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Wyden Statement at Finance Committee Hearing on HHS FY 2019 Budget

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It's budget season in Washington, which means the Trump agenda of health care discrimination is back. This morning I'll run through the plan example by example.

Let's start off with discrimination against Americans with pre-existing conditions. People who have pre-existing conditions count on having a robust private insurance market with strong consumer protections. What the Trump budget offers is chaos in the private insurance market and the elimination of key consumer protections.

The budget embraces the old Graham-Cassidy proposal, which lived a mercifully short life last fall before it was blocked on a bipartisan basis. But here it is once again, warts and all, another crack at repealing the Affordable Care Act and forcing Americans to pay more for less care. On top of that, the administration is giving a green light to junk insurance policies that revive the worst industry abuses of the past, such as skimpy coverage and dollar limits on care. So for millions of people with pre-existing conditions, the Trump administration seems dead-set on making the care they need unaffordable and inaccessible.

Next up in the agenda of health care discrimination is discrimination against women. When you get rid of the consumer protections in the Affordable Care Act, you're turning the clock back to an era when 75 percent of insurance plans in the individual market didn't cover maternity care or birth control. And under the Trump budget, which arbitrarily attacks Planned Parenthood and other key providers, millions of women would lose the right to see the doctor of their choosing.

Then the Trump agenda of health care discrimination goes after Americans who are walking an economic tightrope. \$1.4 TRILLION cut from Medicaid. Millions of working Americans locked out of the program. A scheme to wipe out key nationwide protections and cap the program, essentially ending the guarantee of care for those who qualify for Medicaid. Now the Trump administration is reportedly discussing lifetime limits for Americans in Medicaid. Both sides used to agree that lifetime limits in health care were absolutely wrong, no exceptions. The ban on lifetime limits in the Affordable Care Act was one of the core protections even Republicans said should stay. Introducing lifetime limits in Medicaid raises the frightening question of what happens if somebody maxes out after cancer treatment at age 45. Are they going to be on the street in old age, capped out of the nursing home benefit, for example?

Finally, the Trump agenda of health care discrimination turns against older Americans. Slashing Medicaid to the bone and transforming the program into a capped program is an enormous threat to the welfare of seniors. Medicaid helps pay for two out of three seniors in nursing homes, and it's essential for seniors who count on home-based care. Even for Americans at age 62 or 63, there's bad news. The Trump budget would hit them with an age tax, allowing insurance companies to charge them at far higher rates than they charge others.

Bottom line, the agenda of health care discrimination is out in force in this Trump budget. It is a comprehensive plan to drag America back to the dark days when health care worked only for the healthy and the wealthy.

Another issue the committee needs to address this morning is the cost of prescription drugs. Donald Trump famously talked about how drug companies were "getting away with murder" by setting drug prices so high. The way he talked about the problem, Americans believed he was going to come out swinging with big solutions to this challenge.

In the plan released late last week, I still don't see a solution to the fundamental issue: drug companies set prices that are way too high. Yes, the whole system is broken and needs reform. But if drug companies can still come right out of the gate with unaffordable prices, patients will still suffer. I'll put this simply. The Trump prescription drug plan lets pharmaceutical companies keep on, to borrow a phrase, getting away with murder.

That said, much of what the administration put forward last week looks awfully familiar. That might be because a lot of it borrowed directly from legislation I've proposed, or recommendations that came from outside groups. There's value in these ideas, and much of it could move forward on a bipartisan basis. But the American people are still looking for the kind of muscular policies the president promised he'd bring forward, and it's still not there.

Finally, I want to discuss a different part of Secretary Azar's jurisdiction at HHS, but one that's vital to the well-being of kids across the country. Last week, the Congress passed a bill Chairman Hatch and I wrote called the Family First Prevention Services Act, which amounts to the most consequential improvements to the child welfare system in decades.

For too long, the child welfare system has defaulted to splitting families apart. The Family First Act is all about finding safe ways to keep families together and healthy. For the first time, states will get to use foster care dollars to fund services like substance use treatment, mental health treatment, and parenting programs with the goal of preventing the kind of prolonged slide into crisis that ends with families breaking apart.

Particularly with the opioid epidemic raging across the country, this is a smart, new approach that can go a long way to helping hundreds of thousands of families and kids. But now that Congress passed the bill, it's up to HHS to implement it the right way. With bipartisan legislation that has this much potential for good, it would be criminal for HHS to stand pat and let states continue the status quo.

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