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Opening Statement

Rep. Matthew Cartwright, Ranking Member

Joint Hearing on “Federal Implementation of ObamaCare: Concerns of State Governments”

September 18, 2013

Thank you Chairmen Jordan and Lankford for calling this hearing.

All across the country, some Republican state legislators and other elected officials are obstructing the Affordable Care Act law and undermining enrollment in health exchanges.

Just this week, Florida Governor Rick Scott issued a directive banning navigator grantees from operating on the grounds of county health departments. This is particularly obstructive because county health departments are precisely where Floridians with questions about the health exchanges might turn.

Florida Governor Rick Scott also stripped Florida’s insurance commissioner of its ability to review insurance rates and protect consumers from unfair or excessive premium hikes. The “rate review” provisions of the Affordable Care Act require insurance companies to justify any proposed health insurance premium increase of 10 percent or more. Last year, this provision saved 6.8 million consumers an estimated \$1.2 billion in health insurance premiums.

In fact, every witness invited by the majority represents a state government that is openly obstructing implementation of the Affordable Care Act. These witnesses do not have concerns about implementation; they are creating concerns and barriers to implementation. And they are proud of it.

One witness, State Attorney General Alan Wilson, works under South Carolina Governor Nikki Haley, who said:

When it came to Obamacare, we didn’t just say no, we said never. ... We are not expanding Medicaid just because President Obama thinks we should, and we’re going to

keep on fighting until we get people like Senator [Tim] Scott and everybody else in Congress to defund Obamacare.

Another witness, Secretary of the Department of Health and Hospitals Kathy Kleibert, works under Louisiana Governor Bobby Jindal, who said: “We don’t think it makes any sense to implement Obamacare in Louisiana. We’re going to do what we can to fight.”

Our constituents deserve better.

One such person is Stacie Ritter, a resident of Pennsylvania and mother of twin girls with a rare blood disorder known as myelodysplastic syndrome. Ms. Ritter came here at her own expense and is sitting in the audience today. Ms. Ritter, will you please stand?

Ms. Ritter has a compelling story to tell and prepared a written statement. Unfortunately, the majority has not allowed her to present her statement, but I will read an excerpt. She writes:

Thanks to the ACA, [the girls] can no longer be discriminated against if I were to lose or change jobs. Thanks to the ACA, we no longer worry about reaching lifetime caps on coverage. Thanks to the ACA, the girls can remain on my insurance until they are 26 years old, giving them time to finish college and find a job.

There are millions of Americans like Ms. Ritter, who have needed the Affordable Care Act for a very long time.

In fact, in 2007, nearly 10 percent of Pennsylvania residents reported they were unable to see a doctor when necessary due to cost. Between 2003 and 2009, families in Pennsylvania saw their health insurance premiums increase by 45 percent to an average annual cost of \$13,229. Single policyholders experienced a 38 percent increase over the same period. Of those who do have health insurance, 53 percent are covered through their employment. Public programs such as Medicaid and Medicare insure 31 percent of Pennsylvania’s population, and five percent of residents purchase individual private policies. This leaves nearly 1.4 million, 11 percent of the state’s population, uninsured.

Pennsylvania’s children are uninsured at a rate of eight percent. This figure doubles to 16 percent for children living in households with incomes less than 139 percent of the Federal Poverty Level. Non-elderly adults, those younger than 65, that live in in these lower-income homes are uninsured at a rate of 32 percent. A quarter of Pennsylvania’s non-elderly Hispanic population lacks health insurance. Non-elderly Blacks are uninsured at a rate of 17 percent, and 11 percent of the non-elderly White population is uninsured.

Over the next six months, as the health exchanges stand up, Pennsylvanians like Ms. Ritter will finally be able to get the help they need—for themselves and their families.

Our job is to conduct oversight, not cheer while state officials impede the implementation of federal law.

I want to thank the Chairmen for accepting several witnesses requested by the minority. Their participation in today's hearing will help us find a more balanced perspective.