

I rise today in strong support of the Affordable Health Care for America Act, H.R. 3962, legislation that would provide secure and stable health coverage regardless of whether one changes jobs or is between jobs, ensure Americans will never be denied care if they get sick, and extend coverage to those Americans not well served by the current health care system.

This is a historic debate we are having. For the past century, since Teddy Roosevelt ran for President in 1912, our nation has been debating how to ensure that sick Americans can access the care they need. As a U.S. Representative and the husband of a primary care physician, I have heard many stories from hard-working New Jerseyans about the need for reform. Some Americans have access to excellent care, often thanks to the advanced biotechnology and pharmaceutical products created in New Jersey, while others lack even basic care. One of the goals of the health care reform is to help all Americans gain stable access to medical care and life-saving medicines.

At a July roundtable in Trenton, a spouse of a cancer patient told me that when she and her husband came home from the hospital after one extensive treatment, they returned to foot-high stacks of insurance paperwork and \$150,000 of out-of-pocket charges for her husband's needed care. A self-employed woman from East Brunswick wrote to me recently to let me know she pays \$2,000 a month for her family's coverage and still has to pay out-of-pocket to see many of her physicians. These stories are a reminder that health care reform is about real people who are disserved by the broken health insurance system.

These are not isolated stories. While in the U.S., we will spend over \$8,000 per person this year for health care, 16 percent of New Jerseyans lacked insurance in 2007 and family insurance premiums are projected to rise from \$14,000 in 2009 to \$24,000 in 2019. In a country where we are projected to spend 18 percent of our Gross Domestic Product (\$2.6 trillion) this year on health care, we can do better.

The Affordable Health Care for America Act would improve the American health care system for all Americans, regardless of how they currently receive their health coverage. First, the legislation would lead to stable health costs that do not threaten family finances by establishing consumer protections for those purchasing private insurance. The bill would eliminate insurance benefit caps to ensure families do not have to worry about leaving the hospital with bills too big to pay because their benefits have run out. The bill would set an annual cap on out-of-pocket health expenses to eliminate cases where one disease forces a family into bankruptcy.

Second, the bill would provide stable coverage for those between jobs or the self-employed by creating an insurance marketplace, where they could get insurance at group rates. Most of the policies in this insurance marketplace would be private insurance, while one of the plans would be a non-profit public plan. This public plan would be subject to the same requirements and regulations as the for-profit plans in the marketplace. The public option would be just that--an option in which no one would be forced to enroll. The bill also would eliminate the practice where patients with a pre-existing condition like diabetes or cancer or pregnancy cannot purchase insurance. According to a Congressional committee report, the bill would help 10,000 uninsured individuals in Central New Jersey gain access to affordable health insurance.

Third, the bill would strengthen Medicare by starting to pay physicians for treating the whole patient and by encouraging doctors to coordinate a patient's medical care instead of paying for each test or procedure. The legislation would strengthen the long-term health of the Medicare trust fund by increasing the efficiency of the program, expanding its ability to fight waste, fraud, and abuse, and eliminating wasteful subsidies to private insurance companies.

It is worth repeating: not only would Medicare remain intact under this legislation, it would become better. The legislation would strengthen the Medicare trust fund by increasing the efficiency of the program, expanding its ability to fight waste, fraud, and abuse, and eliminating wasteful subsidies to private insurance companies. No standard Medicare benefits would be cut. In fact, Medicare would be improved by eliminating the "doughnut hole" in the prescription drug benefit. Each year in Central New Jersey, 8,300 seniors face the Medicare "doughnut hole" and are forced to pay their full drug costs, despite paying for Part D drug coverage every month. H.R. 3962 would provide these seniors with immediate relief by cutting brand name drug costs in the "doughnut hole" by 50 percent and ultimately eliminating the "doughnut hole" altogether. Further, the legislation would help seniors by eliminating co-payments and deductibles in Medicare for preventative services to ensure that diseases would be treated at their earliest stages and to keep seniors well. The legislation creates new Medicare incentives to encourage physicians and hospitals to coordinate medical care and seek to reduce duplicate tests, x-rays, and labs. These and other provisions are why AARP, among several others, has endorsed this health care reform legislation.

This bill was created from one of the most open and deliberative processes in recent memory. During the past few years, Congressional committees held more than 53 committee hearings, debated and voted on almost 240 amendments, and considered health reform for 167 hours. Many of the amendments reflected concerns raised by constituents and have improved this bill further.

While there are strong humane and moral reasons to pass this health reform bill, the economic reasons are equally strong. Businesses, large and small, feel a heavy weight in trying to afford health care for their employees--hurting the economy and costing jobs. Any family, regardless of their income, can find themselves in bankruptcy from one accident or expensive illness. All of this would change under this reform bill. The bill would lower health costs for families by increasing competition across all states through a new marketplace and eliminating the antitrust exemption. It would reduce costs by promoting coordinated medical care to eliminate duplicative tests, by simplifying insurance paperwork and electronic records. The bill would decrease costs by expanding research on which treatments work best for different patients, helping physicians and nurses provide effective medical care. Long term, the legislation would limit costs by shifting to a focus on health outcomes and rewarding physicians for treating the whole patient.

It would do all this without adding one penny to the debt. Instead, it will lower the debt and, according to the Congressional Budget Office (CBO), produce a \$109 billion surplus over a decade. We cannot afford not to pass health care reform and reduce the crippling health costs facing our nation, our businesses, and our families.

Sadly, there is a great deal of misinformation about the proposed health reform bill. I have heard from some the myth that Members of Congress would be exempt from health care reform. It is worth noting that Members of Congress receive their health insurance like any other of the eight million federal employees and we pay premiums just like any other worker. The health insurance reform bill includes several improvements to the overall insurance marketplace, all of which would apply to the federal employee health insurance plans. I welcome the fact that the reform legislation would apply to Members of Congress, just like employees of other large companies.

Opponents of reform also claim that the House health reform bill would encourage euthanasia or insert the government into end-of-life conversations between patients and their physician. This claim is false. The truth is that the legislation would provide doctors with better payment for talking with their patients. This bi-partisan provision would provide payment for a doctor's time if a patient chooses to have a conversation about the care that the patient prefers if he or she becomes very ill, but it does not require anyone to use this benefit. These conversations would not involve any government employee, but would be solely between the patient and his or her physician. As noted by the AARP, "[t]his measure would not only help people make the best decisions for themselves but also better ensure that their wishes are followed."

There is no reasonable basis for concern that seniors' conversations with their doctors on personal requests for end-of-life care would do anything to promote assisted suicide, which is illegal in New Jersey and 47 other states, or euthanasia, which is illegal in all states.

Discussions between the sick or the elderly and their doctors about end-of-life care have long been an accepted part of modern patient care as a way to ensure that the patient's wishes are carried out. In 2003, under the Bush administration, the Agency for Healthcare Research and Quality issued a report outlining a five-part process for physicians to discuss end-of-life care with their patients. Unfortunately, doctors are not paid for such discussions and thus are not encouraged to have them. According to the National Hospice and Palliative Care Organization, which supports this provision, the bill simply would allow for counseling on decisions that require time and consideration.

Another myth is that health reform would provide federal benefits for undocumented aliens. Undocumented immigrants currently may not receive any federal benefits except in specific emergency medical situations. There are no provisions in the House health reform bill that would change this policy. In fact, the legislation explicitly states that federal funds for insurance would not be available to any individual who is not lawfully present in the United States.

I have heard from many constituents concerned about the inclusion or exclusion of family planning services in health insurance reform. The legislation would exclude federal funding of abortion, and maintain existing federal laws protecting conscience rights in health care. In fact, the amendment adopted tonight, which I believe is in error, would go further than existing law and even prevent women from using their personal funds from purchasing coverage for family planning services. I hope the conferees will revisit this issue to ensure women have the freedom to purchase the policy that best serves their needs and conscience.

I am pleased that health reform will help small businesses. According to a report issued from the Council of Economic Advisors in July 2009, the current health care system places a heavy burden on small businesses through high premiums, fixed administrative costs, adverse selection, and comparative disadvantage with larger businesses in America and with businesses in other countries. This is why small businesses pay up to 18 percent more per worker for the same health insurance plan than a large firm. The House legislation would help small business employees purchase insurance at group rates through an insurance marketplace, and by providing a tax credit to help small businesses that purchase insurance. Almost 18,000 small businesses in Central New Jersey would receive this tax credit.

The bill further recognizes the constraints facing small businesses and exempts many small employers from the shared responsibility requirement to provide insurance for their employees. The Congressional Budget Office and respected Massachusetts Institute of Technology health care economist Jonathan Gruber have pointed out that for the large majority of small businesses, the reform legislation would be a great improvement and would provide real savings.

For years, small businesses have asked me and other Members of Congress to allow them to get better rates by pooling their employees in large numbers, which is currently available to only larger companies. The newly-created marketplace would allow insurance plans to pool the health risks of millions of people and thus get lower rates. In addition to the marketplace for small businesses created by the House health reform bill, I worked with my colleagues Rep. Phil Hare (D-IL) and Rep. Rob Andrews (D-NJ) to include language in this legislation that would allow affiliated small businesses to join together to purchase insurance. This proposal for helping small businesses was brought to me by a small businessman in my district.

I also was pleased to write a section of the bill that would create an online job training programs for health care workers, modeled after a successful program originating at Rutgers University. This program is needed to help meet the increasing need for health care workers, which was indicated by a July report by the Council on Economic Advisors. The demand for health workers soon will exceed the supply with 48 percent growth in health support occupations such as medical record, clinical laboratory, and health information technicians. My amendment, included in H.R. 3962, would provide new training opportunities to meet this additional demand for health professionals.

While I support the Affordable Health Care for America Act, I look forward to working with my colleagues to improve this bill as the legislative process moves forward. I have heard from home care and hospice providers in my district and across New Jersey who are concerned about the reductions in Medicare home health payments. I have spent time with home care organizations and with individual patients at home and have gained a deep understanding of the challenges and successes that occur each day. I fear that additional cuts to home health would make it harder to do the essential job that home care and hospice workers perform each day. I also am concerned that several provisions of the bill may impede biomedical research and innovation, as this research has improved patient care. Third, the bill would strengthen Medicare by starting to pay physicians for treating the whole patient and by encouraging doctors to coordinate a patient's medical care instead of paying for each test or procedure. The legislation would strengthen the long-term health of the Medicare trust fund by increasing the efficiency of the program, expanding its ability to fight waste, fraud, and abuse, and eliminating wasteful subsidies to private insurance companies.

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While the bill we are considering is strong, I know this bill will continue to improve as we move through the legislative process. Today's vote in the House of Representatives marks an important step in this process and is the furthest we have come toward providing affordable and quality health coverage to all Americans. I look forward to working to the completion of meaningful health care reform legislation and sending it to the President for his signature.

I urge my colleagues to vote in favor of this bill to reform our nation's health insurance system and improve.