-23, they united to ditch Republican U.S. Rep. George Radanovich’s proposal to stop that from happening.

The Radanovich amendment sought to make certain that special tax breaks and a regulation-lite would not be available to help bureaucrats running the government health plan out-compete private insurance. If the Democrats’ goal really is more competition, “let’s make sure the playing field is fair to all competitors,” the Californian said.

Democratic Rep. Murphy of Connecticut argued that as a nonprofit, the government-run health plan is due privileged treatment. “By requiring that this plan pay state premium taxes...it would very consciously un-level the playing field,” he said.

Health Subcommittee Chairman Pallone added that denying the government plan the ability to borrow start-up money from other government agencies seemed unfair.

Dems’ \$500 billion Medicare cut: ‘Don’t be scared’

Democrats turned down a Republican proposal to stop a \$500 billion raid on Medicare, voting 35-23 to let the cut contained in their bill take effect. by saying no to a proposal offered by Rep. Gingrey.

“I hope every senior is listening very, very carefully,” he said. “This amendment would take all of that \$500 billion and put it back where it belongs, put it into the Medicare system.”

U.S. Rep. Jan Schakowsky, D-Ill., responded that the money coming out of Medicare under her party’s legislation shouldn’t concern senior citizens. “Don’t let anybody scare you,” she said. “We will be there for you as we always have been.”

Gingrey said restoration of the \$500 billion could help close the “doughnut hole” in the prescription drug plan, provide services like annual physicals to Medicare patients, cut deductibles and co-pays and offer catastrophic coverage.

No extra help for breast cancer patients

Breast cancer survival may be declining under government-run health care systems across the world, but not to worry in America. Democrats voted 36-22 against allowing American women with a risk or history of breast cancer to get specialized care under insurance that focuses on that illness if survival rates drop under the U.S. government-run plan.

The amendment to create a special option for women was “disingenuous,” said Chairman Henry Waxman.

The proposal’s author, Arizona Republican Shadegg said his amendment required an annual study on five-year survival rates, and if they decline, “then women could chose to pick a plan that focused on breast cancer.” Another Republican, nine-year breast cancer survivor Sue Myrick, said she was able “to see six doctors all told, and have three mammograms and an ultrasound before it was finally diagnosed. I knew something was wrong. In other systems, I would not have had that benefit.”

In other action,

- Democrats turned down, 35-23, a Barton amendment to deliver health care at an added cost of \$2 billion a year instead of \$100 billion. The proposal would have allowed the federal government to subsidize state-based “high-risk pools” to insure the uninsured. “If we can get the same bang for a lot fewer bucks, we should do it,” Barton said.
- The committee listened to a Weiner amendment that would eliminate all private health insurance and replace it with a “single-payer,” all-government system. “This is as close as we have to starting from scratch as we’ll ever have,” he said. The proposal was withdrawn when Speaker Nancy Pelosi promised that it would be offered later to the full House.

But wait, that’s not all. The 60 pending amendments will be considered in a separate bill in September, said Waxman.

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House Energy & Commerce Committee


Ranking Member

Republicans

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What does the America's Affordable Health Choices Act (AACHA) do?

Democratic myth: *"We want competition, but we don't want the public plan to win because that will drive out private insurance."* – U.S. Rep. Henry Waxman, D-Calif., chairman of the House Energy and Commerce Committee

Fact: *"I know many people here today are single-payor advocates and so am I ... those of us that are pushing for a public insurance option don't disagree with the goal. This is not a principled fight. This is a fight about strategy, about getting there and I believe we will."* – U.S. Rep. Jan Schakowsky, D-III.

- Do we really know how much the House Democrats' bill costs?
 - According to the CBO, "The federal budget is on an unsustainable path, primarily because of rapidly rising spending on health care." Moreover, CBO notes that "federal debt held by the public is set to jump from 41 percent of GDP at the end of 2008 to more than 60 percent by the end of 2010, the highest level since the mid-1950s."
 - CBO believes "a large-scale expansion of insurance coverage would represent a permanent increase of roughly 10 percent in the federal budgetary commitment to health care."
 - CBO has cautioned that the long-term budgetary impacts may be less favorable than the short term impact of health reform. CBO says there are two general reasons for this:
 - 1) "an expansion of insurance coverage would be phased in over time to allow for the creation of new administrative structures such as insurance exchanges. As a result, the cost of an expansion during the 2010–2019 period could be a poor indicator of its ultimate cost;" and
 - 2) "savings generated by policy actions outside of the health care system would probably not grow as fast as health care spending."
 - Recently, the CBO director told the Senate Budget Committee that the legislation "significantly expands the federal responsibility for health care costs." He further stated that the legislation does not "represent the sort of fundamental change, the order of magnitude that would be necessary to offset the direct increase in federal health costs that would result from the insurance coverage proposals."
- The House majority leadership claims that if you like what you have, you can keep it. Not true. This bill does nothing to protect you from losing the coverage you have or losing access to the health providers you are currently afforded.

- 84 million people could lose their current coverage as a result of the government-run plan reimbursing at Medicare rates (Lewin Group study)
- 4.7 million people will lose their jobs. If you lose your job, you will lose the health coverage you currently get through that job.
- Nothing in the bill requires your doctor or your pharmacist to treat you if you must enter in the government-run plan. In fact, physicians are opposed to the government-plan in this bill.
- Given the required coverage, it will be much more difficult for insurers and employers to refuse to cover services that have proven ineffective – as an unelected federal board will decide what benefits must be covered.
- Many employers will not be able to pay 72.5 percent of employee premiums, and will have to lay off workers or not hire more of them.
- Employers with sicker employees will dump them into the connector coverage; those with healthier employees will self-insure.
- The Massachusetts experience shows that individuals, even with a mandate, will wait until they are sick to get coverage that is guarantee issue. In Massachusetts, Harvard Pilgrim’s experience is that individuals enroll for several months, incurring on average around \$2,500 in costs, and then drop coverage. Unless the penalty for not enrolling is steeper, individuals will wait to enroll until they are sick.
- The bill is a huge taxpayer give away. People making more than \$80,000 get a government handout, leaving the taxpayers to entirely foot the bill of many of their fellow workers.
- The House Democrats claims their bill will give you greater choice in health care. Not true. Even if you like them, you can’t keep your doctor or your health plan.
 - First, the House bill taxes employers who do not provide insurance to their liking resulting in employers dropping their employee health care coverage altogether. You would then be forced to find a new plan.
 - Second, the bill will result in some people losing their jobs. If you have insurance through your job and you lose your job, you may not have access to the same health care providers you once had.
 - Third, the majority’s bill requires you to have insurance that is to their liking. If your insurance policy or your employer’s insurance plan does not make their cut, you may have to seek insurance elsewhere, such as through the government-run plan. There is no requirement that the government-run plan provides you with access to the providers you see today. In fact, due to the gross underpayment of providers who take the government-run plan, you could be hard-pressed to find a provider to take you as a patient.
- The House Democratic leadership claims its bill will expand and improve the quality of health care for you, but that is not true. In fact, this bill allows the government to ration healthcare.
 - The government will set payment rates for your providers. After the first three years, these rates could be as low as the government determines is necessary to control cost.

- The government can take research that has been done to determine the clinical effectiveness of certain drugs, treatments, and medical procedures and decide, based on their cost, that the government will not pay your providers to give you them, even if the providers believe they are the best course of medical treatment for you.
- Finally, the House Democratic leadership claims its bill provides higher quality of care. It says this is because doctors will be in charge of health care decisions. In fact, the bill does just the opposite.
 - The bill allows the government to determine how much it will pay doctors, which will be less than the cost of the services they provide. The bill allows the government to decide which drug or medical device it will allow your doctor to prescribe and how much the government will pay for these items. Ultimately, the bill puts the government in the treatment room to interfere with the treatment decisions you make with your doctor.
 - The Medicare system for paying physicians is broken and the majority leadership's bill does not change that. Specifically, it does not adjust for how some providers in this country are getting paid under Medicare at rates well below their cost of services. Why then would the majority tie payments for physicians who take patients in the government-run plan to Medicare rates?
 - At the Energy and Commerce hearing held at the end of June 2009, we heard from one large medical group that in order to break even, the government run plan would have to pay them Medicare + 100 percent. The majority's bill pays Medicare + 5 percent. And there are no guarantees it will be even that generous beyond year three.

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Key Numbers in the America's Affordable Health Choices Act (AAHCA)

Below is a list of important numbers relevant to the House Democrats' 1,018-page "America's Affordable Health Choices Act:"

83.4 million—Number of individuals who could lose their current coverage under the bill, according to non-partisan actuaries at the Lewin Group

\$1 trillion—New federal spending in the next ten years, according to a Congressional Budget Office score of selected elements of the bill

\$88,200—Definition of "low-income" family of four for purposes of health insurance subsidies

33—Entitlement programs the bill creates, expands, or extends—an increase from an earlier draft

53—Additional offices, bureaus, commissions, programs, and bureaucracies the bill creates over and above the entitlement expansions—also an increase from the discussion draft

1,683—Uses of the word "shall," representing new duties for bureaucrats and mandates on individuals, businesses, and States—and an increase of 306 mandates from the discussion draft

\$10 billion—Minimum loss sustained by taxpayers every year due to Medicare fraud; the government-run health plan does not reform the ineffective anti-fraud statutes and procedures that have kept Medicare on the Government Accountability Office's list of high-risk programs for two decades

Zero—Prohibitions on government programs like Medicare and Medicaid from using cost-effectiveness research to impose delays to or denials for access to life-saving treatments

2017—Year Medicare Hospital Insurance Trust Fund will be exhausted—a date unchanged by the bill, which re-directs savings from Medicare to fund new entitlements for younger Americans

\$2,500—Promised savings for each American family from health reform, according to then Senator Obama's campaign pledge—savings which the Congressional Budget Office has confirmed will not materialize, as the bill will not slow the growth of health care costs

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Republicans Have A 12-Point 'Rx for a Healthy America'

Republicans believe the U.S. health care system requires reforms in order to make care affordable, available and accessible. Unlike the Democratic leadership, we do not believe that requires a system of socialized medicine operated by the federal government. Our 12-point "Prescription for a Healthy America" will be offered through the amendment process by Republican members of the House Energy and Commerce Committee when Democrats resume the stalled bill-writing session. Essentials of the points are outlined below:

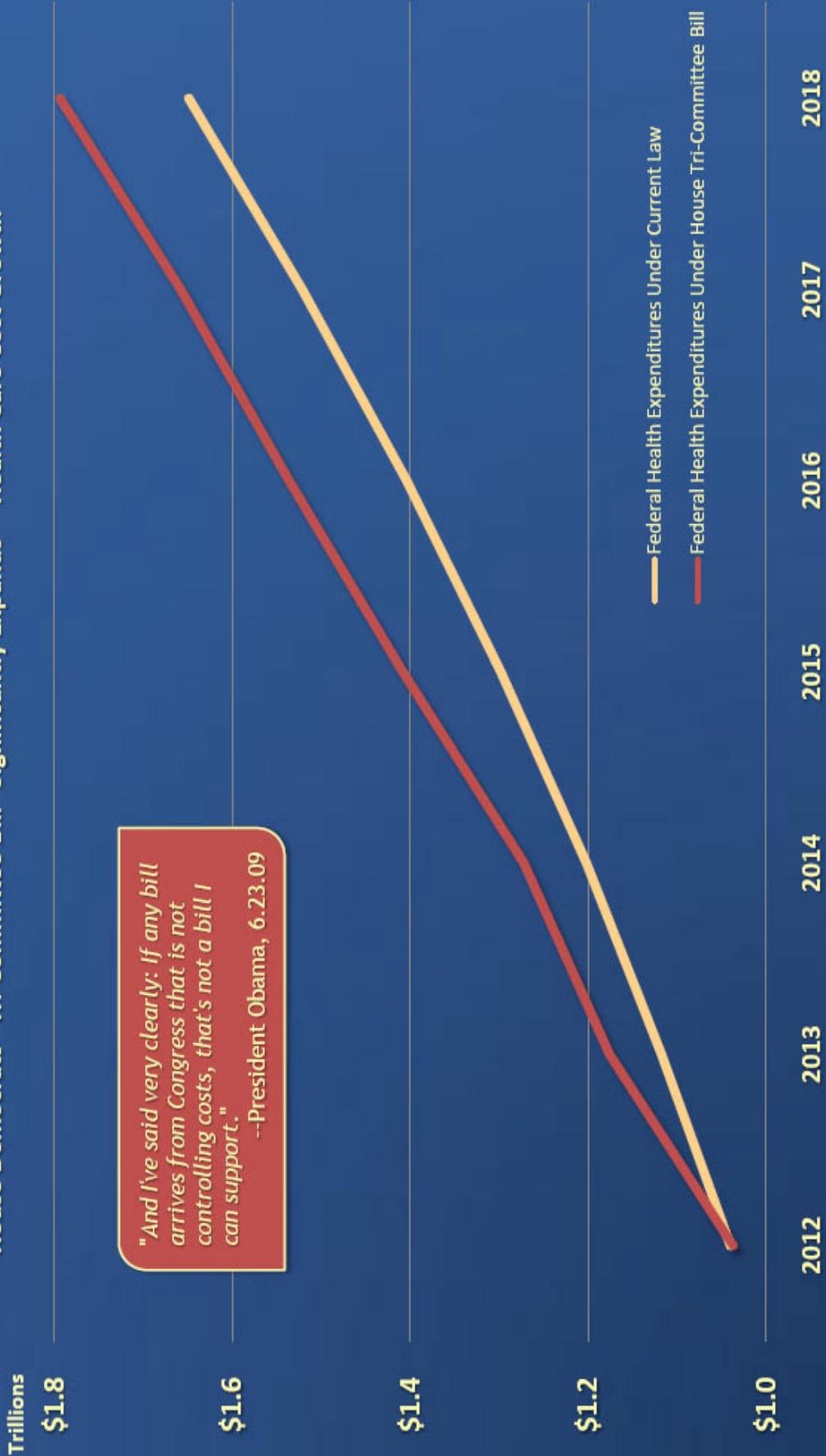
1. If you like what you have, keep it – The amendment would strike the current language in bill that prevents Americans from keeping their current health insurance if they like it and replace it with language that will allow Americans to keep what they have. This amendment will fulfill President Obama's promise to the American people that, in reforming the health care system, Americans will be able to keep their current health insurance if they like it.
2. Transparency – Patients need to know the price and quality of the care they are getting in order to make responsible health care decisions for themselves and their families. This proposal would provide ways to collect and publically disclose the pricing and risk-adjusted quality data. It would also mean fewer boxes of Kleenex tissues being billed as pricey "mucus recovery systems."
3. Ensuring senior choice – This amendment ensures that seniors will be able to keep their current health insurance. The House Democrats' bill includes cuts to Medicare Advantage. With this amendment, there can be no cuts to Medicare Advantage until the HHS secretary certifies that no health plans will stop offering coverage to seniors if such cuts are made.
4. Barton-Deal premium assistance – This approach will provide premium assistance for SCHIP-Medicaid recipients.
5. Ensure the sick get the health care they need – The amendment would ensure those with pre-existing conditions and chronic illnesses pay the same amount for health care as the healthy. This amendment would help America's sick by (1) requiring states to create, expand, and strengthen high-risk pools, reinsurance, and other risk-adjustment mechanisms, (2) providing federal funding for such programs, and (3) prohibiting insurance companies from cancelling the coverage of Americans. This amendment will allow us to take care of those Americans who need health insurance the most yet have the hardest time getting affordable insurance.
6. No increased cost of insurance – This proposal would prohibit the government plan and exchange from being established until the HHS secretary certifies that that establishment of the government

plan and exchange will not (either directly or indirectly) cause the cost of the average private health insurance premium to increase.

7. Do not raise the costs of employer-sponsored coverage – This amendment would prevent the health benefits mandates (like possibly forcing all health plans to cover abortions and Botox injections) of the House Democratic draft from going into effect until the HHS secretary certifies that the mandates will not cause the cost of private health insurance to increase.
8. Medical liability – The amendment would add common sense liability protections to reduce health care costs. The Medical Justice Act is based on the medical liability reforms adopted in Texas.
9. No government plan – This amendment would strike all language in the House Democrats’ draft pertaining to the government plan.
10. Government plan for members of Congress/President/Vice President – The president, vice president and all members of Congress would be required to enroll in the government-run “public option” program.
11. Keep current plan on-ramp – This amendment would terminate the operation of the government plan unless the HHS secretary certifies that no more than 10,000 Americans will lose access to their current health insurance due to the establishment and operation of the government plan. This will be an annual certification.
12. Making sure that private insurance works for consumers – Proposals to ensure that people with pre-existing medical conditions can get affordable and effective coverage; to prohibit insurance companies from canceling policies; and require insurance companies to provide consumers with a fair and timely appeals process for coverage disputes.

RAISING THE COST CURVE

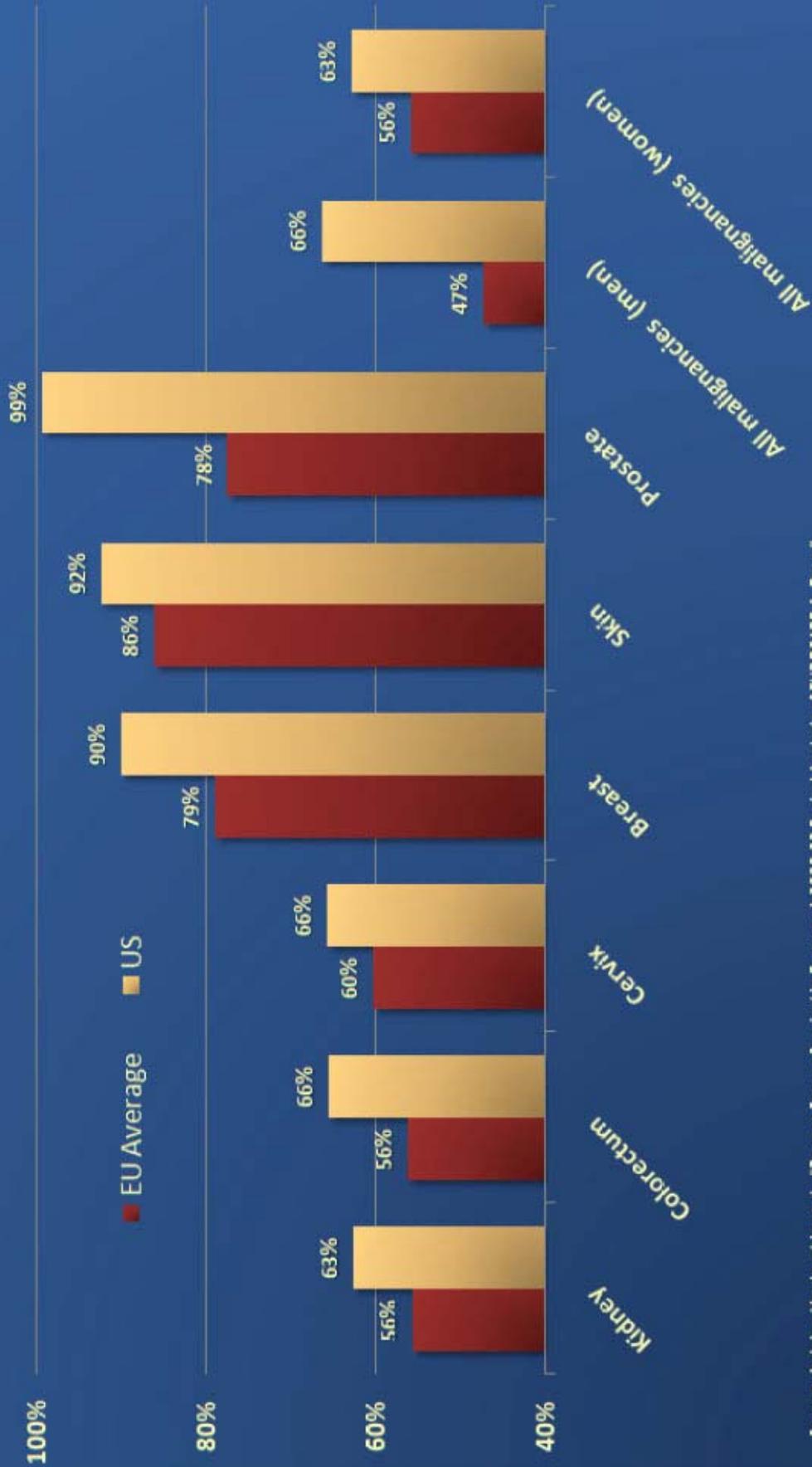
House Democrats' Tri-Committee Bill "Significantly Expands"* Health Care Cost Growth



"And I've said very clearly: if any bill arrives from Congress that is not controlling costs, that's not a bill I can support."
 --President Obama, 6.23.09

*CBO Director Douglas Elmendorf, testimony before Senate Budget Committee on H.R. 3200, "America's Affordable Health Choices Act of 2009," July 16, 2009.
 Sources: CMS National Health Expenditures projections data based on the latest historical year (2007), released January 2009. (Estimates by calendar year.)
 CBO "Estimate of the Effects on Direct Spending & Revenues of Division B and C and Section 164 of H.R. 3200, as Introduced July 14, 2009," July 17, 2009. (Estimates by fiscal year.)
 CBO "Preliminary Analysis of the Insurance Coverage Specifications Provided by the House Tri-Committee Group," July 14, 2009. (Estimates by fiscal year.)
 Prepared by Republican Staff, Joint Economic Committee. Senator Sam Brownback, Ranking Republican.
 July 20, 2009

CANCER 5-YEAR SURVIVAL RATES



Source: Arduino Verdecchia et al., "Recent Cancer Survival in Europe: A 2000-02 Period Analysis of EURO-CARE-4 Data," *Lancet Oncology* 8 (September 2007): 784-96.
 Prepared by Republican Staff, Joint Economic Committee <https://jecs.senate.gov/republicans>.