



Sen. Grassley delivered part of this statement, then submitted the rest into the committee record.

Markup of the America's Healthy Future Act  
Senate Finance Committee  
Statement by Senator Chuck Grassley, Ranking Member  
Tuesday, October 13, 2009

Mr. Chairman, first of all, I want to commend you for bringing this markup to where it is today. It seems like a long time since we started on September 22<sup>nd</sup>. We've been able to air our differences and have the votes. I wish I felt better about the substance of the bill.

The chairman's mark has undergone many changes during this process and they are not to the good. I'll highlight a few of the changes I find most disturbing. As I highlight these issues, it will be clear that this bill is already sliding rapidly down the slippery slope to more and more government control of health care.

It has the biggest expansion of Medicaid since it was created in 1965.

It imposes an unprecedented federal mandate for coverage backed by the enforcement authority of the Internal Revenue Service.

It increases the size of the government by at least \$1.8 trillion when fully implemented.

It gives the secretary of Health and Human Services the power to define benefits for every private plan in America and to redefine those benefits annually. That's a lot of power over people's lives.

It will cause health care premiums for millions to go up, not down.

It tightens further the new federal rating bands for insurance rates. That means that millions who are expecting lower costs as a result of health reform will end up paying

more in the form of higher premiums. The new rating reforms alone will raise premiums by as much as 50 percent on millions.

It imposes new fees and taxes. These new fees and taxes will total about a half trillion dollars over the next few years. On the front end, these fees and taxes will cause premium increases as early as 2010 even before most of the reforms take effect.

Then after forcing health premiums to go up, this bill makes it mandatory to buy it.

On several occasions, Republicans tried to take the chairman's mark in a different direction. We tried to ensure that the President's pledge to not tax middle-income families, seniors, or veterans was carried out. We were rebuffed every step of the way.

And Republican efforts to provide consumers with a lower cost benefit option were consistently defeated – this means that despite the promises, a lot of people aren't actually going to be able to “keep what they have.”

It imposes higher premiums for prescription drug coverage on seniors and the disabled.

And it creates a new Medicare commission with broad authority to make further cuts in Medicare and it makes that commission permanent.

In our group of six negotiations, I resisted making the commission permanent. And I certainly wasn't going to agree to target prescription drug premiums.

But this bill now requires the Medicare commission to continue making cuts to Medicare forever. The damage this group of unelected people could do to Medicare is unknown.

What's more alarming is that so many providers got exempted from the cuts this commission would make that it forces the cuts to fall directly on seniors and the disabled.

The Congressional Budget Office has confirmed that the commission structure requires it to focus its budget axe on the premiums seniors pay for Part D prescription drug coverage and for Medicare Advantage.

Sooner or later, it has to be acknowledged that, by making the commission permanent, those savings are coming from more and more cuts to Medicare.

Finally, I can't help but note the incredible cynicism in an amendment that took benefits away from children. That amendment was offered and passed because the chairman's mark had the audacity to let children get covered through private insurance.

In 41 states, children would have received access to the EPSDT benefit.

EPSDT benefits cover vitally needed services for children such as rehabilitation services, physical, occupational and speech therapy particularly for children with developmental disabilities.

But those benefits were deleted by Rockefeller Amendment C21. Now children in 41 states won't have access to health care and they'll be left in a grossly underfunded public program. And they lost these important benefits.

What this mark up has shown is that there is a clear and significant philosophical difference between the two sides.

Throughout the markup, we have focused on trying to reduce the overall cost of the bill. We were told 'no'.

We focused on trying to reduce the pervasive role of government in the chairman's mark. We were told 'no'.

We tried to make it harder to for illegal immigrants to get benefits. We were told 'no'.

We tried to guarantee that federal funding for abortions wouldn't be allowed under this bill. We were told 'no'.

We tried to allow alternatives to the individual mandate and harsh penalties. We were told 'no'.

We tried to reward states with extra Medicaid dollars if they passed medical malpractice reform. We were told not just 'no' but shockingly we were told Medicaid isn't even in the committee's jurisdiction.

We have watched while the other side has expanded public coverage.

We saw Democrat amendments move millions from private coverage into public coverage.

We saw Democrat amendments create new government programs that cover families making close to 90 thousand dollars.

And at the end of the day, after raising billions in new taxes, cutting hundreds of billions from Medicare, and imposing stiff new penalties for people who don't buy insurance, and increasing costs for those that do ... 25 million people will still not even have health insurance.

I don't think this is what the American people had in mind when we promised to fix the health care system.

As I said when this process started, the chairman's mark that was released 27 days ago was an incomplete, but comprehensive, good faith attempt to reach a bipartisan agreement.

But then the modification pulled that attempt at bipartisan compromise very far toward a partisan approach on several key issues.

With this markup nearing its conclusion we can now see clearly that the bill continues its march leftward.

The broad bipartisan character of the reform proposal has changed.

This partisan change is precisely what Republicans feared would occur at later stages in the legislative process.

Today we see that those fears were legitimate and justified.

Nevertheless, I still hold out hope that at some point the doorway to bipartisanship will be opened once again.

I hope that at some point the White House and leadership will want to correct the mistake they made by ending our collaborative bipartisan work.

I hope at some point they will want to let that bipartisan work begin again. And then, they need to back that effort and give it the time needed to get it right.

But it is clear that today is not the day when that is going to happen.