

Opening Statement of the Honorable Fred Upton
Subcommittee on Health and Subcommittee on Oversight and Investigations
Joint Hearing on “The Affordable Care Act on Shaky Ground: Outlook and Oversight”
September 14, 2016

(As prepared for delivery)

In 2009, the American people were promised a new health care system: one that would give patients a one-stop shop to choose a plan that would be affordable. At the time, the president said, and I quote, “You will have your choice of a number of plans that offer a few different packages, but every plan would offer an affordable, basic package.”

Six years later, the facts tell a different story. Major health insurers – like Aetna, Humana, and UnitedHealth – are fleeing the exchanges, leaving as many as one-third of counties and seven entire states with only one carrier. With New Jersey’s collapse this week, 17 CO-OPs have now closed their doors, costing taxpayers over \$1.8 billion and resulting in tens of thousands of Americans without a plan. And today, just 12 states are running their own exchange.

Premiums are off the charts. Competition has dramatically declined. All in all, the everyday patient is left paying more for fewer choices. But every number has a name. And each one of these patients has a story to tell.

Take Karen from Lawton, Michigan. She pays \$700 a month for her insurance. Karen and her kids are in the process of choosing between having a home, or having health insurance and moving back in with her parents.

“Because of the Affordable Care Act my insurance has doubled. Please,” Karen pleaded, “you have to do something to help the hard working middle class in this country.”

Or Lisa, who lives about an hour east of Karen and her kids. She’s paying \$744 a month for a plan with a \$3,000 deductible. Before the Affordable Care Act, Lisa paid less than \$300 a month for her family’s health care.

Greg, who lives with his wife of 40 years in Kalamazoo, is feeling the pain too. “The ACA is a disaster,” Greg said. “...has been from the start.”

Greg’s right. When this law was sold to struggling Michiganders and patients across our country, they were promised that as many as 21 million individuals would get coverage through exchanges by the end of 2016. Sadly, even with the individual and employer mandates, this number is set to come in at about half.

This is simply one reason why House Republicans have offered a better way to help patients get – and keep – health coverage. Our solutions put patients first, improve the quality of care, lower health care costs, and restore freedom and flexibility. It also keeps patients on their parents insurance until they are 26 years old, and will not deny coverage based on pre-existing conditions. We want to lead the world in cures and treatments, and our plan builds upon the important work outlined in the 21st Century Cures Act to help deliver cures now.

A recent non-partisan analysis of our reform plan found that the solutions would lower premiums by 10 to 35 percent, increase access to doctors, and boost medical productivity – all while cutting the deficit by \$481 billion over the next decade.

It's an ambitious plan – one where nobody would be priced out of health care. Everyone in Michigan – Karen, Lisa, Greg – and across America deserves access to quality, affordable health care.

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