Remarks by Rep. Henry A. Waxman
Chairman, Committee on Energy and Commerce
Families USA Health Action 2009
January 29, 2009

It is a great pleasure to join you here today.

This is a very exciting time for the country, and those of us who care about guaranteeing every American health care coverage:

- We have a new President who has put the provision of affordable, accessible health care for all Americans front and center on his agenda.

- We have leadership in both the House and Senate who are determined to work with the President to deliver on this promise.

- We have a number of coalitions of labor, businesses, consumers, and providers who are actively engaged in finding areas of common agreement to help us finally overcome the divisions which have so long kept us from this goal. You are well aware of that and I applaud Families USA's leadership in those efforts.

- We have Committee Chairmen in both houses who are ready to go. And I'd particularly note the inspirational leadership from Senator Kennedy, who has been such a lion in this cause for so long.

- All of us, the relevant Committees and Subcommittees, Committee Chairmen and Subcommittee Chairmen, are determined to pull together to finally achieve the elusive goal of health reform legislation that will pass Congress and be signed by the President and make affordable, high quality, universal coverage, a reality.

I also have to say that this is an exceptionally exciting time for me personally. I am pleased and proud to now serve as Chairman of the Committee on Energy and Commerce, a Committee which will have a central role in the House in developing and passing the health reform bill.

From the day I entered Congress more than thirty years ago, health care and health care issues have been my primary interest and passion. In partnership with this President, and all of you out there, I don't intend to let this opportunity pass.

Health Reform Agenda:

I am not here today to tell you that I know the right way or the best way to achieve the goal of affordable, high quality, universal coverage.

What I will say is what I have said before: the best approach is one that secures those goals of universal coverage, sensible controls on cost, and assurance of quality care — and one that we can pass.

I have supported single-payer health care plans. I have supported Medicare for All. I have supported pay-or-play plans. I might have my own personal view of which one would be best if I could wave a magic wand and make it so, but the point is, I can't.

What I am determined to do is to work to find the approach that will be broadly acceptable to the American people.

That says to me that it will have to build on the system we have in place today. That system rests on employer-based coverage. It rests on a system that relies on Medicare to cover seniors and people with disabilities. And that system also rests on two critical programs for low-income people: Medicaid and the Children's Health Insurance Program. Those two programs, Medicaid in particular, fill gaps in our system for people with health care needs that frankly will probably never be adequately addressed by private health plans.

In a recent article by Atul Gawande in the New Yorker, that many of you may have seen, he made a very basic point: reform of the health care system to achieve the goal of universal coverage has to come by building on the system that is in place — adjusting it and improving it, and filling in the gaps — but building on what we've got. That's been the experience of country after country that has put universal systems in place.

And I think that very point has been recognized by President Obama in the outlines of his approach to reform:

- It builds on and protects the employer-based coverage that is now in place.
- It lets people who have coverage that works for them keep it.
- It strengthens the safety net of our vital public programs — Medicare, Medicaid, and CHIP.
- It gives people a place to go to get good, accessible, affordable — and regulated — coverage through private plans or, if they prefer, through a public alternative. The choice is theirs.
- It pays attention to the critical role of assuring quality care, increasing efficiency, and making sure we are getting value for the dollars we spend on health care.
- It recognizes that a health information technology system that allows the free exchange of information among providers, while protecting the privacy of individual health care information, must be a critical part of our health care system.

- Finally, it recognizes the importance of prevention and wellness services and the management of chronic diseases, which make good sense from both a health and a cost point of view.

I am aware that there are a lot of details to be filled in to make this blueprint a reality.

But I think the President has got it exactly right: Build on what you've got. Improve it and make it work for all Americans — something the system clearly doesn't do now. Give people the assurance that if they've got something they like, they won't lose it.

And work with the Congress to help translate that vision into something acceptable to a broad spectrum of members representing the broad spectrum of views of the American people.

Finding Common Ground:

In chairing the Commerce Committee, I have the unique challenge and opportunity to try to forge that consensus. The Commerce Committee has 59 members. That means in our Committee alone, we have nearly 60% of the number of members in the Senate, and almost 15% of the House. It is balanced between urban and rural, conservative and liberal, new members and veterans.

If we can find consensus in the Energy and Commerce Committee, I am convinced we will be pretty close to what will be a consensus in the House and with the Senate.

At any rate, I am certainly going to try. And I look forward to — and expect — lots of support for this effort from you out there.

If we are going to succeed, we have to look for common ground. We have to recognize that any successful approach has to reject the false dichotomy of everyone in a governmental plan or everyone left to the mercies of a market-based approach.

I believe that we must have a significant role for private insurance. But I believe it is equally critical that we have a public program alternative.

I think both approaches will work better if there is some creative tension between them under rules that ensure access and competition based on quality and efficiency. Rather than have us pick one or the other alternative in legislation —and likely continue with gridlock in the effort — we should put both in place and let individuals and families make the decisions about what coverage is best for them in their community.

And in practical political terms, I think we must offer those who support a single-payer plan a reasonable public plan option — even if it is clearly not all they want — just as we must assure those who favor a more private, market-based approach that there is a very large and critical role for them. And the better they perform at it, the less threatened they need to be by a public plan alternative.

Other Crucial Elements:

Assuring the financing and coverage side of this picture is crucial. But I also have a keen appreciation of the complementary and critical role of our public health care programs and of the need for prevention and wellness programs, both public and private.

I know that stopping kids from ever developing the addiction to tobacco can improve our health and stop the needless cost of treating so many tobacco-related disabilities, diseases, and early deaths.

And we have all learned how important it is that we manage care better for those with chronic diseases and conditions. Medicare and Medicaid have the opportunity to lead the way here, because both are critical providers for persons with long-term disabilities and chronic conditions. But we obviously need to make better chronic care management a part of our total health care system.

None of this will work unless we have a robust health professions work force, trained to meet the needs of our aging and diverse population, in place where they are needed and fairly compensated. We need to give serious attention to that.

Finally, let me just share a few of my thoughts about how best to structure and offer coverage, particularly by private plans.

First, I continue to believe the role employers play in negotiating for their employees provides tremendous value in terms of the assured coverage that group plans can secure. Perhaps it is not impossible for the individual insurance market to duplicate these protections, but that certainly won't happen without aggressive regulation and oversight.

Mechanisms that help organize the offerings available to employers and individuals in the insurance market, like the connector in Massachusetts, are critical. But they won't work unless we have strong rating and underwriting rules and an effective regulatory structure.

So long as insurers can find ways to avoid insuring those who need it most, we will not have secured the goal of universal coverage.

I am sympathetic to the need to assure that all individuals have a mandate to have coverage. It may well be the critical component to make insurance work. But I am open to seeing if there are ways to get from here to there. Surely, assuring people that they will have affordable products available, and the assistance they may need to purchase them, has to be part of that equation. It is an essential first step.

Which takes me back again to a point where I started. I believe we will always need strong public programs, like Medicare and Medicaid, to serve low income people, seniors, and people with chronic needs and disabilities. No tax credit and private product is likely to be able to provide the guarantee of coverage that these vulnerable people need and deserve.

This is not to say that these programs are perfect. Both need to be strengthened and improved. But they are crucial in my view.

Next steps:

You all understand that the situation facing our nation in health care is critical. And every year, we see the situation get worse.

We now have over 46 million people without health care coverage. We have many more Americans who are underinsured. With this recession, we are going to see more and more Americans lose their jobs and join the ranks of the uninsured.

The provisions in the Economic Recovery bill to get health insurance to the unemployed will help to be sure — but that is only a temporary fix.

We have costs that are too high. Workers, families and businesses alike are paying more, and too often, getting less.

All of this is always unacceptable. But in our current economic situation, it is truly catastrophic.

Conclusion:

There are some who say that with this devastating state of the economy, we must put off the goal of health care coverage for all. I look at it in a completely different way.

I believe it is necessary to restoring the health of our economy to solve the problem of millions of Americans without health care. That costly failure of our health care system affects the financial health of our businesses. It affects the productivity of our workers. It affects our competitiveness in the world. And it affects every American family, insured and uninsured alike.

We will not be ultimately successful in addressing the problems of our economy unless and until we address health care reform.

I know that Charlie Rangel, Pete Stark, John Dingell, Frank Pallone, George Miller, and Chet Edwards are all as anxious as I am to move ahead boldly and rapidly. And I welcome the partnership of our colleagues in the minority. This will only succeed in the end if we have Democrats and Republicans engaged in this effort together.

Let me be clear: we do not intend to let delay sap the opportunity to finally enact the legislation we have waited decades for. The situation is too critical. The need is too great.

I know that this room is filled with people who share that sense of urgency, and who share the commitment to finally get this health care reform done.

I look forward to working with each and every one of you finally to realize the promise of health care coverage for all Americans.