

Senator Susan M. Collins  
Statement on Health Care Reform  
July 27, 2017

Few issues are as important or personal to the American people as health care, which is why this debate has been so fervent and ignites such passion.

On the one hand, the Affordable Care Act (ACA) has allowed millions of individuals and families to obtain health insurance for the first time. It has also brought important patient protections like those for people with pre-existing conditions and prohibitions on annual and lifetime limits on insurance payments for needed care.

On the other hand, too many Americans face skyrocketing premiums and unaffordable deductibles coupled with mandates that give them few, if any, choices. Some insurance plans have become so restrictive that families find they can no longer go to the doctor or hospital of their choice. In addition, the ACA's employer mandate discourages businesses from creating jobs or giving their workers more hours, while its tax credits and subsidies are designed so poorly as to cause "wage lock" – where working harder to get ahead can instead make some Americans fall further behind.

Despite President Obama's campaign promise that his health care plan "would save the average family \$2,500 on their premiums" per year, the opposite has happened as premiums are increasing in nearly every state, with an average increase of 25 percent nationally last year. And today, despite the implementation of the ACA, 28 million Americans remain uninsured.

These problems require a bipartisan solution. The Democrats made a big mistake when they passed the ACA without a single Republican vote. I don't want to see Republicans make the same mistake.

Earlier this week I voted against proceeding to health care reform legislation – the American Health Care Act of 2017 – that passed the House of Representatives last May without a single Democratic vote. For many Americans, this bill could actually make the situation worse. Among other things, the bill would make sweeping changes to the Medicaid program – an important safety net that for more than 50 years has helped poor and disabled individuals, including children and low-income seniors, receive health care. The non-partisan Congressional Budget Office (CBO) projects that the number of uninsured Americans would climb by 23 million under this bill.

Senate Leaders, recognizing that the House bill did not have sufficient support, advanced their own substitute proposal that would make similar structural changes to the Medicaid program, as well as many other changes. CBO estimates that this plan would reduce the number of people with insurance by 22 million, cause premiums and other out-of-pocket costs to soar for Americans nearing retirement, and shift billions of dollars of costs to state governments. It also would undermine the financial stability of rural hospitals and long-term care facilities and likely lead to the loss of important consumer protections for many Americans, while doing virtually nothing to address the underlying problem of escalating health care costs. Earlier this week, this body struck down that proposal by a vote of 43 to 57.

A separate proposal that would simply repeal the ACA without a replacement also failed, by a vote of 45 to 55. That legislation, according to CBO, would result in 32 million people losing their insurance, bringing the total number of uninsured Americans to 60 million a decade from now. Clearly, that is going in the wrong direction.

In a final effort to reach consensus, Republican Leaders have pieced together a plan that would repeal key portions of the ACA while punting on many of the more difficult questions. While I support many of the components of this plan, this approach will not provide the market stability and premium relief that is needed.

In fact, a bipartisan group of Governors wrote Senate Leaders this week urging rejection of this so-called “skinny” plan, which they say “is expected to accelerate health plans leaving the individual market, increase premiums, and result in fewer Americans having access to coverage.” I ask consent that the letter be entered into the record.

Also included in all of these plans is a misguided proposal that would block federal funds, including Medicaid reimbursements, from going to Planned Parenthood. Millions of women across the country rely on Planned Parenthood for family planning, cancer screening, and basic preventive health care services. Denying women access to Planned Parenthood not only runs contrary to our goal of letting patients choose the health care provider who best fits their needs, but it also could impede timely access to care.

If Planned Parenthood were defunded, other family planning clinics in Maine, including community health centers, would see a 63 percent increase in their patient load. Some patients would need to drive greater distances to receive care, while others would have to wait longer for an appointment.

Let me be clear that this is not about abortion. Federal law already prohibits the use of federal funds to pay for abortion except in cases of rape, incest, or when the life of the mother is at risk.

This is about interfering with the ability of a woman to choose the health care provider who is right for her. This harmful provision should have no place in legislation that purports to be about restoring patient choices and freedom.

We need to reconsider our approach. The ACA is flawed and in portions of the country is near collapse. Rather than engaging in partisan exercises, Republicans and Democrats should work together to address these very serious problems. In their letter to Senate Leaders, the bipartisan group of Governors correctly notes that, “True, lasting reforms can only be achieved in an open, bipartisan fashion.”

Health care is extraordinarily complex, and we must work together systematically in order to “do no harm” and improve our health care system. In developing legislation, our focus should be on the impact on people, premiums, and providers.

We’re dealing with an issue that affects millions of Americans and one sixth of our economy, and we need to approach reforms in a very careful way. That means going through the regular process of committee hearings; receiving input from expert witnesses such as actuaries, governors, advocacy groups, and health care providers; and vetting proposals with our colleagues on both sides of the aisle. It needs to be a much more deliberative process, and I am pleased that Chairman Alexander has expressed a willingness to begin hearings in the Senate Health Committee.

Neither party has a monopoly on good ideas, and we must work together to put together a bipartisan bill that fixes the flaws in the ACA and works for all Americans.