

Opening Statement of the Honorable Joseph R. Pitts
Subcommittee on Health
Hearing on “The President’s Health Care Law Does Not Equal Health Care
Access”
June 12, 2014

(As Prepared for Delivery)

The President’s health care law was sold to the American people with a number of promises. If you like your plan, you will be able to keep it; if you like your doctor, you will be able to continuing seeing him or her.

Advocates of the law made this promise again and again. In fact, President Obama, according to one count, made this promise nearly 37 times.

Yet as we now know, this promise was simply not true. Last year, millions of Americans had their health plans cancelled and were forced to enroll in exchange plans.

Americans are also learning another sad truth. Health plans offered in the exchanges are often not providing access – access to the doctors, hospitals, and drugs they need.

Why is this occurring? As we will hear today, many of these problems lie at the feet of the Affordable Care Act.

The ACA includes a number of benefits mandates imposed on the plans consumers can buy. The law also adds hundreds of billions of dollars in new taxes that are being passed on to patients. This leaves insurers with only a few tools to control and manage costs. As a result, many plans are turning to narrow provider networks and skimpier prescription drug coverage to keep premiums and deductibles in check.

Studies show that, compared with typical employer-sponsored plans, bronze and silver exchange plans include far fewer doctors, specialists, and hospitals.

One of our witnesses today, Dr. Scott Gottlieb, in an analysis comparing an exchange plan to a comparable private health plan across several states, found dramatically narrower networks for critical specialties, such as cardiologists, oncologists, and OB/GYNs, among others.

As CNN Money reported last October: “Many insurers have opted to limit their selection of doctors in some exchange plans to keep premiums and other costs down. And they are also excluding large academic medical centers, which are often pricier because they tackle sicker patient and more complex cases.”

This trend is particularly dangerous for those dealing with serious diseases that may have to go out-of-network – and, therefore bear significant cost – to find a provider to meet their unique needs.

Even those without serious illnesses have found that the doctors they know and like are no longer participating in their new exchange plans.

A constituent from Conestoga, PA wrote to me that after her policy of nearly 30 years was cancelled last fall because it was not fully ACA-compliant, she was unable to find a new exchange plan which included her doctors in its network. Her OB-GYN, whom she had been seeing since 1989, and her gastroenterologist are now out-of-network.

Narrower networks are not the only access problem consumers are running into. Again, in order

to manage costs, some plans are simply not covering the most cutting-edge, expensive treatments and drugs in their formularies.

Analysis shows that even when expensive drugs are covered, patients in exchange plans pay much higher cost-sharing for them than their counterparts in traditional employer-sponsored plans.

It is this Committee job's to understand the negative consequences patients are facing under the Affordable Care Act. It is also incumbent for us to begin to examine this problem and develop solutions to protect Americans being hurt by the President's health care law. I thank our witnesses for being here today and look forward to getting your perspective on the challenges patients have and will face under the ACA.

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