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Wyden Remarks on Price Nomination for HHS Secretary
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The American public heard a lot of promises about health care from the new administration. No cuts to Medicare or Medicaid. Nobody hurt by ACA repeal. "Insurance for everybody ... much less expensive and much better." Congressman Price's own record undercuts those promises, and this morning I'll get to those issues.

But first I'm going to start with questions about ethics and undisclosed assets. Congressman Price owns stock in an Australian biomedical firm called Innate Immunotherapeutics. His first stock purchase came in 2015 after consulting Representative Chris Collins, the company's top shareholder and a member of its board. In 2016, Congressman Price was invited to participate in a special stock sale called a private placement. The company offered the private placement to raise funds for testing on an experimental treatment it intends to put up for FDA approval. Through this private placement, Congressman Price increased his stake in the company more than 500 percent. He has said that he was unaware he paid a price below market value.

That claim doesn't pass the smell test. Company filings with the Australia Stock Exchange clearly state that this specific private placement would be made at below-market prices. The Treasury Department handbook on private placements says they are "...offered only to sophisticated investors in a nonpublic manner." Congressman Price also said last week that he directed this stock purchase himself, departing from what he said was his typical practice.

Then there's the issue of what was omitted from the congressman's notarized disclosures. Congressman Price's stake in Innate is more than five times larger than the figure he reported to ethics officials when he became a nominee. He disclosed owning less than \$50,000 of Innate stock. At the time the disclosure was filed, by my calculation, his shares had a value of more than \$250,000. Today his stake is valued at more than half a million dollars. Based on the math, it appears that the private placement was excluded entirely from the congressman's financial disclosure. This company's fortunes could be affected directly by legislation and treaties that come before Congress.

It also appears Congressman Price failed to consult the House Ethics Committee following trades of several health care stocks, as they were directly related to two bills he introduced and promoted. Even if some of those trades were not made at his direction, he would have been aware of them as soon as he filed his Periodic Transaction Reports with the House of Representatives.

Set aside the legal questions. It's hard to see how this can be anything but a conflict of interest and an abuse of his position.

Finally, one of the most important questions on the Finance Committee's biographical questionnaire is whether nominees have been investigated for ethics violations. Congressman Price has been the subject of two investigations stemming from fundraising practices. This, too, was not disclosed.

I believe this committee needs to look into these matters more thoroughly before moving ahead with this nomination.

Let's turn now to policy, starting with the Affordable Care Act and the scheme known as "repeal and run." The secret Republican replacement plan is still hidden away, but already the administration is charging forward with a broad executive order endangering people's health care. As the Budget chairman, Congressman Price is the architect of repeal and run.

If his repeal bill became law, 18 million Americans would lose their health care plans in less than two years. In one decade you'd go from 26 million people without insurance to 59 million. Repeal and run would raise premiums 50 percent in less than two years. Costs would continue to skyrocket from there. The market for individuals to buy health insurance would collapse. No-cost contraceptive coverage for millions of women – gone. By defunding Planned Parenthood, nearly 400,000 women would lose access to care almost immediately. Hundreds of thousands more would lose their choice to see the doctors they trust.

The Price plan takes America back to the dark days when health care worked only for the healthy and the wealthy.

Congressman Price's other proposals don't offer much hope that the damage will be undone. By the Trump rubric of "insurance for everybody," "great health care ... much less expensive and much better," the congressman's plans get a failing grade.

In another bill, the Empowering Patients First Act, the Congressman Price brought back discrimination against people with pre-existing conditions such as pregnancy or heart disease. It gave insurers the power to deny care and raise costs on people with pre-existing conditions if they didn't maintain coverage. In effect, the bill said insurance companies could take patients' money and skip out on paying for the care they actually need.

His bill also gave insurers the green light to reinstate lifetime limits on coverage and charge women higher rates just because they're women. It gutted the tax benefits that help working people afford high-quality health care plans. It slashed the minimum standards that protect patients by defining exactly what health plans have to cover. All this from a proposal called the Empowering Patients First Act. It'd be a stretch to find a bill with a more ironic title, considering how much power it handed to giant insurance companies.

If there's a theme developing, it's that the congressman's proposals push new costs onto patients. The massive cuts to Medicare proposed in Congressman Price's budget are another prime example. In my view, the Congress has a duty to uphold the promise of Medicare – the promise of guaranteed benefits.

Congressman Price advocated privatizing Medicare and cutting it by nearly half a trillion dollars. After his nomination, he said he wants to voucherize Medicare within the first six to eight months of the administration.

He also supports “balance billing.” That means seniors could be forced to cover extra charges above what Medicare pays for the services they receive in the doctor’s office. So in this case, it’s extra costs pushed onto elderly people who live on fixed incomes.

Congressman Price has also called for block granting and capping Medicaid, a plan that would shred the safety net for millions of America’s most vulnerable patients.

Medicaid insures 74 million people. More people rely on Medicaid to help pay for nursing home care and home-based care than any other program. The program pays for nearly half of all births and covers millions of children. It’s a critical source of mental health care and substance use treatment, which is vital at a time when communities nationwide are battling the opioid epidemic. But Congressman Price’s most recent block grant proposal cut Medicaid by a trillion dollars.

Setting that huge cut aside, there’s also a concerning pattern to the way some lawmakers look at programs that have undergone this kind of transformation. At first it’s a block grant, a few years later it’s declared a slush fund, and then it gets slashed to the bone.

Unfortunately, that pattern has also defined Congressman Price’s approach to other areas that would be within his jurisdiction as secretary. His budget called for trillions of dollars in cuts to programs that support millions of vulnerable people – everything from job training to housing assistance to child nutrition. He also voted no on the reauthorization of the Violence Against Women Act when it sailed through the House on a bipartisan basis.

As I wrap up, I want to return to health care. The congressman and many others say patients should be at the center of care, and nobody would dispute that idea. When I look at Congressman Price’s proposals, I don’t see the patient at the center of health care. I see money and special interests at the center of health care.

His plans would tell vulnerable Americans that their health care will go only as far as their bank accounts will take them. The well-to-do might be able to afford Congressman Price’s proposals and the costs they push onto patients, but millions of working Americans cannot.

Congressman, I thank you for joining the committee today and I appreciate your willingness to serve. I look forward to your testimony.

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