

**Opening Statement of Chairman Greg Walden**  
**Subcommittee on Health**  
**Hearing on “Patient Relief from Collapsing Health Exchanges”**  
**February 2, 2017**

We all know the damage Obamacare has wrought on our health care system, which is why this committee is hard at work crafting reconciliation language to repeal it. But today, we begin the important work of laying the foundation to rebuild America’s health care markets as we dismantle Obamacare; especially, saving the individual market from total collapse—which is where it is headed absent our intervention.

Look, there’s no shortage of evidence that patients and families are hurting under the overwhelming weight of Obamacare.

- Patients in 21 states have seen average premium increases of 25 percent or more this year.
- Folks in seven states will experience premium increases of 50 percent or more.
- In 2016, 225 counties had one insurer. This year, there are 1,022 counties with just one insurer – that’s a third of the entire country.
- Five entire states just have one insurer offering coverage on the exchange.
- Only five of the original 23 health insurance CO-OPs remain in business. In my home state of Oregon, we had not one, but two CO-OPs fail!

We have the responsibility to prevent a real train wreck for millions of Americans. Not only *can* we solve this problem, but we *must* solve this problem.

The proposals before us today close enrollment gaps, protect taxpayers, and give patients cost relief. The first three bills should come as no surprise – they were introduced last Congress, and were the topic of two hearings in this subcommittee.

The other proposal is equally important to all of us. We will ensure patients with pre-existing conditions will always have access to coverage and care. Period.

To take this a step further, we've included a placeholder for a continuous coverage incentive. Our Better Way agenda envisions a new patient protection in the individual market for helping patients keep health coverage. HIPAA, Medicare Part B and Medicare Part D can serve as guidance for the Congress as we consider how to best achieve the goals of protecting America's sickest patients and maintaining market stability. We can do both without Obamacare's unpopular individual mandate.

We've got the best minds focused on helping us, including our witnesses today. We are going to take time to get it right. That's why you see placeholder language in the draft, today. My colleague, Susan Brooks is championing these efforts, and I'd like to yield to her for a few remarks. Mrs. Brooks.

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Thank you, Susan.

While I know our focus today is on insurance reforms, we are also working in other areas of health care to bring relief to patients. Next week, we will take up legislation sponsored by Rep. Gus Bilirakis and Rep. Kurt Schrader that would incentivize generic drug development and increase competition in the market. And

for those in industry who think it's OK to corner a market, drive up prices and rip off consumers, know that your days are numbered.

President Trump made it clear in the White House meeting I attended with him and Vice President Pence: He wants competition that will bring lower drug prices and that is precisely what this measure will accomplish. Patients are tired of waiting for relief. We are going to move forward in a bipartisan way to give them help. It's an important step forward. And it needs to happen now.

Specifically, the bill would require FDA to prioritize and expedite the review of generic applications for drug products that are currently in shortage or where there are few manufacturers on the market, if any. We all remember recent situations where bad actors jacked up the price of older, off-patent drugs because there was no competition. We want to make sure that doesn't happen again.

This bill would also increase transparency around the current generic backlog at FDA. While progress has been made, there are still an unacceptably high number of generic drug applications sitting at FDA that, if and when approved, could bring additional lower cost alternatives to patients. Whether it's examples like daraprim [*dare-a-prim*] or EpiPen, patients need solutions and this bipartisan bill gives us all a new tool to fight back on their behalf.