

REMARKS OF THE HON. ROSA L. DELAURO
E&C HEALTH SUBCOMMITTEE: PATHWAYS TO UNIVERSAL COVERAGE
TUESDAY, DECEMBER 10, 2019

Thank you, Chairs Frank Pallone, Anna Eshoo and Ranking Members Greg Walden, Michael Burgess. I am here to advocate for Medicare for America, which I first introduced with my dear friend, Congresswoman Jan Schakowsky in December 2018 and reintroduced this May.

Medicare for America achieves universal, affordable, high-quality health coverage by creating a program based on Medicare and Medicaid. And, it covers all Americans through auto-enrollment starting at birth, while maintaining high-quality, affordable, employer coverage. Medicare for America moves every individual currently enrolled on the individual exchanges and Medicare beneficiaries onto the program. Individuals and children enrolled in Medicaid and CHIP are transitioned onto Medicare for America over time to ensure that their care is not disrupted as we transform our health care system. We made this deliberate choice after working with members of the disabilities community who

know all too well about disruptions in the face of budget cuts and other complications.

For those with employer-sponsored coverage, two things can be true and are true. Employers have shifted many Americans to high-deductible plans with less generous coverage; and, many are very satisfied including those union members that negotiated very good coverage in lieu of raises in lean budget years. So, Medicare for America allows high-quality, affordable private employer-sponsored coverage to remain or employers can enroll their employees in Medicare for America and continue to pay a contribution. Or those employees who work for these employers that continue to offer private coverage can choose Medicare for America, and their employer contributes toward the premium. This way no one is locked into employer sponsored coverage.

I want to touch on what I hear about most from my constituents. Cost.

For individuals, seniors, and families living below 200% of the Federal Poverty level, they will have no premiums and no cost-sharing.

There are never any out of pocket costs for children (under 21) and for maternity services, for preventive and chronic disease services, for Long Term Services and Supports, and for prescription drugs. There are also zero deductibles. Zero.

Annual out of pocket costs are no more than \$3,500 for individuals and \$5,000 for families on a sliding scale.

And premiums are capped: no more than 8% of income for enrollees, and are determined on a sliding scale.

Additionally, on the topic of cost of the program, our bill does include pay-fors.

Now, I want to discuss what is innovative about Medicare for America.

Today, health care benefits are too dependent on your zip code. Universal coverage must be universal. So, Medicare for America is explicit in the benefits covered especially with respect to long-term services and supports.

We are in a crisis. Families spend themselves into poverty to get the care their aging loved ones need. Hundreds of thousands of individuals with developmental and intellectual disabilities that wait years for services that may never come.

So, Medicare for America establishes the gold standard for LTSS. We partnered with members of the disabilities community on the entire bill to ensure we met their needs. The resulting coverage: home health aides, personal attendant care services, hospice, care coordination, respite services. To name a few. We also prioritized LTSS workforce development. Raising reimbursement rates for direct care workers and ensuring a career pipeline, credentialing, and worker rights. Then, in the interim, the

bill recognizes the central role family caregivers play by compensating them for their work. Because it is work.

Beyond the LTSS workforce, Medicare for America preemptively raises reimbursement rates for primary care and mental and behavioral health and cognitive services. Far too many individuals face roadblocks because reimbursement rates are too low. Far too many providers weighed down or scared off because of mounting debt choose only private insurance. So, Medicare for America establishes all-payer rate setting. Private insurance pays the Medicare for America rate.

It all comes back to getting patients the care they need. That is why we also ban private contracting. Current law allows providers to covered individuals whether its Medicare, Medicaid, CHIP, private coverage to pay out of pocket for care, even if their insurance covers the benefit. This two-tiered system must not continue. Patients deserved to be treated fairly, and get the care they need. We acknowledge the crippling the student loan debt so

many in the health care workforce face that often leads to private contracting. So, we say to providers: pay our rates and see our patients and we forgive 10% of your student loans. By making smart investments up front, the American people save a great deal of money in the long-run.

At its core, Medicare for America is about ensuring every American has health care. Medicare for America is the best way forward to achieve this historic change.

Thank you again to my colleagues for welcoming me today.