

**Ways and Means Full Committee:
Status of the Affordable Care Act Implementation with Marilyn Tavenner,
Administrator of the Center of Medicare and Medicaid Services (CMS)**

Tuesday, October 29, 2013

Statement for the Record

Thank you Chairman and Ranking Member.

I was incredibly heartened when this hearing was announced because it sounded like the Majority was finally going to engage in a constructive dialogue on how to best implement the Affordable Care Act.

I was hoping that after a costly government shutdown we could put the partisanship behind us and work to fix the issues that our constituents sent us here to fix.

We all agree that the issues that healthcare.gov has encountered are unacceptable. However, this is not the first time we've seen a troubled rollout. The implementation Part D Medicare Part D was riddled with false starts and complaints but we didn't defund or repeal the law.

In fact, Congressman Joe Barton said that Medicare Part D was a "huge undertaking" and that "there were going to be glitches," he went on to say that his goal was to "Get rid of the glitches."

Many of my colleagues made similar comments during the rollout of Medicare Part D. And we worked together to fix the glitches and now Medicare Part D is an incredibly popular program.

So let's admit that the rollout of the Affordable Care Act was an unforced error and it needs to be fixed. Then let's work together to make it as easy as possible for families to buy affordable healthcare insurance.

Unfortunately, today's hearing does very little to accomplish that goal.

There has been plenty of outrage over the bumpy rollout of healthcare.gov, forgetting that just two weeks ago the majority shut down the government and threatened to default on our obligations to stop this law from going into effect.

The majority has complained about the cost of setting up healthcare.gov but there has been little mention of the 24 billion dollars the government shutdown cost our economy.

In my state the Affordable Care Act is working. People are going to the website, enrolling, and finding affordable coverage options. For instance, one family from Los Angeles were paying \$1259/month for COBRA health coverage. Through the California Marketplace they enrolled in a Silver plan and are paying \$799/month. This is a family of four with two young

kids, so quality health care and regular access to doctors is a must. This will be the norm not the exception once people have a chance to shop for healthcare plans in the marketplaces set up in the Affordable Care Act.

If the Majority spent a little more time helping constituents like this enroll in their state or the federal marketplaces, instead of trying to repeal or defund the law, we might be able to work together on the common goal of getting Americans quality affordable health insurance.

To use a baseball analogy, we're in the first inning. My friends in the majority are talking like the game is over. They are too busy in the dugout rooting for failure that they aren't pulling their weight. Our country is a team, it's time to get off the sideline and work with us to get people enrolled to make sure we continue to slow the growth in healthcare costs for everyone.

**Ways and Means Full Committee:
Status of the Affordable Care Act Implementation with Marilyn Tavenner,
Administrator of the Center of Medicare and Medicaid Services (CMS)**

Friday, April 12, 2013

Questions for the Record

Questions for Administrator Marilyn Tavenner:

- Administrator Tavenner, we are all frustrated about the website rollout. However, many of us believe that it can be fixed. But let me ask, will these issues with healthcare.gov prevent people with preexisting conditions from getting health coverage?
- Will these issues with the healthcare.gov prevent college age kids from staying on the parent's healthcare plans?
- Will these issues with the healthcare.gov allow insurance agencies to, again, charge women more than men for the same health insurance coverage?
- If we repeal the Affordable Care Act will Americans lose all the benefits that I just mentioned?

The following question is regarding Section 2706(a) of the Public Health Service Act, as created by Section 1201 of the Patient Protection and Affordable Care Act:

Section 2706(a) of the Public Health Service Act, as created by Section 1201 of the Patient Protection and Affordable Care Act is a health insurance reform aimed at increasing patient access to care and providing consumers with more provider options. The Department of Health and Human Services published an FAQ specific to Section 2706 that reads: "...to the extent an item or service is a covered benefit under the plan or coverage, and consistent with reasonable medical management techniques specified under the plan with respect to the frequency, method, treatment or setting for an item or service, a plan or issuer shall not discriminate based on a provider's license or certification, to the extent the provider is acting within the scope of the provider's license or certification under applicable state law. This provision does not require plans or issuers to accept all types of providers into a network. This provision also does not govern provider reimbursement rates, which may be subject to quality, performance, or market standards and consideration."

On July 11, 2013, the Senate Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies responded to the FAQ with concern because HHS "advises insurers that this nondiscrimination provision allows them to exclude from participation whole categories of providers operating under a State license or certification. In addition, the FAQ advises insurers that section 2706 allows discrimination in reimbursement

rates based on broad ‘market considerations’ rather than the more limited exception cited in the law for performance and quality measures.”

- Has CMS or HHS responded to the Senate Committee’s concerns?
- Where is your agency in the process of changing the FAQ to better reflect the spirit of the law?