

Congressman Michael C. Burgess, M.D.
Testimony
Budget Committee Members' Day Hearing
March 6, 2019

Thank you, Chairman Yarmuth and Republican Leader Womack, for allowing me to share my thoughts this morning about the Budget Resolution for Fiscal Year 2020. I would particularly like to express my concern about this Committee's interest in pursuing single-payer, government-run health care. This is not a budget item, but one that should move through a transparent, regular order process at the Committees of jurisdiction, including the Energy and Commerce Committee.

The Democrats' one-size-fits-all government-run, single-payer health care bill would epically fail to provide access to quality health care for Americans. This plan would lead to a massive tax increase, eliminate private insurance, and bankrupt the already-dwindling Medicare trust fund.

The constituents in my district are struggling to afford their health insurance, and I am sure that my district is not the only one suffering from sky-high premiums and deductibles. What good is health care insurance if you are afraid to use it because you can't afford your deductible? This is an issue that I would like to see us tackle, and I am confident that a government-run, single-payer health care system would only further detriment our nation's health care.

As the son of a doctor who chose to leave Canada's government-run health care system behind for the United States, I worry that central state control of health care as it exists in other

countries would be damaging to the doctor-patient relationship. As a physician, I do not believe that the government should hinder a doctor's ability to act in the best interest of his or her patient. I wish the concept of government dictating a physician's practice and decisions was - unthinkable. Alas, I find myself here today having to deconstruct the idea of further government control of health care.

Ms. Jayapal's proposal would implement a global budget, and once that is set, hospitals and institutions would be required to stick to it for all outpatient and inpatient treatment. That is what terrifies me. What happens if the budget runs out? Are patients told "sorry, we ran out of money, try again next year?" I also would expect that of all the Committees in the House, this very Committee would know better than to create an additional entitlement program and devolve further power to the executive branch.

Today, we should be focusing on the parts of the health insurance market that are working for Americans. According to a survey by America's Health Insurance Plans, 71 percent of Americans are satisfied with their employer-sponsored health insurance, which provides robust protections for individuals with pre-existing conditions. Quite simply, the success of the employer-sponsored insurance market is *not* worth wiping out with single-payer health care. Since President Trump took office, the number of Americans in employer health coverage has increased by more than 2.5 million. In fact, today there is a greater percentage of Americans in employer health coverage than at any time since 2000. That's why I am thoroughly astounded – though not surprised – that House Democrats want to abolish that insurance option entirely. Having been a surrogate on the campaign trail for Senator McCain in 2008, who proposed a

policy that would impact ERISA plans, I learned first hand that touching individuals' employer plans is not well-received.

Instead of building upon the successes of our existing health insurance framework, the Democrats' radical, single-payer, government-run policy would tear it down. It would eliminate employer-sponsored health insurance, private insurance, and popular Medicare Advantage plans for seniors.

There is no question that this policy could be catastrophic for American patients today and for generations to come. Under this policy: you cannot keep your doctor, you cannot keep your insurance, you cannot keep your personal liberty. It effectively would end all the parts of our health care system that are working for the American people.

Quite simply, single-payer health care would be another failed attempt at a one-size-fits-all approach to health care. Americans are all different and a single-payer health care plan will not meet the varying needs of each and every individual. Single-payer is not one-size-fits-all, it is really one-size-fits-no-one.