Ways & Means Committee
Pathways to Universal Health Coverage
June 12, 2019
10 am, 1100 Longworth

Purpose
To discuss universal coverage proposals, including H.R. 1384, Medicare for All.

Members Present
Chairman Neal, Ranking Member Brady, Representatives Lewis, Buchanan, Doggett, Smith, Thomson, Marchant, Larson, Blumenauer, Holding, Kind, Pascrell, Davis, Sanchez, Sweikert, Higgins, Sewell, Walorski, DelBene, Chu, Estes, Moore, Kildee, Boyle, Arrington, Beyer, Evans, Rice, Schneider, Suozzi, Panetta, Reed, Gomez, LaHood, Horsford, Wenstrup, Murphy, Ferguson, Nunes

Witnesses
Dr. Berwick, President Emeritus and Senior Fellow, Institute for Healthcare Improvement
Ms. MacEwan, Chief Executive Officer, Washington Health Benefit Exchange
Ms. Brooks-LaSure, Managing Director, Manatt Health
Ms. Wood, Patient Advocate
Dr. Neuman, Director of the Program on Medicare Policy, Kaiser Family Foundation
Ms. Turner, President, Galen Institute

Opening Statements
Chairman Neal said that while the ACA has helped millions gain coverage, there is more to be done. Many families remain concerned about their access to healthcare. It is imperative to protect pre-existing critical healthcare programs. Over the past several years that has been a steady attempt to dismantle the existing healthcare law with half-baked proposals. A number of bills have been introduced to get more Americans covered. This hearing will cover the variety of proposals introduced. Democrats have taken great pride in the establishment of Medicare and Medicaid and the shared core belief that all Americans should receive care. Whatever path is taken, it is important to address issues like provider payments, health IT, patient data and enrollment processes.

Ranking Member Brady said socialized medicine will leave many families worse off. The pending government shutdown this fall shows that Washington can't be trusted with lifesaving decisions. Politicians should not be given unlimited control over healthcare. It will bankrupt America. Medicare for All will ban union-negotiated and employer-offered plans, cancelling plans for 150 million Americans. Tricare and Medicare Advantage will be banned, made illegal. Medicare for All will cause hospital overcrowding and a shortage of doctors. Individuals should control their healthcare decisions, not bureaucrats. Taxes will double to pay for "free" healthcare, leading to smaller paychecks for the rest of your life and bankrupting America. Republicans will not let Democrats seize healthcare.

Testimony

Ms. Wood said that her daughter's birth at 26 weeks resulted in complications that required a special Medicaid waiver, leading to eventual financial devastation. She is now only able to afford medical care when volunteering at a clinic. Every other nation recognizes that healthcare is a human right and it is time the US does as well.

Dr. Neuman said the ACA contributed to a dramatic decline in people without health insurance, but even those with health insurance still struggle to afford care. Some proposals establish a public plan option and though they sound similar, they differ in comprehensiveness and impact. There are five categories. Medicare for All would cover all US residents and limit private insurance, addressing unmet need and affordability concerns with no premiums and cost-sharing. It would eliminate inefficiencies and costs associated with insurers' profits, shifting costs to the federal government and increasing costs and taxes. Second is Medicare for America, with a federal program with an opt-out option. Unlike Medicare for All, it retains employer-based coverage and private insurance offering MA plans. It would cover comprehensive benefits with no cost-sharing for those with income below two times the FPL. It would increase federal spending and taxes. Third is a public plan option offered in the marketplace with private options, with several proposals doing this. For example, proposals differ in how they enhance subsidies. The fourth would give people 50 to 64 an option to buy into Medicare. This approach focuses on older adults who are ineligible for subsidies. These proposals build on the strength of the Medicare program and implicitly draw attention to the gaps in Medicare. Medicare for All and Medicare for America are more comprehensive than Medicare today. The fifth option gives states the option to establish a buy-in, which would result in uneven coverage across the country. The wide range of proposals vary in ways that are not trivial, with significant implications for stakeholders, although CBO has yet to estimate cost.

Dr. Berwick said Medicare for All would be a very wise choice for this country. America is lagging badly: the country is ranked 56th in the world for infant mortality and 43rd for life expectancy; the costs per capita are highest in the world; and waste levels exceed 30 percent of total spend. America is the only Western democracy that fails to insure everyone. While at CMS, he launched the largest patient safety initiative in the world, preventing more than 3 million hospital infections and injuries, as well as pioneering competitive bidding processes for medical equipment. Medicaid offers at 2 percent overhead compared to 15 percent overhead for private insurance. Critics raise alarms, but on the contract, Medicare for All is the best option for constraining cost. Without it, we are headed towards true unaffordability. Not a single bill proposes the government becoming the sole provider. Medicaid for All will not underpay hospitals or clinicians, it would vastly reduce the hours that physicians spend today on senseless paperwork. A nation that is founded on the unalienable rights of life, liberty and happiness must view healthcare as a right.

Ms. Brooks-LaSure said 14 states have not expanded Medicaid, leaving 2.7 Americans in the coverage gap. African American women are four times more likely to die in childbirth than white women despite insurance coverage. There are a range of federal and state buy-

in and public option proposals in this category. They have in common the idea of leveraging the administrative savings and bargaining power of federal or state programs to create more affordable coverage options offered through public or private partnerships or a direct arrangement like fee-for-service Medicare. Most recently, Nevada joined New Mexico and Colorado in enacting a bill to study potential state public option plans. More state action is possible this year. States are considering a range of key design elements: defining targeted populations, determining provider rates, and whether these plans are financed through state funds, consumer tax credits or other sources. Federal based options have some clear advantages given the role of the federal government in subsidizing the ACA. Some savings would actually accrue to the federal government, but states can move forward without federal legislation and can tailor unique dynamics. But many states have limited capacity to implement these proposals. Stakeholder input will be critical in this process.

Ms. MacEwan said Washington will be implementing the first state-based public option in the nation. Washington established the exchange and expanded Medicaid after ACA was passed, which resulted in a 60 percent decrease in uninsured people, the largest in the nation, a 30 percent drop in the number of people delaying care. Strong leadership at the state-level has protected consumers from recent federal policy actions that eliminated penalty for the individual mandate, promoting STLDI plans and terminating the federal reinsurance program. As a result, Washington has codified protections into state law, including silverloading and prohibitions on annual and lifetime caps on care. Since implementation, consumers have faced half the rate of premium increases. In May, Cascade Care legislation was signed into law. It creates the first public option for consumers and is expected to have premiums 10 percent lower than private plans. Legislation also establishes standard plans, so consumers can more readily compare their plans. It also requires an implementation plan for premium subsidy program, critical for expanding coverage. Washington supports the efforts of the House to strengthen the ACA. Funding reinsurance programs is also vital. Washington hopes to serve as a model for the short- and long-term.

Ms. Turner said Obamacare has hiked up premiums. The more government gets involved, the more the healthcare sector has to respond to regulatory demands instead of patient care. Medicare for All and its derivatives would force vulnerable patients to have to fight harder for the care they need. 20 million seniors would lose their MA plans. CBO found that such a system would be a major undertaking that is potentially disruptive. Other countries have faced rationing and lower quality of care with similar systems. Just five percent of the population accounts for half of US health spending, and they would be most disadvantaged in a universal system. Medicare for All would restrict access to new medicines and technology, lead to dramatic increases in federal spending and taxes, and turn back the clock on coordinated care. There would be provider shortages. Doubling individual and corporate taxes would be insufficient to finance this increase. Coops created under the ACA wasted billions in taxpayer dollars and left millions without coverage. Medicare for All is not the solution.

Questions and Answers

Chairman Neal asked Ms. Wood for additional testimony on the challenges she faced. **Ms. Wood** said that the Medicare waiver system in Virginia was so underfunded her daughter was placed on a 10-year long waitlist. Medicare for All would address the systemic policy failures. **Chairman Neal** asked Dr. Berwick to elaborate on why a multipronged approach is needed. **Dr. Berwick** said subsidies in the ACA need to be increased as well as Medicaid expansion across all states. There is no conflict between preservation of the ACA and Medicare for All. **Chairman Neal** asked Dr. Neuman how to ensure coverage of the unique needs of population groups, like children. **Dr. Neuman** said an important consideration of the proposals is to ensure that there isn't gaps in coverage during transitioning into the new program. Medicaid is the main payor of disabled people and special needs children, so a public plan option or expanding Medicaid would continue to provide wraparound services. Medicare serves almost 10 million people under 65 with permanent disability, so more thought could be given to helping those people.

Ranking Member Brady added to the record letters from the American Hospital Association, Job Creators Network, and National Association of Health Underwriters. **Ranking Member Brady** said what Ms. Wood faced is wrong and a failure of preexisting programs. 600,000 people in his district will have their plans ripped out from them under Medicare for All. He asked Ms. Turner if HR 1384 bans private plans. **Ms. Turner** said yes. **Ranking Member Brady** asked if Tricare is cancelled under HR 1384. **Ms. Turner** said yes. **Ranking Member Brady** asked if HR 1384 limits consumer choices. **Ms. Turner** said yes. **Ranking Member Brady** asked if Medicare for All makes it difficult to finance healthcare. **Ms. Turner** said yes.

Rep. Lewis said healthcare is a right. The W&M committee must stand up and fight for those who are not as healthy or wealthy. **Rep. Lewis** submitted to the record a letter from the NAACP. **Rep. Lewis** asked Dr. Berwick how to improve the health of rural communities. **Dr. Berwick** said that social determinants of health disproportionately affect people of color and low-income communities. Right now, healthcare is not equitable. This nation must invest upstream in SDOH. No payer is going to make the shifts needed unless it's a publically accountable payer.

Rep. Buchanan said the W&M committee is the pay-for committee. Medicare for All is expected to cost $32 trillion over 10 years, which is about the total receipts for that period of time. Today, Congress is $22 trillion in debt. The health system is broken, but it is working for a lot of folks. Medicare for All will completely bankrupt the country. **Rep. Buchanan** asked Ms. Turner how small businesses would be affected. **Ms. Turner** said that $32 trillion over 10 years is a lower end estimate. Employers would be forced to pay 100 percent of what they currently pay for health coverage, with additional wealth and excise taxes. **Rep. Buchanan** asked how seniors would be affected in terms of Social Security. **Ms. Turner** said seniors would be in the same pool as the 300 million Americans trying to access doctors. **Rep. Buchanan** asked how veterans would be impacted. **Ms. Turner** said it depends on the version of the bill. Veterans with access to private physicians would be competing with many other patients.

Rep. Doggett said today's Republican condemnation continues a great Republican tradition of opposing Medicare for anyone. They have used the same worn-out rhetoric throughout the years

when Medicare, CHIP and the ACA were passed. The Republican Party is intellectually bankrupt when it comes to healthcare. Medicare is the bright spot today in the healthcare system, but it does have gaps in dental, vision and hearing coverage. Medicare for All would resolve all of the issues: Medigap and prescription drug price gouging. Democrats have offered a number of good proposals. **Rep. Doggett** submitted to the record a letter from National Nurses United. **Rep. Doggett** asked Dr. Berwick if innovation will be stifled with Medicare for All. **Dr. Berwick** said there needs to be a powerful negotiating advocate for patients on the other side of the table. Drug companies are already spending more on advertising than research, but it is not preserved by these confiscatory drug prices.

Rep. Smith said Medicare Part D initially had unanimous opposition in the W&M committee. He submitted to the record a New York Times article regarding that. **Rep. Smith** said that the effort to raise taxes on all Americans to pay for a new federal benefit would increase the tax burden while not necessarily providing a compensatory benefit. Each American will have to pay for this proposal. **Rep. Smith** is very concerned on the impact on rural Americans, especially rural providers. Under the proposal, a single director could negotiate arbitrary payments for all providers in one district, which affects the ability to provide care. Rural hospitals already face uncompensated care due to high deductibles and copays. Since 2010 more than 100 rural hospitals have closed their doors and many are operating in the red. One estimate projects a 40 percent payment reduction for rural hospitals under Medicare for All. **Rep. Smith** asked Ms. Turner how a single-payer system affects rural hospitals. **Ms. Turner** said rural hospitals would not tolerate 40 percent cuts. People in rural communities already have to drive hundreds of miles to see a specialist.

Rep. Thompson said the uninsured rate in California dropped to less than 10 percent after the ACA passed, the highest number ever. While Democrats are debating different ways to provide universal coverage, Republicans are trying to remove the progress that has been made. Repeal and replace was a lie, and Republicans have done everything they can after that failed in order to end the ACA. **Rep. Thompson** asked Ms. Brooks-LaSure which policy changes affected the individual market and Medicaid. **Ms. Brooks-LaSure** said some states have aggressively protected access and enrollment, but other states have not expanded Medicaid. **Rep. Thompson** asked Ms. MacEwan about the impact of the policies like STLDI plan expansion. **Ms. MacEwan** said Washington was able to regulate STLDI plans and educate consumers. Other states have not taken that step. Having a healthy risk pool makes a big difference. California has lead the way in research in this area.

Rep. Marchant said that the 550,000 people in his district will lose their private insurance if any of the proposals are enacted. 100,000 seniors in his district are on Medicare and they will be pushed out of the current system as well. There are another 30,000 on MA, with plans crafted to their specific needs. A considerable number of veterans may lose their Tricare. This is not the time to interject any kind of doubt or confusion about coverage. Medicare for All will eliminate all choice, letting unelected officials make healthcare choices for the people. Parents will worry about whether their children will be put on waiting lists for care.

Rep. Larson asked Ms. Turner what she would have replaced the ACA with. **Ms. Turner** said the House did pass the American Healthcare Act, but there were a number of proposals in the policy community today. **Rep. Larson** asked how many people have lost coverage over the past few years because of the hacking away at the ACA. Congress worked together to fix the Part D donut hole that occurred with the ACA. **Ms. Turner** said that the committee's focus today on cost is primary. People have lost coverage in the individual and exchange market. **Rep. Larson** asked Dr. Berwick to respond. **Dr. Berwick** said there have been systematic weakening of the ACA through subsidy cutbacks and removing the individual mandate. **Rep. Larson** said that Medicare buy-in starting earlier would be very beneficial. **Dr. Neuman** said that premiums could be over $8,000 at age 62 with a $50,000 income, which is 17 percent of income. The Medicare buy-in would be more affordable and bring down costs.

Rep. Kelly said it is important to consider whether people are getting to choose. He asked whether union plans would be available under most of those proposals. **Ms. Turner** said that under most proposals, those plans would end. **Rep. Kelly** asked whether rural hospitals are underpaid for the services they provide. **Ms. Turner** said yes. Medicare and Medicaid underpay hospitals. **Rep. Kelly** asked what type of red tape the new bureaucracy would create. **Ms. Turner** said doctors would have the administrative burdens that they go through today. **Rep. Kelly** said that Medicare for All means quality care for none.

Rep. Blumenauer said Republicans are deploying the same arguments against Medicare for All that they did for Medicare. Americans pay twice as much as the rest of the world for inferior results. There were numerous compromises in the ACA that did not make it better. That the Senate could not confirm the most well-qualified person in America to be the permanent CMS director is shameful. **Rep. Blumenauer** asked Dr. Berwick on how sustainable the current system is. **Dr. Berwick** said that the rhetoric about 40 percent cuts is not necessary. The healthcare costs in this country far outpace inflation and worker take-home pay. The $32 trillion that people keep referring to isn't a new tax, it's a transfer of payment from the current channels to a much more effective payment system.

Rep. Holding said 600,000 of his constituents have private health insurance. He is curious as to how they would fare if their current coverage were banned. Patients stand to be the biggest losers under Medicare for All. His friend from the UK said that if you have glaucoma in one eye, they will not give you medication because if you go blind it's only in one eye. **Ms. Turner** said that other countries with government-controlled health insurance restrict access to new treatments and ambulances waiting for slots to open in emergency rooms. **Rep. Holding** asked how patient preference would play into physician decision-making under Medicare for All. **Ms. Turner** said patients in France and the UK have only half or less of the new drugs Americans have access to. This dries up pharmaceutical innovation.

Rep. Blumenauer submitted to the record a letter from 200 economists supporting the viability of Medicare for All.

Rep. Kind said that Republicans' healthcare reform bill would've given $800 billion in tax cuts to drug and insurance companies while kicking millions off their insurance. Democrats will do

whatever they can to stop the lawsuit in Texas from moving forward. **Rep. Kind** asked what revenue sources were used during the 2004 Part D bill. **Ms. Turner** said the cost was $400 billion with no new taxes raised. **Rep. Kind** said that not one penny was raised to pay for it. Republicans' crocodile tears are disingenuous. **Rep. Kind** asked Dr. Berwick what more needs to be done to contain costs. **Dr. Berwick** said that the ACA created penalties for unsafe care and built off of DME bidding.

Rep. Pascrell said that healthcare is a right, not a privilege. Families should not pay for hospital bills with GoFundMe. Democrats paid the price politically because they stood up for what is right. A public option must be on the agenda. **Rep. Pascrell** asked Ms. MacEwan for her experience in the public option and what challenges she envisions in implementing Cascade Care. **Ms. MacEwan** said Washington used silverloading to stabilize the market and additional marketing and outreach.

Rep. Smith said that Democrats sold Obamacare as the lie of 2015, but if they use that same lie for the proposals today, it will be the lie of the century. The more Americans understand socialized healthcare, the less they will like it. CBO confirmed that socialized medicine leads to rationing, longer wait times and bureaucrats dictating patients' care. Seniors and children will be most hurt by government-run healthcare. After a lifetime of work to earn Medicare benefits, seniors would be forced into a one-size-fits-all plan that limits access. There is no fiscally sound way to add 250 million to Medicare while maintaining quality and outcomes. 7 million kids rely on CHIP. In Canada, the median wait time to get an MRI is 11 weeks. **Rep. Smith** asked Ms. Neuman about Kaiser's polls on public opinion on single-payer. **Ms. Neuman** said that there is a huge public education challenge that lies ahead and the views of the public are malleable to arguments one way or the other.

Rep. Davis said that his district has 24 hospitals, four medical schools and a number of federally qualified health centers, and yet there are individuals with the poorest health status in Western civilization. When there was no Medicare or Medicaid, people went totally without. **Rep. Davis** asked Dr. Berwick if the move from a sickness care system to a preventative system would reduce the cost of healthcare. **Dr. Berwick** said it would reduce costs dramatically. Inequity and food insecurity need investment to reduce demand on the healthcare system. Zip code determines life expectancy.

Rep. Sanchez said that 20 million more people got coverage due to the ACA. Republicans managed to reduce the number of people with coverage over the past 10 years. The healthcare system has striking disparities among racial groups. **Rep. Sanchez** asked how universal coverage will affect health equity and how it will impact the economy. **Dr. Berwick** said that the problem lies free floating and no insurance company says it will solve racial disparities. **Rep. Sanchez** asked Ms. Wood what is most important for Congress to keep in mind. **Ms. Wood** said that her daughter having healthcare while very young will allow her to have an independent adulthood, saving the government more money in the future. Money is saved by providing healthcare now, not later, and Republicans are losing sight of that.

Rep. Schweikert said that there are six more years until the hospital portion of the Medicare trust fund is empty. This hearing should be about protecting Medicare itself, not the nationalization of healthcare. He displayed a graph showing how a retiring couple will receive $3 in Medicare benefits for every $1 put in through taxes. This hearing's priorities are distorted. It is time for an absolute disruption with individualized, not collectivized, care.

Rep. Higgins said that prior to the ACA, an insurance company could deny coverage of a child with cancer. There is one federal law that protects pre-existing conditions: the ACA. If you join a lawsuit challenging the ACA in a Texas appeals court, you do not support protecting people with pre-existing conditions. The bottom line is, Congress has an obligation to use the leverage in the quality of the Medicare program to provide universal access. After 100 years of trying, the ACA wasn't a finish, it was a start. **Rep. Higgins** asked Dr. Neuman for her thoughts. **Dr. Neuman** said that one of the advantages of Medicare is that people in traditional Medicare have a broad choice of doctors and hospitals across the country.

Rep. Sewell said that healthcare is a right. Medicare for All might not be correct answer, since 50 percent of the people in her district have employer-based coverage, but her state is one of the 14 states that did not expand Medicaid. Every state was supposed to do that, but the Supreme Court said that states could opt out. Over 200,000 Alabamians received premium assistance through the ACA and it was the first time many in their lives had coverage. **Rep. Sewell** asked Dr. Berwick how Alabama can close the gap of the 10 percent that are uninsured. **Dr. Neuman** said that Medicaid expansion would ensure that the percent of uninsured people would have affordable coverage. **Rep. Sewell** asked Ms. MacEwan how Washington covered everyone, especially with rural hospitals. **Ms. MacEwan** said Washington is at 95 percent coverage. The most important thing was Medicaid expansion; 8,000 people got coverage. In addition to the subsidy, people need to know that they can afford their deductibles. The third thing is the public option. **Rep. Sewell** submitted to the record remarks from Rep. Shalala in an earlier budget hearing.

Rep. Walorski said that the effects of communism in Romania could be felt years after the Iron Curtain fell. Many children were victims of communist rule. There was only one burn unit in the entire country, with children dying when the government shut off the supply of antibiotics. During her time on the Veterans Affairs committee, she saw long waitlists, secret lists and outdated IT systems in the VA health system, leading to thousands of veteran deaths. Forcing every American off their private insurance plans into a one-fits-all plan would be a disaster. Patients with pre-existing conditions would bear the brunt of physician shortages and long wait times. Administratively and fiscally Medicare for All is impossible to implement. **Rep. Walorski** asked Ms. Turner if the people with pre-existing conditions stand to lose the most under Medicare for All. **Ms. Turner** said yes and the CBO supports this.

Rep. DelBene asked Ms. MacEwan how Washington responded to cuts. **Ms. MacEwan** said Washington allowed insurers to file two different rates if they were or were not cut. It loaded the cost-sharing reductions onto the silver plans, which shielded people from the impact. It negatively impacted the unsubsidized people since costs for the silver plans went up. **Rep. DelBene** asked how Washington responded to cuts to funding marketing and navigators. **Ms.**

MacEwan said the withdrawal of outreach and marketing was missed. It was replaced by an exchange-funded marketing network. Local outreach has actually filled the gap from the federal government, but hasn't replaced it. **Rep. DelBene** asked how Washington responded to the STLDI plans being introduced. **Ms. MacEwan** said that Washington continues to allow them. They are not renewable and they are only for three-months, with consumers fully informed of what they're buying. The public option will make coverage affordable for people. Premiums are very high, especially for unsubsidized, so more quality plans are needed to address affordability.

Rep. Chu asked Ms. Wood for an example of a high out-of-pocket cost that made healthcare nearly impossible to afford. **Ms. Wood** said that it was a fight to get formula covered with private insurance. It was $28 a day, with her primary insurance and drug plans bouncing her back and forth. She had to provide three copies of a letter of medical necessity. The process took two months. Coverage does not equal access. **Rep. Chu** said that is why she cosponsored the Medicare for All Act. She submitted to the record a letter from 30 reproductive health groups. **Rep. Chu** asked Dr. Berwick about surprise billing and long-term care programs for seniors. **Dr. Berwick** said that universal coverage would address the problem of passing the buck and a single-payer system could forbid surprise billing. It's not simple, but working out rules that avoid this nonsense would be possible in a consolidated system.

Rep. Estes said instead of new approaches to increase competition and lower cost, Congress is looking at a one-size-fits-all approach. The Democrats' Medicare for All plan would double everyone's taxes, jeopardize small hospitals, and eliminate private-employer insurance for millions of people. There are 24,000 individuals in his district with MA who would lose their choices. There are 137,000 seniors who are eligible for Medicare who would face a depleted hospital Medicare trust fund in a few years. Medicare for All would end the Hyde Amendment. Kansas has one of the largest number of CAHs in the country at 83. Under Medicare for All, the reimbursement rate would be slashed to 40 percent of their payment rates. These vital rural hospitals would go under. Canada has a median wait time of 19.8 weeks to see a specialist and they wait a median of 4.3 weeks for a CT scan. In Britain, one in five cancer patients has to wait five weeks for a specialist. **Rep. Estes** asked Ms. Turner if CAHs in rural America would be hit hardest and what it means for rural patients to pay double in taxes while losing medical access. **Ms. Turner** said that the rural hospitals would be among the most vulnerable since they have little private insurance support.

Rep. Moore asked if premiums went up due to the undermining of the ACA. **Ms. MacEwan** said that all of the attempts to undermine the ACA did drive up premiums and costs. **Rep. Moore** asked Dr. Berwick to explain the difference between rationing care and cost containment. **Dr. Berwick** said that cost containment works on waste. The Rand Corporation estimates that there is 25 to 30 percent medical waste while America spends twice as much as other countries. Requiring physicians to spend two hours a day on paperwork makes no sense at all. **Rep. Moore** asked how the cost transferring would work. **Dr. Berwick** said that the workers would not face a difference in take home pay with a different system. The rhetoric about standing in line is wrong, some of the data quoted is wrong. The people in other Western democracies are more satisfied than we are. If we don't want lines, then we don't need to design lines.

Rep. Kildee said that there are people who don't have a chance to get into any line in this country. There isn't a big technical problem keeping America from having healthcare for everyone—it's a problem of will. **Rep. Kildee** asked Ms. Brooks-LaSure to comment on the Medicare buy-in impacting Medicare sustainability. **Ms. Brooks-LaSure** said that Medicare is a very popular program. Many of the people who are under the age of Medicare but are above the subsidy level struggle to afford premiums, so this would help them. The buy-in would also help the stability of the Medicare program and overall risk pool.

Rep. Boyle said there is the same rhetoric today as the ACA debate. They haven't gotten to death panels yet, but that's one of the other phrases. Even the rhetoric a decade ago was warmed over from when Medicare was being debated. **Rep. Boyle** asked Dr. Berwick about the models in Germany, France and Japan. **Dr. Berwick** said that no one is proposing a British model here, not a VA system for all. All other Western democracies ensure coverage, whether through government care or mixed model of care. No other country has a Medicare system like ours. This is an American solution for an American context. The government takeover is a complete misnomer. **Rep. Boyle** asked how costs could be lowered. **Dr. Neuman** said that since 2010, Medicare spending has been growing at a very slow rate on a per capita basis. It's within Medicare's history to make changes over time.

Rep. Arrington said that it is the nation's responsibility to provide quality and affordable care. Government-controlled socialized healthcare is not the answer. It is a big part of the problem of the cost and lack of access experienced today. The quality of care in countries with socialized medicine has decreased. **Rep. Arrington** asked Ms. Turner to discuss the wait times and lack of access. **Ms. Turner** said that hospitals have to decide whether to even keep their doors open in Canada. People escape the Canadian system to come to the US for care. **Rep. Arrington** said that veterans are trapped in the single-payer system. Universal coverage would be an epic failure.

Rep. Beyer said he has never had a wait time comparable to the wait times in Northern Virginia in countries like Spain and Switzerland. **Dr. Neuman** said that not everyone supports Medicare for All, but that doesn't mean there aren't ways of getting to universal coverage. It's a matter of policy intent, of political decisions. **Rep. Beyer** said that his family business spent $1.4 million the past year on insurance premiums. That is a huge business disadvantage globally. **Dr. Neuman** said that the proposals could free up dollars for business to increase wages or other purposes. **Rep. Beyer** asked Dr. Berwick why there's a fear of the faceless government bureaucrat. **Dr. Berwick** said that CMS was accountable to the taxpayer and the government, while insurance companies have absolutely no accountability. Medicare can induce competition because we can go to the market and use single-payer to increase competition.

Rep. Evans asked what kind of recommendations Ms. MacEwan would make. **Ms. MacEwan** said that a balanced approach of affordability, value, and access is important. Silverloading is an example of a transparent, consumer-focused decision. Long-term solutions and short-term things are not incompatible. Reinsurance, state innovation and the public option can help those hurting right now. The proposals to shore up the ACA should be moved forward. **Rep. Evans** asked Ms. Wood for her recommendations. **Ms. Wood** said that coverage does not equal access. She is priced out by copays and deductibles. Medicare is not socialism.

Rep. Rice said that the paperwork and requirements will not go away. If there's only one payer then absolutely the government will be the sole provider. The problems with the ACA is that it did not fulfill its promise of bringing costs down and it brought the average premium up to $470 a month from $220 a month. That's the effect of all the government mandates on healthcare. There already is a government healthcare system, the VA. One of his constituents died at 42 because he could not get care for colon cancer on time. His staff spends 45 percent of their time dealing with the VA. In the Czech Republic, there is a museum about communism that talks about shortage of basic items when the government runs things. Winston Churchill said that if you put the communists in charge of the Sahara Desert, there will be a shortage of sand in five years.

Rep. Schneider said that Democrats are unified in supporting universal coverage. The Trump administration has deliberately sabotaged the ACA, but that does not change the fact that people with comprehensive coverage find that their insurance is unaffordable. The ACA intentionally moved away from fee-for-service to outcomes-based payment. **Rep. Schneider** asked Dr. Berwick how Medicare for All can encourage value. **Dr. Berwick** said that one of the reasons for consolidated payment is that the payment system can migrate away from fee-for-service, which must be stopped. There is a lot of trouble with migrating towards value-based payment right now and it can't be done in a complex payment system. **Rep. Schneider** asked how to account for regional differences while still containing cost. **Dr. Berwick** said that the regional structure of Medicare is not used properly. Regional autonomy should be beefed up so policy can be molded to localities.

Rep. Suozzi said the subset of 15 million people in the private individual market are where the horror stories are coming from. People try to make other people fear that the government will take away what they like already. The demagoging is not in good faith. **Ms. MacEwan** said that that reinsurance is critical. Some states like Maryland and Minnesota can afford to go forward with it, but there needs to be federal help. Subsidies are critical; right now, people get cut off at 400 FPL, and middle class people are really hurting. **Rep. Suozzi** asked Dr. Berwick about the public option. **Dr. Berwick** said he is a little worried about the public option for a technical reason because risk can be gamed and insurance companies would force people who really need care to go to the public option. **Ms. Brooks-LaSure** said that the public option would achieve a lot of the benefits discussed. A stable option across the country is important.

Rep. Reed said the American people are tired of this rhetoric. As a Republican, he is offended that he gets accused of not caring about Americans. These proposals do take away choice and turn over healthcare to government bureaucracy. These utopic ideas do not mesh with the real world. **Rep. Reed** asked if Ms. Turner agreed with him. **Ms. Turner** said Medicare already has several thousands of pages of regulations, so it will be a bureaucratic government directed healthcare system. **Rep. Reed** said that this proposal would empower the politicians in power.

Rep. Panetta said that it comes down to evidence, not emotion. His constituents are worried about out-of-pocket costs and drug prices. There are counties that aren't getting a lot of benefits, like San Bernardino County that only has one insurer on the individual marketplace. The lack of

competition has led to high premiums and unaffordable plans. He asked Dr. Berwick about the single-payer system's effect on rural hospitals. **Dr. Berwick** said Medicare took a lot of effort to create safety net systems for CAHs and rural hospitals. Congress would need to give guidance to the texture of its intentions in setting up a single-payer system. **Rep. Panetta** asked Dr. Neuman of the reduction of the federal individual mandate penalty on premium prices. **Dr. Neuman** said that navigators getting funded would help individuals tremendously. Some of the public plan proposals would start the public plan in areas that currently don't have competition.

Rep. Gomez said one of his constituents had to turn to Planned Parenthood for a cervical cancer screening since her private insurance couldn't provide it. **Rep. Gomez** asked how the proposals would expand coverage for seniors and those with disabilities. **Dr. Neuman** said Medicare for All would absorb the current Medicare program. People on Medicare would pay no premiums or cost-sharing and it would fill the significant gaps like dental, vision and long-term services. Median savings for people on Medicare are $75,000. There's other popular protections like no surprise bills and a broad network of providers. Under these proposals, seniors would pay more in taxes but they would get more in benefits. **Rep. Gomez** said his district has many community health centers. **Ms. Brooks-LaSure** said that community health centers are often better paid through Medicaid than the commercial market.

Rep. LaHood said the country is $22 trillion in debt. Washington has not had a track record of being fiscally responsible. The health needs of rural America are very different and access to specialty providers is different. The one-size-fits-all approach will hurt rural America. In his district, SCHs and CAHs fight every day to keep their doors open. A transition to Medicare for All would mean they could not sustain operations. One provision of the leading single-payer bill will harm the providers who could stay open. Funding would come from a capped global budget and all funding would be approved by an unelected bureaucrat under HHS. Hospitals would be prohibited from using federal funds for facility renovations but would have to plead their case for an approval of funds. **Rep. LaHood** asked Ms. Turner if it's correct that health care providers and patients would be left to the mercy of Washington bureaucrats. **Ms. Turner** said yes. Resources would not be allocated efficiently.

Rep. Horsford said that Republicans spent their time attacking the Democratic plans because they have no plans of their own. Republicans support the *Texas v Azar* lawsuit and states that denied Medicaid expansion, and have sabotaged funding for shoring up coverage despite claiming to support pre-existing condition coverage. Nevada has greatly increased coverage for children, families and women thanks to the ACA. Seniors are paying less for prescription drugs in Medicare coverage gaps. Rural hospitals are spending less on uncompensated care. If Republicans had their way and the ACA were eliminated, that would mean the loss of coverage for 200,000 Nevadans insured through the Medicaid expansion. **Rep. Horsford** asked Ms. Brooks-LaSure and Ms. MacEwan about the study on potential public state options. **Ms. Brooks-LaSure** said that there are differences across states and proposals need to be tailored to target their populations. States learn from each other. **Ms. MacEwan** said that states have to figure out what's best for them. Nevada's state exchange is very responsive to its community.
Rep. Wenstrup said that the name calling today is unconstructive. Both sides of the aisle have support covering pre-existing conditions. Private practices in rural areas are challenged by a

payer mix of Medicare and Medicaid. These plans would cut provider payment 40 percent while making it illegal to have private payment. Medicaid has the highest mortality and morbidity—it's not something to brag about. Rural areas should get paid more by Medicare and Medicaid. That would be helpful. Success should be based on keeping people healthy.

Rep. Murphy said that Florida has the highest uninsured rate in the country and people are unhappy with the out-of-pocket costs that are too high. The best way to achieve universal coverage and to lower costs is to strengthen the existing pillars: Medicaid and CHIP for low-income individuals; Medicare for the elderly and disabled; employer-sponsored healthcare insurance; and health insurance marketplaces created by the ACA. **Rep. Murphy** asked Dr. Berwick on why Florida's political leaders should not expand Medicaid. **Dr. Berwick** said that there is data that expansion is associated with cost reduction and better health. It's just smart to do it. **Rep. Murphy** asked which immediate, feasible change Congress could make to Medicare Part A, B, C or D. **Dr. Berwick** said Congress should insist on more transparency in the program for local use. Medicare should be used more directly to aggressively lower the cost of prescription drugs. **Dr. Neuman** said that a hard cap on Part D spending would provide a lot of relief to many in Medicare. **Rep. Murphy** said that half of the uninsured in her district are between the ages of 19 and 44. They are making a conscience decision to not buy a plan on Florida's marketplace. Given that the individual mandate is repealed, what is the best way to get these young people to sign up for coverage? **Ms. Brooks-LaSure** said outreach and enrollment is a key issue. Cost-sharing is also an issue and Congress can lower those costs.

Rep. Ferguson said that very few people in this room have been down in the trenches trying to find ways to make patients healthier. To destroy the entire healthcare system is not the way to take care of people. Unelected bureaucrats would dictate the practice of medicine. What's right in rural Georgia is different than Chicago. Politicians cannot tell a patient what care they can or cannot receive. That is wrong.

Rep. Nunes said that single-payer advocates often say things along the lines of even though a federal government takeover of healthcare adds $32 trillion onto the balance sheet, that doesn't make a different if taxpayers are paying the same. However, that assumes that taxpayers are indifferent to whether they can choose how they spend their money. Private and public spending are not the same because people have choice over one and not the other. **Rep. Nunes** asked if there is any part of the federal government that is more efficient at delivering a product or service than the private sector. **Ms. Turner** said no. Negotiating Part D drug prices works because it relies on the private sector and consumer choice. **Rep. Nunes** asked when the Medicare shortfall begins. **Ms. Turner** said the Medicare Trustees Report has extensive calculations for 2026.

Chairman Neal said that there is a bipartisan opportunity to continue to work upon improving the ACA.