

Opening Statement of Republican Leader Greg Walden
Subcommittee on Health
“Strengthening Our Health Care System: Legislation to Reverse ACA
Sabotage and Ensure Pre-Existing Conditions Protections”
February 13, 2019

As Prepared for Delivery

Good morning, Madam Chair. Given the title of today’s hearing, I am concerned that for the second time in as many hearings in this subcommittee, we are not addressing the real challenges that consumers are facing, which is the high cost of health care.

Madam Chair, I said it last week, and I’ll say it again: We need to work together to help states stabilize health markets damaged by the ACA, cut out-of-pocket costs, promote access to preventive services, encourage participation in private health insurance, and increase the number of options available through the market.

Unfortunately, today’s hearing, and these bills are not adequately addressing these goals. Why would our Democratic colleagues be opposed to states innovating on behalf of their citizens? Why would they be opposed to providing patients flexible and affordable insurance options that best fit their needs? This just doesn’t make sense.

The Administration is allowing 10 million Americans more choices and more affordable health insurance options. The Democrats' Medicare for All proposal would force over 150 million Americans to lose their employer or union sponsored health insurance. You want to talk about sabotage, that is what we should be having a hearing on. I also want to reiterate my call that Energy and Commerce hold hearings on this issue.

So today, instead of having a constructive, bipartisan dialogue about helping states innovate and providing options for patients who are struggling to make ends meet, we're here for the second time in as many weeks casting the blame of Obamacare's failures on our president.

The fact is we all support protecting people with pre-existing conditions and we share a desire to stabilize the individual health insurance market.

Last Congress, I advocated for policies that would achieve this goal. First, through the AHCA's Patient and State Stability Fund. And I made two more attempts at bipartisan stabilization reforms last Congress, working with our colleagues in the Senate. Unfortunately, House Democrats repeatedly blocked our

creative solutions. Solutions like improving 1332 waivers to better meet states' unique needs and modernize programs to stabilize premiums.

In Oregon, we have an active 1332 waiver for a cost-based reinsurance program. I supported my home state's application and approval as the only Republican in our congressional delegation. Why? Because it represents the very fabric of federalism. What works best for Oregon may not work best for California, Madam Chair.

Take Alaska, for example. In studying their individual market, they found that a conditions-based reinsurance program would better serve their residents. Before they received a waiver, 2017 rates were projected to increase 42 percent. But after shifting individuals with one of 33 medical conditions into a separate pool, premiums for the lowest-cost Bronze plan fell by an astounding 39 percent. And in Oregon, the reinsurance program kept premiums six percent below what they would have been without it. Those are real savings for patients in my state.

Oregon and Alaska – one state traditionally blue, the other traditionally red – found a way to take advantage of 1332 waivers to best serve their citizens.

And they're not alone. To date, eight states have active waivers. Alaska, Hawaii, Minnesota, Maryland, Maine, New Jersey, Oregon, and Wisconsin. Eight diverse and unique states. But they have at least one thing in common, Madam Chair. Each of these eight active waivers were approved under the Obama administration's 1332 guidance. Yet, today, we're here to discuss nullifying the Trump administration's 1332 guidance. Why not first observe how states react and reform their markets through the new guidance? Perhaps a better use of our time would be spent discussing bipartisan solutions to reform and improve these waivers.

We all want a market that works. We all want patients to have access to high-quality, affordably-priced health coverage. Unfortunately, the ironically named Affordable Care Act has made insurance unaffordable for many Americans seeking individual insurance coverage. Together and with the states as partners, not subordinates, we can achieve the shared goals of well-functioning and stable market places that provide Americans affordable health insurance options.

One thing is clear: We need to guarantee our health care system works better for all Americans. That's why our goal should be to advance solutions to protect

patients, stabilize health care markets, encourage greater flexibility for states, and promote policies to help Americans get – and keep – coverage.