

Sen. Franken Delivers Final Speech on Health Care Reform

http://franken.senate.gov/press/?page=release&release_item=Sen_Franken_Delivers_Final_Speech_on_Health_Care_Reform

Washington, D.C. [Dec 23, 2009] – Today, Sen. Al Franken (D-Minn.) delivered his final floor speech on the Senate’s health care reform bill before the final Senate vote on Thursday morning.

Sen. Franken spoke in favor of the bill and all of the good it would do for thousands of Minnesotans and millions of Americans. He also outlined the numerous benefits that would be enacted with the bill’s passage.

“I said at the beginning of the debate that there would be amendments that make it an even better bill. And that there would be amendments that make it less to my liking, and therefore a less good bill from my point of view. But I also said I would only support a bill if it makes quality health care available to tens of thousands of additional Minnesotans and tens of millions more Americans. We’ve all compromised on many fronts but the bill we have before us is real reform and deserves our support,” said Sen. Franken. **“The bill deserves our support because Minnesotans and Americans can’t wait any longer.”**

Sen. Franken’s speech as prepared for delivery:
Statement on Patient Protection and Affordable Care Act

We’ve been working on this bill for a long time. I’m proud of what we’re doing, I’m really proud. Every senator has had his or her chance to speak up and help make this a better bill, or to make their case against the bill.

Unfortunately, it’s been a bit rancorous, and I think that’s too bad. There have been accusations flying back and forth. Umbrage has been taken. This place has become an umbrage factory. I even took umbrage once and I feel bad about that. My colleagues across the aisle have taken great umbrage when we’ve accused them of using scare tactics. Well, may I point out that the title of my friend from Oklahoma’s piece in last Wednesday’s Wall Street Journal is “The Health Bill Is Scary.” Exhibit A in our case that the other side has indeed used scare tactics--the op-ed entitled “The Health Bill is Scary.”

But seriously, when you’re talking about people’s health, there’s more than enough fear to go around. Instead of scaring people, we should be debating the merits of the proposal in front of us.

We’ve heard a lot of stories, and we all know our health care system is screwed up. We can all agree on that. But the most important things to know about the bill are – what it actually is, and will it help.

You see, this bill is too important for us to hide what it would do from our bosses, the American people. They’ve chosen us to represent them – to give them a voice, to negotiate for them, and most importantly, to improve their lives. But we also have a duty to report back and let them know exactly what we’re doing on their behalf. That’s why I’ve been so disappointed when my friends and colleagues say – and I agree – that Americans are confused about what’s in this bill.

Well, they wouldn’t be so confused if everyone was being honest and forthright about what is in the bill. I have to say, I’ve heard a lot of misinformation over the last several weeks, some on the airwaves and, unfortunately, some right here on this floor.

Very early Monday morning, I heard a colleague on the floor say that this bill is going to add \$2.5 trillion to our debt. That’s simply made up. The nonpartisan Congressional Budget Office – the official scorekeeper of Congress – says that the bill reduces the debt by \$132 billion in the next 10 years. And they estimate the bill lowers the debt by at least five times that amount over the following decade.

You see, CBO is like a referee and we all agree to let the ref make the calls about what things will cost. Now, it's completely possible that we'll disagree on different calls that the ref makes in a game--I don't always agree with CBO. For example, I don't think that they score prevention as saving enough. I may be wrong or I may be right. We all know intuitively that an ounce of prevention is worth a pound of cure, but that's hard to score. So we don't get as many points for prevention as I'd like, but I accept that.

We can't just make up numbers and ignore the final estimates that CBO gives us for the bill overall, as if they never gave them. We wouldn't walk away from a basketball game saying we won if the other team scored more points and just say, "It's bad ref-ing.--we really won." So we may not like how CBO scores certain provisions, but it's all we can go by. These are the rules of the game that we've agreed to. So if we're talking on the floor, you just can't say that this bill will add \$2.5 trillion to the debt when it isn't what CBO says at all. So no wonder people are confused.

People who are trying to kill health reform are deliberately confusing Americans. And unfortunately, it's working. A recent study found that more than half of respondents to health care polls say they don't know enough about the bill to give a hard opinion. Then opponents use the fact that people are confused as a reason to draw out this process. The American public is confused and opponents of this bill want more time to confuse them even more.

I've heard a colleague say that this bill wouldn't add one day – he said “not one day” – to the solvency of Medicare. Well, that's simply not what the nonpartisan Chief Medicare Actuary found. This is the same actuary who's often cited by opponents of this bill. He's determined that it keeps Medicare solvent for an extra nine years.

Now, colleagues on my side of the aisle are also making statements that might come under the heading of “Overselling,” saying that for most people, premiums will go down. Well, it is true that for many Americans the out-of-pocket cost for better, more secure health insurance will go down.

But it's also true that most health care premiums will continue to go up – it's just that they will go up at a slower rate than they would if this bill weren't adopted. And that's a good thing. But this bill is going to pass and so we want people to understand what's happening here. We are slowing the growth in the cost of health care. I want to be crystal clear because I don't want our side to be confusing people either.

So today I'm going to try to cut through all of this rhetoric and tell you about what's actually in this bill, and how it will affect you. Now, when I first spoke on this floor on health reform, I related the three questions that I hear most from Minnesotans. I heard them when I was at the state fair, I heard them when I spoke with Tea Partiers, I heard them in Minneapolis and St. Paul, and I heard them in Willmar and on the Iron Range.

First, they say health care costs too much. What are we going to do about that?

Second, they ask, what am I going to do if I get sick, or my spouse, or one of my kids gets sick, and then someone in my family has a preexisting condition...and then I lose my job? How am I going to get health insurance then?

Third, if something bad happens to me, am I going to lose everything? Am I going to go bankrupt? Now that we're about to pass this bill, let me take up each question and tell you how this will affect you – what this bill will do, and what it won't do. Remember, this legislation is an important first step, but not the final word.

First, what does this bill do about health care costing so much?

Let's take a look at a point that Dr. Atul Gawande, a Harvard physician, makes. He points out that almost half of this bill comprises programs to try out different ways to lower costs and improve quality. Some have criticized this as a weakness of the bill but I think it's a strength. Gawande makes the point that when a system is as complex as ours, there's no one-time fix, there's just not a simple solution. As much as I wish it were true, the whole country

probably can't be like the Mayo Clinic or HealthPartners in my state. Or InterMountain in Utah, or Geisinger in Pennsylvania. So one size might not fit all.

But these projects and pilots will generate solutions to fix the biggest problems in health care —like paying doctors fee-for-service, which rewards volume and not value. For example, thanks to the efforts of Maria Cantwell and my colleague Amy Klobuchar and others, for the first time ever, **we will include what's called the "value index" in the Medicare payment structure. Doctors who provide high quality care at a reasonable cost will no longer be punished. Instead, they will be rewarded for being effective partners in their patients' care.**

The bill also calls for all health insurance companies to use a single uniform standard for claims, just like we do now in Minnesota and which will save our state \$60 million this year.

There are a lot of ideas. And we just don't know yet which ones will work best. But the point is that all the key elements are in this bill.

One program in the bill that I'm particularly proud of is the Diabetes Prevention Program at CDC. I worked on these provisions with my Republican colleague, Dick Lugar from Indiana, who's a real hero of mine.

The Diabetes Prevention Program is based on what we've learned in Minnesota and Indiana— pre-diabetics can avoid becoming diabetic if they get access to community services like nutrition counseling and gym memberships. These are proven to cut the risk of developing diabetes in half so people can live healthier lives, and their health care costs less. We'll replicate this program across the country.

We'll also guarantee that routine checkups and recommended preventive care like colonoscopies and mammograms are covered by all insurance plans at no cost. No copays for preventive care.

I'm also happy that the bill requires a minimum medical loss ratio, something I've been fighting for with Senator Rockefeller. This is going to make health insurance companies put at least 85 percent of premiums toward actual health services, not administrative costs, marketing campaigns or profits or bloated CEO salaries. Advocates have been trying to get these profit restrictions in place in many states, but it's usually too hard to fight these companies at the local level. So while I'm really disappointed that we don't have the public option, the minimum medical loss ratio is a potent measure that will limit insurers' profits and put the brakes on skyrocketing premiums.

Diabetes prevention, minimum medical loss ratio, incentivizing value over volume -- these are just a few examples of innovative ways this bill will bring down costs. All the basic ingredients for success are here. And Jon Gruber, Professor of Economics from MIT agrees. This is what he says about our bill: "...it's really hard to figure out how to bend the cost curve, but I can't think of a thing to try that they didn't try. They really make the best effort anyone has ever made. Everything is in here...I can't think of anything I'd do that they are not doing in the bill." So when two of my colleagues said two days ago that, "There's no health reform in this bill," that's just confusing.

The next question I hear from Minnesotans is: What if I get sick or lose my job? What will I do?

This bill reforms insurance markets, guaranteeing that having health insurance equals security. Some of these reforms will kick in when the bill passes; others will kick in four years from now.

I wish we could do everything at once, but we're making a complex set of reforms, and it will take time to implement them and generate the cost savings necessary to pay for the benefits you'll receive.

For the Minnesotans who just can't afford the coverage they have because they're sick, or have a pre-existing condition--what will this bill do for them? **Six months after this bill is passed, we'll get rid of all pre-existing**

condition exclusions for kids, and young adults will be able to stay on their parents' insurance until they turn 27.

Within 90 days, families who get turned down because of pre-existing conditions will have access to non-profit insurance coverage designed to cover people who can't buy insurance on their own. These are called high-risk pools and many states like Minnesota have these plans in some form. The good thing is that this bill will invest \$5 billion to help people afford the premiums in the high-risk pools.

Then in 2014, anybody who doesn't have an affordable plan through work, or has been denied coverage, will be able to go to a website and purchase coverage through a new insurance marketplace, called the exchange. No one will be turned away or charged more because of their health status, or because they happen to be women. It will let you compare plans and prices. What you pay will be based on your income. No one will pay more than 10.2 percent of their income toward premiums in the Exchange. Lower-income families will pay significantly less. And if the coverage you're offered through your employer costs you more than 8 percent of your income, you can go to the exchange.

There are also many people who have insurance who are worried about losing what they have -- like Minnesotans who work for small businesses that are squeezed by growing health care costs. **Beginning in 2010, this bill will give small businesses tax credits to pay for up to 35 percent of their employees' premiums.**

More small businesses will be able to cover more employees, more affordably. **And then in 2014, once the exchanges are up and running, small businesses can choose to go into the exchange so they can pool their risk with other small businesses.**

These reforms will bring coverage to an additional 295,000 Minnesotans by 2019. There should be no confusion -- this is real reform.

Lastly, Minnesotans ask me: Will I go bankrupt from health care costs?

I hear from a lot of Minnesotans who have maxed out their health insurance, or are getting uncomfortably close to their annual or lifetime limits. These arbitrary limits let insurance companies off the hook and leave you holding the bill when you're sick and need help the most.

Fifty percent of personal bankruptcies in this country are due to a health crisis. 80 percent of those health care bankruptcies are people who have health insurance. **The good news is that within six months of passing this bill, new plans will not have lifetime limits on benefits and we'll stop companies from imposing annual limits on needed care.**

When the Exchanges are operational, the use of annual limits will be banned entirely. I'd like to ban all limits on all plans—new and existing—right away. But this is an example of how we've had to compromise in order to keep the cost of the bill down so that we're being fiscally responsible and not adding to the debt. I want to be very clear on that. When this bill is fully implemented it will give Americans access to affordable health care so they can avoid going bankrupt when they get really sick. That's really good.

And there's more—we'll start closing the Medicare prescription drug donut hole in 2010; we'll invest in home visits for new mothers; more loan forgiveness for primary care providers and for doctors to practice rural areas; the Public Health Investment Fund; stronger anti-fraud laws; support for people with disabilities to stay out of nursing homes; and funding for community health centers.

I said at the beginning of the debate that there would be amendments that make it an even better bill. And that there would be amendments that make it less to my liking, and therefore a less good bill from my point of view. But I

also said I would only support a bill if it makes quality health care available to tens of thousands of additional Minnesotans and tens of millions more Americans. We've all compromised on many fronts but the bill we have before us is real reform and deserves our support.

The bill deserves our support because Minnesotans and Americans can't wait any longer. And as Martin Luther King, Jr. once said: of all the forms of inequality, injustice in health care is the most shocking and inhumane. We have the opportunity to express our humanity today, to make our country healthier and more secure for generations to come.

I'd like to conclude by sharing a letter I received from John Goldfine in Duluth, Minnesota. John operates a business on the shore of Lake Superior and wrote to share the requests he had received to donate money to fellow community members facing financial crises because of health care costs.

John was asked to donate to a cancer benefit for a woman who has melanoma, to attend a spaghetti dinner for an eleven year old with brain cancer, a bake sale for a woman in need of a new kidney, and a pancake breakfast for a burn survivor.

And this is what John says: "As a business owner in Duluth, these are just a few of the requests that we have received these last few years. We have given a donation towards these fundraisers to help people pay for their medical expenses...As I travel the country and go into grocery stores, restaurants and convenience stores, I always take a minute to look at what is going on in the area. Rare is the time that I do not see a fundraiser to help someone with their health care bills and expenses.

"I know you know how wrong this is, but I am left wondering what some of your fellow Congressman and Senators are thinking. Maybe they need to go home and look at some of these community bulletin boards. Every time I look at one of these I want to cry.

"I know how hard this battle is. I know there will be more compromises, but please do not leave empty handed. There are so many people out there that really need some help."

Well, I'm proud that I'm going to vote for this bill to provide help for people who need it. M. President, I yield the floor.