

**Testimony of
The Honorable Donna F. Edwards
Before the House Energy & Commerce
Subcommittee on Oversight and Investigations
“The Center for Consumer Information and Insurance Oversight and the Anniversary of
the Patient Protection and Affordable Care Act”
March 21, 2012**

Thank you, Chairman Stearns and Ranking Member DeGette, for holding this important and timely hearing on the nation’s health care system and for allowing me the opportunity to testify before the Subcommittee. I am Congresswoman Donna F. Edwards, and I represent Montgomery and Prince George’s Counties in the Fourth Congressional of Maryland, located just outside of Washington, DC.

I was honored to preside over the passage of the Affordable Care Act in the House and filled with pride to witness President Obama sign the landmark bill into law. Although the health reform law has faced opposition from some, I stand proudly and steadfastly in support of the Affordable Care Act and the preventive care, primary care, community-based care—quality care—that will now be received by millions of Americans.

Prior to the enactment of the Affordable Care Act, our health care system had been failing a large proportion of our population who most needed insurance coverage. In a national survey, 12.6 million non-elderly adults, 36 percent of whom tried to purchase health insurance directly from an insurance company in the individual insurance market, had been discriminated against because of a pre-existing condition in the last three years.¹ With a federal high risk pool, these Americans will have access to a critical program that provides life-saving health care coverage. The Affordable Care Act also encourages and enables people to seek out care sooner, saving the system money and increasing the chance of a positive outcome in the long run – things that we should be encouraging.

I worked with my colleagues, particularly Rep. Jan Schakowsky (D-IL), to champion a provision that holds insurance companies accountable for premium increases, ensuring affordability for millions of working families who have health care coverage, but for whom costs are

¹ Coverage Denied: How the Current Health Insurance System Leaves MILLIONS Behind. http://www.healthreform.gov/reports/denied_coverage/coveragedenied.pdf

skyrocketing disproportionate to inflation. In my congressional district, this provision has already helped protect 190,000 residents from price gouging by requiring health insurers to post and justify rate increases of 10% or more.² Across the country this provision has been used by state commissioners to save consumers millions of dollars.³

At this important 2-year anniversary, for constituents in my district and throughout the country, health care reform has already delivered important and tangible benefits due to a number of provisions in effect today. The parents of children living with preexisting conditions no longer have to worry about being denied coverage for their young ones. As a mother of a healthy 23 year old son, I am proud that our reformed health care system would allow me the option to keep him on my insurance policy until the age of 26 in the event he did not receive coverage through his employer. I visit senior centers regularly where seniors now understand that the Affordable Care Act strengthens their Medicare benefit by closing the prescription drug “donut hole,” and expanding coverage – all while lowering costs to them. Under the expanded benefits of Medicare, seniors can receive annual physical and preventive screenings. And the small businesses in my district and around the country know that health care reform included a new 35 percent—enhanced to 50 percent in 2014—tax credit to help them as employers cover the cost of premiums paid to insure their workers. With tax filing deadlines approaching, employers should look for that credit filing on their return.

For women, the Affordable Care Act has had a remarkable impact on their ability to finally obtain affordable and comprehensive coverage. According to The Commonwealth Fund, when the law is fully implemented, nearly all the 27 million women ages 19 to 64 who were uninsured in 2010 will gain health coverage that meets their needs at a fair price.⁴ By 2014, health care reform will keep insurance companies from denying women coverage due to “preexisting conditions,” like experiencing domestic violence or pregnancy or acne. What a shame that we needed a law to ensure that insurance companies would not penalize women for those or other conditions—but I am happy to have a law that does just that.

²Democratic Staff Report. House Committee on Energy and Commerce. Benefits of the Health Care Reform Law in the 4th Congressional District of Maryland. March 2012.

³ U.S. Department of Human Services

⁴ Robertson, Ruth and Sara R. Collins. (2011). Realizing Health Reform’s Potential: Women at Risk: Why Increasing Numbers of Women Are Failing to Get the Health Care They Need and How the Affordable Care Act Will Help. The Commonwealth Fund. http://www.commonwealthfund.org/~media/Files/Publications/Issue%20Brief/2011/May/1502_Robertson_women_at_risk_reform_brief_v3.pdf

Further, as the members of this panel – male and female – know, the act of choosing a doctor to care for your health needs is an important and personal decision. The Affordable Care Act ensures that women are able to choose any doctor they trust without a referral.

As if the insurance companies did not have enough influence over the health care decisions of women, prior to the passage of the Affordable Care Act insurers could also choose to charge a woman more for her individual insurance policy just because of her gender. The National Women’s Law Center reports the practice of charging women more than men for the same coverage cost women \$1 billion a year with little evidence to explain the difference.⁵ Thankfully, today under the Affordable Care Act, the 7.5 million women who buy their own insurance are protected from these costly and discriminatory practices.

And now with the Affordable Care Act in place and the scientific findings of the Institute of Medicine, women will receive a full range of preventive services at no-cost share, including mammograms, colonoscopies, Pap tests, well-woman visits, HPV testing, contraception methods, and support for interpersonal and domestic violence. To date, 20 million women have accessed these free preventive services.⁶ For minority women, who too often go uninsured, the Affordable Care Act will provide equal access to health care and close the health disparity gaps that plague women in these underserved communities.

The Patient Protection and Affordable Care Act is an historic improvement that will put health care back into the hands of consumers while ushering quality, affordable, and more accessible coverage for millions of Americans. In Maryland, by making sure people are healthy and care is accessible, we will save taxpayers and the health system \$829 million over the next ten years while cutting the number of uninsured in our state in half.

I appreciate the opportunity to appear before the committee today to offer my perspective on this vital law and am happy to answer any questions that my colleagues may have.

⁵ Garrett, Danielle. (2012). “Turning to Fairness: Insurance Discrimination Against Women Today and the Affordable Care Act.” National Women’s Law Center. http://www.nwlc.org/sites/default/files/pdfs/nwlc_2012_turningtofairness_report.pdf.

⁶ U.S. Department of Health and Human Services