

FLOOR STATEMENT ON
H.R. 3590, THE PATIENT PROTECTION AND AFFORDABLE CARE ACT
AND H.R. 4872, THE RECONCILIATION ACT OF 2010

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OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

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Today I voted for legislation designed to improve the affordability and accessibility of health care. Americans already spend more on health care than the people of any other nation. If we take no action, health care costs are expected to double over the next ten years, just as they have over the last ten years. It is not the bill I would have written if it were up to me alone, but it is the best we can do at this time.

This was one of the most difficult votes I have ever cast, primarily because there is a great deal of confusion about what this bill will do. Over the last year, many people throughout Northeastern Pennsylvania have taken the time to voice their thoughts on this health care reform bill, and I have taken each voice into consideration. I have heard the desperate pleas from people who have been sick and can no longer obtain any insurance. I have heard from small business owners who struggle to pay the premiums for their employees. I have also heard from a sizable number of my constituents who fear they will lose fundamental freedoms if this bill becomes law. From my careful review of the legislation, I have come to the conclusion that this fear is unfounded.

Democracy requires the consent of the governed, but that consent needs to be informed with facts, not the widespread misinformation which has permeated the national conversation about this legislation. I had hoped that the House and Senate would conduct a conference committee to iron out the differences between the House and Senate bills televised by CSPAN so that the American people would have an opportunity to understand the provisions included in this very complex bill. It is important to set the record straight between facts and myths.

This bill does not empower the federal government to take over health care. In fact, this bill preserves the employment-based private insurance delivery system upon which a majority of working Americans relies for insurance coverage. It allows participants to choose the health insurance plan that best fits individual and family needs by creating a marketplace of insurance plans, resembling the Federal Employees Health Program used by all federal workers, including Members of Congress. The bill attempts to rein in those private insurers by prohibiting their

most egregious abuses: denying coverage for individuals with pre-existing medical conditions, imposing a lifetime cap on medical care, and limiting the ability of individuals to change jobs without the fear of losing insurance coverage. It will also enable young adults to stay on their parents' insurance until age 26.

If people currently have health insurance, whether it is through an employer or another means, their coverage will not change. If anything, their premiums are expected to decrease because there will be more people in the insurance pool. But, if people are unsatisfied with their insurance, they will have the capabilities to switch to a plan that best fits their needs.

Senior citizens have expressed a great deal of worry that they will be denied services if this bill becomes law. In fact, seniors will experience better coverage for their prescription drug costs and will have no out of pocket costs for preventive care. In addition, this legislation reduces excessive payments to private insurance companies that administer Medicare Advantage Plans and applies those savings to the bill. It also works to reduce waste, fraud, and abuse in the Medicare program which will help strengthen the program. As a result of this legislation, the non-partisan Congressional Budget Office (CBO) estimates that the solvency of the Medicare program will be extended by more than nine years.

This bill will help save American families money and prevent health care costs from bankrupting our country. The U.S. spent 16 percent of its Gross Domestic Product (GDP) on health care in 2008, more than any other industrialized country. CBO estimates that number will rise to 25 percent without changes to federal law. CBO also estimates that this bill will reduce the deficit by \$138 billion over the 2010-2019 period.

Many of my friends who oppose abortion have expressed concern that their tax dollars could be used to pay for abortions. I have been assured that this is not the case, and I am pleased that President Obama intends to issue an executive order to clarify that no funds in the bill will be used for abortion. Moreover, I will continue to remain vigilant to ensure that the Hyde Amendment, which prevents federal funding of abortion, remains the law of the land.

I was greatly disturbed when the student loan legislation was hastily attached to the health care reform bill at the last minute because of the impact it would have on the 1,100 Sallie Mae workers in my district. Yesterday, Education Secretary Arne Duncan assured me that he will use all of the tools at his disposal to help ensure that these workers will remain employed.

I thank the many Northeastern Pennsylvanians who have shared their thoughts with me on this important legislation over the past few months. When you are sick, the last thing you should have to worry about is how to pay the bills. Insurance is supposed to relieve this worry, but instead the current system has made that worry worse. Today, we are working to reverse this course.
