

**Opening Statement of E&C Republican Leader Greg Walden
Subcommittee on Health
“Proposals to Achieve Universal Health Care Coverage”
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As Prepared for Delivery

Today we're here to talk about the greatest government takeover of private business, and the greatest denial of individual choice, in modern history. Medicare for All would not only take away your health insurance, but also end Medicare as we know it. It would ban private insurance and rob consumers of any choice they have in making health care decisions that work for them.

We hear all the time, “don't worry, Medicare for All will give you free health care from Washington, D.C. that's better than what you get today.” When Washington politicians promise you something for free, you better hold onto your wallet.

Let's look at what Medicare for All would do. More than 180 million Americans lose the health insurance plan they've chosen or bargained for. Even Medicare Advantage plans for seniors are wiped out.

A recent poll found that 84% of Americans are satisfied with the health care plans they're on. These are union members and workers who have negotiated their health care benefits for decades – under the Democrats' plan, they would lose the coverage they've chosen for their families and are shoved into a one-size-fits-all system that rations care, restricts access and blows a hole in the budget.

At the presidential debate in October, a top Democrat said, 'If you eliminated the entire Pentagon, every single thing... it would pay for a total of four months.'

These plans are so complex, confusing and costly that even the Congressional Budget Office could not figure out the price tag. However, independent studies from think tanks on the left and the right arrived at similar conclusions: Medicare for All would cost between \$28 trillion and \$32 trillion over 10 years. Other versions could cost up to \$52 trillion. Leading Democrats are forced to admit this would require massive tax increases on working families and American companies.

But even doubling current personal and corporate taxes would NOT cover the costs. DOUBLING – still not enough. Doctors and hospitals could see payment cuts of 40%! How would they keep their doors open? What would happen to our ability to access care?

We can look north to Canada to see what Canadians deal with every day. The Fraser Institute found that after a doctor's referral for specialty care, the median wait time is 20 weeks, double what it was 25 years ago.

Canada is facing a shortage of medical providers and in some provinces, some hospitals have responded by closing their emergency rooms on certain days of the week. In British Columbia, 300 patients died waiting for surgery between 2015 and 2016 because of a lack of anesthesiologists, according to the British Columbia Anesthesiologists' Society. Canada has 16 CT scanners for every million people. Here in the U.S. we have nearly three times as many CT scanners.

Delay and denial of care is how government run health care systems control costs. They ration care. If the government decides the treatment or drug you need are not 'cost-effective,' you are denied access. And the law prevents you from going around the government to get care.

This is not just a theory, this is what happens in other countries with government-run health care administered by bureaucrats – care is

rationed, access is restricted, and patients have worse outcomes. That's not what Republicans want for Americans.

Mr. Chairman, I do want to thank you for having this hearing. The American people deserve to hear the facts about what a government takeover of their health insurance will mean for access to care in a timely manner. These plans ration care and deny life-saving treatments. Importing foreign health care systems to the U.S. runs counter to our shared goal of expanding access to the latest cures and improving access to lifesaving therapies.