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Opening Statement Representative Pete Stark Joint Economic Committee Hearing July 9, 2003

Thank you, Chairman Bennett. I would like to commend you for holding this hearing on "Technology, Innovation, and Health Care Costs." It's an important topic that requires serious inquiry.

Finding the right balance between cost consciousness and allowing access to new, potentially life-saving, innovations is crucial. Progress and technology often extend and improve lives, such as an MRI that provides early detection of a tumor or new surgical techniques for cataract treatment. Yet in too many cases, the latest technology simply becomes a profit center for hospitals when other, less costly, treatments would serve patients equally as well.

Smart utilization can spread the benefits of new technology without substantially increasing health care costs. I believe that providing the highest quality health services should be our goal – a goal that cannot be compromised. As we've seen with HMOs, it is too easy to deny patients access to appropriate care in the name of cost cutting. Analysis of cost-effectiveness must be mindful of the needs and interests of the patient.

New drugs and medical devices are not the only advances we need. Better use of information technology would not only improve care, it could save lives. An estimated 44,000 to 98,000 Americans die each year because of medical errors, according to an Institute of Medicine study. This is unacceptable and unconscionable. Many medical errors are attributed to poor handwriting and other sloppy mistakes. Storing medical records on IT systems would prevent many of these mistakes – and deaths – as well as allow for the easy transfer of records when a patient switches doctors or visits a specialist. The technology is available, but it is not being fully used.

Cutting-edge medical technology may as well be science fiction for the 41 million Americans without health insurance – people without the means to utilize innovative, and often, preventative treatments available to those with coverage. Among the uninsured, illnesses and deaths that may have been avoided if they had access to new technologies for the treatment of just three conditions – heart attacks, cataracts, and depression – cost our society more than \$1 billion a year. It will be difficult to provide greater access to the wonders of medicine without first providing greater access to health insurance.

Thank you Mr. Chairman and I look forward to the testimony of our witnesses.

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