

[CQ Transcript: House Republicans Holds Press Conference on Health Care](#)

CQ Transcriptswire

SPEAKERS: REP. JOHN A. BOEHNER, R-OHIO, HOUSE MINORITY LEADER

REP. ERIC CANTOR, R-VA., HOUSE MINORITY WHIP

REP. ROY BLUNT, R-MO.

REP. JOE L. BARTON, R-TEXAS

REP. DAVE CAMP, R-MICH.

REP. HOWARD P. "BUCK" MCKEON, R-CALIF.

REP. GINNY BROWN-WAITE, R-FLA.

REP. CHARLES BOUSTANY JR., R-LA.

[*] BOEHNER: Good morning, everyone.

Republicans want to work with President Obama and our Democrat colleagues to make sure that all Americans have access to high- quality, affordable health insurance.

I want to congratulate Roy Blunt and all of the members of the health care solutions working group that are here with us today. They have worked for months on making sure that -- that we have a plan that will accomplish the goal that the president and Democrats all agree on.

And if you look at the plan that will be unveiled this morning, we take the current health care system and improve it to make it work better for all Americans, provide easier access to health insurance for those who can't afford it, to make sure those with pre-existing conditions have access to affordable health insurance.

And if you look at this plan, it really will insure most Americans. It really will improve the quality of our health care system and maintain the innovation that we have in our current system.

I think we all understand that we've got the best health care system in the world. And 90 percent of the world's innovation in health care comes from the United States. And as we proceed down this path, we have to be very careful that we don't do anything that will impede the kind of quality and innovation that we have in our current system and that we believe that our plan is a big improvement on the current system that will cost far less than what the administration is proposing.

If you look at their plan, it really is a big-government-run plan that will take control of the delivery of health care in America. I don't think that's what most Americans want.

Families and small businesses are looking for access. Let's work on that problem and improve the current system so it works better.

This is a serious proposal. We're hopeful that President Obama and our Democrat colleagues will take our ideas seriously and use them as they begin to develop their program.

But everything that we've seen thus far -- whether it was the stimulus bill, whether it was the omnibus appropriation bill -- they've ignored our better solutions. But we're going to continue to offer better solutions, as I promised on the opening day when I gave the gavel to Nancy Pelosi

When we found ourselves in a position of having to say no, having to be in opposition to what the president or our Democrat colleagues wanted to propose, it was our obligation to come up with what we thought was a better solution. This, in our opinion, clearly is a better solution for American families and small businesses who want better access to health care.

Eric?

CANTOR: Thank you, Leader. Good morning.

I, too, want to recognize Roy Blunt and his leadership in health care solutions working group, working along with our other ranking members, to come up with the Republican plan.

You know, health care in America is about choice. At its core, it's about American families having the ability to choose the health care that best meets their need. And as we saw this week, the Congressional Budget Office said that the Democrat plan will cost at a minimum \$1 trillion in order to implement.

But that plan clearly misses the mark at many levels. First of all, we come to find out that maybe a third of the current uninsured are going to be covered at the expense of \$1 trillion. As broken down on an individual basis, that is well over \$6,500 per person to insure when we know right now the average cost per individual in the private plans today is less than \$5,000.

Clearly, government plan is not the answer. So our Republican plan is sorely needed. We've got to come to a consensus on how we implement health care reform in a reasonable fashion that is responsible in terms of taxpayer expenditures and delivers on what the American people want, which is choice in their health care.

So we do that starting with the premise that people ought to be able to keep the health care they've got if they want it. That is the essence of the choice that we're talking about.

And once we establish that tenet, we then go and say, look, part of why this whole discussion has become so important is that the costs in this country have just come out of control and have led to increasing numbers of uninsured Americans. So how is it that we're going to -- to afford the uninsured access to affordable coverage?

The tenet that we operate on and our plan is based around is: We want to provide access to a basic plan for all Americans and to coverage, in terms of a basic plan.

We do so by making sure we keep down costs and incorporate the ability for folks to pool together to access lower costs, to bring private sector into the game and keep government out.

So I applaud the efforts that have resulted in the plan today, look forward to working, as the leader said, with President Obama, Speaker Pelosi, to make sure that we do arrive at a consensus so that we can have some health care reform in this country.

BLUNT: Thank you, Eric.

We have had a hard-working group, and that group continues to work to be part of this debate and part of this solution. The health care solutions group hopes to be just exactly that. And Republicans in the House are for a health care plan that's more affordable, that everyone has access to, regardless of any pre-existing condition they had, with a renewed focus on quality and the doctor-patient relationship.

Democrats know that Americans who have health care coverage now generally like it, and that's why they constantly say, "If you like what you have, you can keep it." We believe -- and everybody analyzing that future marketplace seems to believe that if there's a government competitor, you will not be able to keep what you have, because if there's a government competitor, the government will never compete fairly. And before you know it, there are no competitors, so what you had is no longer available for you to have.

In fact, we'd add a caveat to that. If you like what you have, you can keep it, but even -- you used to have more choices than you have today even if you like what you have. More of a marketplace, more access to individual decision-making in health care. One of those decisions might very well be, "I'm pleased to continue to have the benefit of the insurance I get from my company," or it might be, "I want to take the -- the tax benefit and go out and have a -- the same kind of benefit with a plan that better fits the needs of my family or myself."

And we're going to see -- we're going to do everything we can to do that. There are ways to get uninsured people on the insurance rolls without having \$1 trillion price tag. And we'll be talking about those.

There are ways to make Medicaid more efficient and also ways to be sure that everybody who has access to Medicaid knows they have access to Medicaid and gets on the Medicaid system or the SCHIP system. Many of the uninsured today actually qualify for existing programs. Ten million of the uninsured today have insurance available to them at work.

And so, among other things, we think employees should have to opt out aggressively of choosing their insurance at work as opposed to aggressively have to opt in.

There are things like that that can make a big difference in the system in a hurry. And on that -- on that groundwork that government will never compete fairly, I mean, look what's -- what's happening right now in the auto industry. The government-run General Motors with GMAC, financing for a car is close to 0 percent. Ford Motor Credit, it's quite a bit above 0 percent.

For those that say, "This is just another competitor in the field and it won't make any difference. It just makes competition bigger," that's not -- there's no fact ever that bears that out. The government will not compete fairly. We believe there's a big marketplace beyond today's marketplace that we can help create.

And our members are going to come up and talk about that: Mr. Camp from Ways and Means, Mr. Barton from Energy and Commerce, Mr. McKeon from the Workforce Committee, Ginny Brown-Waite, and Charles Boustany are going to come and just talk about elements of the plan we'll be working with -- drafting folks on and hopefully have -- while we'll be -- while we're almost always last in line with the resources available to Congress these days, we're going to be working hard now to bring these concepts into legislative language as quickly as we can.

Mr. Camp?

CAMP: Well, thank you, Roy. Dave Camp from Michigan. And thank you for your leadership on the solutions group.

And I want to thank Leader Boehner and Whip Eric Cantor for their leadership on this issue, as well as all of my colleagues here and those that aren't here who helped really make it possible for us to come forward with an American solution to health care.

The president said this should have a uniquely American solution. We have an American plan, one that we believe, as has been said, will really focus on affordability, accessibility, and availability. And the question is, how do we do that?

We -- we think that it's -- it's very important that -- that there be a robust waste, fraud and abuse oversight of health care, not only in the government programs of Medicare and Medicaid, but clearly the duplicity that we find our health care system. We think there should be strong oversight, that that will be part of our plan as we move forward.

Obviously, you really can't have a serious discussion about health care reform unless you agree to address the issue of liability reform, defensive medicine, medical malpractice. We think that should also be an important part of health care moving forward. The president has just begun. That's really the first statement we've heard on that issue in his speech at -- at the AMA. We think that's, you know, essential to do.

And, clearly, we also think that people who are at low and modest incomes, who don't qualify for Medicaid, should get some help with buying insurance. And also those at or near retirement, between the ages of 55 and 64, should get some assistance with purchasing health insurance.

And then, lastly, there needs to be a very strong wellness provision. Prevention is key to helping lower costs. And, obviously, one of the goals we have is trying to get the cost out of health care, and prevention is critical. We've seen it works. There are a number of areas in the private sector where health care costs have actually gone down because employees have had incentives to actually meet, you know, healthy lifestyle criteria that we think are important to getting to the long-term costs of health care. So those are just some of the areas that this

summary will focus on. Obviously, we've had our principles. This is our summary. We'll be working toward legislation with my colleagues in the Congress and look forward to being -- offering a solution and being part of the bipartisan solution to health care and offering some -- some good ideas to the debate.

Thank you.

And Congressman Barton?

BARTON: Well, thank you.

Republicans believe that if you need health care, you go see your doctor or nurse. Don't go see a government bureaucrat.

Our basic premise is that we want to work within the existing market structure. We don't want to create new federal bureaucracies, new federal mandates that only cause more problems.

So the Energy and Commerce Committee will begin to meet next week. Chairman Waxman has said that he's going to have three hearings on health care next week. We'll be engaged in those.

And if and when the Democrats decide to go to markup, we will have Republican amendments and a Republican alternative as part of the comprehensive package that's being talked about today.

As has already been said, we believe that we need to reform Medicaid. We need to reform SCHIP. We believe that we should give people the right, the option, if they want to take the amount that we pay for Medicaid and SCHIP and get a private plan, we would give them the premium assistance to do that.

We believe we need to take pressure off of Medicaid by creating incentives for long-term health care, so we have got some proposals that will do that. We believe people that work for small businesses that don't provide health care should be able to form associations and pooling arrangements either within like businesses, like associations.

We even believe that states should be able to form regional pools across state lines so that people that work in areas that don't have health care provided for their business can be a part of a pool. We think that the federal government should provide premium assistance for those individuals. We believe in a refundable tax credit that will be under the jurisdiction of Mr. Camp in the Ways and Means Committee.

We believe that individuals can make informed choices if we have health care transparency. So we'll have proposals that provide more transparency in the -- in the marketplace.

We believe that doctors should be reimbursed adequately for their services, so we'll have a proposal that -- that fixes the physician reimbursement problem. We're not sure yet if that's going to be a two- to three-year fix or a permanent fix, and that will depend upon the funds that are available once we decide what everything is -- is going to cost.

So we -- we are prepared to be engaged in the process. Mr. Blunt has done an excellent job of the solutions group. And Leader Boehner has been personally involved in making sure that, when the time comes, we'll have an alternative, both legislatively at each of the committees of jurisdiction, and hopefully, if the Democrats mean what they say, we'll have a bipartisan solution.

We have no problem with President Obama's general principles. We've taken those principles. The big difference is, we believe in a market, private-sector approach, as opposed to -- to a government approach.

We have a food safety markup going on right now in the Energy and Commerce Committee, so I'm going to excuse myself to go to participate in that markup.

MCKEON: When Leader Boehner and Whip Cantor asked Roy Blunt to pull this working solutions group together, we agreed to build on what works and fix what's broken. We said that serious health care reform plan needed to let Americans who like their health care coverage keep it, and we need to protect Americans from being forced into a new government-run health care plan that will eliminate health coverage that 120 million Americans currently receive through their job.

This is a major contrast with the Democrat plan, which CBO tells us will shift millions of Americans out of their existing, often employer-sponsored health care. By and large, our employer-based health care system is a success, and most employees are happy with the health coverage they receive at work.

My focus throughout this process, because of my role on the Education and Labor Committee, has been to build upon the success of the employer-based coverage. There are commonsense ways to expand employer-provided coverage and reduce the number of uninsured.

For example, small business health plans make coverage more affordable for small businesses and their workers. I want to thank Leader Boehner, Whip Cantor, and Roy Blunt for the great job that they've done and all those who worked on this to make a sensible program for Americans that they will enjoy as we move forward. Thank you.

BROWN-WAITE: I'm from Florida, and guess what? I have the highest number of people on Medicare. And every day, 8,000 additional people are going on Medicare as they turn 65. Medicare is having severe financial problems.

You know, the other day, when the president spoke before the AMA, he -- there were points where he obviously was not very well received. Well, let me tell you: The doctors in my district and districts around America aren't booing, but they are informing their patients, both Medicare and non-Medicare patients, about the dangers of the Obama health plan and what the Democrats are proposing.

People want to have access, and they certainly want affordability. One of the reasons why I'm very excited about the plan, I also have a large number of people who are 55 to 64 who moved to Florida, as to many districts, and they then start to have some health problems. This offers

them availability and affordability so they won't be -- have to wait until they are 65 to get Medicare.

There's additional fixes in the bill that will increase funding and availability of federally qualified health centers, which are a great resource in the majority of districts that offer very low-cost health care insurance. It's part of the solution.

So doctors are warning their patients about what is going to happen because they see that the Obama plan just simply is not going to work for the patient. And we -- in this bill, we protect the doctor-patient relationship, which is so important to people of all ages.

Dr. Boustany?

BOUSTANY: Hi, I'm Charles Boustany from Louisiana. And as a heart surgeon with over 20 years experience in dealing with some of the most critically ill patients, doing open-heart surgery, lung cancer surgery, having been involved in heart transplants and those types of things, I've seen the sickest of the sick in America. And I've dealt right at the heart of the problem, where we deal with the doctor-patient relationship, because that is where the cost -- that's the primary cost driver, at that -- at the intersection of that relationship.

There are secondary cost drivers in the insurance market. And what I like about what we've done, we've taken a comprehensive look at this, because my goal in this was to ensure that all Americans have the highest quality access to a doctor. And our plan will do that.

We also look at the insurance markets and make some substantive reforms in the insurance markets, creating a wide range of choices that will open things up for Americans and create different options for different families, small businesses and so forth.

So we've taken a comprehensive look at this. But I have to say, once again, if you don't focus on the doctor-patient relationship, the behavior of the doctor and the behavior of the patient and where that intersection occurs or where it doesn't occur and there is a lack of a doctor-patient relationship, that's where we're really driving the cost, with utilization, care in the emergency rooms, and so forth.

And so we've focused on all those things I've just mentioned, and I believe we've got a very good plan that will have bipartisan support and will meet the principles outlined by President Obama, the principles that we've outlined as a solutions group.

And so I'm optimistic that we can move forward in a bipartisan way to have a health care plan that all Americans are proud of, an American health care solution.

So I want to thank Leader Boehner, Whip Cantor, Roy Blunt for his efforts, and our ranking members of the relevant committees. It's been a good effort, and we're hoping this is the beginning of a substantive debate on health care.

Thank you.

BOEHNER: Questions?

QUESTION: Quick question. What are you -- what do you guys think of the plan in the Kennedy bill to have the government fund community organizations, particularly community organizations of national significance, to go out and do kind of wellness and prevention monitoring, which is (OFF-MIKE)

BLUNT: Well, any time our friends on the other side start talking about community organizations, we usually think ACORN. And they do, too. And they do, too.

You know, we're for community health centers. We're for everybody having access to a primary care physician. We're not for empowering a lot of activists on the other side to go out and ask people how they're feeling. That won't solve any problem, and it's -- it's not too hard these days to find a bill that has something to enhance the finances of, quote, "community organizations," end quote.

And I think everybody is beginning to see through that for what it is.

Yes?

QUESTION: Mr. Blunt, your plan doesn't have a whole lot of numbers in it. I'm wondering when you guys have a sense of roughly how much your plan would cost, how much you're going to -- how are you going to pay for it, are there going to be any tax increases, and how many of the uninsured do you estimate would ultimately get health insurance who don't have health insurance right now?

BLUNT: Well, we believe we can come up with a plan where every person in the uninsured has access to insurance. Now, we -- we -- we're going to have no mandate, no employer mandate, no individual mandate. And we're going to try to think of ways to encourage the -- the 28-year-old guy who thinks he's invincible to get into the health care system.

But a lot of the uninsured, as you know, fit that category. At the same time, there are people who are uninsured who just simply don't have access to coverage today, and we want to insure - - we want to guarantee that they have access to coverage and access that they can afford.

Now, you know, affordability is always kind of a -- it's a hard- to-define term. What -- what you're willing to pay, what's appropriate to pay, and what you'd like to pay may be two different things. We want this to be as affordable as possible.

We will not have coverage paid for by taxpayers for people at 500 percent of the poverty level. We will not have coverage that -- where the taxpayers pay for families who make over \$100,000. That's not going to be part of our plan. So we're going to look at the numbers where we do have to help people. We might start by looking at the numbers that -- the percentages we allowed for Medicare Part D, for instance, and then figure out how you dial those up or dial those down to -- to get at a number that the American people will benefit from by having more people in the health care system, fewer people at the emergency room, fewer people without -- who have -- who don't have a doctor-patient relationship that keeps them well, the -- the relationship that Charles Boustany was talking about.

Charles Boustany, Phil Gingrey , Tom Price , Dr. Burgess, many of our doctors were on the solutions group. We think access to care is important.

But, David, do you want to talk about...

CAMP: Yes, I just wanted to mention on the score, as you know, that the majority party is first in line for scoring their legislation. So we're at the end of that line. And we are -- you know, and those at the front of the line, we haven't actually heard all of their numbers.

But I think it's important that we have a bill that's a commonsense approach, that's really where America is on health care.

QUESTION: (OFF-MIKE)

CAMP: And I don't think -- let me just...

(CROSSTALK)

QUESTION: ... raise taxes to pay for it?

CAMP: Let me just say...

QUESTION: President Bush last year proposed taxing very expensive health care (OFF-MIKE)

CAMP: Well, if -- if I could just finish, we are not going to have a bill that is larger than the GDP of most countries, which is what we're beginning to see roll out. So that's going to be important.

And as -- as we move forward and actually have legislative language that we can get the scores back, we'll certainly be making those public.

QUESTION: Do you really think you can put out any sort of bill that doesn't have some sort of -- whether it would be fees, tax raises, offsets, something that could be identified as a tax, I mean, that health care could be -- could be -- could be (OFF-MIKE)

CAMP: I think what's important is we try to identify the right policies. And I think what's important on health care is that we have an open -- an open debate on this that the American people are a part of and that we don't follow the stimulus model, where it's drafted in secret and pushed through the House without committees even exercising their authority over this legislation.

Because it's not so much about us or the committees, but it's, do the American people have a voice in something as important as health care?

Now, on stimulus, we're talking about money, and money's important, but we're talking about people's health here. So this is why we want to contribute these ideas.

I think we can get a lot of support for what we're doing. And I think the American people need to get behind what we're doing.

And, clearly, if we move forward and this bill's on the floor, we are going to have to have a bill that is -- is paid for. And that's going to depend on what the scores come back.

But until we get those, I think it's going to be very difficult -- and let me just say, my colleagues in the majority on Ways and Means don't have a score on any of their bills. We don't have legislative text from them. So, you know, and -- and they're, as I said, in the front of the line.

So, hopefully, when this comes out -- but today is about talking about, you know, an American vision for -- for health care reform, one that we believe will get a lot of support.

QUESTION: But don't you have a ballpark of how much (OFF-MIKE) would cost? And don't you have a ballpark of how many people would be covered who are uninsured? And don't you have a ballpark for how it would be paid for?

CAMP: We do have ideas on that. Let me just say, for example, one section of our bill says that, if you're a dependent and under the age of -- 25 and under, if you can simply stay on your parents' health insurance, that covers 7 million people in America.

Those are the kinds of reforms that we want to really have a chance to talk about with the American people. We think that can be done. We think -- hopefully, that will be a bipartisan provision that people get behind. So...

QUESTION: Mr. Blunt, a lot of the Midwesterners in this debate are thinking actively about a co-op model (OFF-MIKE) more time to think about that. And -- and -- and if you don't get your way on no government involvement (OFF-MIKE)

BLUNT: Well, I intend to reach out to -- to Senator Conrad and others who've talked about that and get more specifics from them in the -- and where we live, in the Midwest, the idea of co-ops is not an unusual idea.

And I'd like to see what they're thinking about there. It depends on how independent those co-ops are truly allowed to be, whether they'd be a reasonable competitor or not.

But, remember, the very same people in this debate who are saying there won't be enough competitors were the same people when we -- when we added prescription drugs to Medicare who said there wouldn't be enough competitors. And those same people, most of them -- the day that that -- that program started said, "Oh, now there are too many competitors. People won't be able to choose."

I think the marketplace here -- you don't want to underestimate the marketplace dynamics. You don't want to underestimate the kinds of things that Mr. Camp just mentioned. If you expand family coverage to people who are just out of school who haven't yet found a job that -- that includes insurance to keep them on family coverage a little longer, that's 7 million.

If you made it more in -- more likely that people who could have insurance at work sign up for it, that's 10 million. So suddenly you're taking big chunks of numbers out of the government responsibility and you're putting them back to where individuals can be responsible for their own health care.

The other thing here that you don't want to overlook is efficiencies in the system. They're probably underscorable, but let's see if the Democrats can get them scored. If there's an I.T. savings in the system, we're for health I.T. If there is a transparency savings in the system, we're for transparency.

Now, I think all those things will ultimately save money. Whether -- whether the majority can convince the CBO to score those or not is something that we'll be interested in seeing. But we will have a significantly lower price tag and -- than, you know, there -- there are four or five different places to go. And efficiencies in the system and competitive marketplace are two that nobody's really talking about to the extent that I think they deserve to be talked about.

(CROSSTALK)

BLUNT: What? Yes.

QUESTION: (OFF-MIKE) talking about (OFF-MIKE) Senator McCain talked about (OFF-MIKE)

BLUNT: It's certainly not part of our plan. And not -- and I can't tell whether it's part of the Democrats' plan or not. Mr. McCain talked about it. Mr. Obama said he'd never go there. And apparently he's there now. Mr. Rangel, a couple of weeks, said it would never be part of their plan, and now it may be.

But I -- I don't think it's necessary to tax that benefit. I think it's helpful to give employees more input into how that benefit is used, and that one thing helps create a more competitive marketplace.

You know, we -- we have a marketplace now, but it's not the kind of competitive marketplace that really controls cost. A marketplace where 61 percent of the American people under 65 get their health insurance at work and normally their employer is only talking to a couple of people about whether or not you continue with them or go to somebody else or an annual or tri-annual basis or whatever basis they look at their health care, they're only talking to a couple of people.

I can see a much larger marketplace with that -- than that if the employee also has some options beyond what's offered at work. And that makes people who offer a policy at work want to be more competitive with the policy that's offered at work.

If you're a big insurance company and you're -- you're offering a policy through General Electric or anybody else, you will want people to stay with that policy. So suddenly competition, the competitive dynamic, is substantially different than it is today.

So competition, savings in the system itself, new technologies, new transparency are all part of keeping costs down, as are just simply new ways to get people into the current system that

aren't there now by making things like, you have to opt out of your insurance at work, rather than have to opt in, would be the kinds of things we'll be looking at.

And I guarantee you, we -- we will bring you a bill that costs far less, far less than the Democrats' and will provide better results for the American people.

Thank you all.