

Republican Leader Michael C. Burgess, M.D.
Energy and Commerce Health Subcommittee
“Proposals to Achieve Universal Health Care Coverage”
December 10, 2019
As Prepared for Delivery

Thank you, Madam Chair. Thank you for holding this hearing on various universal health care coverage proposals, including Medicare for All. Ranking Member Walden and I requested a hearing on Medicare for all numerous times this year, and I appreciate that you took our request seriously enough to hold today’s hearing. I would like to ask unanimous consent that our two letters be included in the record. Coverage does not equal care.

Chairman Pallone and Chairwoman Eshoo stated in noticing this hearing that “universal health care coverage has long been the North Star of the Democratic Party.” Every bill before us today is paving that road to the North Star – to accomplishing one-size-fits-all health care coverage.

I'm not sure the three wise men would appreciate your comparison, as this North Star journey would lead our health care system as we currently know it to disintegrate into ashes. If we're listening to Joni Mitchell, then the northern star is not very reliable as it is constantly in the dark.

Medicare for All would eliminate private insurance, employer-sponsored health insurance, Medicaid, and the Children's Health Insurance Plan, upon which many Americans depend. I am concerned about the consequences for existing Medicare beneficiaries, as this policy would raid the Medicare Trust Fund, which is already slated to go bankrupt in 2026. Our nation's seniors have been depending on the existence of Medicare for their health care needs in retirement for their entire lives.

More than 70 percent of Americans are satisfied with their employer-sponsored health insurance, which provides robust

protections for all individuals. We should be focus on strengthening the parts of our health insurance markets that are working. However, instead of building upon the successes of our existing health insurance framework, a one-size-fits-all policy would tear it down.

Single-payer health care would be another failed attempt at a one-size-fits-all approach to health care. Single-payer is not one-size-fits-all, it is really one-size-fits-no-one. Single-payer health care would cost \$32.6 trillion dollars for the first 10 years of full implementation. This high price tag would require new tax increases. In fact, doubling all currently projected federal individual and corporate income tax collections would be insufficient to finance Medicare for All according to the Mercatus Center.

Let me be clear, each and every one of these bills before us today is about Medicare for All and the pathway to socialized medicine. We have seen reports of increased wait times for patients in countries like

Canada of up to almost nine weeks for a specialist consultation.

Hospitals stand to lose billions under a Medicare for All plan. The New York Times reported rural hospitals saying they would virtually close overnight, while others said they would try to offset the steep cuts by laying off hundreds of thousands of workers and abandoning lower-paying services like mental health. We simply cannot afford the financial or human suffering that would accompany such misguided policy. To further lay out that argument, I would like to request unanimous consent to insert statements from the Texas Hospital Association and American Hospital Association into the record.

It is clear that a socialist takeover of even one sector of the health care industry – prescription drugs – in Speaker Pelosi's HR 3, there would be a reduced number of new drugs coming to market. The Congressional Budget Office estimated between 8-15 new drugs would fail to come to market over the course of 10 years.

Whereas the Council of Economic Advisors anticipated as many as 100 drugs would not reach Americans. This is the effect of a socialist policy, the ramifications of which would be even greater under Medicare for All.

Evidently, the House Democrats are looking to socialize all of medicine and our whole health care system.

While I support common sense, market-driven, improvements to our health care system that would increase access to health care services and drive down costs for patients, these universal health care coverage bills are steps in the wrong direction.

I introduced HR 1510, the Premium Relief Act of 2019, which includes reinsurance that is coupled with a structural reform of the Affordable Care Act. This would give states more choice on how to repair their markets that have been damaged by Obamacare.

Even better, this legislation is fully paid for by stopping bad actors from gaming the system.

There are many policies that we could work on that would get to providing more Americans health care coverage, however, nine bills that fail to have a single Republican cosponsor among them, is not the answer. I am glad we finally had a hearing on Medicare for All so the Energy and Commerce Committee can open the blinds and reveal what this “North Star” really looks like to the American people – completely in the dark. I yield back.