

*Prepared Opening Statement
Ranking Member Paul Ryan, House Budget Committee
Reconciliation Markup – March 15, 2010*

- Mr. Chairman, before discussing health care and reconciliation, I want to begin by thanking you for continuing this committee's tradition of allowing a full and fair debate, and giving the minority the opportunity to offer motions in committee to modify this reconciliation bill.
- Today, in this committee, we begin what might be the final chapter of this health care debacle.
- My friends in the Majority claim that what we are doing here is simply paving the way to fix a mildly flawed Senate bill. They argue it is a simple, frequently used procedure to move legislation through the Senate.
- But that's not what's happening here and we all know it. This is, in fact, an extraordinary and unprecedented abuse of the budget reconciliation process.
- Reconciliation has never been used – *never* – to push through a \$1-trillion expansion of government, and to seize control of one-sixth of the U.S. economy.
- No one has ever employed the process to leverage such a vast social change based on a token \$1 billion in savings – while we're facing a one-and-a-half trillion dollar budget deficit this year alone – and doing it on a *deliberate, purely party-line vote*. The only bipartisanship in this procedure is in the *opposition* to it.
- Never before has the House committee process been so grossly exploited. The thousands of pages of legislation reported by the committees of jurisdiction are irrelevant even before we vote on them. We will report these provisions, as the process requires, and then they will all be stripped out, discarded, tossed on the ash heap – and the real legislation will get written under the cover of the Rules Committee.

- In other words, we're creating here a legislative Trojan Horse, in which a handful of people, hidden from public view, will reshape how all Americans receive and pay for their health care – and then it will be rushed to the floor, and Members will be forced to vote on it to beat another artificial political deadline.
- We've also learned that the House might try to pass the 2,700-page Senate bill and send it to the President without actually voting on it. It appears you are going to "deem" passage of the Senate bill as part of the rule.
- Last week, – in a stunning and revealing statement – Speaker Pelosi said: "*We have to pass the bill so that you can find out what is in it.*" This is the vaunted transparency the President promised?
- The arrogance, the paternalism, the condescension this represents is breathtaking.
- This is not just a simple "fixer" bill either. This is the *linchpin* for health care. It's the vehicle for the back-room deal that will buy the votes so the House can pass the Senate health care bill, which then, supposedly, will be amended by *this* bill. To put it another way, if this process fails, the whole health care house of cards collapses.
- Of course, the real reason we are here is Scott Brown – the winner of the Massachusetts Senate election. That's right. You can't pass health care the regular way – so now you pass it the Washington Way.
- We are not governing here today – we are greasing the skids for an abuse of a budget procedure intended to control the size of government, not expand it.
- But the stakes here go beyond the details of the legislative process and even the integrity of our constitutional duties.
- Let's consider the underlying health care legislation itself – using the President's proposal, because it's built on the same philosophy as the House and Senate bills.
- First, the most fundamental problem is that this legislation is not about health care – it's about ideology. It moves away from the American Idea and toward a European-style

welfare state that will lead millions of Americans into becoming dependent on the government rather than themselves.

- Even though it's not single-payer, and even without the so-called "public option," this is still a government takeover of health care – and here's why we keep saying that.
- The entire architecture is designed to give the federal government control over what kind of insurance is available for patients, how much health care is enough, and which treatments are worth paying for.
- This plan assumes that everything is connected to everything else. You can guarantee coverage for pre-existing conditions only if you have healthy people in the insurance pool to spread costs; and you can only do that by requiring everyone to buy health insurance; and you can do that only if you subsidize people; and once you start handing out subsidies, you have to impose artificial limits that further inflate the true costs and further strip decision-making power from patients and doctors.
- It creates a Health Insurance Rate Authority, a Washington-controlled price-setting board. This will usurp State governments' role in regulating insurance and premiums, and will further smother the normal market forces that would otherwise encourage innovation and cost-saving efficiencies.
- It empowers Washington to decide what kind of insurance will be available. The proposal gives the Secretary of Health and Human Services [HHS], and a new Health Benefits Advisory Committee – an unelected group of Federal bureaucrats – unprecedented Washington-centered power to create and change the requirements for "acceptable coverage."
- It gives the U.S. Preventive Services Task Force new powers to further limit patient choice, allowing the Secretary of Health and Human Services to unilaterally deny payment for prevention services contrary to Task Force recommendations.
- It empowers a "comparative effectiveness board," created by last year's "stimulus" bill, that will restrict providers' decisions about what treatments are best for their patients.

- Let's take a quick look at the price tag: as I pointed out at the Blair House Health Care Summit a few weeks ago, the reality of this bill violates the President's promise that this legislation will *"not add a dime to the deficit."*
- My friends will say that CBO has scored this overhaul and said it reduces the deficit. Here in this committee, we work with CBO every day. They are all great people – all great professionals. And do their work very well. But let's be clear – CBO's job is to score what is placed in front of them.
- The authors of the bill have gamed the system themselves, writing the smoke and mirrors right into the bill. When you strip away the gimmicks, the double-counting, and the faulty assumptions – it is clear that this overhaul does not reduce the deficit; and it does not contain costs.
- This charade – both today's blind mark-up and the entire past year of debate – is dispiriting in many ways.
- There are real problems that need to be fixed in health care – and we could have done so in a bipartisan way.
- We agree on the key problems and agree that real reform is needed. Sky-rocketing health care costs are driving families, businesses, and governments to the brink of bankruptcy – and leaving millions of Americans without adequate coverage.
- We agree on the need to address pre-existing conditions, realign the incentives of insurance companies with patients and doctors, and root out the waste, fraud, and abuse.
- We agree on the problems – and even rhetorically on many of the same goals. Yet, the past twelve months have crystallized the differences in approach to fixing what's broken in health care.

- It didn't have to be this way – and it doesn't have to stay this way. At Blair House Summit, Vice President Biden claimed that we aren't qualified to speak on behalf of the American people. I respectfully disagreed then and respectfully disagree now.

- We are representatives of the American people. We communicate everyday with those we serve – and it is clear that the American people are engaged.

- The people we represent – and I'd suspect most of us here – passionately believe that we need to fix what's broken in health care – but don't believe that this is the way to do it. The abuse of the legislative process. The abuse of the constitution. A massive government takeover of health care in America.

- This process is not worthy of your support. *<stack of legislation>* This is not worthy of your vote.

- Let's start fresh. And let's work to seriously address this issue – and let's do it together.

- Mr. Chairman, before we move on to the motions – I'd ask for the requisite 48 hours to submit Minority Views.