

AL FRANKEN CALLS FOR IMMEDIATE PASSAGE OF HEALTH CARE REFORM

SAYS HOUSE SHOULD PASS SENATE BILL WITH RECONCILIATION FIX

WASHINGTON, D.C. [01/28/10] - Sen. Al Franken (D-MN) opened the Families USA Health Action 2010 conference this morning with a speech that called on Congress to not give up on passing national health care reform.

Sen. Franken urged Congress to "pledge and pass" in order to finish the health care debate and provide meaningful reform to Americans. He recommended that the House pass the Senate version of the health care bill once the Senate pledges to fix certain portions using a procedural process known as reconciliation. Both tactics mean that national health care reform could be passed with a majority vote, overcoming a Republican filibuster of the legislation.

SEN. FRANKEN'S REMARKS AS PREPARED FOR DELIVERY:

When you first scheduled this conference, I think we all thought this gathering today would be a celebration. It may not be a celebration. But it's not a funeral either. Even though we haven't made it as far as we need to, we're closer to real reform than we ever have been before. The fact that we're closer than we've ever been, we owe that to leaders like Ron and to you.

You've been out there for going on 20 years now, and in some cases more, making sure that people hear and see and understand that every day in which our nation doesn't live up to our moral obligation to ensure that every American has health care, people suffer. They go bankrupt, they lose their homes, they don't get the health care they need, they're sicker, they experience pain, they watch their children experience pain. A lot of people suffer because of this. And a lot of people die. 45,000 people die every year because they don't have health insurance.

SCARE TACTICS

There are people responsible for the fact that we're not as far along as we need to be. These are the people who are trafficking in fear and misinformation. My colleagues across the aisle took great umbrage when we accused them of using scare tactics. They vociferously denied that they were using scare tactics. But may I point out that my colleague Senator Coburn wrote an op-ed in the Wall Street Journal entitled: "The Health Bill is Scary." That would be exhibit "A" in the case that Republicans are using scare tactics. A December 16th Wall Street Journal op-ed entitled "The Health Bill is Scary."

Opponents of reform have sown the seeds of doubt in reasonable people through misinformation. I heard a colleague on the Senate floor say that the Senate bill was going to add \$2.5 trillion to our debt, despite the fact that the nonpartisan Congressional Budget Office says that the bill reduces the debt by \$132 billion in the next 10 years, and at least five times that over the following ten years.

I heard a colleague say that this was a government takeover of health care, and that it was, "a single-payer system." This is an actual United States Senator.

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. That's because opponents of reform deliberately confused them with misinformation. And then they argued that we should delay passing things because people were confused. And then they used that time to confuse people further. And in Massachusetts, they won. They won a battle.

Opponents of reform have found their bumper sticker, their slogan, their rallying cry, and it is one word: "NO." Our bumper sticker has way too many words on it. It says, "Continued on the next bumper sticker."

The defenders of the status quo have always, always tried to tear down those who would change our nation for the better. And, frankly, they have the easier job. As former House Speaker Sam Rayburn once said: "Any jackass can kick down a barn, but it takes a carpenter to build one." Sam was a Texan. In Minnesota, we don't use words like jackass. We call them donkeys.

Well we're trying to build something here, and our work isn't done. And that's why I'm hopeful. The American people recognize that "no" doesn't come close to cutting it as a solution to our health care challenges.

So they may have won a battle. But they didn't win the war. In fact, if they did anything, they reminded us of why we do what we do. They reminded us of how hard, how truly hard it is to bring about big changes. They reminded us of what we're up against. And they reminded us of how close we are to the biggest health care victory in half a century. How close we are to dramatically increasing coverage and putting an end to so many of the health care horror stories we hear every day. Yes, the final hurdle in this health care debate just got harder to clear. But make no mistake -- we can and we will clear it.

PLEDGE AND PASS

The best way for that to happen, and as far as I can see, the only way for that to happen is what I'm calling "pledge and pass." I know that there are elements of the Senate Bill that are distasteful to many members of the House of Representatives. Believe me, there are a few elements in our bill that I'd like to see improved. If we in the Senate pledge to fix those elements through reconciliation, a budget process that requires only 51 votes, the House of Representatives should pass the Senate Bill.

Big pieces of legislation often need to be fixed and improved after passage. Health care would be no different. But we have to stop letting the perfect - and everyone has different definitions of perfect - be the enemy of the very good. And I believe the Senate bill is a very good foundation upon which to build.

So even though we all wish that President Obama would have been able to stand up last night and sign the health reform bill in the middle of his State of the Union address (and that would have been cool, wouldn't it?), we need to use this time, not to lick our wounds but to make clear to people what's actually in our bill, what we are actually on the cusp of achieving. And that's what I want to spend a couple of minutes talking about.

WHAT'S IN THE BILL?

Whenever I travel in my state, whenever I talk to constituents in my office, they ask about health care, and they ask three questions.

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?

We are on the verge of answering each of those questions, answering them the right way.

[First, what does this bill do about health care costing so much?](#)

Almost half of our Senate 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. These projects and pilots will show us what works and can be scaled up. They will help generate solutions to fix the biggest problems in health care, like paying doctors fee-for-service, which rewards volume and not value. Our bill includes the "value index" in the Medicare payment structure.

Let me explain: In Minnesota, we're what's called one of the high value states, meaning that we provide high-quality care at a low cost. And we get punished for it. According to recent Dartmouth Atlas figures, Minnesota receives \$6,600 per Medicare beneficiary per year and is second in the country for quality of care. Texas averages more than \$9,000 per beneficiary with some of the worst health outcomes in the country. So Minnesotans are effectively paying doctors in Texas for excessive treatments and worse outcomes.

I'm proud of what we're doing in Minnesota to deliver care efficiently and effectively. But this isn't about Minnesota versus Texas. It's about incentivizing the right care across the country,

because there is huge room for improvement all across America.

Our 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.

A focus on prevention is another strength of our bill.

One program in the bill that I'm particularly proud of is the Diabetes Prevention Program that I worked on with my Republican colleague, Dick Lugar from Indiana. Today, 24 million Americans suffer from diabetes, and the epidemic is getting worse. Fifty-seven million Americans are what's considered pre-diabetic. The annual cost of diabetes in our country is expected to reach \$338 billion by 2020.

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 by more than half so people can live healthier lives, and their health care costs less. We want to replicate this program across the country.

Our bill also guarantees that routine checkups and recommended preventive care like colonoscopies and mammograms are covered by all insurance plans at no cost. No co-pays for preventive care.

Another strength of the bill is what it does to rein in excessive profits and administrative waste among insurance companies. The bill requires a minimum medical loss ratio, which I authored. Let me explain what that is. The medical loss ratio is a way of measuring the percentage of your premium dollar that's actually spent on health care services.

Ninety percent of Minnesotans are covered by nonprofit health plans, and those plans do a good job - they have an average medical loss ratio of 91. Nationally, the number is much lower. Our bill 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 strong way of limiting insurers' profits, putting the brakes on skyrocketing premiums, and reinforcing the quaint notion that a health insurer should be more responsible to their policyholders than their stockholders.

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.

So when I hear my colleagues saying that there's no health reform in our bill - and that's what I've heard a number of my colleagues say - "There's no health reform in this bill," I point out what Jon Gruber, Professor of Economics at MIT said, "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."

[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. For the Minnesotans and the Americans 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?

In our bill, we say that 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. 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 and 31 million Americans by 2019.

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. Eighty percent of those health care bankruptcies are people who have health insurance. The good news is that within six months of passing our 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. The Senate Bill, when fully implemented, 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 in 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.

We are so close. So close to the goals that have eluded us for so long:

- Coverage for 31 million more Americans.

- No denying coverage or charging more for pre-existing conditions or gender

- Subsidies for low-income Americans to purchase insurance

- Getting rid of lifetime and annual limits

- Small business tax credits

- Getting recommended preventive care covered by all insurance plans at no cost.

- And health plans putting more money towards actual health care.

These are all good things. We can't let up now. So we need you more than ever.

Do you remember the story of the activists who came to talk to FDR about wanting to see him enact Social Security, even though he didn't have the votes? He said, I agree with you, I want to do it, now make me do it.

MAKE US DO THIS!

Help us continue to beat back the lies and misinformation and tell people what's at stake.

We were on the one-yard line. Yeah, we got backed up a bit, but we can push this thing over the goal line. We have to.

Ron had it right in his recent letter: If we abandon reform now, after moving further than ever before towards meaningful reform, we will not get back to this crucial agenda for a long, long time. And at that point, it might be too late for a lot of people, and for our economy.

I'm tired of this House vs. Senate debate. This is health care we're talking about. It's not House versus Senate. It's right versus wrong. And I fear that it's also now versus never.

That is why, today, I'm asking you, when you go to the Hill, when you lobby Congress, when you talk to your elected officials: ask them, cajole them, beg them to pass the Senate bill.

And I pledge to you that if they pass it, I'll devote myself to making sure we fix it.

When I arrived in the Senate, I was honored to be given a seat on the Committee chaired by Senator Ted Kennedy. In his illness, Senator Chris Dodd worked tirelessly to honor his friend, and champion his legacy. And now, Tom Harkin leads that work.

Together, those three men served a combined 101 years in the Senate. And I would bet that each of them would count what we stand on the verge of doing as their most significant accomplishment. We will make this happen. We must make this happen.

Last week we celebrated Martin Luther King's birthday, and it reminded us as he said: Of all the forms of inequality, injustice in health care is the most shocking and inhumane.

We know the stories. We've heard so many of them that sometimes we tune them out, because we can't believe that these things would happen in America. But every community knows someone who has been failed by our system.

I'd like to conclude by sharing a letter I received from John Goldfine in Duluth, Minnesota. John runs a hotel on the shore of Lake Superior. He put up a community bulletin board in the lobby. And he noticed that people were putting up flyers in the hope that strangers and neighbors alike would chip in to help people facing financial crises because of health care costs - a cancer benefit for a woman who has melanoma, a spaghetti dinner for an eleven year old with brain cancer, a bake sale for a woman in need of a new kidney, 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. And that's the message I want to leave you with today. You didn't come to Washington, I didn't run for the Senate to walk away from the health care debate empty-handed. We can't. And with your help, we won't.

Thank you.