

Opening Statement- Graham-Cassidy-Heller-Johnson Amendment

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September 25, 2017

My colleagues, it is a privilege to speak to the “Graham-Cassidy-Heller-Johnson” amendment to H.R. 1628, the American Health Care Act.

Before being Senator Cassidy, I was Dr. Cassidy, caring for uninsured and Medicaid patients in Louisiana’s public hospital system. My patients had terrible disease, multiple chronic conditions but could not receive care elsewhere. My life work has been to care for such fellow Americans. This bill continues this work by other means.

The ACA promised affordable health care coverage, freedom to keep your doctor and to bring health care costs down. In reality, middle class families have sky-rocketing premiums, individual mandates which Americans hate, 6 thousand dollar deductibles in a failing individual market. The projected inflation rate of the exchange tax subsidies and the cost sharing reduction payments is 12.9% per year; doubling the expense every 6 years. The state match for the Medicaid Expansion increases to 10% in 2020. This can be in the millions and billions. Fifteen Democratic Senators recently declared Obamacare a failure while endorsing a single payer system. The problems of Obamacare require a path forward.

Some today will bewail that Republicans won’t give up attempts to repeal Obamacare. This Republican will continue to do so as long as premiums and deductibles for middle class families grow 10 to 50% or even higher per year, destroying family budgets.

As a positive, Senator Wyden recently praised the CHIP program. We agree. GCHJ passes a flexible block grant combining Medicaid Expansion, Obamacare tax credits, cost-sharing reduction subsidies and the basic health plan, and distributes this money through the CHIP program with CHIP requirements and protections. It is a mandatory appropriation. The CHIP program requires reauthorization. This does not mean it automatically goes away in 10 years as some absurdly state.

States receive an allocation based on how many Americans between 50 and 138% FPL live in the state. Over the course of years, the amount the federal taxpayer provides per person equalizes so that no matter where the American lives, they benefit equally.

Let me address the inevitable comment that we end Medicaid expansion. A state can continue to fund their expansion program as they have implemented. They have the flexibility. Despite pointing this out, it will be said.

To help states, Medicaid Expansion match is waived. The flexible block grant functions like a combined Section 1115/1332 waiver with guardrails providing states flexibility to innovate. We preserve patient protections such as mental health parity, guaranteed issue, prohibit charging women more for health insurance and no lifetime caps. States applying for waivers must prove that Americans with pre-existing conditions have access to affordable and adequate coverage – period, the end. I’m asked what is the definition of affordable. It means the patient can afford it.

This raises an issue, many on the left are threatened that we give states and patients the power Obamacare usurped. Under this narrative, states are inept, corrupt Governors scheme to deprive his or

her state's residents of protections, and patients only get better if told what to do. This amendment rejects that narrative.

GCHJ repeals the individual mandate which ACA architect Jonathon Gruber, found does not increase enrollment. Regarding this, the IRS reports that 58% of those penalized have AGI of less than \$50,000. We think these Americans should be helped, not penalized. GCHJ repeals the employer mandate, which data shows decreases full time employment opportunity for the lowest quintile of wage earners, those who can least afford.

Today, I expect accusations that this is a partisan bill which drains Blue states for the sake of Red states. Totally false. Under the latest version, Virginia receives \$4B more from 2020 to 2026, Missouri \$5B more, and Florida \$15B more than current law; increasing access to coverage for things like colonoscopies, mammograms and other screening tests for millions. Those opposing this amendment clearly don't care about Americans in these and similar states.

I also expect pleas for regular order. Why don't we just have hearings. I don't defend this process, but I will say that no Democrat was interested in addressing the problems with Obamacare in my state when Susan Collins and I crafted a bill allowing states to keep Obamacare if it was working while allowing other states where Obamacare failed to try something else. There was no interest whatsoever. I wanted the effort to be bipartisan. But, if one side of the aisle refuses to help my state, I can't stop trying.

We need to pass Graham-Cassidy-Heller-Johnson Amendment, returning power to patients and states while expanding access to coverage for millions. Thank you,