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Opening Statement Ranking Member Elijah E. Cummings

Hearing on "The Roll Out of HealthCare.gov: The Limitations of Big Government"

December 4, 2013

Thank you, Mr. Chairman, and welcome to our witnesses here today. I look forward to an informative and spirited discussion.

According to the Chairman's invitation letters, today the Committee will examine "the institutional limitations on the efficacy of government action." And our case study will be the rollout of the HealthCare.gov website. The fundamental presumption underlying this hearing is that the federal government is somehow incapable of successfully administering large-scale programs. In fact, the Republican staff briefing memo challenges "government's ability to effectively design, implement, and administer large scale projects and programs."

The problem with this presumption is that it does not take into account the many extremely successful government programs that have helped millions of Americans throughout our history.

In 1935, President Roosevelt signed into law the Social Security Act—the centerpiece of our social safety net. When it first launched, critics panned its confusing procedures, and less than half of the labor force participated. Over time, however, it has reached 90% of American workers and has been expanded to cover the self-employed, to include dependent and survivor benefits, and to provide for cost of living adjustments.

Thirty years later, in 1965, President Johnson signed Medicare into law. Like the Social Security rollout, there were challenges initially, and the American Medical Association called it "the beginning of socialized medicine." The federal government had to negotiate with hospitals, nursing homes, and insurance companies, and it had to coordinate with all 50 states. Eventually, 93% of eligible seniors enrolled in Medicare, and the program has been expanded and improved several times since then.

Forty years after that, in 2005, President Bush signed into law the prescription drug program under Part D of the Medicare law. Like Social Security and Medicare before it, this drug program also experienced challenges in its rollout. Newspaper headlines were dire, stating "Confusion Reigns Over Drug Plans," "Not Ready for Prime Time," and "Prescription-Drug Plan Part D Gets an Early 'F.'"

In all of these cases, early setbacks were resolved, critics were proved incorrect, and these programs are now immensely popular with the American people. But more importantly, they prevented our nation's seniors from dying penniless and homeless. They provide a basic level of security to the American people where the private sector failed to do so.

The same is true of the Affordable Care Act. The private insurance market discriminated for decades against people with preexisting conditions. Insurance companies threw people off existing plans when they discovered evidence of previous illnesses that patients themselves did not know about. But now, thanks to the ACA, millions of Americans who could not get health insurance in the private market now have access to it.

In terms of today's hearing, I think everyone understands what is going on. The Republicans want to use the initial challenges with the HealthCare.gov website to make a broader argument that the federal government cannot administer large-scale programs effectively and that we are all better off leaving things to the private sector. But we have tried that, and it simply does not work.

I believe the premise for today's hearing is fundamentally flawed. Our country's experience with Social Security in 1935, Medicare in 1965, and the prescription drug program in 2005 demonstrates that our government is fully capable of overcoming initial problems with the implementation of programs that help millions of people in their daily lives.

This premise becomes even more absurd when you look at our nation's broader history. In the 1940s, we mobilized our entire country—our people, our industry, and our workers—to defeat the Nazis and the Japanese in World War II. In the 1960s, we tapped the best and brightest minds in government and the private sector to build a space program that put a man on the moon for the first time in human history. Our government does not always work as well as it should, but it is certainly capable of great things when there is a strong commitment to the underlying goals we all share.

In the case of the ACA, we all know that one component of the rollout—the HealthCare.gov website—did not work as it should have. But we also know from testimony before this Committee that another component—the complicated interagency data hub that most experts worried about—worked much more smoothly. And that is a testament to the strong work of the agencies and contractors involved.

As we go forward, I hope we can all work together to solve any problems that arise in order to improve the program so it works effectively and efficiently. In that way, we can honor the commitment we made in the Affordable Care Act to help people who could not get health insurance to obtain it now. I look forward to hearing from today's witnesses.

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