Committee on Energy and Commerce

Opening Statement as Prepared for Delivery
of
Subcommittee on Health Ranking Member Diana DeGette

Hearing on "Lowering Health Care Costs for All Americans: An Examination of the U.S. Provider Landscape"

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I'm glad that my colleagues on the other side of the aisle have suddenly discovered the American people want to be able to afford health care. Judging by their actions over the past year—or decade—one would think this is a completely foreign concept to them.

In fact, the only people whose bottom line this majority seems to care about are the billionaires whose taxes they cut using funding that was supposed to go to health care coverage for working families and keeping aging adults in their homes and out of facilities.

H.R. 1, the Big Bad Bill, cut over a trillion dollars from Medicaid, which will make it even harder to get care for sick kids, people with disabilities, and working-class Americans just trying to get ahead.

And by failing to extend enhanced advance premium tax credits for people who get insurance on the exchanges—people just starting out, people who work for small businesses, and retired adults who aren't quite Medicare age—Republicans jacked up insurance costs for millions of Americans and cut insurance coverage for millions more.

But it's not just the people who lost or will lose their insurance who are paying the price. In many communities across America, urban and rural, access to quality care is hanging by a thread.

People who are uninsured don't magically not need care—but they do tend to delay care, letting conditions get worse, and then getting costlier health care which they often can't pay for, leaving hospitals and taxpayers with the bill. 75 percent of uninsured adults say they have skipped or postponed health care they needed in the last year because of the cost.

While uninsured patients may not be able to afford lifesaving care, hospitals are obligated to provide it and shoulder the cost themselves.

That uncompensated care is expected to increase by $443 billion nationwide over the next decade because of Medicaid cuts in the Big Bad Bill, placing hospitals under huge financial pressure and forcing many to reduce staff, eliminate certain services, or even close.

As many as 300 rural hospitals across the country may close their doors due to these pressures, which increases wait times, makes care less accessible, and raises the cost of health care for everyone, regardless of your insured status.

And for patients, worsening health caused by lack of access to preventive care and early interventions robs them of quality of life.

So what should we do now? First, as I've said before in this room, we need to restore enhanced premium subsidies for health insurance, and rip out the health care-killing provisions of H.R. 1, the Big Bad Bill, root and stem. That will go a long way, but it's just a start.

Ultimately, the best way to achieve affordable, accessible care for every American is by building a single-payer system, like Medicare for All. We need to guarantee that in the U.S., no matter who you are or where you live, you have access to health care that helps you prevent illness when you're well and get better when you're sick.

We also need to recognize where factors outside our health care system impact health and address public health holistically, as a whole-of-government and indeed whole-of-society effort. The finest doctors and hospitals in the world can't replace healthy food and clean air.

I'm not optimistic about tackling these important issues under this majority. But to my colleagues on the other side—if you want to work on these issues, my door is open. Democrats on this subcommittee will continue to work on issues that will improve health care quality and reduce costs. You're welcome to join us.