

“Examining Pathways to Universal Health Coverage”
Committee on Oversight and Reform
9:00 AM, Tuesday, March 29, 2022
Statement for the Record
Rep. Gerald E. Connolly (D-VA)

Thank you, Chairwoman Maloney, for holding this hearing. Congressional Democrats have driven significant progress toward universal health care coverage, and we are ready to do more to ensure access to quality, affordable health care.

As a result of President Obama’s historic signing of the Affordable Care Act (ACA) in March 2010, a record high 30 million are enrolled in coverage through the ACA. This total encompasses more than 300,000 Virginians enrolled in health care marketplace coverage and 450,000 enrolled in Medicaid. The ACA protects more than 3 million Virginians who were, prior to the ACA, at risk for losing their health insurance due to their pre-existing condition. Now, insurance companies can no longer indiscriminately deny individuals coverage based on a genetic predisposition outside of their control. In addition, reforms that allow children to stay on their parents’ health plans until the age of 26 have helped nearly 59,000 young adults access or keep health care coverage in Virginia. The ACA also mandates coverage of many important health services, including mental health screenings—and free preventive care coverage, such as flu shots, cancer screenings, contraception, and mammograms.

In passing the ACA and expanding Medicaid, Democrats significantly increased equity in health coverage, access, and utilization across the nation. Since the law’s implementation, we have seen improvements in multifarious measures of health across racial and ethnic groups. The ACA has truly saved lives in Virginia and across the country, but as the pandemic has shown us there is much more we can do to achieve equitable health outcomes for all Americans.

In March 2021, Democrats in Congress passed the American Rescue Plan Act, which bolstered and extended ACA provisions and expanded health care access by reducing premiums and incentivizing states to expand Medicaid. These steps led to historic ACA marketplace enrollment with at least 14.5 million Americans signing up for coverage through the marketplaces. Nearly half of new marketplace enrollees were eligible for coverage with a monthly premium of \$10 or less—and returning enrollees who shopped around for a new plan saved an average of 50 percent on their monthly premiums.

Thanks to the provisions in the American Rescue Plan Act, along with administrative actions—like the special enrollment period, the national uninsured rate fell from 9.7 percent to 8.9 percent in 2021. The American Rescue Plan helped our country recover from the pandemic and recession, achieve historic reductions in poverty—particularly child poverty—and brought the United States closer to universal health coverage.

Congress must build on this momentum and move to ensure continued progress. The Build Back Better Act (BBBA), which the House of Representatives passed in November 2021, would do just that. BBBA would close the Medicaid coverage gap and reduce the number of uninsured people by an additional 3.4 million. This new access to health care is particularly important for those in rural communities who otherwise have limited options. Eight of the ten states with the most rural hospital closures since 2010 have opted not to expand Medicaid access.

The other two states expanded access only recently—in 2021. In non-expansion states, rural hospitals that disproportionately serve people with low incomes and people of color are more likely to be closed. For example, in Georgia, Florida, and South Carolina, a majority of the rural hospital closures were in communities of color. By closing the coverage gap and expanding health care access, however, we would reverse these trends by reducing health care disparities and strengthening health care systems in rural communities.

Build Back Better also makes significant progress in lowering prescription drug prices by:

- allowing the government to negotiate the price of certain high-cost drugs;
- capping out-of-pocket spending under Part D, limiting copays under Part D and private health insurance for insulin to \$35; and
- requiring drug companies that increase their drugs prices faster than inflation to pay that amount back as a rebate.

If Congress does not make the American Rescue Plan's premium tax credits enhancements permanent, these coverage gains will be lost. Individuals and families will lose access to lifesaving health care. It is imperative that we come together to restart negotiations on Build Back Better.

In addition, Congress must consider Senator Kaine's proposal (S. 981) to introduce a public option, which is a public health plan similar to Medicare, into the health care exchanges. Such action would enhance competition and lower premiums. I also support Congresswoman Jayapal's proposal (H.R. 5165) to lower the Medicare age to 60, which would expand Medicare to at least 23 million people.

One of the proudest and most consequential votes I have cast was for the Affordable Care Act. Throughout my time in Congress, I have remained dedicated to expanding access to care, improving the quality of care provided, and reigning in out-of-pocket costs for consumers. We have a unique opportunity to build on the landmark health care access foundation we laid in 2010, and we must seize it. Thank you again to the Chairwoman for holding this hearing and I look forward to developing legislative solutions that improve our nation's health.