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NOMINATION OF TOM PRICE TO SERVE AS SECRETARY OF HEALTH AND HUMAN SERVICES

HEARING

OF THE

COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS

UNITED STATES SENATE

ONE HUNDRED FIFTEENTH CONGRESS

FIRST SESSION

ON

NOMINATION OF TOM PRICE TO SERVE AS SECRETARY OF HEALTH AND HUMAN SERVICES

JANUARY 18, 2017

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NOMINATION OF TOM PRICE TO SERVE AS SECRETARY OF HEALTH AND HUMAN SERVICES

WEDNESDAY, JANUARY 18, 2017

U.S. SENATE,
COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS,
Washington, DC.

The committee met, pursuant to notice, at 10:05 a.m., in room 430, Dirksen Senate Office Building, Hon. Lamar Alexander, chairman of the committee, presiding.

Present: Senators Alexander, Enzi, Isakson, Paul, Collins, Cassidy, Young, Hatch, Roberts, Murkowski, Scott, Murray, Sanders, Casey, Franken, Bennet, Whitehouse, Baldwin, Murphy, Warren, Kaine, and Hassan.

OPENING STATEMENT OF SENATOR ALEXANDER

The CHAIRMAN. The hearing will come to order. The Committee on Health, Education, Labor, and Pensions will come to order.

Today we're reviewing the nomination of Dr. Tom Price to be the Secretary of Health and Human Services.

Dr. Price, we welcome you, and congratulations on your nomination. Welcome to you and your wife Betty, who is here today with you. I enjoyed having the opportunity to visit with you in my office and to learn from you about your plans.

Dr. Price will be introduced today in a few minutes by Johnny Isakson, a member of this committee and Dr. Price's home State Senator. Before Senator Isakson introduces the nominee, Senator Murray and I will each make a few introductory remarks. After the nominee makes his statement, we'll have the usual round of questions. Let me say something about the round of questions.

Last night we had a hearing of 3½ hours. I had tried as chairman to be fair by following the same precedent we had for President Obama's two Education nominees by having one round of 5-minute questions followed by Senator Murray and me asking questions and wrapping up. I don't want to re-argue that because we spent a lot of that 3½ hours arguing about the 3½ hours.

I have listened carefully to what my colleagues have said and I looked back at the precedent for the Health and Human Services Secretary when that person came before our committee. Secretary Burwell had one round of questions; Sebelius one round, plus Coburn, Dr. Coburn asked a question; Daschle one round, plus three Senators asked a question; Leavitt, six members asked questions in the second round; Thompson one round, but it was a round of 7 minutes; Shalala, six members asked a second round.

What I've decided to do, in an effort to try to treat President-elect Trump's nominee approximately the same as the way we've treated other nominees, is to have a single round of 7-minute questions today. That would be the precedent followed with Secretary Thompson, and that seems to me to give every member of the Senate more time to ask questions of the Secretary.

This is a courtesy hearing. Dr. Price will be before the Finance Committee next Tuesday. A number of the members of this committee are also members of the Finance Committee.

We don't vote on his nomination. They vote on his nomination and will be the ones that report it to the floor, if that's their decision. We have the hearing because we have some of the health care jurisdiction, some important parts of it, and we would like to talk to him about those issues, especially.

He has all of his paperwork in place before the Finance Committee, including the Letter of Agreement with the Office of Government Ethics, which is on the website and available to members of this committee, as well as others. It's my hope that in our 7 minutes of questions that we'd have time to focus on the responsibilities of the Department of Health and Human Services rather than have a continuing discussion about the number of minutes.

There will be an opportunity following the hearing to ask written questions of Dr. Price as well.

Dr. Price, if you're confirmed to lead the Department of Health and Human Services, you'll be running an organization that spends $1.1 trillion a year. It's always troubling to me, actually, that you'll be in charge of spending more than the Congress actually appropriates every year. By that I mean the part of the budget that we appropriate and which is under pretty good control, which is the part that has national defense, the National Institutes of Health and national parks and national laboratories over the last several years and for the next several years, that part is rising at about the rate of inflation. It's not adding to the budget. It's about a third of the total amount of Federal Government spending.

It's a little less than the amount that's in your department every year, most of which is entitlement spending, mandatory spending, and which is going up at a rate like that, while the rest of the budget is going like this.

You'll be overseeing Medicare and Medicaid, mental health and substance abuse programs. We just enacted in December of last year, and the President signed, the most important reforms of those programs in a decade. Senator Cassidy and Senator Murphy were the leaders on that in this committee, along with Senator Murray.

We made important changes in the Food and Drug Administration, giving them new authority, new responsibility; for example, new authority to hire and pay the experts they need to move products and devices through the FDA at a more rapid rate, saving time and money and getting those devices into the medicine cabinets of the doctors' offices. That was Dr. Califf's No. 1 priority. We passed that into law in December.

And then the implementation of Obamacare and the various proposals to repair the damage done by Obamacare and replace it with

concrete, practical alternatives for the American people to give them more choices of lower cost health insurance.

Dr. Price, I believe you're an excellent nominee for this job. You were a practicing orthopedic surgeon for nearly two decades. You were a professor at Emory University School of Medicine. I read about the resident doctors in training who you taught. You served as medical director of the orthopedic clinic at Grady Memorial Hospital. In the House you were chairman of the Budget Committee, and you've been a leader in deliberations over the future of our health care system. You know the subject very, very well.

One of the first responsibilities that you will have is to give us your advice about how to repair the damage that the Affordable Care Act has caused to so many Americans and how to replace it, or to replace parts of it with concrete, practical alternatives that give Americans more choices of lower cost insurance.

Let me give my view about how we might proceed on that, and then during the question and answer session I will ask you more about your views.

Following the presidential election, President-elect Trump said on 60 Minutes that replacement and repeal of Obamacare would be done simultaneously—his word. To me that means at the same time. Recently Speaker of the House Paul Ryan said that repeal and replacement of Obamacare would be done concurrently. Then Senator McConnell said last week that we need to do this promptly but in "manageable pieces." Trying to interpret what those words mean. To me that means Obamacare should be finally repealed only when there are concrete, practical reforms in place that give Americans access to truly affordable health care.

The American people deserve health care reform that's done in the right way, for the right reasons, in the right amount of time. It's not about developing a quick fix. It's about working toward long-term solutions that work for everyone. One way to think about what "simultaneously" and "concurrently" mean is to think about Obamacare the same way you'd think about a collapsing bridge in your hometown, because that's just what's happening with Obamacare in my home State and in many other States.

According to the Tennessee insurance commissioner, the Obamacare insurance market in our State is "very near collapse," and across the country premiums and co-pays are up, employers have cut jobs in order to be able to afford the mandates of Obamacare. Medicaid mandates are consuming State budgets. In one-third of America's counties, citizens with Federal subsidies have only a single choice of a company to buy insurance from on the Obamacare exchanges. Without quick action next year, there may be zero choices on those exchanges. The subsidies may be worth as much as a bus ticket in a town where no buses run.

If your local bridge in Georgia or in Tennessee were very near collapse, the first thing you'd do, I would think, is to send in a rescue crew to repair the bridge temporarily so no one else is hurt. Then you would build a better bridge or, more accurately in the case of health care, many bridges to replace the old bridge. And finally, when the new bridges are finished, you would close the old bridge. That's how I suggest we proceed, rescue those trapped in a collapsing system, replace that system with functional markets,

market or markets, as States develop their own plans for providing access to truly affordable health care, and then repeal Obamacare for good.

First we should offer a rescue plan so the 11 million Americans who buy insurance now on the exchange can continue to do so while we build a better set of concrete practical alternatives. Second, we should build better systems, providing Americans with more choices of insurance that cost less. Note that I say systems, not one system. If anyone is expecting Senator McConnell to roll a wheelbarrow onto the Senate floor with a 4,000-page comprehensive Republican health care plan, they're going to be waiting a long time because we don't believe in that. We don't want to replace a failed Washington, DC. health care system with another failed Washington, DC. health care system. We'll build better systems, providing Americans with more choices of insurance that cost less, and we'll do this by moving more health care decisions out of Washington, DC. and into the hands of States and patients, and by reducing harmful taxes, and we'll do this carefully, step by step, so that it's effective.

Finally, we should then repeal what remains of the law that did the damage and created all this risk. I know that the President-elect has said that after you are confirmed, which I hope is fairly early in February, that he will propose a plan to Congress. I look forward to that plan, and I know you can't tell us what that plan is today, but I do look forward to hearing from you, how you suggest we approach this.

We want to do this right. We want to sequence the events carefully and adequately so that Americans have concrete, practical alternatives in place of what is there today. We want to make sure that the parts of Obamacare that are repealed are replaced before the repeal becomes effective.

Senator Murray.

OPENING STATEMENT OF SENATOR MURRAY

Senator MURRAY. Thank you very much, Chairman Alexander.

Thanks to all of our colleagues that are joining us today.

Congressman Price, congratulations on your nomination, and thank you to your wife Betty who I know is there with you as well.

Before I speak about this nominee, I do want to say that we remain deeply disappointed in last night where Democrats were blocked from asking more than one round of questions on Betsy DeVos, who is the nominee for Secretary of Education, and are disappointed that we are rushing this hearing as well, Mr. Chairman. You said 7 minutes, but I will just say I don't think any of us in prior nominees that you keep pointing to ever thought if I don't ask for another question, I've just set a precedent. In fact, I think that there is no example of any Senator asking to do a question before and being turned down.

These nominees in a new administration that many people have questions about deserve to be asked questions, scrutinized in public before we have a choice to make on the floor of the U.S. Senate, on both sides of the aisle, in terms of whether we vote yes or no. That is why we think it's extremely important that we are allowed the opportunity to ask second rounds of questions after we have

heard all of the questions, and today we have three or four committee hearings going on at the same time as this, so it is extremely challenging for our Senators to be here on a nomination they care deeply about, on a subject that we care deeply about.

I would just like to point out again that several nominees that have come before, if we're going to talk about precedent, Secretary Leavitt, President George Bush's second HHS secretary, five bipartisan Senators participated in a second round. Senator Daschle, President Obama's first HHS Secretary, three bipartisan Senators participated. Again, it is unprecedented for a chairman to turn down a member who has a question to ask.

For the record, I would just like to ask consent to put parts of the record of the nominees of Michael Leavitt, Andrew von Eschenbach, and Tom Daschle into the record of this hearing.

The CHAIRMAN. That will be fine.

[Due to the high cost of printing the information referred to may be found in the following hearings: Michael Leavitt's—S. Hrg. 109-56; Andrew Von Eschenbach—S. Hrg. 109-816; and Tom Daschle—S. Hrg. 111-469.]

Senator MURRAY. Again, our members have questions because this nominee is going to have jurisdiction over the health care and lives of millions of Americans, and we want to know where he stands before we make a decision, yes or no, our imprimatur to him to be there. That is why it is so important to members of our committee.

Having said that, I want to say this. The health of our families and communities could not be more important to our strength as a Nation. When a young child goes to school healthy and ready to learn, she's better prepared to succeed. When women are empowered to plan their families and pursue all of their dreams, our communities benefit. When workers have access to quality health care that they can afford, our economy grows. When seniors are able to trust that the guarantee of programs they have paid into, Medicare and Social Security, will be there when needed, we live up to some of our country's most vital responsibilities.

The Department of Health and Human Services has a critical role to play in our ongoing work to meet each of these goals and many more. That is why, in evaluating a nominee for Secretary of Health and Human Services, I consider whether the nominee has a record of putting people first, not politics, not partisanship, or those at the top; whether they will put science first, not ideology; and whether their vision for our health care in our country would help more families get quality, affordable care, or take us backward.

Congressman Price, I have serious concerns about your qualifications and plans for the department you hope to lead, and I am looking forward to hearing from you today on a number of topics. I'll start by laying out issues with what your record suggests about your approach to our Nation's health care system.

Just last week, you voted to begin the process of ripping apart our health care system without any plan to replace it despite independent studies showing that nearly 30 million people would lose health care coverage, even though more and more members of your own party are expressing serious doubts about its ability to unify

around a plan, and knowing that in a matter of weeks you could be leading the department whose core responsibility is to enhance Americans' health and well-being.

My constituents are coming up to me with tears in their eyes, wondering what the future holds for their health care given the chaos Republican efforts could cause. President-elect Trump and Republican leaders have promised the American people their plans to dismantle our health care system right away would somehow do no harm and would not cause anyone to lose coverage. In fact, just days ago, President-elect Trump promised "insurance for everybody." Congressman Price, your own proposals would cause millions of people to lose coverage, force many people to pay more for their care, and leave people with pre-existing conditions vulnerable to insurance companies rejecting them or charging them more. I will be very interested in hearing your explanation of how your plans would keep the promises your party has made to the American people about their health care.

Medicare is another issue I will be interested in hearing about today. President-elect Trump campaigned on promises to protect Medicare and Medicaid. You have said you plan to overhaul Medicare in the first 6 to 8 months of this administration, in a way that would end the guarantee of full coverage that so many seniors and people with disabilities rely on. You have put forward policies that would shift $1 trillion in Medicaid costs to our States, squeezing their budgets and taking coverage away from struggling children and workers and families. While President-elect Trump has said that Medicare should be able to negotiate lower drug prices for seniors, you have repeatedly opposed efforts to do that. You even went so far as to call legislation on that issue "a solution in search of a problem." I disagree. This is absolutely critical for families in my home State, and I am eager to hear how you would reduce the burden of prescription drug costs in our communities.

As a woman, a mother, a grandmother, and a U.S. Senator, I am deeply troubled by the ways in which your policies would impact women's access to health care and their reproductive rights. I have serious concerns about your understanding of women's needs for basic health care like birth control given your expressed doubts on this topic, your proposals to make women pay extra out-of-pocket for birth control, and your repeated efforts to defund our Nation's largest provider of women's health care, Planned Parenthood.

I am also very focused on the role of the Department of Health and Human Services in strengthening and protecting public health. I will want to hear from you about whether and how you would uphold the gold standard of FDA approval; and, for example, how you would approach important programs and rules intended to keep tobacco companies from luring children into addiction.

Finally, as I discussed at our hearing yesterday, I believe firmly that, especially as the President-elect tries to blur lines around conflicts of interest, it is critical we not only do everything in our power to hold him to high standards but we do the same for Cabinet nominees. That's why I was so appalled that with four of the President-elect's nominees currently serving in the House of Representatives, House Republicans attempted right out of the gate to get rid of the independent Office of congressional Ethics. Luckily

they heard loud and clear from people across the country it wasn't acceptable, and they backed down.

Congressman Price, the Office of Congressional Ethics has now been asked not only by Democrats, but by the consumer advocacy group Public Citizen, to investigate serious concerns and questions about your medical stock trades during your time in the House. I and other Democrats have repeatedly called for hearings on your nomination to be delayed until such an investigation is complete. It is disappointing to us that instead, Republicans are moving forward with your nomination before we have all the facts. I hope you have come prepared to be fully transparent with us in your explanations.

I have outlined just a few of my questions and concerns about this nomination, and I know, in light of Republican efforts to take our health care system in a vastly different and harmful direction, they are shared by millions of people across the country who can't be here today. With that in mind, it's crucial that the voices of people who will be impacted every day by choices made under this administration are part of the process when it comes to the President-elect's Cabinet nominees. I just want to say I'm very pleased that tomorrow, Senators Warren and Stabenow will be hosting a forum with witnesses who can speak to the impact of health care providers like Planned Parenthood, the importance of the work done in the Affordable Care Act to expand access to mental health care and substance abuse treatment, and the ways in which the full guarantee of Medicare has helped keep them financially and physically secure.

There are stories across the country like this, of lives saved and strengthened because of the progress we've made to expand quality, affordable health care. I urge my Republican colleagues to attend and to prioritize what is best for these women and men and families, not what's best for politics, as they consider each of their decisions in the coming weeks.

Congressman Price, as we begin this hearing I would ask you to be as transparent and frank as possible about your views and your plans for the Department, and urge you to commit to providing us with additional information and answers to any followup questions we have in a timely and thorough manner.

I am looking forward to what I hope will be a rigorous and open discussion today, and I hope that we all arrive at the right decision for the families and the communities that we serve.

Thank you, Mr. Chairman.

The CHAIRMAN. Thank you, Senator Murray.

Before I introduce Senator Isakson, I'd like to put into the record the information about the last six hearings that we've had here, without going into detail. The current Secretary, one round of questions; Secretary Sebelius, one round with one member asking a second round; Daschle, one round plus three; Leavitt, six members ask a second round; Thompson, one round of 7 minutes each; and Shalala, six members ask a second round. My decision is that rather than give 6 of 23 members a second round, that it would be better to let every Senator have 7 minutes.

Senator Isakson.

STATEMENT OF SENATOR ISAKSON

Senator ISAKSON. Thank you, Mr. Chairman.

I'd like to ask unanimous consent that the remarks that were prepared for me to read this morning be submitted for the record.

The CHAIRMAN. They will be.

[The information referred to was not available at time of press.]

Senator ISAKSON. Because I'm not going to read them.

I have a unique honor and privilege to introduce a friend of mine for 30 years, someone I know to be a great politician, a great practicing legislator, a great family man, a great community servant, and a great friend of mine, and it's an honor for me to do so.

I want to thank each of you for taking my call before this meeting today when I called you to ask you to listen to what Tom had to say, because I think you'll be impressed with what you hear no matter how tough the question might be.

I approached this introduction as if I'm being asked what I would look for in somebody who I wanted to entrust with $1 trillion of my money, the quality of my health care, and the future of the American quality of health care. I'd look for five things.

First, does this man understand the American family. Not only does he understand it, but his wife Betty is here.

Betty, stand up.

She'll tell you he understands the family.

His son Robert is not here because he's in Nashville, TN, singing country music and writing country music songs. I know the Chairman would appreciate that. He's a fine young man, and I enjoy working with him.

Tom is a great family man, a member of Roswell United Methodist Church, active in his community, active in the State legislature, active in doing what's right for his community. He's a good man and understands the family and the value of the family and the value of health care to every family.

Second, I'd want to know is he capable of handling $1 trillion. You know, $1 trillion is a lot of money. It's actually $1.1 trillion, but when you get to $1.1, why worry about it? It's a lot of money. It's more than we appropriate, as the Chairman said.

He's been chairman of the Budget Committee in the House of Representatives. He served in the Georgia legislature, leading appropriations for many, many years. He's run one of the largest medical practices in the State of Georgia. In fact, Tom Price is one of those people who put together what's known as Resurgens Orthopaedics. They happen to be my doctors. In fact, they saved my son's right leg 26 years ago in a terrible automobile accident. I understand the value of Resurgens Orthopaedics and what Tom has done. It's now the largest practice center up-state, a well-run practice, and a practice that's set up as an example of how to do medicine in the 21st century.

I'd want to know that my nominee for Health and Human Services knew and understood the health care business. Well, who better to understand the health care business than a doctor? Even better than that, a doctor who is married to another doctor? Tom and Betty met at Grady Memorial Hospital when they were doing their residencies. They fell in love there, and they fell in love with the

practice of medicine. I've watched them over the last 30 years participate in activities in our State, whether elected or not. They contributed to the betterment of health care in our State, the betterment of hospitals like Grady Memorial Hospital, which is the largest crisis hospital and trauma center we have in the State of Georgia, saving lives every single day. They would have probably not been there today had it not been for people like Tom Price, who gave of his time and his effort to see to it to raise the money necessary to keep Grady open.

I'd want to know they had some experience with the legislature, because if you get a chairman of Health and Human Services to come in, you give him a $1.1 trillion budget, and then you say go talk to those 435 people over there and convince them what we need to do to change the law, that's a pretty tall order. You'd want to find somebody who served in public office. Tom has been in the State Senate in Georgia, was the first elected Republican leader of the George State Senate in the history of our State. He served in the Congress of the United States. In fact, he improved the 6th District remarkably when I left and he was elected to replace me. The intellectual level went way up when Tom came, I can promise you that.

He has done an outstanding job being re-elected six times to the U.S. House of Representatives, serving, as I said, as Budget chairman, as Study Committee chairman, and as a very active member of the Congress of the United States of America.

I'd want to also know if he was an accountable person and believed in accountability. Tom Price believes in accountability. He's one of the rare one of us—in fact, he may be the only one of us, and I know this is true, that reads all the bills. When I need to know something about a bill, rather than read, I call Tom Price to give me advice because I know he's read it. Sometimes he's boring, but he's always knowledgeable.

[Laughter.]

It's because he does his homework, he does it right, he believes in his responsibilities.

I'm going to mention a couple of things that have been said negative about Tom, and I want to address them straight up because they're wrong. In fact, I did so on the floor of the Senate yesterday afternoon when Chuck Schumer took this case of Zimmer Biomet and tried to make it into a major case.

Zimmer Biomet is a $26-a-share stock that Tom Price's broker who manages his account bought for him at a time Tom was unaware of the purchase. It was 2 months after the House had acted on a medical device bill. There's a term of art called "disparate impact" where you take two facts that are unrelated and you put them together to indict somebody for a wrong when, in fact, nothing wrong was done at all, and that's the case there. Zimmer Biomet, a $2,674 stock purchase, took place without Tom's knowledge because his account is managed by someone else. His knowledge of that purchase took place 1 month later after the disclosure was made. He didn't even know about it at the time that it was made. The allegations that were made yesterday on the floor of the Senate are patently wrong by taking two correct things and putting them together to make an incorrect thing.

Second, something else has been said that I have working knowledge of. Tom was accused of not being for saving Social Security for seniors. I'm 72 years old. I'm not going to stand up here and get you all to approve somebody who is not going to protect Social Security, because I've got some of it. Let me tell you a little story about Tom Price.

He and I got a phone call 6 months ago—I guess now it's been 8 months ago—from AARP asking us if we would travel and do town hall forums for AARP on saving Social Security. Why would somebody call Tom Price, a Congressman, or Johnny Isakson, a Senator, to be the organization that represents seniors to go on the road and do town hall meetings about saving Social Security if they weren't for saving Social Security? It's just incongruent and it doesn't make any sense.

Last, one of the best votes I cast 4 years ago for Cabinet members was a vote for Sylvia Burwell. When she came before this committee and the Senate Committee on Finance, I was on both committees, as I am today. She's an articulate, intelligent lady. There was a lot of reason for me as a Republican, in the minority, to say, "Oh, I'll just throw away a vote and vote against her because she's a Democratic nominee." I listened to her answers, I studied her history, I watched her actions, and I proudly voted for her, and today she's a professional friend of mine, and we'll miss her in her office. There's nobody better qualified to replace Sylvia Burwell than Tom Price.

I voted for Sylvia Burwell with pride, and I'm going to vote for Tom Price with pride because I know he's the right man for the right job at the right time for America.

He's my friend and I commend him to you, and I urge you to vote for him in his confirmation.

The CHAIRMAN. Thank you, Senator Isakson. That's much better than whatever was written for you to say.

[Laughter.]

Dr. Price, welcome to the committee.

STATEMENT OF TOM PRICE, B.A., M.D., NOMINEE FOR SECRETARY OF HEALTH AND HUMAN SERVICES, ROSWELL, GA

Dr. PRICE. Chairman Alexander, Ranking Member Murray, and all the members of the committee, I want to thank you all for the opportunity to speak with you today and engage, as the Ranking Member said, in a discussion about the road ahead for our great nation.

I want to thank Senator Johnny Isakson for his generous introduction. As he said, we've known each other for 30 years, and I'm so grateful for his friendship and his kindness, and our State is blessed to have had his service and his leadership.

I wish also to especially thank my wife Betty of 33 years who joins me here today. As Johnny mentioned, her support and encouragement and advice, which I would suggest to you is virtually always correct, and her love means more to me than I could ever say.

Over the past few weeks I've met with many of you individually and have gained a real appreciation for the passion that you have for the Department of Health and Human Services. Please note

that I share that passion. That's why I'm here today and why I'm honored to be the nominee for Secretary of Health and Human Services.

We all come to public service in our own unique ways that inform who we are and why we serve. My first professional calling was to care for patients. That experience as a physician and later as a legislator has provided an holistic view of the complex interactions that take place every day across our communities, and today I hope to share with you how my experience has helped shape me and my understanding and appreciation for the work of the Department of Health and Human Services.

From an early age I had an interest in medicine. My earliest memories are of growing up on a farm in the State of Michigan. We lived on a farm in Michigan before we moved to suburban Detroit when I was 5 years old. I spent most of my formative years being raised by a single mom, so my fondest memories are spending time with my grandfather, who was a physician. When I was young we would go—I would be able to go spend some weekends with him and we'd go on rounds, which at that time meant going on house calls. We'd drive up to houses, and the memories I have of individuals opening the door and giving him a hug and welcoming him graciously are cemented in my mind.

After graduating from medical school from the University of Michigan, I moved to Atlanta, which I've called home for nearly 40 years. That's where I met my wife, where we raised our son. I did my residency at Emory University and Grady Memorial Hospital, where I would later return in my career to serve as the medical director of the orthopedic clinic.

Throughout my professional career I've treated patients in all walks of life, including so many children. Anyone who has ever treated a child knows the remarkable joy that you have when you're able to go tell a mom and dad that we have helped, we have helped save their child or helped their child back to healthfulness. My memories of Grady are filled with the gracious comments of parents and of patients for the team of health care specialists with whom I had the privilege of working.

After 25 years of school and training, I started a solo orthopedic practice. Over the years this practice grew, as Senator Isakson mentioned, and eventually became one of the largest non-academic orthopedic groups in the country, for which I would eventually serve as chairman of the board.

During 20 years as a practicing physician I have learned a good bit about not just treating patients but about the broader health care system and where it intersects with government. A couple of vivid memories stand out. One, many of my patients were never more irritated or angry when they recognized that there was somebody else in the exam room, not physically but figuratively, who was getting between the doctor and the patient in making decisions, whether it was the insurance company or government. Then there was the day when I noticed in my office—it was in the mid-1990s when I realized that there are more individuals behind the door where the clinical work was going on seeing patients than there were in front of the door. Those folks were filling out forms and making certain that we were checking all the boxes and chal-

lenging or arguing with insurance companies or government about what was in the best interest of the patient.

It became clear to me that our health care system was losing focus on its No. 1 priority, and that is the patient. As a result, I felt compelled to broaden my role in public service and help solve the issues harming the delivery of medicine, so I ran for the George State Senate. I found the State Senate in Georgia to be often remarkably bipartisan and that collegial relationships were the norm. This is the environment in which I learned to legislate, reaching across the aisle to get work done.

In Congress I've been fortunate as well to be part of collaborations that broke through party lines to solve problems. Just this past Congress it was a bipartisan effort that succeeded in ridding Medicare of a broken physician payment system and which has now begun the creation of a new system which, if implemented properly, will help ensure that seniors have better access to higher-quality care.

If confirmed, my obligation will be to carry to the Department of Health and Human Services both an appreciation for bipartisan, team-driven policymaking and what has been a lifetime commitment to improving the health and well-being of the American people. That commitment extends to what I call the six principles of health care: affordability, accessibility, quality, responsiveness, innovation, and choices.

Health and Human Services is more than health care. There are real heroes at this department doing incredible work to keep our food safe, to develop new drugs and treatment options, driven by scientists conducting truly remarkable research. There are heroes among the talented, dedicated men and women working to provide critical social services, helping families and particularly children have a higher quality of living and the opportunity to rise up and achieve their American Dream.

The role of Health and Human Services in improving lives means it must carry out its responsibilities with compassion. It also must be efficient and effective and accountable, as well as willing to work with those in communities already doing incredible work on behalf of their citizens.

Across the spectrum of issues and services that this department handles, there endures a promise that has been made to the American people. We must strengthen our resolve to keep the promises our society has made to our senior citizens and to those who are most in need of care and support. That means saving and strengthening and securing Medicare for today's beneficiaries and future generations. It means ensuring that our Nation's Medicaid population has access to the highest quality care. It means maintaining and expanding America's leading role in medical innovation and the treatment and eradication of disease. I share your passion for these issues, having spent my life in service to them.

Yet there's no doubt that we don't all agree on or share the same point of view when it comes to addressing every one of these issues. Our approaches to policies may differ, but surely, surely there exists a common commitment to public service and to compassion for those that we serve. We all hope that we can help improve the lives

of the American people to help heal individuals and whole communities.

So with a healthy dose of humility and an appreciation for the scope of the challenges before us, with your assistance and with God's will, we can make it happen, and I look forward to working with you to do just that.

Mr. Chairman, I thank you for the opportunity to be with you today.

[The prepared statement of Dr. Price follows:]

PREPARED STATEMENT OF CONGRESSMAN TOM PRICE, B.A., M.D.

Thank you Chairman Alexander, Ranking Member Murray, and all the members of this committee for the opportunity to speak with you today and engage in a discussion about the road ahead for our great Nation. These proceedings, and this entire process, would not be possible without the work of your staff, and so I want to extend my appreciation to them as well for the great service they provide. Thanks so much to Senator Johnny Isakson for his generous introduction. We've known each other for nearly 30 years and I'm so grateful for his friendship and kindness, and our State is blessed to have had his service and leadership. I wish also to especially thank my wife of 33 years, Betty, who joins me today. Her support, encouragement and advice (which is always correct) mean more than I could ever say.

Over the past few weeks, I have had the chance to meet with many of you individually and have gained a real appreciation for the passion you all have about the critical work of the Department of Health and Human Services. Please know that I share that passion. That is why I am here today and why I'm honored to have been nominated by the President-elect to serve as the next Secretary of HHS.

We all come to public service in our own unique ways that inform who we are and why we serve. My first professional calling was to care for patients. That experience as a physician and later as a legislator has provided a holistic view of the complex interactions that take place every day across our communities and across this country that, when done correctly, are in service to the greater good we seek to achieve. Today, I hope to share with you how my experience has helped shape my understanding of and appreciation for the work of the department and its team, which I hope to lead.

From an early age, I had an interest in medicine. My earliest memories are of a farm in Michigan where my family and I lived before moving to suburban Detroit at the age of 5. I spent most of my formative years being raised by a single mom, and I assumed a lot of responsibility since there were five of us. Some of my fondest memories were spending time with my grandfather, a physician, as he made house calls to see patients. Having both a father and grandfather as physicians surely influenced my path toward medicine. It was very likely that the orthopedist who treated my many broken bones in my youth gave me a particular fascination for fixing things—and not just broken bones.

After graduating with a medical degree from the University of Michigan, I went south to Atlanta, GA—which I've called home for nearly 40 years. It's where I met my wife, Betty; and where we raised our son. I did my residency at Emory University and Grady Memorial Hospital in downtown Atlanta. I would return to Grady later in my career to serve as medical director of the orthopedic clinic. Throughout my professional career I treated patients of every age from all walks of life—including many children. Anyone who has ever treated a child knows how fulfilling it is to look into the eyes of a parent and tell them our team has helped heal their son or daughter—to give them peace of mind. My memories of Grady are filled with the gracious comments from parents and patients for the team of health care specialists with whom I had the privilege of working. I cherished my time there.

After 25 years of school and training, I hung out my shingle to start a solo private orthopedic practice. Over the years, this practice grew and eventually became one of the largest, non-academic orthopedic groups in the country—a group I would eventually serve as chairman of the board. Whether as part of that team or on staff at a hospital, it was apparent early on that every person involved in the delivery of care, no matter their role—doctors, nurses, lab techs, orderlies—all had one goal in mind and that was to get our patients well again, to heal them. It was always a team effort and wherever you fit into that team, you appreciated the value of those working with you.

During 20 years as a practicing physician—both in office and hospital setting—I learned a good bit about not just treating patients but about the broader health

care system and where it intersects with government—local, State and Federal. A couple of lessons stand out. One lesson was that many patients I knew or treated were never more angry and frustrated than when they realized that there was someone other than themselves and/or their physician making medical decisions on their behalf—when there was someone not involved in the actual delivery of care that was standing between them and their doctor or treatment.

Another lesson came the day I noticed that there were more individuals within our office who were dealing with paperwork, insurance filings, and government regulations than there were individuals actually seeing and treating patients. It was in those moments that it became crystal clear that our health care system was losing focus on the No. 1 priority—the individual patient. Having had no greater joy than taking care of patients, I felt compelled to broaden my role in public service, and help solve the issues harming the delivery of medicine, so I ran for the State Senate in Georgia.

Anyone here who has ever served at the State level knows that State government has a different feel to it, it's a different pace. In Georgia, I found the State Senate to be a remarkably bipartisan place where collegial relationships were the norm. This is the environment in which I learned to legislate—reaching across the aisle to get the work done—needing the buy-in and the support of more than just one party. I worked with Democrats including then-State Senator, now-Atlanta mayor, Kasim Reed. He and I did not see eye to eye on everything, for sure, but we were successful in finding our way together through some really challenging issues for our State.

In Congress, I have been fortunate to have been a part of collaborations that broke through party lines to solve problems including those pertaining to health care. Early in my congressional career, I was privileged to work alongside then-representative, now Senator, Tammy Baldwin to introduce legislation that would have empowered States to come up with new ideas to provide health care coverage to their uninsured populations. Just this past Congress, it was a bipartisan, bicameral effort that actually succeeded in ridding Medicare of a broken physician payment system and which has now begun the creation of a new system that, if implemented properly, will help ensure that seniors have better access to higher quality care.

If confirmed, my obligation will be to carry to the Department of Health and Human Services both an appreciation for bipartisan, team-driven policymaking and what has been a lifetime commitment to work to improve the health and well-being of the American people. That commitment extends to what I call the six principles of health care—six principles that, if you think about it, all of us hold dear: affordability, accessibility, quality, choices, innovation, and responsiveness. We all want a health care system that's affordable, that's accessible to all, of the highest quality, with the greatest number of choices, driven by world-leading innovations, and responsive to the needs of the individual patient.

HHS is more than just health care. There are real heroes at this department doing incredible work to keep our food safe, to develop new drugs and treatment options—driven by scientists conducting truly remarkable research. The Centers for Disease Control and Prevention—which we in Atlanta are proud to have headquartered in our city, is the first place the world turns to when there's a health care threat that requires the greatest, most capable minds to solve.

There are heroes among the talented, dedicated men and women working to provide critical social services—helping families and, particularly, children have a higher quality of living and the opportunity to rise up and strive to achieve their American Dream—something we all want for ourselves and our loved ones.

The role of HHS in improving lives means it must carry out its responsibilities with compassion. It also must be efficient, effective and accountable, as well as being willing to partner with those in our communities already doing remarkable work. In every aspect of the department, across the spectrum of issues and services it handles, there is embedded a promise that has been made to the American people. Governor Michael Leavitt, during his confirmation hearing in 2004 to take on this task, spoke of our highly regarded "brands"—the CDC, FDA, NIH, and others—and how they must be preserved and strengthened because they guarantee that those promises are kept.

Today's challenges make it even more important that we strengthen our resolve to keep the promises we, as a society, have made to our senior citizens and to those among us who are most in need of care and support. That means saving, strengthening, and securing Medicare for today's beneficiaries and future generations. It means ensuring that our Nation's Medicaid population has access to quality care. It means maintaining, and expanding, America's leading role in medical innovation and the treatment and eradication of disease.

As I noted at the outset, I share your passion for these issues—having spent my life in service to them. Yet, there's no doubt that we do not all share the same point of view when it comes to addressing each and every one of them. Our approaches to policies may differ, but there surely exists a common commitment to public service and compassion for those we serve. We all hope, by our actions, to help improve the lives of the American people, to help heal individuals and whole communities. With a healthy dose of humility and appreciation for the scope of the challenges before us, with your assistance and with God's will, we can make it happen. I look forward to working with you to do just that.

Thank you very much for the privilege of appearing before you today.

The CHAIRMAN. Thank you, Dr. Price.

We will now begin a round of 7-minute questions, and I'll start the questioning.

I'll just talk about the Affordable Care Act and the health care system. My belief is that the historic mistake in the passage of the Affordable Care Act was it sought to expand a system that already cost too much, a health care system.

What is our goal here of those who want to repair the damage of Obamacare and replace parts of it? Is it to lower the cost of insurance for Americans? Is it to give them more choices of that lower-cost insurance? Is it to put more decisions in the hands of States and into the hands of patients?

Dr. PRICE. Thank you, Mr. Chairman. I think certainly the issues that you raised with choices and access and cost are at the heart and the center of where we ought to be putting our attention. As I mentioned in the six principles that I have for health care, affordability is incredibly important. It doesn't do you any good if you can't afford health coverage. Accessibility is absolutely imperative. Today many folks have coverage but they don't have care because they don't have access to the physicians that they'd like to see. So choices are absolutely vital.

The CHAIRMAN. Well, isn't one of the primary means for achieving those choices moving more health care decisions out of Washington, putting them back in the hands of States and patient consumers?

Dr. PRICE. I think in many instances the closer that you can have those decisions to the patient, keeping the focus on the patient, the better.

The CHAIRMAN. If the responsibilities are headed toward the States, or some responsibilities, would that not necessarily involve a fair amount of extensive consultation with Governors and State insurance departments about how to do that and what the implementation schedule ought to be?

Dr. PRICE. Absolutely. Folks at the State level, as you well know, having served there, know their populations better than we can know them.

The CHAIRMAN. Senator McConnell said last week that Obamacare would be replaced and repealed in manageable pieces. I want to suggest some pieces to you on a chart back here. It looks to me like there are four major areas where Americans get our health care insurance. One is Medicare, 18 percent of Americans. One is employer insurance. Sixty-one percent of Americans get their insurance on the job. One is Medicaid, which is 22 percent. One is the individual market, only 6 percent, and the exchanges we hear so much about are just 4 percent of that 6 percent, but that's where so much of the turmoil is.

Let me ask you this. Is this bill an effort to replace and repeal Obamacare, is this the bill to reform Medicare?

Dr. PRICE. Absolutely not.

The CHAIRMAN. We would be focused on employer, Medicaid, and individual insurance. Are those accurate categories, or would you categorize them in a different way?

Dr. PRICE. I think the challenges that we have to address immediately are those in the individual market and in the Medicaid market, as you identified.

The CHAIRMAN. Is it possible to work on one of those areas at a time rather than in a comprehensive—or let me put it this way. I said don't expect Senator McConnell to wheel in a wheelbarrow with a big comprehensive Republican health care plan. That's because, in my opinion, we don't believe in that. We don't believe in replacing a failed Washington, DC. health care plan with our own failed plan. We want to work on it step by step, large piece by piece. How do you respond to that?

Dr. PRICE. I think that's fair. I think that for individuals to—the American people need to appreciate that the last thing we want to do is go from a Democrat health care system to a Republican health care system. Our goal would be to go from what we see as a Democrat health care system to an American health care system that recognizes the needs of all.

The CHAIRMAN. I know your plan won't be presented until after you're confirmed, but the President-elect has said let's do repeal and replace simultaneously. To me that must mean that any repeal of parts of Obamacare wouldn't take effect until after some concrete, practical alternative were in place for Americans to choose. Is that accurate, or do you have a different idea of what "simultaneous" might mean or what the sequencing might be as we move through this process?

Dr. PRICE. No, I think that's fair. I think one of the important things that we need to convey to the American people is that nobody is interested in pulling the rug out from under anybody. We believe that it's absolutely imperative that individuals that have health coverage be able to keep health coverage and move, hopefully, to greater choices and opportunities for them to gain the kind of coverage that they want for themselves and for their families. I think there's been a lot of talk about individuals losing health coverage. That is not our goal, nor is it our desire, nor is it our plan.

The CHAIRMAN. Let me ask you about how long this all might take, this repairing the damage, this working on these three big areas—individual market, Medicaid, and employer. My sense of it is that we've been working on this so long, although we have different opinions about it, we ought to be able to make most of our votes in the next few months about what to do, but that the implementation about whatever we decide, especially since some of it will be going back to the States, to the department that you hope to lead, might take several years. Is there a difference between the votes we might take and then a longer time for implementation of what we decide to do?

Dr. PRICE. No, I think that's fair. I would point out that our health care system is continually evolving, and should. We ought to be always looking at how it's working, whether it's working for

patients, whether it's working for the individuals that are working to provide the highest quality care for folks, and when it is, that's fine. When it isn't, then it's incumbent upon policymakers to make certain that we do the kinds of things to adjust that policy so that it can work, especially for patients.

The CHAIRMAN. My last question is about this individual market, the 6 percent. The Obamacare exchanges are about 4 percent of all of us who have insurance. Our insurance commissioner in Tennessee says the market is virtually collapsing. I'm told by many people that we need to basically have a rescue plan, a reform plan for the individual market in place by March the 1st so that insurance companies who make their decisions about the year 2018 can make those plans so that people have insurance to buy in all of these States. Do you agree that the market is collapsing, that we need a rescue plan, and that March the 1st is an important approximate date for a decision of action?

Dr. PRICE. Well, we're clearly seeing changes in the individual and small group market that are adverse to the patient. Whether it's decreasing access to coverage, whether it's increasing premiums, whether it's higher deductibles, something is going badly wrong out there, and it's imperative, I believe, for us to recognize that, and then to put in place the kinds of solutions that we believe to be most appropriate.

The CHAIRMAN. And your plan that we're likely to see in February will include recommendations for how to do that?

Dr. PRICE. We look forward to, should I be given the honor of leading the Health and Human Services, along with the President, we look forward to working with Congress to come forward with that plan.

The CHAIRMAN. Thank you, Dr. Price.

Senator Murray.

Senator MURRAY. Thank you, Mr. Chairman.

Before I start, I want to ask consent to put a letter to Chairman Alexander from all 11 Democrats on this committee on the importance of a second round of questions on this nominee; and I ask unanimous consent to put in the record 25 letters signed by 193 organizations opposing Congressman Price's nomination to lead the Department of Health and Human Services; and I also have a petition signed by 500,000 people from across the country opposing this nomination I ask to put in the record.

The CHAIRMAN. They will be.

[The information referred to may be found in Additional Materials; however due to the high cost of printing some letters are being retained in committee files.]

Senator MURRAY. Congressman Price, recent press reports about your investments in the Australian biotech company Innate Immunotherapeutics raises some serious questions about your judgment, and I want to review the facts.

You purchased stock in Innate Immunotherapeutics, a company working to develop new drugs, on four separate occasions between January 2015 and August 2016. You made the decision to purchase that stock, not a broker; yes or no?

Dr. PRICE. That was a decision that I made, yes.

Senator MURRAY. You were offered an opportunity to purchase stock at a lower price than was available to the general public; yes or no?

Dr. PRICE. The initial purchase in January 2015 was at the market price. The secondary purchase in June through August/September 2016 was at a price that was available to individuals that were participating in a private placement offering.

Senator MURRAY. It was lower than was available to the general public, correct?

Dr. PRICE. I don't know that it was. It was the same price that everybody paid for the private placement offering.

Senator MURRAY. Well, Congressman Chris Collins, who sits on President-elect Trump's transition team, is both an investor and a board member of the company. He was reportedly heard just last week off the House floor bragging about how he had made people millionaires from a stock tip.

Congressman Price, in our meeting, you informed me that you made these purchases based on conversations with Representative Collins. Is that correct?

Dr. PRICE. No. What I——

Senator MURRAY. Well, that is what you said to me in my office.

Dr. PRICE. What I believe I said to you was that I learned of the company from Congressman Collins.

Senator MURRAY. What I recall our conversation was that you had a conversation with Collins and then decided to purchase the stock.

Dr. PRICE. No, that's not correct.

Senator MURRAY. Well, that is what I remember you said in my office. In that conversation, did Representative Collins tell you anything that could be considered a stock tip? Yes or no?

Dr. PRICE. I don't believe so, no.

Senator MURRAY. Well, if you're telling me he gave you information about a company, you were offered shares in the company at prices not available to the public, you bought those shares, is that not a stock tip?

Dr. PRICE. That's not what happened. What happened was that he mentioned—he talked about the company and the work that they were doing and trying to solve the challenge of progressive secondary multiple sclerosis, which is a very debilitating disease and one that I——

Senator MURRAY. I'm well aware of that.

Dr. PRICE [continuing]. When I had the opportunity to treat patients when I was in practice.

Senator MURRAY. I'm aware——

Dr. PRICE. I studied the company for a period of time and felt that it had some significant merit and promise and purchased the initial shares on the stock exchange itself.

Senator MURRAY. Congressman Price, I have very limited time. Let me go on.

Your purchases occurred while the 21st Century Cures Act, which had several provisions that could impact drug developers like Innate Immunotherapeutics, was being negotiated; and again, just days before you were notified to prepare for a final vote on the bill.

Congressman, do you believe it is appropriate for a senior Member of Congress actively involved in policymaking in the health sector to repeatedly personally invest in a drug company that could benefit from those actions? Yes or no?

Dr. PRICE. That's not what happened.

Senator MURRAY. Well, let me just say that I believe it's inappropriate, and we need answers to this regarding whether you and Congressman Collins used your access to non-public information when you bought at prices that were unavailable to the public and——

Dr. PRICE. I had no access to non-public information.

Senator MURRAY. Well, we'll move on.

Congressman Price, just last week you and Republicans in Congress voted to begin ripping apart our health care system, which would cause nearly 30 million people to lose their coverage and raise health care costs for families, without telling the American people specifically what you plan to do instead. President-elect Trump and Republicans in Congress have promised to deliver a plan that prevents anyone from losing coverage and leaves no one worse off. Just days ago President-elect Trump said his plan would provide insurance for everybody. Do you share those goals?

Dr. PRICE. I think it's absolutely imperative that we have a system in place that has patients at the center and allows for every single American to have the opportunity to gain access to the kind of coverage they want.

Senator MURRAY. You share his goal of insurance for everybody?

Dr. PRICE. That's been always my stated goal. It's what we've worked on throughout my entire public career.

Senator MURRAY. OK. If your repeal plan, the Empowering Patients First Act, was signed into law, would you consider these commitments to insure all Americans and leave no one worse off to be met?

Dr. PRICE. The goal of the bills that I've worked on here in Congress, and understanding that the role, if I'm given the privilege of leading——

Senator MURRAY. I'm asking about you, though.

Dr. PRICE [continuing]. Is different, but my role in Congress was to always make certain that individuals had the opportunity to gain access to the kind of coverage that they desired, and that they had the financial feasibility to do so. That's what's different about the plans that we put forward.

Senator MURRAY. Well, I think it's really important that we have clear answers, so let me just say this. Your bill only allows people with pre-existing conditions to obtain health insurance if they maintained continuous insurance for 18 months prior. Millions of Americans with pre-existing health conditions lack insurance for short periods of time. Under your plan, insurance companies could deny those Americans coverage for pre-existing conditions. Yes or no? Under your bill.

Dr. PRICE. It's a broader question than that because we would put in place high-risk pools and individual health pools that would allow every single person in the individual small group market who are the ones challenged with pre-existing illness to be able to gain access again to the coverage that they want. We believe through

that plan that every single person would have the opportunity and financial feasibility to gain the coverage that they want for themselves and for their families.

Senator MURRAY. We disagree on the consequences of that.

Your bill would repeal dependent coverage available to young adults up to age 26. That is correct, right?

Dr. PRICE. The bill that I authored did not include coverage up to age 26. The insurance companies have said that they were working on that, that they were including that in their plans going forward, and so we felt it was covered.

Senator MURRAY. OK, and your bill takes away current benefits, which includes prescription drugs, mental health and substance use disorder benefits, and maternity coverage, among others. That is correct, right?

Dr. PRICE. Again, it's different in the legislative arena than it is in the administrative arena, but there are other factors that we would put in place that would make certain that individuals had the care and the kind of coverage that they needed for whatever diagnosis would befall them.

Senator MURRAY. Again, I disagree with the consequences. Your bill didn't cover that.

Your bill also repeals the lifetime limits on coverage that helps a lot of people who are sick and have high medical expenses, like a person with cancer. Yes or no?

Dr. PRICE. Again, it's a larger question because what we would put is a different construct in place that would allow for every single person to gain access to the coverage that they want and have nobody fall through the cracks.

Senator MURRAY. Well, I think just with these questions I'm very concerned that your vision for a health care system is very different than one that I think millions of Americans are counting on.

The CHAIRMAN. Thank you, Senator Murray.

Senator Enzi.

STATEMENT OF SENATOR ENZI

Senator ENZI. Thank you, Mr. Chairman.

Thank you, Dr. Price, for being willing to serve and to go through this process. I call this "gotcha management." Nothing is barred, and the idea is to get you to take questions on short notice in public that you wouldn't have done what you normally do. I've worked with you for the last 2 years, meeting with you at least once a week every week that we've been in session. I know how you operate, and I appreciate how you operate, and the care and the focus and the concern and how comprehensively you think about particularly the medical things.

One of my concerns is always the rural areas, because Wyoming is the most rural State in the Nation. I hesitate to do that because last night at the Education hearing I got to hear from Mrs. DeVos, who remembered a conversation from a month before that I had on a rural problem which dealt with grizzly bears by the Wapiti School in Wyoming. That became a major topic around here, and I'm glad everybody recognizes that need and concern. Part of the story was that that's the grade school that former Senator Craig

Thomas went to. When he was there, they didn't need that defense because he was tough.

[Laughter.]

There are different kinds of problems in different places than the health care area. I have a county that's the size of Delaware. It has one community that would like to say it has 2,500 people. It does have a hospital. When you have a rural community, a rural county that big with that small of a town, it's difficult to keep a doctor. Without at least a PA there, the hospital has to close. If that hospital closes, emergency care is 80 miles away, not a likely story in most of the places, and we need to make sure that those things are covered. I've appreciated getting to share those with you over the period of time.

I was always curious as to why you left a very successful practice and were willing to come back here and try to make a difference, and I want to congratulate you on the difference that you have made. One of the questions I'd ask you is why are you willing to leave a place with so much responsibility and background and capability to be willing to be the Secretary of Health and Human Services.

Dr. PRICE. Thank you, Senator. When I think about the mission of the Department of Health and Human Services, which is to improve the health, safety, and well-being of the American people, it's what I literally spend my life trying to do. To have the opportunity to participate, if confirmed, to serve as the Secretary of Health and Human Services and try to guide that organization in a direction that would further fulfill that mission, I can't think of anything more exciting or fulfilling.

Senator ENZI. Well, I think you have the background for doing that too, with the wide range of experience you had between the different practices and hospitals, and then coming here and going through a number of different committee situations. What you're about to go through is rather intense, and then that's followed by probably the most productive part, if Senators happen to read the answers, and that's when you get to do written questions as well, which we hope you'll provide a rapid response on. Those aren't nearly as much fun for the panelists because they aren't in public.

I'll move to some questions that are a little bit more related here.

Because we begin the serious and challenging task of restoring the health insurance markets which are teetering on the brink now, some are collapsing—in some counties you can't get coverage. In Wyoming there's only one provider, and it's my understanding that the incoming administration may have the ability to make some key policy changes immediately. Some of the most critical changes for short-term stabilization of the markets might include reducing the number of special enrollment periods and requiring up-front verification, or aligning grace periods for non-payment of premiums in State law. My understanding from those in the insurance business is it's targeted actions by the Department of Health and Human Services may provide some meaningful changes that could impact premiums for the next year. Are those some options that you might consider?

Dr. PRICE. Absolutely. The insurers, as I think the Chairman mentioned, are deciding right now as they come forward in March

and April, what the premium levels will be for 2018—calendar year 2018. What they need to hear from all of us, I believe, is a level of support and stability in the market, the kinds of things that make it so that they're able to provide product to patients out there.

You mentioned that there are counties in your State where there is only one provider. There are five States in this Nation where there's only one insurance provider. One-third of the counties in this country only have one insurance provider.

We must as policymakers and as folks administering these programs, we must ask ourselves what's going wrong, where are the problems out there. That may work for the insurers in certain instances, it may work for government, but it doesn't work for patients. If we keep the patients at the center of all of this, we'll get to the right answer, and that's what I hope to do with each and every one of you.

Senator ENZI. I appreciate that. I got to work for years with Senator Kennedy on biologics and biosimilars, and having the requirements for their biosimilarity and their changeability has needed some additional information. The FDA has issued guidance documents since the law passed, but they haven't set policy on interchangeability with the reference product. I was concerned that in 2017, having gone through nearly two full presidential terms, that just yesterday we finally got a draft of the FDA's interchangeability policy.

I'll ask that question, since my time has expired, in writing. Thank you.

Dr. PRICE. Thank you very much, Senator.

The CHAIRMAN. Thank you, Senator Enzi.

Senator Sanders.

STATEMENT OF SENATOR SANDERS

Senator SANDERS. Thank you, Mr. Chairman.

Congressman Price, thanks for being here, and thanks for the conversation we had the other day.

Dr. PRICE. Thank you.

Senator SANDERS. Congressman, on May 7, 2015—let me begin by saying all of us know that we have come through a very unusual election process. President-elect Trump received almost 3 million votes less than Secretary Clinton, but he won the electoral college. He's going to be inaugurated this week. He won a number of States by rather slim margins.

During the course of his campaign, Mr. Trump said over and over again that he would not cut Social Security, not cut Medicare, not cut Medicaid. Let me read some quotes.

On May 7, 2015, Mr. Trump tweeted, "I was the first and only potential GOP candidate to state there would be no cuts to Social Security, Medicare and Medicaid."

On April 18, 2015, he said,

> "Every Republican wants to do a big number on Social Security, they want to do it on Medicare, they want to do it on Medicaid, and we can't do that, and it's not fair to the people that

> have been paying in for years, and now all of a sudden they want to be cut."

August 10, 2015, Mr. Trump said,

> "I will save Medicare, Medicaid, and Social Security without cuts. We have to do it. People have been paying in for years and now many of these candidates want to cut it."

March 29, 2016, Trump said,

> "You know, Paul Ryan wants to knock out Social Security, knock it down, way down. He wants to knock Medicare way down. Frankly—well, two things. No. 1, you're going to lose the election if you're going to do that. I'm not going to cut it, and I'm not going to raise ages, and I'm not going to do all of the things they want to do. They want to really cut it, and they want to cut it very substantially, the Republicans, and I'm not going to do that."

On and on and on.

The point being, this is not something he said in passing. I think it is likely he won the election because millions of working-class people and senior citizens heard him say he was not going to cut Social Security, Medicare and Medicaid.

Congressman Price, a very simple question: Is the President-elect, Mr. Trump, going to keep his word to the American people and not cut Social Security, Medicare and Medicaid, or did he lie to the American people?

Dr. PRICE. I have—I haven't had extensive discussions with him about the comments that he made, but I have no reason to believe that he's changed his position.

Senator SANDERS. All right. You are telling us that, to the best of your knowledge, Mr. Trump will not cut Social Security, Medicare and Medicaid.

Dr. PRICE. As I say, I have no reason to believe that that position has changed.

Senator SANDERS. Congressman Price, quoting Mr. Trump again, or at least paraphrasing him, just last week he said, roughly speaking, pharma is getting away with murder. Do you recall that tweet?

Dr. PRICE. I do.

Senator SANDERS. OK. There are many of us on this side of the aisle who are working on legislation that would do at least two things: No. 1, end the absurdity of the American people being ripped off by the pharmaceutical industry, who 2 years ago the top five companies made $50 billion in profits, while one out of five Americans can't afford to fill the prescriptions their doctors write.

Will you and will the President-elect join us in legislation we are working on which, No. 1, will allow Medicare to negotiate prices with the drug companies and lower prices; and No. 2, allow the American people to bring in less expensive medicine from Canada and other countries? Is that something you will work with us on?

Dr. PRICE. The issue of drug pricing and drug costs is one of great concern to all Americans. I think it's important to appreciate that in a couple of areas we've had great success, whether it's in the generic area where the costs are significantly less than they have been, and in——

Senator SANDERS. You are aware, sir—I don't mean to interrupt. I don't have a lot of time. We are paying by far the highest prices in the world for prescription drugs. You don't disagree with that, do you?

Do you disagree with that?

Dr. PRICE. I think that's the case. I'd have to look at the statistics.

Senator SANDERS. It is, it is.

Dr. PRICE. I think there are a lot of reasons for that, and if we get to the root cause of what that is, then I think we can actually solve the bipartisan——

Senator SANDERS. Well, one of the root causes is that every other major country on earth negotiates drug prices with the pharmaceutical industry. In our country, the drug companies can raise their prices. Today they could double their prices. There is no law to prevent them from doing that.

Will you work with us so that Medicare negotiates prices with the pharmaceutical industry?

Dr. PRICE. You have my commitment to work with you and others to make certain that the drug pricing is reasonable and that individuals across this land have access to the medications that they need.

Senator SANDERS. It wasn't quite the answer to the question that I asked.

Congressman Price, the United States of America is the only major country on earth that does not guarantee health care to all people as a right. Canada does it. Every major country in Europe does it. Do you believe that health care is a right of all Americans, whether they're rich or they're poor? Should people, because they are Americans, be able to go to the doctor when they need to, be able to go into a hospital, because they are Americans?

Dr. PRICE. Yes. We're a compassionate society——

Senator SANDERS. No, we are not a compassionate society. In terms of our relationship to poor and working people, our record is worse than virtually any other country on earth. We have the highest rate of childhood poverty of any other major country on earth, and half of our senior older workers have nothing set aside for retirement. I don't think compared to other countries we are particularly compassionate.

My question is, in Canada, in other countries, all people have the right to get health care. Do you believe we should move in that direction?

Dr. PRICE. If you want to talk about other countries' health care systems, there are consequences to the decisions that they've made, just as there are consequences to the decisions that we made. I believe, and I look forward to working with you to make sure that every single American has access to the highest quality care and coverage that is possible.

Senator SANDERS. "Has access to" does not mean that they are guaranteed health care. I have access to buying a $10 million home. I don't have the money to do that.

Dr. PRICE. That's why we believe it's appropriate to put in place a system that gives every person the financial feasibility to be able

to purchase the coverage that they want for themselves and for their family, again not what the government forces them to buy.

Senator SANDERS. Yes, but if they don't have any—well, it's a longer story. Thank you very much.

Dr. PRICE. Thank you.

The CHAIRMAN. Thank you, Senator Sanders.

Senator Hatch.

STATEMENT OF SENATOR HATCH

Senator HATCH. Well, thank you, Mr. Chairman.

Welcome to the committee. Having worked with you over the years, I found you to be always very, very knowledgeable——

Dr. PRICE. Thank you.

Senator HATCH [continuing]. Very up front, very straightforward, very honest, and somebody who really understands the health care system of this country. You're just perfectly situated to be able to help turn it around and get it so it works. We hear a lot from the other side about how bad the system is and so forth, and I'm going to tell you I don't think it's very good myself, and we've got to work on it and get it done right. Boy, I'd sure like to have you right there helping to get it done, because you're one of the really premiere people in this whole Congress and in the world, as a matter of fact, understanding what needs to be done, and yet recognizing the problems of getting it done.

Dr. Price, some of my colleagues have criticized you for your health-related stock holdings while serving in the House. Not only do House rules not prohibit members from trading stocks but it is also not an uncommon practice for Members of Congress. In fact, there are members on this committee, as I understand it, who have traded individual health stocks while serving on this committee. This appears to be nothing more than a hypocritical attack on your good character, and I personally resent it because you have always disclosed.

Let me just say this. Can you confirm that you have always followed the law related to trading in stocks while serving as a Member of Congress?

Dr. PRICE. Thank you, sir. Everything that we have done has been above board, transparent, ethical and legal. As you know, and the members of this committee know, there's an organization that's called the Office of Government Ethics that looks at all—for every Cabinet nominee, looks at all of the possessions, all the holdings and the like, and makes a recommendation as to what that Cabinet member must do in order to make certain that there's no conflict of interest. The Office of Government Ethics has looked at our holdings and given advice about what would need to be done in terms of divesting from certain stock holdings to make certain that there's no conflict of interest. We have read those and agreed to those, signed those. That document is online for everybody to see so that everybody is absolutely certain that there will be no conflict of interest whatsoever.

Senator HATCH. Well, thank you. And you followed their advice?

Dr. PRICE. Absolutely.

Senator HATCH. Well, Dr. Price, the collapse of Obamacare has exacerbated our Nation's health care problems. Too frequently my

colleagues and I have seen European idealism strangle functional insurance design with cost-prohibitive measures. Despite these failed reforms, I don't think we can lose sight of the broader health system that is at risk. For example, rare disease patients do not have access to life-saving treatments because policies that have stemmed from Obamacare prevent investments in innovative therapies that can cure and save lives. This is an issue that I'm deeply passionate about.

Dr. Price, what steps do you believe will improve the pipeline for rare disease therapies to bring treatments and cures to patients in desperate need of hope?

Dr. PRICE. The Orphan Drug Act, which passed I think 30 years ago or so——

Senator HATCH. That was my first bill, by the way.

Dr. PRICE. It really has revolutionized the ability to treat rare diseases. What it did was make the United States the leader in coming forward with treatments for rare diseases. I think that there are things that we can do in terms of patent protection, in terms of liability, in terms of incentivization resources to be able to encourage the discovery of cures for rare diseases.

Senator HATCH. We have a lot more drugs coming through, even some blockbuster drugs that came because of that little bill.

Dr. PRICE. Yes.

Senator HATCH. We just put some incentives in effect, and all of a sudden there's an explosion in orphan drugs for populations of less than 200,000. It's a pretty important little bill.

Dr. PRICE. One of the successful ones.

Senator HATCH. It didn't cost a lot of money, but it was a Republican bill.

Dr. PRICE. Yes, one of the success stories truly for public policy in the country.

Senator HATCH. All right. Dr. Price, one of the central duties of the HHS Secretary is to be diligent and thoughtful when considering if Federal regulation is necessary in assessing whether the regulations impede research, development, and innovation. Over the years the regulatory infrastructure guiding dietary supplements has changed dramatically. Do you recognize the importance of dietary supplements in helping Americans reach and maintain healthy lifestyles?

Dr. PRICE. Absolutely.

Senator HATCH. Will you commit to me and other members of the committee to work to ensure appropriate regulation and implementation of the Dietary Supplement Health and Education Act so that we can protect public health while assuring consumers continued access to safe products?

Dr. PRICE. This is one of those areas where it's incredibly important to gain the information that you referred to, to gather the individuals that know the most about this area, whether it's consumers, whether it's those providing the product to market, to make certain that there are protections for unadulterated products. It's absolutely vital that we get this right.

Senator HATCH. Well, I'll tell you this, I have to commend Donald Trump for picking you.

Dr. PRICE. Thank you.

Senator HATCH. You are clearly one of the premiere people in all of Congress who understands the problems of health care, and you have the professional background that I don't know if any other Member of Congress can match to help solve the problems that we have. We've got a real messy situation here, and Obamacare has not really helped. Do you think Obamacare has helped?

Dr. PRICE. I think some of the things that have occurred with the passage of the ACA have improved certain areas. The coverage has certainly improved. The consequences of that, that many people, as I mentioned before, have coverage but they don't have care. There are so many things about just the decisionmaking process, who decides about our health care. Should it be the Federal Government, or should it be patients and families and doctors? We certainly believe the latter as opposed to the former.

Senator HATCH. I take it you believe that getting health care closer to the people is a far better thing than everybody pontificating from Washington, DC.

Dr. PRICE. I think the more involvement that patients and families and doctors can have in medical decisions, the higher quality care we'll have.

Senator HATCH. In my earlier life—one of the things I did was—I was a medical liability defense lawyer, defending doctors, hospitals, nurses, health care providers, et cetera. What do you think we should do about medical liability?

Dr. PRICE. This is really a difficult challenge because it's not just the malpractice rates that doctors or hospitals pay, but it's the practice of defensive medicine, which are the things that physicians do that don't hurt anybody but there are tests and procedures and examinations that aren't necessarily needed to either make a diagnosis or to treat patients.

Senator HATCH. But show up in their history.

Dr. PRICE. It shows up in their history so that if they're called into a court of law they can say to the judge and the jury I don't know what you wanted me to do because I did everything, when in fact everything is rarely necessary to either treat or to diagnose the patient.

If we look at it in that light and try to focus on decreasing the practice of defensive medicine to the benefit of patients, then I think we can get to the right answer, and there are some exciting opportunities out there that have been bipartisan in the past.

Senator HATCH. Well, thank you, sir. I think you're a great nomination.

Dr. PRICE. Thank you.

The CHAIRMAN. Thank you, Senator Hatch.

Senator Casey.

STATEMENT OF SENATOR CASEY

Senator CASEY. Thank you, Mr. Chairman.

Representative Price, we're grateful you're here, and thanks for the visit to our office.

Dr. PRICE. Thank you.

Senator CASEY. I wanted to highlight something we probably don't spend enough time highlighting or talking about, and that's the full protections of what was known as the original bill, the Pa-

tient Protection and Affordable Care Act. We've had a lot of shorthand terminology since then. I know you and I have a basic disagreement; I think it's important to be candid about that.

I think what a lot of people have forgotten about is that—and the Chairman had a chart earlier that outlined the categories of Americans that have health insurance by virtue of various programs, or I think the number he had on the poster about the number of Americans in the employer-sponsored coverage category I think was 178 million people. That's a lot of folks with coverage, who had coverage before. Most of them had coverage before the legislation and after, meaning they were paying their premiums and had coverage. They didn't have protections that only came with the passage of the legislation.

We know that somewhere between 11 and 12 million people have purchased health insurance through the individual marketplace. I want to ask you a couple of questions about those basic protections that are now law that were not law before.

I think you'd agree with me, and you know from your practice that you meet just remarkably inspiring people in your work, and once in a while here in the Senate we do as well, probably don't take enough time to have those opportunities. One of the people I met in the lead-up to the legislation passing was Stacey Ridder. She was from Manheim, PA. She didn't have a personal challenge. It was the challenge faced by her two daughters. They were 4 years old, Madeline and Hana. As Stacey said about her daughters, she said that they would be at that time, before the passage of the bill, punished and rejected because they had the misfortune of developing cancer as a child. Her basic problem was the caps on treatment.

The first question I'd ask you in terms of your work as Secretary of Health and Human Services, should you be confirmed, will you commit to maintaining the protections that ensure that no child, no child is denied insurance coverage because of pre-existing conditions?

Dr. PRICE. Pediatric cancer is one of those things that is remarkably challenging. I remember when I was in my residency and did a rotation on the pediatric orthopedic ward, and so many of those children had cancer. Before I began that rotation I almost dreaded going to that month because I was worried about just the severity of the challenges I would meet.

I'll tell you, it was one of the most uplifting months I spent in medical school, and that was because the children were so uplifting.

So, absolutely, we need to make certain that every single child has access to the kind of coverage that they need and the care that they need, and there are a number of ways to do that, and I look forward to working with you to make that happen.

Senator CASEY. I heard the word "yes" there.

Second, and it's really hard to believe that we even have to ask a question about this next topic, which is victims of domestic violence. It was the State of the law prior to the passage of the legislation that victims of domestic violence were considered Americans who had a pre-existing condition. It's still the law in some States that they are not protected. Question No. 2 is will you commit to

maintaining the protections that ensure that victims of domestic violence will not be discriminated against when purchasing health insurance? Yes or no?

Dr. PRICE. I think it's absolutely vital that victims of domestic violence and others, anybody—we need a system in place that ensures that individuals are either not priced out of the market because they get a bad diagnosis or not eligible or able to purchase coverage that works for them because of their diagnosis.

Senator CASEY. I have limits—I don't want to interrupt. I don't want to get hung up on "priced out of the market." What I'm asking for is an ironclad guarantee that that circumstance, that horrific circumstance will never be a bar to coverage, treatment, or care.

Dr. PRICE. It certainly shouldn't be. As you well know, I think if I'm fortunate to be confirmed, that's an administrative role and it's a policy decision that the legislators would——

Senator CASEY. I think we can agree on that.

No. 3, will you maintain the commitment and the protections that prohibit discrimination in health insurance on the basis of health status or disability? Yes or no?

Dr. PRICE. Again, I think it's absolutely imperative that we have a system in place that works for patients, and anybody not being able to gain access to the coverage that they want or need is not a system that works for patients.

Senator CASEY. I'll followup with more questions. What I'm getting at here is that we had a state of the law before passage of the ACA where individuals like that, whether a child had a pre-existing condition, even if their parents were paying premiums for years, an insurance company could literally say, "Sorry, you have a pre-existing condition, so you can't get coverage." Women were discriminated against because they were women, just a remarkable stain on America that we allowed that to happen.

My concern, though, now is not just a series of concerns about what you have proposed as a member of the House and what you could do as Secretary, but I just heard earlier that the three areas that will be of focus in whatever replacement plan there is—and I'm anxious to see it—would be—and I wrote them down. I think Chairman Alexander wanted to take off the table—and that's a good thing—Medicare. I heard that there will be three targets—that's my word, of course—the individual market, Medicaid, and employer-sponsored coverage.

I hope if employer-sponsored coverage is a subject of change, that we'll ensure all those protections that are in place right now, and that's why I'm asking those questions. I'll followup more in writing or if we get another round.

Mr. Chairman, put me on record as incorporating by reference everything Ranking Member Murray said about questions and an additional round. Thank you.

Dr. PRICE. Thank you, Senator.

The CHAIRMAN. Thank you, Senator Casey. Duly noted, and I appreciate your using your 7 minutes to ask questions.

Senator Isakson has deferred to Senator Paul..

STATEMENT OF SENATOR PAUL

Senator PAUL. As a fellow physician, and as a fellow physician who did so much at Grady, congratulations. I wish everybody on the committee could come to Grady and see what it's like to work in one of our Nation's biggest charity hospitals, often doing work that is just incredible—gunshot wounds, compound fractures of the femur, you name it. I remember being there as a student and then as an intern. We used to always calculate how many hours and divide by our income and say, "Boy, we wish we could get minimum wage."

I think it is important that we get somebody with that kind of clear reasoning and critical skills to be in charge of our government, both knowing about the medical aspect as well as the public policy aspect.

I think what I regret about this kind of hearing and what I think a lot of people in America regret is the vitriol and the rancor and the partisanship that should go into something that we should—we kind of all want the same things, and to question your motives I think is insulting. To question whether you're honest is insulting.

The whole question of—and I guess this would be my first question to you—did you go into public service to enrich yourself or for public service?

Dr. PRICE. I have a passion for public service and a passion for people, and that's what guided our decision that some might think was a foolish decision for both of us.

Senator PAUL. Did you take a pay cut to go into public service?

Dr. PRICE. I didn't consider the remuneration for public service.

Senator PAUL. Right, but I'm guessing it would have been a pay cut.

The motives as to what we should do—I think we aren't separated that much on our motives. I think we all want the most amount of insurance for people at the least amount of cost. We want people to get access to health care.

What are your motives? What are your goals? What should we do with the health care system? Do you want more people to be insured? Do you want more people to have health care, or do you think we disagree on just how we do it and not necessarily the motives?

Dr. PRICE. As I tried to lay out earlier, and I know time is short for everybody, but the principles that I think are absolutely imperative for the health care system is that it's one that's affordable for everybody, one that provides the access to health care and coverage for everybody, one that is of the highest quality, that is responsive to patients—the system isn't any good if it's not responding to patients—one that incentivizes innovation because it's the innovation that drives the high quality health care, and then one that ensures choices are made and preserved by patients. Patients ought to be the ones choosing who is treating them where, when, and the like.

Senator PAUL. You, and us by extension, Republicans by extension, have been accused of having no replacement ideas, no ideas for how to fix the system. Approximately how many bills do you have that could be regarded as replacement bills or ways to improve the health insurance system and our health care?

Dr. PRICE. We had one large term bill since March of early 2009, and then beyond that tens of pieces of legislation to address the health care issue.

Senator PAUL. It's also been insinuated that America is this horrible, rotten place, that we don't have compassion, and then I guess by extension the physicians don't. When you worked as an emergency room physician, or you worked as a physician, did you always agree as part of your engagement with a hospital to treat all comers regardless of whether they had an ability to pay?

Dr. PRICE. It's one of the things that we pride ourselves upon, and that is that anybody that showed up in need of care was provided that care, and that was true not only in our residency but in our private orthopedic practice as well.

Senator PAUL. It's interesting that those who say we have no compassion extoll the virtues of socialism, and you look at a country like Venezuela, with great resources and an utter disaster where people can't eat, evolving into violence, I think it is important that we do have a debate in our country between socialism and communism and America and capitalism.

One of the things that's extraordinary about our country is that just 2 years ago, in 2014, we gave away $400 billion, privately, not the government, individually through churches and through charities. We're an incredibly compassionate society, and I think often this was misplaced in the wonky numbers, this number and that number within health care, how much we do help each other. Not only do we help each other in our country; I'll bet you half the physicians in my community in Bowling Green were going on international trips and have done international charity work, and all that is lost in saying that we're this heartless, terrible country, and I would just argue the opposite.

I think the greatness of our country and the greatness of the compassion of our country, we give away more than the gross domestic product of most of these socialized countries around the world. I think it is important.

With regard to replacement, a couple of things. There are some big, broad ideas that I think would insure more people. One is the idea of legalizing the sale of all types of insurance. Under Obamacare, we made it illegal to sell certain types of inexpensive insurance. Do you think we could insure more people and help some of the people who actually don't get insurance under Obamacare to get insurance if we would legalize the sale of more types of insurance?

Dr. PRICE. I think choices, as I mentioned, is absolutely vital. I know that if we have as a principle and as a goal having patients have those choices, then I believe that patients will select the kind of coverage that they want. The choices that ought to be available to them are a full array of opportunities.

Senator PAUL. Do you think health savings accounts will help also some people that are not helped currently?

Dr. PRICE. I think health savings accounts and high-deductible catastrophic coverage are things that make a whole lot of sense for many individuals. We ought not force anybody to do anything. It ought to be a voluntary choice, but they ought to have the choice to be able to select them.

Senator PAUL. One of the things you've had different legislation on and I'm a big supporter of is allowing individuals to join together in groups to buy insurance. Do you think this has the possibility of what Senator Alexander talked about, the millions of people in the individual market? I have great sympathy for that. I was a small physician with four employees, and if one employee were to get sick, it could be devastating not only to them but also to the economics of keeping them employed.

Letting us join together into pools, where instead of me buying insurance as one of four people, I could buy it in a big group, maybe 100,000 people, maybe a million people. Currently the law kind of prevents that, but you had some bills for expanding that, and I'm a big fan of that. Could you mention some of the association-held plans and how that might help some people to get insurance who don't have insurance currently?

Dr. PRICE. Association health plans are one of those entities that would allow individuals who are economically aligned in some way to be able to purchase coverage together even though they don't necessarily work together or in the same group. Individual health pools, which I think is one of the secrets to being able to solve the individual and small group market conundrum that we find ourselves in, would allow anybody to pool with anybody else solely for the purpose of purchasing health coverage.

It's not a new idea. The model for it is actually the Blue Shield plan that existed decades ago that allowed people to pool their resources together for major medical coverage for hospitalization, and it just makes a lot of sense. It allows insurance to work the way it's supposed to work, which is to spread the risk, and then anybody's adverse health status doesn't drive up the cost for them or anybody else because the pool is large enough.

The CHAIRMAN. Thank you, Senator Paul.

Senator Franken.

STATEMENT OF SENATOR FRANKEN

Senator FRANKEN. I'll tell you how we could get a really big risk pool. It would be called Medicare for everyone. That would be the biggest risk pool.

Dr. Price, it was nice meeting you the other day.

Dr. PRICE. Yes, it was good.

Senator FRANKEN. Did you enjoy meeting me?

[Laughter.]

Dr. PRICE. I did, I did. I enjoyed our discussion about our gray hair.

Senator FRANKEN. Dr. Price, what is the leading cause of preventable death in the United States?

Dr. PRICE. I'll defer to you. You've obviously got it on the page in front of you.

Senator FRANKEN. I actually knew this before I put it on the page. It's smoking.

Dr. PRICE. That hits home. I lost my dad, who was a Lucky Strikes smoker from World War II, to emphysema. He prided himself on the fact that he never smoked a cigarette with a filter for years and years, and it was an incredible tragedy.

Senator FRANKEN. I lost my dad, too.

As a physician, you may know—I guess you didn't—that smoking kills approximately 480,000 Americans each year and totals $170 billion each year in health care costs. Yet, between 1993 and 2012, you were a shareholder of tobacco, of big tobacco companies, meaning that you personally benefited from tobacco sales. Meanwhile, you voted against landmark legislation in 2009 that gave the FDA the authority to regulate tobacco.

Congressman Price, you're a physician, which means you took the Hippocratic Oath, a pledge to do no harm. How do you square reaping personal financial gain from the sale of an addictive product that kills millions of Americans every decade with also voting against measures to reduce the death toll inflicted by tobacco?

Dr. PRICE. Well, it's an interesting question, Senator, and it's a curious observation. I have no idea what stocks I held in the 1990s or the 2000s, or even now. All of these decisions for all of us, I suspect, are made through mutual funds and through pension plans. I would bet—well, I won't bet here. I would suspect that in your pension plan, that there are components of that that are held that may have something to do at some time in your history with tobacco.

Senator FRANKEN. I find it very hard to believe that you did not know that you had tobacco stocks. I find it a little hard to believe that in the questions about your stock portfolio you said you didn't know things. Just over the last 4 years you traded more than $300,000 in health-related stocks, while at the same time sponsoring and advocating legislation that could affect the performance of those stocks.

We talked a little bit about the Zimmer Biomet. Your broker—you say you didn't know this—bought it on March 17, 2016. You did introduce a bill later, a week later, on March 23, 2016. You say that you did not know then that you had this stock. It was to delay a Federal rule that would have reduced the profitability of the company's—to delay a rule that would hurt the company.

What I don't understand is once you found out that your broker bought it, you kept the stock. You purchased this $50,000 to $100,000 worth of stock in a biomedical company called Innate Immuno. We talked about it a little bit. It's the single largest purchase in the past 3 years, in a private deal that was not made available to the public, and I find it absolutely amazing that you responded that you did not know that you got a discounted price. That is absolutely amazing, because we discussed this.

Dr. PRICE. By definition, I believe that's the nature of a private placement offering. What I said to you and what I've said to others is that I paid exactly the same price as everybody else. I disclosed it——

Senator FRANKEN. It was a private offering that only went to about 20 people, including, Representative, your colleague Chris Collins, his chief of staff, and a prominent D.C. lobbyist, and you reported $50,000 to $100,000 in profits on this purchase. It really begs credulity, sir, when you say you did not know that you got a discount on this. This was a private offering to a very small number. When you have the chairman of the Budget Committee, when you have a Congressman and his chief of staff, these sound like sweetheart deals, and I think our job in this body and in Congress

and in government is to avoid the appearance of conflict. And, boy, you have not done that.

I want to talk just about your latest plan, Empowering Patients First Act. Some of it is detailed in this article from the New England Journal of Medicine. It's called "*Care for the Vulnerable* vs. *Cash for the Powerful*, Trump's Pick for HHS." I'll just read a random paragraph.

> "Price's record demonstrates less concern for the sick, the poor, and the health of the public, and much greater concern for the economic well-being of their physician caregivers."

I would commend this to every member of this committee before making a vote, because what your plan does is—one of the things, it gives a tax credit to Americans to buy health insurance. It's no different for someone who is poor or someone who makes $20,000, $30,000, to Bill Gates. It is an incredibly regressive system.

You have talked about ending—you guys want to end the expansion of Medicaid. That has people in Minnesota scared out of their minds.

Look, I've heard a lot that Obamacare has been a disaster. First of all, you have to admit that it's bent the cost curve, that the cost of health care in this country has grown less than it did in the previous 10 years. It's also covered 20 million more people, but forget them.

In 2008, I would go around the State of Minnesota and in every VFW hall, in every café, I would see a bulletin board where it would have a Burger Bash or a Spaghetti Dinner for someone who had gone bankrupt because they had gone through their annual cap or their lifetime cap. I am very frightened about what you are going to do, and so are millions of Americans. Frankly, I know that you do things that help the physician groups. You've put in provisions that would prevent these findings by efficiency and innovation boards that would have to be cleared by physician groups.

I see you as someone who is there for the doctor and that this is a cover for—this is not going to create access for all Americans, what you talked about, the Empowering Patients First Act. This is going to unravel something that has given a lot of Americans peace of mind, knowing that their kids can stay on their health care until they're 26, knowing that if they have a pre-existing condition, that won't stop them from getting care. That's what this hearing should be about. You're a smart man——

The CHAIRMAN. Senator, you're a minute over.

Senator FRANKEN. OK. In my second round, I will be a minute short.

The CHAIRMAN. Sure.

Senator FRANKEN. Thanks.

The CHAIRMAN. You may be here by yourself.

Senator MURRAY. I'll be here with him.

Senator FRANKEN. You know, the Benghazi hearing was 11 hours. That's all I'm saying.

The CHAIRMAN. Thank you, Senator Franken.

Senator Isakson.

Senator ISAKSON. Congressman Price, since that question ended with him not having any time to give you a chance to respond to it, do you have any response to Senator Franken?

Dr. PRICE. Yes. I would just say that this is one of the things that makes it difficult to reach a solution here in Washington. The concerns that were expressed by the Senator are valid concerns. The conclusions that he drew on the policies that I've promoted and will continue to promote are absolutely incorrect.

We all share a concern for the American people and how we best make certain that they have access to the highest quality care that the world knows. I hope—and I understand why he's doing it. I mean, it's a political activity. I understand that. I hope that we're able to work together, if I'm given the privilege of leading and serving as the Secretary of Health and Human Services, to truly solve these difficult challenges that we have in our Nation.

Senator ISAKSON. Congressman Price, isn't it true that by the date of May 15 of every year since you've served in Congress, you've had to make full disclosure of everything you own, everything your wife owns, what it's worth, when it was acquired, and what it was sold for?

Dr. PRICE. Every single year we do a yearly financial disclosure, and the House requires a monthly periodic transaction form that updates if there's any significant change.

Senator ISAKSON. Isn't it true that every transaction that's been referred to and questions of you are available to the public and on the record of the Senate Ethics Committee and the House Ethics Committee?

Dr. PRICE. Absolutely, and they remain so today.

Senator ISAKSON. These are not discovered things that were hidden. They were, in fact, facts that we require you to disclose every year?

Dr. PRICE. In fact, there isn't a single bit of information that's out here that I didn't reveal to the public in a transparent process.

Senator ISAKSON. Isn't it true that transparency is the antiseptic that creates an environment where there is no corruption?

Dr. PRICE. Sunshine cures disease, that's exactly right.

Senator ISAKSON. Isn't it correct that you have worked throughout your career in the Georgia Senate, the U.S. Congress, and I'm sure you will as the Secretary of HHS, to make sure there is always transparency?

Dr. PRICE. Absolutely. It's a hallmark and a key, especially in the area of health care, and in the services that HHS provides.

Senator ISAKSON. Is it not true that you love your country, you love your job, and if you had the opportunity to be Secretary of Health and Human Services you'll do everything you can so there's never any appearance of any conflict of interest whatsoever?

Dr. PRICE. Without a doubt, and that's why I mentioned the Office of Government Ethics and the work, the diligence that they do to look at everybody's holdings and assets who are scheduled to potentially serve in the Cabinet, and then they make a recommendation, a very specific recommendation that's also available to be seen online, and we have agreed to every single recommendation that they made to divest of whatever holdings we have that might even give the appearance of a possible conflict.

Senator ISAKSON. Mr. Chairman, I yield back the balance of my time.

The CHAIRMAN. Thank you, Senator Isakson.

Senator Bennet.

STATEMENT OF SENATOR BENNET

Senator BENNET. Thank you, Mr. Chairman, and thank you for the 7 minutes as well. I should tell you that I have never shown a knee, my knee, to any nominee before Dr. Price came to my office, but he gave me some free medical advice and I'm grateful for that.

Dr. PRICE. How are you doing?

Senator BENNET. Free health care. It's terrible, but I'll talk to you after it's over. It's not because of you.

Dr. PRICE. I can't ask you, but I'm curious as to whether or not you got the MRI.

Senator BENNET. Today at 10 o'clock, so I'll let you know.

[Laughter.]

Congressman, I enjoyed our conversation, and it's good to see you here. I know you've been chair of the House Budget Committee. I know you're a member of the Tea Party. You've been a strong advocate for balancing the budget, introducing a Balanced Budget for a Stronger America, it's called.

What I've noticed is that after gaining control of the House, the Senate, and the White House, the first order of business for the Republican majority here has been to pass a budget resolution repealing the ACA, and this budget resolution specifically authorizes $9 trillion in additional debt over the next 10 years. It also rigs the bill in secret to block any point of order to the bill because that bill will increase the deficit.

Let me read what my colleague—a smart guy who is here—Senator Paul, what was duly highlighted in his floor speech on January 4. He said,

> "The more things change, the more they seem to stay the same. Republicans won the White House, Republicans control the Senate, Republicans control the House, and what will be the first order of business for the new Republican majority? To pass a budget that never balances, to pass a budget that will add $9.7 trillion of new debt over 10 years."

This is a facsimile of his chart. "Is that really what we campaigned on?"

The quote goes on. "Why would we vote on a budget that adds $9.7 trillion to the debt?" Because we're in a hurry. We can't be bothered. It's just numbers. I was told again and again swallow it, take it, they're just numbers, don't worry, it's not really a budget. Yet the legislation says it's a budget.

> "So this is what Republicans are for. This is the blueprint that the Republican Party says they're for, $10 trillion worth of new debt. I'm not for it."

Said that honest man.

Rand Paul is right. The repeal law overrides two separate budget provisions already passed by the Senate to prevent increasing the deficit by more than $10 billion, to increase the deficit more than $5 billion in years further down the road.

I ask you, sir, are you aware that behind closed doors Republican leadership wrote into this bill that any replacement to the Afford-

able Care Act would be exempt from Senate rules that prohibit large increases to the deficit?

Dr. PRICE. As you may know, Senator, I stepped aside as chairman of the Budget Committee at the beginning of this year, and so I wasn't involved in the writing of——

Senator BENNET. You have been the Budget Committee chairman during the rise of the Tea Party. You're a member of the Tea Party caucus. You have said over and over again, as other people have, that the reason you've come to Washington is to reduce our deficit and reduce our debt. I assume you're very well aware of the vehicle that is being used to repeal the Affordable Care Act. This is not some small piece of legislation. This is the Republican budget.

Dr. PRICE. Yes, I'm aware of the bill. Yes.

Senator BENNET. Do you support a budget that increases the debt by $10 trillion?

Dr. PRICE. What I support is an opportunity to use the reconciliation to address the real challenges in the Affordable Care Act and to make certain that we put into place at the same time a provision that allows us to move the health care system in a much better direction——

Senator BENNET. Do you support the budget that was passed by the Senate Republicans to repeal the Affordable Care Act that adds $10 trillion of debt to the budget deficit?

Dr. PRICE. The reconciliation bill is yet to come. I support the process that allows for and provides for the fiscal year 2017 reconciliation bill to come forward.

Senator BENNET. Will you commit today that any replacement plan for the Affordable Care Act will not in any way contribute to our deficit or our debt?

Dr. PRICE. I commit to working with you to make certain that that happens.

Senator BENNET. Will you commit as a member of the Tea Party that no replacement for this dreadful Obamacare that allegedly created this deficit and debt will add to the deficit and debt? Will you commit to that? Can you tell the Tea Party you're not going to increase the deficit by repealing the Affordable Care Act?

Dr. PRICE. There are a lot of contributions to the debt and to the deficit.

Senator BENNET. Really?

Dr. PRICE. As you know, Senator.

Senator BENNET. That's true, and you and I talked about that briefly.

Dr. PRICE. That's right.

Senator BENNET. Are you going to allow the repeal of the health care bill to be one of those contributors to our deficit and to our debt? The CBO has said that repeal of the health care law could increase our deficit by up to $353 billion. That's what they've said. Rand Paul, Senator Paul, an honest man, has gone to the floor and said the first thing we're doing is passing a budget that increases it by $10 billion.

What do you say to the Tea Party about that?

Dr. PRICE. What I say to the congressional——

Senator BENNET. Or more important, the people that live in Colorado?

Dr. PRICE. What I say to folks in Colorado and across this land is that the Congressional Budget Office and the conclusions that they reached on that are in a silo. They're looking at it as if nothing else happened following the repeal of the Affordable Care Act. If you look at the whole constellation of things that will occur, I believe, in working with every Member of Congress, should I be given the privilege of serving as the Secretary, we will make certain that it addresses the health care challenges that exist out there that are very, very real, and we look forward to working with you and committing to working with you on being as fiscally responsible as we can possibly be, because the debt and the deficit is a real challenge.

Senator BENNET. With respect, and I have a lot for you, with respect, that's what every politician says about the CBO. It says the numbers aren't true, and then we just run up the debt and run up the debt and run up the debt. Almost the entire theory of the case here, I think, from the Republican Party on this subject has been that the health care law has increased costs, that the health care law has increased our deficit, increased our debt, and I would hope that you could take a pledge today that would say that nothing that you would advocate for or would pass or have the President-elect sign into law, would add one dollar to our deficit or our debt.

Dr. PRICE. Well, I certainly hope that's the case, and again I look forward to working with you to ensure that it is.

Senator BENNET. Thank you.

Mr. Chairman, I yield back my time.

The CHAIRMAN. Thanks, Senator Bennet.

Senator Collins.

STATEMENT OF SENATOR COLLINS

Senator COLLINS. Thank you, Mr. Chairman.

Dr. Price, welcome.

Dr. PRICE. Thank you.

Senator COLLINS. I, too, very much enjoyed our discussion on a wide range of health care issues in my office.

Many of us have expressed concern about what would happen to the millions of Americans who are in the individual market of the ACA on the exchanges. There has been remarkably little debate on what would happen if Congress took no action with regard to the individual market.

Could you give us your answer as far as what you would see happening to the individual market if we do nothing?

Dr. PRICE. I appreciate that, and I appreciate the opportunity to come visit you. We had a wonderful conversation about many, many different areas.

The American people know this. They appreciate that the individual and small group market, where many of the millions, as the Chairman pointed out, gain their coverage is breaking in many, many ways. We're in a downward spiral in being able to provide individuals any opportunity at all. One-third of the counties in this Nation have just one insurance provider. There are five States that have only one insurance provider. The premiums are going up for folks, the deductibles. I get calls almost weekly from my fellow former physicians who tell me that their patients are making deci-

sions about not getting the kind of care that they need because they can't afford the deductible.

If you're an individual out there making $30,000, $40,000, $50,000 a year, and your deductible is now $6,000, or $12,000 for a family, which is not unusual on the exchange, you may have an insurance card, it may have a wonderful name of an insurance company on it, but you don't have any care because you can't afford the deductible. People are denying themselves the kind of care that they need, and those are the things we ought to be addressing. Again, I hope that in a bipartisan way we'll be able to do that.

Senator COLLINS. Thank you. I think that's a very important point to clarify, that in the individual market we're seeing double-digit increases in premiums, higher deductibles, larger co-pays, and we're also seeing far fewer choices as more and more insurers give up and flee the market. The coops have failed dramatically. All 23 of them are in financial trouble. Only five are still operating.

For us to say that everything is going well with Obamacare is just not accurate, and that's why I feel that we do need to fix the flaws of what is a well-intentioned but deeply problematic law.

I want to clarify another issue on the ACA. There's been much debate on whether we should repeal the law with no replacement. I think most people reject that idea. As you said, we don't want to pull the rug out from under people who are relying on the insurance that has been provided through the ACA. Another group has advocated repeal with a 2- or 3-year delay. I think that approach also doesn't work because it creates great anxiety for consumers, and insurers would be unable to price their policies if they don't know what the rules are going to be.

It's my understanding that your goal is to quickly pass a reform package that would provide access to affordable health insurance for all Americans with more choices than we have now. Is that accurate?

Dr. PRICE. Absolutely. It is vital—we often talk also about the 20 million folks that still don't have any coverage out there. There are a lot of people that don't, and if we're responsible policymakers and administrators of policy, it's incumbent upon us to step back and say why is that? What's going on that's making that happen for those 20 million who don't have coverage in spite of all of these grand things that were done?

I would suggest that it's because the structure of what was done actually makes it virtually impossible for many individuals to gain that kind of coverage. We, on the other hand—I believe it's important that we work together to put forward a system that actually allows, again, every single American to have the opportunity to purchase the kind of coverage that they think is best for themselves and for their families.

Senator COLLINS. Your goal is actually to have more people——

Dr. PRICE. Yes.

Senator COLLINS. Thank you—covered by insurance.

I have been baffled over the years by what CMS reimburses for and what it fails to reimburse for. Senator Jeanne Shaheen and I finally scored a victory of getting CMS to cover continuous glucose monitors for individuals with diabetes that have been covered by the vast majority of private insurers. When those individuals aged

into Medicare, they lost that coverage. That made no sense whatsoever.

What I'm finding now is that CMS frequently does not pay for services that help to keep people well. There is a large practice in my State that has a nurse or a medical assistant call individuals with diabetes once a week and check on their blood sugar levels, their adherence to their diets and exercise regimes, and it's had really positive results. Well, the irony is that if diabetes gets out of control and those individuals end up having to have amputations or go blind, CMS/Medicare will pay for that, but it won't pay for that phone call to check on the individual that's helping to control their diabetes and keep them well.

Will you pledge to take a look at those kinds of policies and reevaluate what we do pay for?

Dr. PRICE. Absolutely. It's imperative that we're constantly looking and determining whether or not we're getting the outcomes that we want and the processes are either helping or obstructing those outcomes.

Senator COLLINS. And finally, I want to touch on biomedical research, which is a passion of mine. I founded both the Diabetes Caucus in 1997, and I also am the founder of the Alzheimer's Task Force in the Senate, which Senator Warner is the co-chair of.

Alzheimer's has become our Nation's most expensive disease. It costs society $263 billion a year; $150 of that comes from Medicare and Medicaid. It's going to bankrupt those programs. It's devastating to families and the victims of the disease.

Diabetes consumes one out of three Medicare dollars.

If we invest in biomedical research, we have the possibility of not only improving lives for Americans and curing or coming up with effective treatments for devastating diseases, but also actually lowering health care costs. Do you support the increases for NIH that we have passed in the last year and are on track to pass this year as well?

Dr. PRICE. NIH is a treasure for our country and the kinds of things that we should be doing to find cures for those diseases. One of the core avenues to be able to make that happen is through NIH, and I supported the increase.

Senator COLLINS. Thank you. That goes along with your principle of innovation.

Dr. PRICE. Absolutely.

Senator COLLINS. Thank you.

Thank you, Mr. Chairman.

The CHAIRMAN. We've been at this for about 2 hours. I'm going to suspend the operation for about 5 minutes, and then we'll go to Senator Whitehouse, just so we can take a little break.

The committee is recessed for 5 minutes.

[Recess.]

The CHAIRMAN. The committee will come to order.

Senator Whitehouse is next, followed by Senator Young.

Senator Whitehouse.

STATEMENT OF SENATOR WHITEHOUSE

Senator WHITEHOUSE. Thank you, Chairman.

Let me ask, first, to put into the record a letter from our Governor in Rhode Island, which says that in Rhode Island,

> "We have actually seen exchange premiums decrease in 2 out of the last 3 years, and that this has saved consumers nearly $220 million since 2012."

The story on the Affordable Care Act in Rhode Island is actually quite a good one.

The CHAIRMAN. We will put it in the record.

[The information referred to may be found in Additional Materials.]

Senator WHITEHOUSE. I'd also like to put this little graphic into the record, which, to explain it briefly, the red line along the top is the CBO estimate of where our health care costs were going to go back when they were making that estimate in 2010; and then at this time, 2016, after the ACA was in place, they took a look at the actual experience up to that point and then they did a new projection going forward based on the Affordable Care Act, and just in the following 10 years, this green period, from 2016 to 2026, they're forecasting $2.9 trillion in Federal health care savings that relate back to the Affordable Care Act. This is where that came in.

We throw this thing out at our peril if you care about saving Medicare, the savings to which are a very significant part of this $2.9 trillion, and we throw it out right now, according to the Republican plan, with nothing to replace it.

I described that over the weekend at home. It's like being asked to jump out of an airplane with no parachute but being told, "Trust us, we'll build the parachute before you hit the ground." I'm the junior Senator to Jack Reed, who was an Army Ranger and actually did jump out of perfectly well-operating aircraft. He insisted not on just one parachute but two, a spare, and I think the American people are entitled to know what they're going to be offered as an alternative.

There's been some conversation in this hearing about how there are Republican ideas floating around, and sure there are Republican ideas floating around, but there's no Republican bill, there's no Republican plan, there's no Republican proposal.

Our cards are up on the table. It's Obamacare. You want to improve it? Make suggestions. We've always been open to that.

On the other side of the table, there's nothing, and it's really hard to negotiate with nothing. I think the Republicans have a responsibility to put a plan together.

We talked about that, Mr. Price, when you and I met in my office, and my recollection of our conversation is that you told me that you would want to keep letting people stay on their parents' policies until they're 26. Is that true?

Dr. PRICE. I think that the insurance industry has included individuals up to the age of 26 on their parents' policies virtually across the board, and I don't see——

Senator WHITEHOUSE. And you would want to keep that?

Dr. PRICE. I don't see any reason why that would change.

Senator WHITEHOUSE. You would want to keep, you told me, the doughnut hole closed to protect seniors against those pharmaceutical costs. Is that also true?

Dr. PRICE. I think the discussion we had was about pharmaceutical costs and making certain we did all we could so that seniors were able to afford the drugs that they need.

Senator WHITEHOUSE. My recollection was more specific than that, that you did not want to reopen the doughnut hole for seniors. Are you saying now that you're going to consider reopening the doughnut hole for seniors?

Dr. PRICE. No, that's not what I'm saying at all. I think that it's important—you know well that the reopening of the doughnut hole would be a legislative activity, not an administrative activity.

Senator WHITEHOUSE. You'll be the Secretary of Health and Human Services. You will be doing a lot of work to prepare this legislation and to do the technical work behind it for the Administration. Are you going to be proposing in that role something that reopens the doughnut hole? I've got a lot of seniors who want to hear about that, if that's your plan.

Dr. PRICE. I'm not aware of any discussions to do that.

Senator WHITEHOUSE. OK. Then finally, my recollection of that meeting and my notes is that you told me you would not want to return to insurance company lifetime caps or insurance company denial of pre-existing conditions, or insurance companies going back and looking in the files for some little tiny discrepancy and then throwing somebody off their coverage when they come in with a significant claim. Is that true?

Dr. PRICE. I think there are always ways that we can improve coverage, and those are areas that are existent right now, and I think the issues need to be continued.

Senator WHITEHOUSE. When, as, and if we ever get a Republican counter-proposal to Obamacare, you would expect to see those things in it?

Dr. PRICE. I don't know whether they'd be in it or whether they would be silent on it. Again, that's a legislative question.

Senator WHITEHOUSE. You'd leave it in place.

Dr. PRICE. It's a legislative question, not an administrative question.

Senator WHITEHOUSE. In one of your budgets you had a proposal that would allow States to throw what you called "able-bodied people" off of Medicaid, unless they were working or looking for work or in job training. People with addiction, behavioral health, mental health issues, are they able-bodied in your definition?

Dr. PRICE. Well, we weren't as specific as to what the definition was. The fact of the matter is——

Senator WHITEHOUSE. Well, you used words, so I'm asking you now, what did you mean when you said "able-bodied" in this provision?

Dr. PRICE. The fact is that there are many, many individuals who have worked in this space for a long, long time who believe that providing for an opportunity for individuals who are able-bodied without children to seek or gain employment or to study to gain employment——

Senator WHITEHOUSE. What do you mean by "able-bodied" is the question. You just used that term again.

Dr. PRICE. That's what would be defined in the regulation itself. I don't know the——

Senator WHITEHOUSE. You're using a term without any idea of how you would define it?

Dr. PRICE. I think people have an understanding of what "able-bodied" is. It doesn't have the kinds of things that you described, I believe.

Senator WHITEHOUSE. OK. That was the simple answer to my question. "Able-bodied" does not include people who have addiction, mental health and behavioral health issues.

Dr. PRICE. Again, it's the work that would be done to develop the regulation.

Senator WHITEHOUSE. I'm asking as you used the word. I'm not asking about in some future universe. As you used that term in your budget.

Dr. PRICE. I think individuals that demonstrated that they were, in fact, having challenges that would preclude them from being able to seek work or employment or education or the like, that they ought to be attended to.

Senator WHITEHOUSE. I'm a fan of and think they do good work at the American Academy of Pediatrics. I'm a fan of and think they do good work at the American Lung Association. I'm a fan of and think they do good work at the American Public Health Association. All of those groups and many others have gone very clearly on record that climate change presents significant health issues. They signed a declaration on climate change and health which stated that the science is clear that this is happening.

You, on the other hand, have said that the carbon pollution standards of the Obama administration "go against all common sense," and that "there are errors and obfuscation in the allegedly settled science of global warming." I'll pursue this with you through questions for the record because my time has expired, but if you could give a brief answer, because it appears to every scientific organization in the country, all the legitimate major ones, and to really every American university that this actually is pretty darn settled science, and that the only people who disagree with it are people who have vast financial interests in preventing any work getting done.

It looks to me like, in making this statement, you have taken the side of those vast special interests against actually settled science. If we can't trust you on science that is as settled as climate science, how can we trust you on public health science issues, where there's a big special interest on the other side?

Dr. PRICE. I don't agree with the premise or the insinuation, but I will say that the climate is obviously changing. It's continuously changing. The question from a scientific standpoint is what effect does human behavior and human activity have on that, and what we can do to mitigate that. I believe that that's a question that needs to be studied and evaluated and get the best minds available to make certain that we're doing the right thing from a public policy standpoint.

Senator WHITEHOUSE. Start by finding the university that thinks the way you do, No. 1.

The CHAIRMAN. OK, we're running out of time.

Thank you, Senator Whitehouse.

Senator Young, I believe, is next. I don't see him.

Senator Roberts.

STATEMENT OF SENATOR ROBERTS

Senator ROBERTS. Well, thank you, Mr. Chairman. Thank you for holding this anger management hearing.

[Laughter.]

I truly hope my colleagues feel better, at least for 1 day, after purging themselves of their concern, their frustration, and their anger.

I would like to note that I asked the technician here who is running the sound system, the audio system is working. I thought maybe Senator Bennet didn't know that. He reminded me of my Marine DI back in the good old days where the DI would shout, "I can't hear you." I just thought I'd bring that up, the audio system is working.

Take care of yourselves.

Dr. Price, congratulations on your nomination. Thank you for being here today.

Dr. PRICE. Thank you.

Senator ROBERTS. As many of our colleagues have already noted, you will play a most important role, if confirmed, in helping to stabilize the individual market while Congress does repeal the law and repair the damage it has caused, and enacts the reforms we believe, I believe will put our health care system back on track.

My home State of Kansas, we have three insurance carriers left, and we feel very fortunate we have three, with each individual only having access to two of those, and our premiums rose this past year over 30 percent. Down the road it's going to be more difficult if we don't do something.

There's no doubt with regard to uncertainty and angst among consumers. I think it's important to make clear that even if Congress and the incoming administration were to do nothing, let it go, just like in Frozen, let it go, amending or repealing parts of the Affordable Care Act, the law is not working, and we have to do something to meet that obligation. The prices are unaffordable, markets nearly non-existent, with few or no options in several States and counties. We are not as rural as Wyoming, but we are rural in my State of Kansas.

I have a concern back in the day when we sat on this committee and reviewed the first version of the Affordable Care Act. I don't know where that mark is today. It's sitting on a shelf somewhere. We went day and night, and day and night, and day and night, and I was worried about something I called the rationers. I'm talking about the Independent Payment Advisory Board, IPAB, the Centers for Medicare and Medicaid Innovation, CMMI—that's a wonderful acronym—and the new coverage authorities given to the U.S. Preventive Services Task Force, and I would also mention the Patient Center Outcomes Research Institute, which is called CORI.

Not many people are aware of these. I even went to the floor of the Senate and had four people riding a horse and called them the Four Horses of Regulatory Apocalypse. I'm worried about it and the provisions which could interrupt the doctor/patient relationship, allowing the government to dictate what coverage you can receive.

Can you share some concerns that you have with regards to these, what I would call four rationers, with all due respect to what they're trying to do, which was with good intent?

Dr. PRICE. I appreciate that, Senator. I think that it's imperative that as we move forward, that we recognize again that the patient ought to be at the center of this, and anything that gets in the way of the patient and their families and physicians making the decisions about what kind of health care they desire, we ought not go down that road.

For example, the CMMI, the Center for Medicare and Medicaid Innovation, I'm a strong, as I mentioned, a strong proponent and advocate for innovation, but I've seen in certain instances what's coming out of CMMI is a desire to require certain kinds of treatment for certain disease entities that may or may not be in the best interest of the patient. Because it carries the full force of the Federal Government and the payment for those services, it means that we're answering the question of who decides about what kind of care patients receive by saying that the answer to that ought to be Washington, DC, and I simply reject that that's where those decisions ought to be made.

Senator ROBERTS. I appreciate that answer.

I have the privilege of being a member of this committee, the Finance Committee, especially being the chairman of the always powerful Senate Agriculture Committee. I'm particularly interested in HHS and, more importantly, FDA's work on food and nutrition policy. During the previous administration the FDA issued numerous regulations with limited or delayed guidance and unrealistic compliance dates. This was the case with the implementation of the Food Safety Modernization Act, called FSMA, and more recently with the Nutrition Facts Panel revision.

I know we all share the goal of a safe food supply and availability of accurate information for consumers, but I'm concerned the Administration has not clearly or consistently communicated with the food and agriculture industry regarding new or changing requirements. Will you commit to working with the Secretary of Agriculture and other relevant agencies, not to mention the committee I serve on, and similar in the House, that your department is issuing science-based guidance and taking into consideration other regulatory burdens when establishing compliance and dates and other regulatory actions?

Dr. PRICE. Yes. I believe that's not only imperative, but the science that's relied upon ought to be transparent and available to the public so that people can see exactly what was the basis for the decisions that were being made.

Senator ROBERTS. Under the previous administration, we have seen increased activity and regulatory action on nutrition policies such as issuing voluntary guidance, yet the same administration continued to request additional resources from Congress to comply with statutory requirements under the Food Safety Modernization Act. I'm concerned that the Administration did not prioritize FDA's mission to protect our Nation's food supply, instead focusing on nutrition policies.

If confirmed, can you discuss how you will focus on the core FDA duties such as implementing the law the Congress passed rather than agenda-driven nutrition policy guidelines?

Dr. PRICE. This is really important, Senator, and if I'm confirmed and given the privilege of leading, I would work specifically with the FDA commissioner to make certain that we are relying on science, that it's science that is guiding the decisions that we're making, and again that the transparency is available for folks so that they can see what kinds of decisions are made and how they're being made.

In addition to working with policymakers, you know best what's going on in your State and how it's being affected by the rules and regulations that are coming down from Washington in so many areas, but certainly in the agricultural arena. We ought to be having a dialog with every single individual who has an interest to make certain that we're addressing the needs appropriately.

Senator ROBERTS. I thank you for your response.

Thank you, Mr. Chairman.

The CHAIRMAN. Thank you, Senator Roberts.

Senator Baldwin.

STATEMENT OF SENATOR BALDWIN

Senator BALDWIN. Thank you, Mr. Chairman.

Welcome, Congressman.

Dr. PRICE. Thank you.

Senator BALDWIN. You've already been asked about your investments in medical device companies, pharmaceutical companies, as part of the prior questioning. For the record, have you also received campaign contributions over the years from political action committees associated with many of these same companies?

Dr. PRICE. I don't know, but I assume so, just as many of us do.

Senator BALDWIN. OK. In terms of what the American people want to know, of course, when you get reviewed for potential conflicts of interest and the procedures with the Office of Government Ethics, is that in your role you're fighting for them and not biased toward the powerful companies that you've invested in and that have invested in you. You've taken some questions on that, but let me just followup a little bit to ask first, do you think the increases in drug prices that we're seeing right now, for example the sixfold increase in the cost of an EpiPen, is a problem right now for Americans?

Dr. PRICE. Oh, as I mentioned, I think there are certain areas where drug pricing increases seem to have little basis in rational findings. I do think, however, as I mentioned again, I think I did, that it's important to appreciate that we've done some good things in drug pricing, whether it's in the generic arena where the prices have been held down significantly, or in the Part D area where prices have——

Senator BALDWIN. Since my time is limited, let me continue down this track. You've been asked already, but Trump supports Medicare drug negotiation. Will you work to repeal the prohibition on Medicare negotiating for better drug prices on behalf of the American people if confirmed for this position?

Dr. PRICE. Well, I understand that if I'm confirmed and if I have the privilege of serving as Secretary, that the boss that I have will be the President of the United States.

Senator BALDWIN. Will you work to repeal the prohibition on Medicare negotiating drug prices?

Dr. PRICE. Following discussion and being informed by the individuals within the Department and working with the President, and then carrying out his wishes.

Senator BALDWIN. Is that a yes, or was that a no?

Dr. PRICE. It depends on that activity. I would hope that——

Senator BALDWIN. He stated his position, very recently, in fact, that he supports price negotiation so that people on Medicare can have the benefit of that. Is that something that you would press Congress to do? In other words, repeal the prohibition on that negotiation?

Dr. PRICE. I think we need to find solutions to the challenges of folks gaining access to needed medication, and it may be that one of those is changing the way the negotiations—as you know, the negotiations right now occur for seniors with the PBM, with the privacy benefit managers.

Senator BALDWIN. Since I have limited time and you haven't said yes or no, you just talked about transparency, would you support drug price transparency mandating that any drug company that wants to increase prices on their drugs release public information on how they set their prices? Because so many of these appear to be without justification, as you just mentioned.

Dr. PRICE. Yes, I think there's a lot of merit in transparency in every area, and certainly in this area. I'd look forward to exploring, if I'm confirmed, with you the ways to be able to make that work.

Senator BALDWIN. Thank you.

I wanted to go back to the first round of questioning with the Chairman, who showed a chart. It seemed like what was implicit in the back and forth was that the act of repealing the Affordable Care Act would only impact perhaps a very small part of the health care industry. You talked about 6 percent being covered on the individual market.

The protections, like coverage on your parents' health insurance until you're 26 and mandating that people be covered even if they have a pre-existing health condition, things like eliminating caps that led so many into medical bankruptcy, those apply across the health care system. Repeal in no way limits us to a conversation just about a small percentage of our population. This is about serious impacts for all of America. Would you agree?

Dr. PRICE. I think that the discussion about what our health policy for financing and delivery of health care to the American people is a very, very broad subject, and we need to discuss——

Senator BALDWIN. If you repeal the Affordable Care Act, the impact is not narrowly confined to Medicaid and the individual market. It has impact on every American. Medicare, too. Think of accountable care organizations where you're driving so much of our innovation. That's not confined to the individual market. In fact, it impacts Medicare very, very significantly.

Let me give one example. We, in our office, when you visited—and thank you for your visit—we talked about the opioid epidemic.

One of the significant issues is access to treatment to overcome an addiction. If the Affordable Care Act is repealed, there will no longer be a mandate for substance abuse treatment being covered. Is that something you agree with?

Dr. PRICE. Look, the opioid epidemic is rampant and is harming families and communities all across this Nation.

Senator BALDWIN. Would you assure that substance abuse treatment would be covered under a replacement plan that you would propose to the Congress?

Dr. PRICE. I think it's absolutely vital that substance abuse and other kinds of things are able to be treated.

Senator BALDWIN. You would keep that protection of the Affordable Care Act?

Dr. PRICE. That's a legislative decision, but I look forward to working with you to make certain that we're ensuring that individuals are able to get the care they need.

Senator BALDWIN. Then on 26-year-olds' coverage, I want to make sure I heard the exchange because it sounded to me like you're saying you think insurers are just going to continue to do it, so there's no need for there to be an actual mandate saying they must. Mind you, with 5.7 million young people between the ages of 18 and 26 on their parents' health insurance, that's 5.7 million people who aren't in the individual market because they're in their first job after high school that doesn't have health insurance or in school without it. Is it just a wink and a promise, or do you support having in law a mandate that 18- to 25-year-olds be able to stay on their parents' health insurance?

Dr. PRICE. As I say, I think it's been baked into the insurance programs that are out there right now. What I absolutely am committed to——

Senator BALDWIN. They could change their mind at any time.

Dr. PRICE. What I'm absolutely committed to is making certain that every single American has access to the kind of coverage that they want and has the financial feasibility to be able to purchase that coverage.

The CHAIRMAN. Thank you, Senator Baldwin.

Senator Young.

STATEMENT OF SENATOR YOUNG

Senator YOUNG. Dr. Price, good to see you here today.

Dr. PRICE. Thank you.

Senator YOUNG. I've enjoyed our service together over the last 6 years in the House of Representatives, particularly the 4 years we spent on the Ways and Means Committee. I had an opportunity not just to get to know you personally there but to observe your quite impressive skill set, your depth of knowledge in the area of health care and health policy, your commitment, more importantly, to seeking alternative perspectives, to trying to identify where bipartisan consensus could be realized, and ultimately forging consensus around some viable solutions.

The one that I find most notable is your success on the sustainable growth rate, which is something Members of this committee are familiar with, but it's a blunt instrument that was in place to control health care costs, and without your leadership over on the

House side I don't think we could have moved toward a more value-based purchasing model.

Dr. PRICE. Thank you.

Senator YOUNG. These are skill sets that will serve you well over at Health and Human Services, no doubt.

One area of the Affordable Care Act, speaking of bipartisanship, that members of my party, of your party have periodically and quite vocally indicated their desire to repeal from time to time has been the Center for Medicare and Medicaid Innovation, and that's perhaps on account of the one-size-fits-all prescriptive and mandatory demonstrations that occurred in recent years, and you have already indicated that you oppose the mandatory nature of demonstration projects.

I strongly believe, for one, that there's great value in innovating and experimenting across all layers of health care. Further, I think CMMI is and can continue to be a helpful laboratory for health care experimentation with respect to delivery models, payment models, and so forth, for Medicare, for Medicaid, for the Children's Health Insurance Program, and perhaps other areas—save taxpayer money, provide greater value, see what doesn't work, scale up what does work. For me it's common sense. This is the way scientists operate; they start with experiments and then they evaluate, and then they scale up.

I'd like to know your intentions, if you have strong convictions in this area. Do you intend to keep this innovation center or perhaps develop a new one, a variant of CMMI? Speak to this, please.

Dr. PRICE. Well, I appreciate that. I am, as I mentioned, a strong advocate and supporter of innovation at every single level. It's only through innovation that we expand the possibilities, especially in the area of health care, for increasing the quality of care. I'm a strong proponent of innovation.

The CMMI entity I believe has great possibility and great promise to be able to do things that will allow us to find ways in which we can change the payment model, ways in which we're treating disease and the like that will improve to the patient's benefit, and I strongly support that. I have adamantly opposed the mandatory nature with which CMMI has approached some specific problems, and let me mention two in particular, if I may.

The first is the Comprehensive Joint Replacement, the CJR, program, which identified from CMMI 67 or 68 geographic areas where if you were a patient and you received a lower extremity joint replacement for a variety of problems, then it was dictated to your doctor what kind of prosthesis, what kind of surgical procedure your doctor could do for you, regardless of what's in your best interest. They may be aligned, but they may not be aligned. If they're not aligned, then your physician is incumbent upon doing what the government says to do.

The other area that I think was even more egregious was covering 75 percent of the Nation in the Medicare Part B drug demonstration model, in fact not a demonstration model if it's 75 percent of the country, and that would stipulate what kind of medications your physician could use in an inpatient setting in a mandatory way. The problem that I've got with that is that really is an experiment. It's a demonstration to see whether or not it works. In

every single experiment, health care experiment or medical experiment or scientific experiment that deals with people, real people, we demand, we require that there be informed consent for the patient to participate in that experiment. You say to the patient we're trying this to see if it works better, we'd love to have you join us, we think it may inure to your benefit and the benefit of more individuals across this land, but if you don't want to do that, you don't have to.

The Federal Government doesn't do that. They require individuals to participate, and oftentimes, I suspect most often, the patient doesn't even know that it's an experiment that's going on.

If either of these models were put in a small area, a pilot project somewhere and we saw that, in fact, they worked, then, as you say, you scale them up.

Senator YOUNG. I thank you for the fulsome response and the rationale behind how you've arrived at that position. I look forward to working with you to advance the next model of CMMI, whatever exactly it might look like.

I'd be remiss in my remaining 90 seconds if I didn't mention Indiana's what we call Healthy Indiana Plan 2.0. Our Vice President-elect Pence showed a lot of leadership here, worked with our incoming CMS administrator, Seema Verma, to develop a model for Medicaid which is unique to the State of Indiana. It encourages recipients of Medicare dollars to get some ownership over their health. It uses private market insurance concepts to prepare Hoosiers for more self-sufficiency. I happen to believe that it will be replicated in other States if we can accommodate that as we continue to work on new health care legislation.

HIP 2.0 is an important proof of concept that Medicaid can be more efficient than a one-size-fits-all approach, and I just need some assurance from you that your lone star will be State flexibility and innovation in the Medicaid space so we can continue to accommodate plans like HIP 2.0 as opposed to a one-size-fits-all approach.

Dr. PRICE. I think you're absolutely right. The Medicaid program is one where the States know best how to care for, in the best way, their Medicaid population, and the greatest amount of flexibility that we can give for States to enact those kinds of programs. What Indiana has done is really a best practice for many other States to follow. I look forward to working with you.

Senator YOUNG. Likewise.

The CHAIRMAN. Thank you, Senator Young.

Senator Murphy.

STATEMENT OF SENATOR MURPHY

Senator MURPHY. Thank you, Mr. Chairman.

Good to see you again, Representative Price.

Dr. PRICE. Thank you.

Senator MURPHY. I hope you can understand our frustration around trying to divine the nature of this replacement plan. We hear you and President Trump praise all of these aspects of the Affordable Care Act and lay out goals that sound eerily familiar to what we've been living with for the last 6 years. You've said that you don't want there to be a gap between the repeal and the re-

placement, that at least as many people will have coverage, with the goal of more people having coverage, sick people won't face discrimination, young adults will get to stay on their plans until age 26, and yet we don't get any specifics as to how that's going to occur. It seems as if you and the President-elect want to do everything the Affordable Care Act does but just do it in a totally different way.

I'm going to kind of give up on trying to get at the specifics of this secret replacement plan and maybe ask you about metrics, about how we will measure whether what you propose as a replacement is meeting your benchmarks. For instance, the number of people covered, the cost of health care to individuals, the amount of money out-of-pocket that people have to pay. When you're at the end of your 4 years, how will you look back on this replacement plan to measure its success? To the extent you can give me specifics as to how you're going to measure the success of this replacement, I'd appreciate it.

Dr. PRICE. Well, I thank you, and you identified some very specific areas that I think we need to be looking at from a metric standpoint. What is the cost? Is the out-of-pocket cost for individuals higher or lower than it was? Right now I would suggest that the cost is higher than it was when the program began for many of those individuals in the individual and small group market. They were promised that the premiums would come down. In fact, the premiums have gone up. They were promised that they would have access to their doctor. In fact, many of them have not had access to their doctor.

Senator MURPHY. I'm talking about from where we are today——

Dr. PRICE. From where we are today, if you look at the things that many of us believe have been harmed by the Affordable Care Act, I hope that we're able to turn that around and decrease the out-of-pocket costs for individuals, increase choices for individuals, increase access to the doctors and the providers that the patients want, as opposed to what's happened over the past few years.

Senator MURPHY. Increase the number of people who have insurance.

Dr. PRICE. Increase the—absolutely. As I mentioned, over here we still have 20 million individuals without coverage. I think as policymakers it's incumbent upon us to say what can we do to increase that coverage. The goal is to make certain that every single American has that access to coverage that they want for themselves and for their families.

Senator MURPHY. I'd just note that those are two different things, having coverage and having access to coverage, and I think we've gone around on that a number of times.

I want to come back to this question of some of the conflict of interest issues that have been raised, and I raise them because I think there's a great concern on behalf of the American people that this whole administration is starting to look like a bit of a get-rich-quick scheme, that we have a president who won't divest himself from his businesses and could potentially get rich off of them, we had a Secretary of Education last night who has big investments in the education space, a Secretary of Labor who could gut worker protections and make a lot of money for his industry. I want to

walk you through another set of facts, another timeline regarding some of your interactions with the health care industry and get your reaction to it.

On March 8, 2016, earlier last year, CMS announced a demonstration project to lower Medicare reimbursements for Part D drugs. That would have decreased incentives for physicians to prescribe expensive brand-name medications, and drug companies that were affected by this immediately organized a resistance campaign. Two days later you announced your opposition to this demonstration project. One week later you invested as much as $90,000 in a total of six pharmaceutical companies—not five, not seven, six. All six, amazingly, made drugs that would have been impacted by this demonstration project. There are a lot of drug companies that wouldn't have been affected, but you didn't invest in any of those. You invested in six specific companies that would be harmed by the demonstration project.

You submitted financial disclosures indicating that you knew that you owned these stocks, and then 2 weeks after that you became the leader in the U.S. Congress in opposition to this demonstration project. You read a letter with 242 Members of Congress opposing that demo. I've read those letters. I know that's not easy. It takes a lot of work to get 242 people to sign on.

Dr. PRICE. That's good staff work, Senator.

Senator MURPHY. Then, guess what? Within 2 weeks of you taking the lead on opposition to that demonstration project, the stock prices for four of those six companies went up. You didn't have to buy those stocks, knowing that you were going to take a leadership role in the effort to inflate their value.

As the American public takes a look at that sequence of events, tell me how it can possibly be OK that you were championing positions on health care issues that have the effect of increasing your own personal wealth. That's a damning timeline, Representative Price.

Dr. PRICE. Well, my opposition to having the Federal Government dictate what drugs are available to patients is longstanding. It goes back years and years. The fact of the matter is—I don't know whether you were here before—but the fact of the matter is that I didn't know any of those trades were being made. I have a directed account broker, a directed account. All of those trades were made without my knowledge, as is set up, and the individuals on this panel have the same kinds of accounts.

The reason that you know about them is because I appropriately reported them in an above-board and ethical and appropriate manner, as required by the House of Representatives.

Senator MURPHY. Do you direct your broker around ethical guidelines? Do you tell him, for instance, not to invest in companies that are directly connected to your advocacy? Because it seems like a great deal as a broker. He can just sit back, take a look at the positions that you're taking——

Dr. PRICE. She, she can sit back.

Senator MURPHY. She can sit back in this case, look at the legislative positions you're taking, and invest in companies that she thinks are going to increase in value based on your legislative ac-

tivities, and you can claim separation from that because you didn't have a conversation.

Dr. PRICE. Well, that's a nefarious arrangement that I'm really astounded by. The fact of the matter is that I have had no conversations with my broker about any political activity at all, other than her congratulating me on my election.

Senator MURPHY. Why wouldn't you at least tell her, "Hey, listen, stay clear of any companies that are directly affected by my legislative work?"

Dr. PRICE. Because the agreement that we have is that she provide a diversified portfolio, which is actually what virtually every one of you have in your investment opportunities, and make certain that in order to protect one's assets, that there's a diversified arrangement for purchase of stocks. I knew nothing about those purchases.

Senator MURPHY. You couldn't have a diversified portfolio while staying clear of the six companies that were directly affected by your work on that issue?

Dr. PRICE. Well, as I said, I didn't have any knowledge of those purchases.

Senator MURPHY. OK.

Thank you, Mr. Chairman.

The CHAIRMAN. Thanks, Senator Murphy.

Senator Murkowski.

STATEMENT OF SENATOR MURKOWSKI

Senator MURKOWSKI. Thank you, Mr. Chairman.

There is added benefit to being one of the last in the chain here to ask questions, because it certainly gives me a clear idea of where you're coming from, Congressman, on some of these issues that are so important to us.

We haven't had as much conversation about the rural aspects of health care which, of course, are very important to me. We had a chance last night to hear from the nominee for Education, and I pointed out to her, as I have pointed out to you, that Alaska is a little bit unique. Sometimes it's really unique, and the challenges that we face allow us to be somewhat innovative, but we need some flexibility in order to implement some of the innovations.

I had a chance to sit with a group of Alaskans on Saturday in Anchorage. They were from the—everyone from the director of the Division of Insurance to our commissioner of Health and Social Services, our representative of the only provider on the individual market, representatives from small rural hospitals, doctors, representatives from the tribal health organizations. It was a good mix of individuals. Obviously, we got different views and opinions about where we go with this replacement of the ACA and what that would need to look like to help address the needs and issues in a very rural, very frontier, very high cost—the highest cost insurance, the highest cost health care costs. We're down to one provider on the individual market. We've got all the demographics that would tell you that this is a difficult place to be operating right now.

We as a State moved forward with Medicaid expansion a couple of years ago. There's some 27,000 Alaskans that now have coverage

that didn't see that before. There was also good discussion about making sure that we're able to retain the protections for Alaska Natives that we saw under the Indian Health Care Reorganization Act that came as part of the ACA.

Recognizing that there are certain exemptions that were included as part of the ACA, exemptions for Medicaid cost-sharing provisions, 100 percent Federal match for American Indians and Alaska Native Medicaid enrollees when they receive their care through an IHS facility, including the tribally operated facilities.

Again, we have seen some very extraordinary collaboration that has gone on between our entities with our tribes, our tribal health organizations, that have allowed for increased efficiency, improved health access. A great deal of the discussion was focused on what will happen, what will happen to those who have gained access through Medicaid expansion, and what can we do to ensure that coverage options are provided for those in this new era of health care reform.

A further question to that is should a block grant approach be considered. What efforts, then, would be made to ensure that this very unique trust responsibility for American Indians and Alaska Natives is continued to be fulfilled? These were concerns that were raised in this meeting, and folks had hoped that I'd have an opportunity to ask you publicly.

Dr. PRICE. Yes. Thanks so much, Senator, I appreciate it. We had a wonderful discussion about Alaska, and I learned much about your State, your glorious State.

The Medicaid system is one that is absolutely imperative and vital for members of our population who receive their care through the Medicaid program, and it's a Federal-State partnership, as you well know, and it's one that we absolutely must ensure that individuals don't fall through the cracks in whatever transition occurs.

Whether it's retaining the same level of Medicaid participation or whether it's providing an option for something else that allows them coverage that suits their needs, we are committed and adamant that that coverage be able to be continued. They have our assurance that we will work with you to make certain that that happens.

Senator MURKOWSKI. What about the concerns that were expressed by the tribal health organizations that perhaps if there is a block grant approach that is utilized, that that could impact some of the assurances and the benefits that the tribal health organizations have seen?

Dr. PRICE. Yes, and this is in its early stage, obviously, and it's a legislative decision that occurs. It's not a Department decision that occurs, a legislative decision. We would look forward to working with you to, again, ensure that individuals, especially in the Indian Health Service, which has had some real challenges, we need to make certain that the metrics, as was mentioned over here, the metrics that we're looking at are actually clinical correlated metrics, that we're looking at actually what makes a difference to the people receiving the care. It's one of those promises that we have to make certain that the Indian Health Service works, and I think we can do a lot better at that.

Senator MURKOWSKI. Well, I look forward to more conversation on that.

Let me ask about some of the efforts that Alaska has made, I think relatively innovative, as we have attempted to stabilize our individual health care market. The State moved forward with some reforms that created a reinsurance program for high-cost, high-risk individuals. We've submitted a 1332 State innovation waiver, and again all with the hope that we're going to be able to somehow provide for some level of stabilization. What sort of considerations to Federal support for high-risk pools or State-based reinsurance programs would you consider?

Dr. PRICE. I think the whole array of opportunities that are available to again make sure that nobody falls through the cracks. The 1332 waiver program is one that's just beginning, but it's one that I think holds significant promise in making certain that we're able to ensure that things like reinsurance, things like high-risk pools make it so that individuals do not lose their opportunity to gain access to the highest quality care.

Senator MURKOWSKI. Good.

Then finally, on our small rural hospitals, one of the concerns that I heard repeatedly was the level of regulatory burden that particularly our smaller rural hospitals are just feeling stifled by. In fact, some of the innovative things that one of our hospitals down on the peninsula is looking at advancing, they kind of feel that it's too risky right now to move forward with any level of innovation that they had hoped to take on because they're facing some of the regulatory burden, but also the uncertainty that they are in right now.

You can do things administratively early on should you be confirmed to this position. Have you looked to what regulatory issues could be addressed early on that could help reduce some of the regulatory burden, particularly to some of these small rural hospitals?

Dr. PRICE. Not specifically, Senator, but I share with you the concern that you have about the burden of regulatory guidelines and regulatory schemes that come out of Washington, DC, especially for the rural areas, and it's not just the hospital. It's the providers and the docs who are providing the care. Most of the folks in the rural areas tend not to have any margin at all to be able to cover the cost of this regulation, and I've heard from more than a few physicians and other providers who, because of the regulatory schemes that have come forward, have said they just can't do it anymore. They're having to close their doors, and the Indian Health Service is one of them. They're having real challenges in terms of being able to provide the services. When that happens, then those individuals have no care, that's unacceptable to me.

Senator MURKOWSKI. Thank you. I look forward to working with you on this. Thank you.

The CHAIRMAN. Thank you, Senator Murkowski.

I have remaining Senator Warren, Hassan, and Kaine on the Democratic side; Senator Scott, Cassidy, Burr, and Senator Isakson has 3 minutes remaining.

Senator Warren.

STATEMENT OF SENATOR WARREN

Senator WARREN. Thank you, Mr. Chairman.

Congressman Price, more than 100 million Americans now receive their health care through Medicare and Medicaid programs. These are seniors, people with disabilities, middle-class families who have parents in nursing homes, countless numbers of young children, and they all benefit from these programs.

I want to understand the changes to Medicare and Medicaid that you have already proposed. The budget that you recently authored as chair of the House Budget Committee would have cut spending on Medicare by $449 billion over the next decade. Is that right?

Dr. PRICE. I don't have the numbers right in front of me.

Senator WARREN. I have the numbers.

Dr. PRICE. Well, then I assume you're correct.

Senator WARREN. All right. You said you'd cut Medicare by $449 billion. Your fiscal year 2017 budget proposal also would have cut Medicaid funding that goes to the State governments by more than $1 trillion. Is that correct?

Dr. PRICE. I think, Senator, the metrics that we used for the success of these programs——

Senator WARREN. I'm just asking. That's an easy yes or no. Did you propose to cut $1 trillion from Medicaid?

Dr. PRICE. What we believe is appropriate——

Senator WARREN. Do you want me to read you the number out of this?

Dr. PRICE. I'm sure you're correct. What we believe is appropriate is to make certain that the individuals receiving the care are actually receiving the care.

Senator WARREN. I understand why you think you're right to cut it. I'm just asking the question, did you propose to cut more than $1 trillion out of Medicaid over the next 10 years?

Dr. PRICE. You have the numbers before you.

Senator WARREN. Is that a yes?

Dr. PRICE. You have the numbers before you.

Senator WARREN. I'll take it as a yes.

I'm sure you're aware, during his campaign for president, President-elect Trump was very clear about his views on Medicare and Medicaid. As Senator Sanders has quoted extensively, President-elect Trump said I am not going to cut Medicare or Medicaid.

When President-elect Trump said I am not going to cut Medicare or Medicaid, do you believe he was telling the truth?

Dr. PRICE. I believe so, yes.

Senator WARREN. OK. Given your record of proposing massive cuts to these programs, along with several other members of this committee, I sent the President-elect a letter in December asking him to clarify his position, and he hasn't responded yet, so I was hoping you could clear this up. Can you guarantee to this committee that you will safeguard President-elect Trump's promise and while you are HHS Secretary you will not use your administrative authority to carry out a single dollar of cuts to Medicare or Medicaid eligibility or benefits?

Dr. PRICE. What the question presumes is that money is the metric.

Senator WARREN. Yes, I am asking about money.

Dr. PRICE. In my belief, from a scientific standpoint, if patients aren't receiving care even though we're providing the resources, then it doesn't work for patients.

Senator WARREN. I'm sorry to interrupt, but we're very limited on time. The metric is money, and the quote from the President-elect of the United States was not a long discourse on this. He said he would not cut dollars from this program, so that's the question I'm asking you.

Can you assure this committee that you will not cut one dollar from either Medicare or Medicaid should you be confirmed to this position?

Dr. PRICE. Senator, I believe that the metric ought to be the care that the patients are receiving.

Senator WARREN. I'll take that as a no?

Dr. PRICE. It's that it's the wrong metric. We ought to be putting forth the resources——

Senator WARREN. I'm not asking you whether or not you think you have a better metric. I'm asking you a question about dollars. Yes or no?

Dr. PRICE. What we ought to do is put forward the resources——

Senator WARREN. Congressman, these are really simple questions. Frankly, the millions of Americans who rely on Medicare and Medicaid today are not going to be very reassured by your notion that you have some metric other than the dollars that they need to provide these services. You might want to print out President-elect Trump's statement, "I am not going to cut Medicare or Medicaid," and post that above your desk in your new office, because Americans will be watching to see if you follow through on that promise.

I also would like to followup on Senator Franken's question. I think there was something there that didn't quite get answered. As you know, Congressman, the one goal of the Affordable Care Act was to push the health care industry to provide higher quality care at lower cost, and under the ACA Medicare was recently allowed to change the way that it pays hospitals for hip and knee replacements to something called a bundle, and that means Medicare pays a set price for the care associated with hip and knee replacement, and then the hospitals, not Congress, will decide the most effective implants, reduced second surgeries, how to better fight infections, how to spend their money to deliver better service at lower cost.

I supported this change because the research shows that it really means you get better care at lower prices. I know the policy is controversial because it affects how hospitals are paid, which in turn affects how much money the manufacturers of these hip and knee replacements can make. One of the companies is the company raised by Senator Franken, and that is Zimmer Biomet. They're one of the world's leading manufacturers of hips and knees, and they make more money if they can charge higher prices and sell more of their products. The company knows this, and so do the stock analysts.

On March 17, 2016, you purchased stock in Zimmer Biomet. Exactly 6 days after you bought the stock, on March 23, 2016, you introduced a bill in the House called the HIP Act that would require

HHS Secretary to suspend regulations affecting the payment for hip and knee replacements. Is that correct?

Dr. PRICE. I think the BPCI program—to which I think you referred—I'm a strong supporter of because it keeps the decision-making in the——

Senator WARREN. I'm not asking you about why you support it. I'm just asking did you buy the stock, and then did you introduce a bill that would be helpful to the companies you just bought stock in?

Dr. PRICE. The stock was bought by a broker who was making those decisions. I wasn't making those decisions.

Senator WARREN. OK. You said you weren't making those decisions. Let me just make sure that I understand. These are your stock trades, though. They are listed under your name, right?

Dr. PRICE. They're made on my behalf, yes.

Senator WARREN. OK. Was the stock purchased through an index fund?

Dr. PRICE. I don't believe so.

Senator WARREN. Through a passively managed mutual fund?

Dr. PRICE. No. It's a broker——

Senator WARREN. Through an actively managed mutual fund?

Dr. PRICE. It's a broker-directed account.

Senator WARREN. Through a blind trust? Let's just be clear, this is not a stock broker, someone you paid to handle the paperwork. This is someone who buys stock at your direction. This is someone who buys and sells the stock you want them to buy and sell.

Dr. PRICE. Not true.

Senator WARREN. When you found out that——

Dr. PRICE. That's not true, Senator.

Senator WARREN. Because you decide not to tell them—wink, wink, nod, nod—and we're all just supposed to believe that?

Dr. PRICE. It's what members of this committee, it's the manner in which this committee——

Senator WARREN. No, I'm not one of them.

Dr. PRICE. I understand that, but it's important to appreciate that that's the case.

Senator WARREN. Let me just keep asking you about this. I want to understand, when you found out that your broker had made this trade without your knowledge, did you reprimand her?

Dr. PRICE. What I did was comply——

Senator WARREN. When you found out that she made it, did you fire her? Did you sell the stock?

Dr. PRICE. What I did was comply with the rules of the House in an ethical and legal and above-board manner——

Senator WARREN. I didn't ask about the rules of the House——

Dr. PRICE [continuing]. And in a transparent way.

Senator WARREN. All right. Let's just stipulate——

The CHAIRMAN. Your time has expired, Senator Warren.

Senator WARREN. I believe Senator Murkowski went over by 2 minutes. Did I misread the clock here?

The CHAIRMAN. By 2 minutes?

Senator WARREN. I think that's what it was, and I just burned another 15 seconds.

The CHAIRMAN. Well, keep burning them and you'll be up to 2 minutes.

Senator WARREN. OK.

Your periodic transaction report notes that you were notified of this trade on April 4, 2016. Did you take additional actions after that date to advance your plan to help the company that you now own stock in?

Dr. PRICE. I'm offended by the insinuation, Senator.

Senator WARREN. Well, let me just read what you did. You may be offended, but here's what you did. Congressional records show that after you were personally notified of this trade which you said you didn't know about in advance, that you added 23 out of your bill's 24 co-sponsors; that also after you were notified of this stock transaction, you sent a letter to CMS calling on them to cease all current and future planned mandatory initiatives under the Center for Medicare and Medicaid Innovation; and just so there was no misunderstanding about who you were trying to help, you specifically mentioned hip and knee replacement.

The CHAIRMAN. Your 2 minutes are up, Senator Warren. Thank you.

Who's next? Senator Isakson has 3 minutes..

Senator ISAKSON. I wanted to reclaim my remaining 3 minutes by just making a point. I respect everybody on this committee tremendously. I respect the nominee. It's very important for us to all understand that under the disclosure rules that we have and the way it operates, any of us could make the mistakes that are being alleged. I'm sure Senator Franken had no idea that he owned part of Phillip Morris when he made the statement he made about tobacco companies. He has a Wisdom Tree Equity Income Fund investment disclosed in his disclosure, which owns Phillip Morris. It's entirely possible for any of us to have somebody make an investment on our behalf and us not know where that money is invested because of the very way it works.

I don't say that to in any way embarrass Mr. Franken but to make a point that any one of us who has mutual funds or investment managers, people who do that, it's entirely possible for us not to know, and to try and imply that somebody is obfuscating something or is otherwise denying something that's a fact is just not the fair thing to do, and I just wanted to make that fact.

Senator FRANKEN. This is different than mutual funds.

Senator ISAKSON. It's an investment in Phillip Morris.

Senator WARREN. My question was about what do you do after you have notice?

The CHAIRMAN. Senator Warren, your time has been generously—Senator McCain.

I'm sorry; Senator Hassan.

Senator HASSAN. I'm happy to lead, but I think Senator Cassidy was next, and he just came back in.

The CHAIRMAN. He did, but I was going back and forth. I'll be glad to—that's generous of you, but——

Senator HASSAN. Well, then, thank you..

STATEMENT OF SENATOR HASSAN

Senator HASSAN. Congressman Price, thank you for being here this morning.

Mr. Chairman and Ranking Member Murray, thank you for the opportunity to participate.

As you and I discussed, Congressman, we share a concern for patients. My husband and I have two kids, and our adult son at times has had up to 10 doctors and a couple of dozen medications. The Hassan family knows the strengths and the weaknesses of our health care system very, very well.

As Governor, I was pleased to work with members of both parties to build on the example that Senator Young talked about in Indiana to have a bipartisan New Hampshire-specific Medicaid expansion plan that's providing coverage now to over 50,000 hard-working Granite Staters. I've seen the advantages of the Affordable Care Act and the flexibility that the Affordable Care Act gives States right up close, and I worked with a Republican legislature to pass it. It's that context that I bring to this series of questions.

First of all, as we talked about, opioid overdose deaths have been on the rise for several years and have hit New Hampshire particularly hard. We have about the second highest rate of drug overdose deaths in the country.

Under the Medicaid expansion program that I just talked about, made possible only by the Affordable Care Act, thousands of New Hampshire citizens are getting the opportunity to get treatment for substance use disorder, and I talked with one of them last week, a woman named Ashley who had had an addiction for almost a decade. Medicaid expansion gets passed under the Affordable Care Act. She got treatment, and she is now in recovery. After a year on Medicaid—which, by the way, we've done it in a particular way so that it's actually strengthened our insurance market in New Hampshire because more insurers came in as a result of the way we did Medicaid expansion—she is now working, and she just switched over to private insurance because she's got employer-provided insurance.

You have proposed repealing Medicaid expansion in the budget that you proposed. Yes or no, can you guarantee that you will make sure that Americans with substance use disorders who have gotten insurance through Medicaid expansion, just like Ashley did, will not lose their health insurance?

Dr. PRICE. I think I enjoyed our conversation as well and the subjects that we delved into. I think that it's absolutely imperative that we as a nation make certain that every single individual have access to the kind of mental health and the kind of substance abuse challenges that they have.

Senator HASSAN. Is that a guarantee that you will find funds to actually provide the treatment?

Dr. PRICE. It's a guarantee that I'm committed to making certain that we address that need which is so vital and important across this land.

Senator HASSAN. I'm just concerned that you're not going to be able to back up that guarantee if the Affordable Care Act is re-

pealed, and I'm concerned about the impact that will have on States and people like Ashley who need the coverage.

I also just want to talk about whether you agree that people with health insurance should have some very basic essential coverage, like checkups at the doctor's office. Do you think health insurance coverage should provide for that?

Dr. PRICE. I think that, as we mentioned, with choices for patients to be able to select the kind of coverage that they want instead of somebody else deciding for them, it's so very important that we remember that the center of all of these discussions is a patient, and the patient knows best what he or she needs, and that's the imperative that I would bring to you, that I'm committed to making sure that patients have the choices available, and if they choose to select that kind of coverage, then it ought to be available for them.

Senator HASSAN. Insurance companies don't offer it at all, like substance use disorder. An essential benefit under the Affordable Care Act now requires private insurers to cover substance misuse treatment. They didn't used to do that. They also have stopped covering a lot of things until the law requires them to.

So, yes or no, the Empowering Patients First Act would repeal the requirements that insurance companies cover substance use disorders. Do you think that's still a good thing?

Dr. PRICE. I think that what's a good thing, again, is to keep the patient at the center of all of this and make certain that we're providing the kind of options and choices for patients so that they can address their clinical and medical needs.

Senator HASSAN. See, here's the thing: If insurance companies never offer it, they don't have the option. They can pay good premium dollars, but it's just not offered, and the Affordable Care Act said to the insurance industry, here are some basic things you've got to offer so that when a patient needs care, the coverage is there and they can get the care. Your answer and the Empowering Patients Act would take that assurance away. It's not an option if insurance doesn't cover it.

Dr. PRICE. The good news for you is that as an administrator, if I'm privileged to serve in that capacity, that I follow the policies that are adopted by the Congress of the United States and signed by the President. We look forward to working with you to make certain that those kinds of things are covered and those patients receive the care that they need.

Senator HASSAN. With respect, there has been lots of opportunity to make certain that those things happened, and until the Affordable Care Act was passed, it never happened, and people didn't get the care they needed. Because of that, a lot of people like the Ashleys of the world weren't getting better, weren't getting treatment. Providers don't exist to treat people if they can't figure out how they're going to get reimbursed.

The most important thing that our treatment community said in New Hampshire was Medicaid expansion through the Affordable Care Act made it possible for them to stand up a higher volume of treatment.

I look forward to working with you too, but I'm concerned about your unwillingness to commit to making sure that insurance companies cover these essential benefits.

I am almost out of time and we haven't even touched on the issue of women's health, which is obviously of great concern.

Let me just ask a couple of questions.

Yes or no, do you think an employer should be able to fire a woman because she uses birth control?

Dr. PRICE. No, I don't believe so.

Senator HASSAN. Well, you voted in support of a resolution to disapprove the District of Columbia's non-discrimination law, the Reproductive Health Non-Discrimination Act, which protects women here in D.C. from being fired or penalized because of their reproductive health decisions.

Your vote would have had the effect of allowing employers to fire a woman for using birth control or for other decisions she makes about her own body and reproductive health. How is that vote consistent with the answer you just gave me?

Dr. PRICE. Well, again, I think the question was about who is paying for that product.

Senator HASSAN. No. The question is whether an employer who, let's say, in a self-insured employer-provided health insurance plan finds out that a female employee who earned the benefit with her hard work is using that benefit to provide birth control, to buy birth control, which the benefit provides, and then fires her because the employer disapproves of the use of birth control.

Dr. PRICE. I don't think that's the case.

Senator HASSAN. You don't think that—would you like us to provide examples for you?

Dr. PRICE. I'd be happy to.

Senator HASSAN. You would be willing to say that employers may not—you would support a law, a rule, that employers may not discriminate against women for their reproductive health decisions?

Dr. PRICE. I don't think that employers ought to—that employers have the opportunity right now to be able to let somebody go based upon their health status or the medications that they use.

Senator HASSAN. Why did you vote against the DC provision that made clear——

Dr. PRICE. I don't think that's what it did.

Senator HASSAN. You don't think that that was your vote?

Dr. PRICE. I don't think that's what the bill did.

Senator HASSAN. Thank you. We'll followup on that.

Dr. PRICE. Thank you.

Senator HASSAN. Again, I wish I had more time because I have about eight more questions. I'll submit them in writing. Thank you.

Dr. PRICE. Thank you.

The CHAIRMAN. Thank you, Senator Hassan.

Senator Cassidy.

STATEMENT OF SENATOR CASSIDY

Senator CASSIDY. Thank you, Mr. Chair. You all seem worn out, but I've been gallivanting with high school students, so I'm pretty energized.

The CHAIRMAN. Well, good.

[Laughter.]

Senator CASSIDY. Let me say for the record that when John King came for an interview, I wanted to ask a second round and you wouldn't let me, I confirmed with staff. I've been wanting to say that for 2 days now, and I'm just going to say it. I had another set of questions, and you said "Shut up."

[Laughter.]

The CHAIRMAN. Nothing personal.

Senator CASSIDY. Nothing personal.

[Laughter.]

Congressman Price, how would HIPAA laws regard now a grandfather taking his grandson on house calls? You know what I'm saying? Somehow I think your grandfather would have been busted, but that's another——

Dr. PRICE. Probably.

Senator CASSIDY. Probably.

I love what you're saying about the patient-physician relationship. You and I both worked in hospitals for the uninsured, I as a gastroenterologist/liver doctor, and we've been talking a lot about Obamacare and the wonderful things it's done, but I keep on thinking of my patients at the hospital for the uninsured with a $6,000 deductible.

Dr. PRICE. That's right.

Senator CASSIDY. I mean, the patients you saw at Grady, not those who were on Medicaid but those who were working, they don't have $400 in their account.

Dr. PRICE. That's right.

Senator CASSIDY. They've got a 6K deductible before they can be otherwise cared for.

And just for the record, if people don't believe me, I put it on my Facebook page. A friend of mine from home, his renewal for his individual policy for he and his wife, 60 and 61 years old, no kids, no health stuff, was $39,000 for a year, with a $6,000 deductible. I put it on my Facebook page because no one believes—this is like what a family pays for a mortgage, and then some, and that was their yearly premium.

I applaud you for looking for some alternative that's affordable. It may be working for New Hampshire, California, Massachusetts. God bless you. For States like mine and yours and Arizona, people cannot afford $39,000 premiums.

Did the Empowering Patients Act repeal, explicitly repeal the mental health parity laws?

Dr. PRICE. I don't believe so.

Senator CASSIDY. Yes, I don't think so either. Mental health parity will still apply, and that does cover substance abuse. There are those provisions—that law still remains in effect.

Second, we've been talking about does it have to be a covered benefit. You're a big believer in health savings accounts. I gather health savings accounts can be used to pay for doctors' visits and for essential medical services, and even colonoscopies if necessary?

Dr. PRICE. Absolutely.

Senator CASSIDY. As a gastroenterologist that comes to mind, so just to also point that out. When you speak about giving the patient power over her health care to allow her to choose, when we

choose for her, we have a $39,000 premium. When we allow her to choose, she has something which is affordable and she becomes a more activated and informed consumer, and there's a lot of academic literature to look at that, and I applaud it.

Dr. PRICE. Absolutely.

Senator CASSIDY. We don't agree with each other entirely but substantially, and I applaud you for that.

Franken always calls me a Luddite—different issue—because I am skeptical about—he calls me many things, but a Luddite among them, because I am skeptical about electronic health records and their negative impact upon productivity. Again, he thinks I'm just some guy who calls a mouse a little furry thing when most people have moved beyond that a little.

I see that M.D. Anderson just laid off 5 percent of their staff. They're blaming it on financial losses related to decreased productivity, again directly attributable to implementation of the EHR. Your department is going to be involved with meaningful use and such like that, and I often find that an orthopedic surgeon asking somebody about their smoking history is not really a good use of the orthopedic surgeon's time. Not that it isn't important, but nonetheless he's not the person to implement the cessation program. It should be their internist or—you see what I'm saying.

Dr. PRICE. Mm-hmm.

Senator CASSIDY. What thoughts do you have? What can we do about this time and productivity sump that has become the electronic medical record and meaningful use, keeping that which is positive but hopefully doing something better for the patient and for the physician?

Dr. PRICE. Yes. Thanks, Senator. The electronic medical record and electronic health records are so important because they, from an innovative standpoint, allow the patient the opportunity to have their health history with them at all times and be able to allow whatever physician or other provider access to that. We in the Federal Government I think have a role in that, but that role ought to be interoperability to make certain that different systems can talk to each other so that it inures to the benefit of the patient.

I've had more than one physician tell me that the final regulations and rules related to meaningful use were the final straw for them.

Senator CASSIDY. They quit, they retired.

Dr. PRICE. They quit, and they've got no more gray hair than you or I have. When that happens, we lose incredible intellectual capital in our society that can care for people.

Senator CASSIDY. What can we do about that? What practical things can we do?

Dr. PRICE. I think the thing that's absolutely imperative is to find out what things ought to be determined and checked and the metrics that are used, that they actually correlate with the quality of care that's being provided, as opposed to so many things that are being required right now of the physician or the provider that make it so that they're wasting their time documenting these things so that it fits into some matrix somewhere but it doesn't result in a higher quality of care or outcomes for that patient.

If we truly worked with those providing the care to say what is it that we could ask you to measure that would really correlate with the outcome and the quality of care being provided, I suspect there are some very specific things that we could use.

Senator CASSIDY. It's interesting because you're emphasizing the patient-physician relationship. My wife is a retired breast cancer surgeon, and she used to say that really she cared for the husband as much as the wife because the husband would be the one who was crying, but she would be the one telling them, looking them in the eye, "There's hope, this is not a death sentence. There is hope." I can only imagine if she were now in practice typing up, "There is hope." It's a little bit of a different feel for the patient and her spouse.

Dr. PRICE. Yes. We've turned many physicians and other providers into data entry clerks, and it detracts, as you said, from their productivity, but it detracts greatly from their ability to provide quality care.

Senator CASSIDY. Let me ask as well, one of our big challenges, how do we come up with expensive medicines that are only used by a very few? How do we socialize that cost? Think of antibiotics. We just had some gorilla, some germ out there, bacteria, that's apparently resistant to everything, or we can come up with gene therapy for a very few, very expensive to develop. How do we pay for that? I just want your thoughts. I don't know if you have an answer. I care deeply about those, and so do you, with these rare diseases but devastating. How do we care for them and socialize that cost?

Dr. PRICE. I talked earlier with Senator Hatch during his time about rare diseases and about the Orphan Drug Act and the like that revolutionized the ability or the incentives for bringing to market drugs that address rare disease, and it's so incredibly important. The incentivization from an FDA standpoint is important, incentivization to make certain that if individuals or companies are able to come up with things that cure diseases, that they are appropriately compensated.

Senator CASSIDY. In the era of personalized medicine where it might be an N of 1, or an N of 1,000, it's still very small, but the cure could be 1 million; anything specific about that?

Dr. PRICE. We are entering a brave new world that is so exciting from a scientific standpoint to be able to provide this kind of personalized health care service to folks, that we'll be able to cure things that we never dreamed about curing, and the challenges about how we afford to make that available to our society are real, and I think we need to get the best minds together to figure out how to make that happen, and I look forward to working with you to do so.

Senator CASSIDY. I'll close by saying this, and I have a perspective that my colleagues cannot, because I know orthopedic surgeons are the ones that are called at 3 in the morning when there's a car wreck and someone so busted up there's no one else to fix them, but if they don't fix them, they die. They kiss their wife goodbye, they climb out of bed, they drive to the hospital, they're up all night, and then they see their clinic schedule the next day. They

make rounds in the evening. They get home at midnight and kiss their wife goodnight before they go to bed.

Price, you're the exact kind of person to have this job. Thank you, and I yield back.

Dr. PRICE. Thank you, Senator.

The CHAIRMAN. Thank you, Senator Cassidy.

Senator Kaine.

STATEMENT OF SENATOR KAINE

Senator KAINE. Thank you to the committee leadership, and thank you, Congressman Price, for your visit the other day in the office.

An observation, and then a few questions. Forgive me. I was at another hearing, so I might be a little repetitive, but I'll try to move quickly.

My worry as a Virginian is your position about a whole range of programs that are basically about access and coverage, sort of the safety net that provides coverage to millions of people. You proposed turning Medicaid into a block grant program. That's exciting a lot of controversy in Virginia right now in our legislature, both Democrats and Republicans, and you have repeatedly voted against the CHIP program for kids, at one point calling it socialized medicine. That's a combined, Medicaid and CHIP, about 800,000 Virginians.

You've proposed a restructuring of Medicare that CBO found would increase out-of-pocket costs for seniors. That's about 1.3 million Virginians.

You support repeal of the Affordable Care Act. There's about half-a-million Virginians on the exchanges and hundreds of thousands of others that are otherwise benefited.

You want to defund Planned Parenthood. Tens of thousands of Virginians use Planned Parenthood as their primary health care provider.

These are the basic programs that provide health care coverage for millions of Virginians. There's some overlap there, but it would be millions, and tens of millions of Americans, and many of them have very limited means. There's a sort of consistency to your position in some ways across all these programs that I view as critical to the health safety net.

I know that Senators Franken and Murray used the Hippocratic maxim, First Do No Harm, in comments before I came, and I think, and I would hope you would agree, that as we approach the discussion of the health care system—access, coverage, cost, quality—that the President and Congress should strive to do no harm. Would you agree with me?

Dr. PRICE. Absolutely.

Senator KAINE. We shouldn't harm people by reducing the number of people who have health coverage or reducing the quality of the insurance coverage they have. That's what we should strive for, right?

Dr. PRICE. I think it's important to appreciate that there are challenges in these programs currently. One out of every three physicians who ought to be able to see Medicaid patients across this country doesn't see Medicaid patients. If we're honest and sincere

about addressing these problems, we ought to step back and say why is that? What are we doing wrong? One out of every eight physicians who are eligible to see seniors no longer sees Medicare patients. If you're a new Medicare patient trying to find a new physician that sees new Medicare patients, it's almost impossible anywhere in this country.

Senator KAINE. I am all with you on fixing challenges and going forward, more coverage, more affordable, better for health care providers——

Dr. PRICE. That's what we're trying to do. That's what my proposals have tried to do.

Senator KAINE. That is important. We shouldn't harm people by doing things that would increase their costs, correct?

Dr. PRICE. I think we need to drive down the cost for everybody.

Senator KAINE. Right. We shouldn't harm people by creating an anxiety about the most important thing in their lives, their health care and the health care of their families. We shouldn't be doing that in Congress, should we?

Dr. PRICE. One of my goals in this entire debate—and I appreciate you bringing this up—is to lower the temperature about what we're talking about, because this is real stuff for folks. These are their lives and their health.

Senator KAINE. Can we lower the temperature and rush at the same time?

Dr. PRICE. I think we can move apace but lower the temperature and provide stability to folks out there. People need to know that no rug is going to be pulled out from under them.

Senator KAINE. I'll join you in stability, and I'll join you in lower temperature. I don't think lowering the temperature is consistent with rushing. In fact, my experience in going around Virginia is huge amounts of fear. We shouldn't harm the American economy—health care is the biggest sector of the American economy, one-sixth of it—by injecting uncertainty into it. We should again try to fix the problems that you've identified or those that I might identify and do it in a way that provides some stability and certainty. Shouldn't that be our goal?

Dr. PRICE. Certainty is incredibly important. I'm reminded of the fact that the Congressional Budget Office has told us that the ACA has actually decreased the workforce by the equivalent of 2 million FTEs. There are challenges we have throughout, and I hope that what we're able to do is work together to solve those challenges.

Senator KAINE. Do you agree with the President-elect that the replacement for the Affordable Care Act must ensure that there's insurance for everybody?

Dr. PRICE. I have stated here and always that it's incredibly important that we have a system that allows for every single American to have access to the kind of coverage that they need and desire.

Senator KAINE. He stated in the same interview a couple of days ago that we should negotiate with pharmaceutical companies under Medicare Part D to try to bring down prescription drug costs. Do you support that position of the President-elect?

Dr. PRICE. I think that the cost of drugs is in many instances a real challenge for folks, and we need to do all that we can to make certain that we bring those costs down.

Senator KAINE. Here is kind of an offbeat question. It's kind of a coincidence based on today. I was at a hearing with Nikki Haley, Governor Haley, who is nominated to be U.N. Ambassador, right before I came in. She played a really significant role in moving her State away from use of the Confederate Battle Flag in any official capacity.

When you were a member of the Georgia legislature, you fought pretty hard to keep the Confederate Battle Flag as part of the Georgia State flag, and you sponsored resolutions to make April Confederate History Heritage Month in Georgia and "urging schools to commemorate the time of southern independence."

I'd like to introduce that resolution for the record, Mr. Chair.

[The information referred to may be found in Additional Materials.]

Senator KAINE. I read the resolution with interest because it defrays commemorating the time of southern independence, and I pulled it up, and I note that the resolution that commemorated the time of southern independence mentions nothing about slavery. Why did you support that resolution, and do you still support it today?

Dr. PRICE. I haven't thought about that in a long time, Senator, but I'm happy to look at that and go back and try to refresh my memory about that time.

Senator KAINE. Setting the resolution aside, what is laudatory about the time of southern independence?

Dr. PRICE. Well, I think every heritage has things that are good about it. Every heritage has things that are harmful about it. I'm happy to answer a specific question. I think slavery was an abomination.

Senator KAINE. Do you think a resolution about Confederate History Month that completely omits any reference to slavery kind of meets the basic standards of fair and balanced?

Dr. PRICE. I don't know that it presumed to be comprehensive. What I do know is that the work that I did as the first Republican Senate Majority Leader in the history of the State of Georgia was to make certain that we came forward with a flag that did not have the Confederate Battle Flag on it, that addressed all of the concerns of the State and was adopted and supported by the State, and we did so in a bipartisan way, and I was privileged to work with now Atlanta Mayor Kasim Reed when he was in the Georgia Senate at that time to make certain that we were able to do so.

Senator KAINE. You're aware that there's an Office of Minority Health——

Dr. PRICE. Absolutely.

Senator KAINE [continuing]. At HHS that was created in the Affordable Care Act, reauthorized in the Affordable Care Act?

Dr. PRICE. Yes.

Senator KAINE. If the ACA is repealed, unless it's separately reauthorized, that office would also expire?

Dr. PRICE. Again, that's a legislative question. If I'm privileged to serve and be confirmed and be Secretary of Health and Human

Services, I look forward to making certain that we use the resources available to us and the agencies available to us within the Department to make certain that every single American has the highest quality health care available.

Senator KAINE. Why did you use the phrase "socialized medicine" to explain your vote against the CHIP program?

Dr. PRICE. I don't know that I recall that conversation or that quote, but I'm happy to go back and look at it.

Senator KAINE. OK. Thank you.

Thank you, Mr. Chair.

The CHAIRMAN. Thank you, Senator Kaine.

Senator Scott.

STATEMENT OF SENATOR SCOTT

Senator SCOTT. Thank you, Mr. Chairman.

Dr. Price.

Dr. PRICE. Senator.

Senator SCOTT. Good to see you here today.

Dr. PRICE. Likewise.

Senator SCOTT. I'm hoping for much success for you. I hear that you were at Emory University?

Dr. PRICE. I was.

Senator SCOTT. Medical School?

Dr. PRICE. No, I did my residency at Emory University.

Senator SCOTT. OK. My nephew is just in his first year of medical school at Emory. I hope that he gets a quality education.

Dr. PRICE. He will, and he's got an exciting road ahead.

Senator SCOTT. Excellent, excellent.

Well, I did have the privilege of serving with you in the House and enjoyed our relationship, our friendship, and look forward to seeing your success as the Secretary of HHS. I have a couple of questions that are State specific to South Carolina.

We have over 20 health centers in South Carolina, with about 165 service sites, serving over 350,000 patients in almost every county in the State. Every county in South Carolina is either partially or completely designated as medically underserved by HRSA. As rural hospitals continue to close, these centers have addressed a need for many communities in my State. They work together with partners in the community to address impacts on health like food deserts and lack of transportation to preventive health services, which can save costs in the long run.

A diabetic who does not take their medications because they cannot afford it or who has no way of picking up what will inevitably be a long run to the emergency room, what role do you think community health centers can play, particularly in rural and medically underserved areas?

Dr. PRICE. Thank you, Senator. Community health centers are a vital part of our health care delivery system right now. They fill a void in so many areas. As you mentioned, across your State and across mine and literally across the country, I think there are 13,000 that are the entry point and oftentimes the area of health care for so many individuals, and we need to do all that we can to strengthen them, to make certain that the providers, the docs and other providers that are within community health centers are

of the highest quality, that they're providing the highest quality care, and that they're able to access resources, intellectual resources and clinical resources that allow them to broaden that care.

Senator SCOTT. A decade ago in South Carolina, emergency rooms were full of people waiting for psychiatric exams so they could either be admitted or discharged. After implementation of the statewide tele-psychiatry network, wait times have been cut from 4 days down to about 10 hours. The costs have been cut by almost two-thirds. What do you see as the future of telemedicine, particularly to address access issues? What barriers can we anticipate as well?

Dr. PRICE. Telemedicine is one of those exciting innovations that will, I believe, allow for individuals, especially in rural and underserved areas, access to that intellectual capital and resources from a clinical standpoint to make decisions on patients that are before them without being able to save resources and save patients in so many ways. We, in the State of Georgia, have a stroke program that's kind of a spoke and wheel program where at the Medical College of Georgia there's a neurologist that works with telemedicine and has a network of clinics and hospitals around the State where if somebody comes in with symptoms of a stroke, that physician is able to literally see that patient in real time and determine whether or not they need medication, whether or not they're having a stroke, whether they can be treated in the community, or whether they have to be transferred to the academic center.

In the past, it was a call on the ground, no ability to be able to talk with somebody who might have greater resources or knowledge, and all of those patients tried to get to the academic center, a huge waste of money and not having patients at the center of that decision. Telemedicine is absolutely vital, and I think we need to accentuate the ability to use telemedicine.

As you well know right now, oftentimes telemedicine and telehealth is not paid for, it's not compensated. People eat those—the clinicians eat those costs. They assume those costs that help the patient, yes, but make it so it's much more difficult for them to be able to provide the quality care necessary.

Senator SCOTT. Thank you. Another interesting topic that you should be fairly familiar with from a minority perspective. South Carolina has a high percentage of African Americans. As you probably know, breast cancer deaths are approximately 1½ times higher in African American women. Prostate cancer deaths are approximately 2½ times higher in African American men, and new diagnoses are twice as high.

I would love to hear your perspective on addressing some of the health disparities in communities of color specifically.

Dr. PRICE. This is really an important area, Senator, and I appreciate you bringing it up, because I think so often what we do in this and other areas is to say, "OK, we're going to set up this facility here or this agency here and we've taken care of the problem." What I don't think we do is look at what's happening on the ground, the metrics, as well as we could or should. We ought to be defining specifically whether or not we're actually improving the lives and health for individuals in challenged communities. If we're

not, then we need to step back honestly and sincerely and say what can we do to make certain that it works.

I learned a couple of months ago, I had the privilege of being at a clinic in Atlanta, and I learned that there's a zip code in Atlanta, within this metropolitan area of Atlanta that has incredible disparities in terms of their health outcomes and their health status, higher mortality, higher rates of diabetes, higher rates of stroke, higher rates of myocardial infarctions, and they're surrounded by incredible health care facilities. When we see those kinds of things, we need to drill down into those areas to see what's going on, why is that happening, and address the real challenge on the ground, as opposed to saying, "OK, we've taken care of it because now we have an agency that's addressed to take care of that." I think we need to do better metrics and better accountability for what's going on.

Senator SCOTT. I'm sure that you guys have talked at some length about rare diseases.

Dr. PRICE. We have.

Senator SCOTT. Sickle cell being one of the more important ones in the African American population. I would love to perhaps submit some questions for the record to get your insight and your perspective on how we tackle so many of those diseases moving forward.

Dr. PRICE. Look forward to that, Senator. Thank you.

Senator SCOTT. Thank you.

The CHAIRMAN. Thank you, Senator Scott.

Senator Murray.

Senator MURRAY. Thank you, Mr. Chairman.

Congressman Price, I did want to clarify your response to one of my previous questions. You admitted to me in our meeting that you, in your own words, talked with Congressman Collins about Innate Immuno. This inspired you to, in your own words, study the company and then purchase its stock, and you did so without a broker. Yes or no?

Dr. PRICE. No.

Senator MURRAY. Without a broker.

Dr. PRICE. I did not.

Senator MURRAY. You told me that you did this one on your own with the broker, yes?

Dr. PRICE. No, I did it through a broker. I directed the broker to purchase the stock, but I did it through a broker.

Senator MURRAY. You directed the broker to purchase particularly that stock.

Dr. PRICE. That's correct.

Senator MURRAY. Yes.

Well, Mr. Chairman, those answers really commit me to underscore the need for a full and independent investigation, and I would like to ask consent to enter into the record an article from Kaiser Health News that notes that Congressman Price was offered a lower stock price for sophisticated investors. I think that's an important part of the record.

The CHAIRMAN. It will be included.

[The information referred to may be found in Additional Material.]

Senator MURRAY. Representative Price, if you are confirmed as Secretary of Health and Human Services, you will be in charge of our Nation's family planning programs and policies. You have said that you don't think cost is an issue for women in buying birth control and stated, "Bring me one woman who has been left behind. Bring me one. There is not one." You did say that, correct?

Dr. PRICE. I think what I said and what I meant was that when I had patients in my office who were unable to afford medication, we did everything we could to make certain that they got that medication. What I meant to capture in that conversation was that if there are individuals who are unable to afford that medication or any medication, that there are avenues within the health care system that physicians and others take to make certain that individuals receive the medication that they need.

Senator MURRAY. Well, let me tell you about my constituent Shannon. Shannon has endometriosis. It's a common health condition impacting women. And she said,

> "No co-pay birth control is an essential tool helping women like me with endometriosis who otherwise would have to live with chronic pain."

No co-pay birth control was extremely important to her. Women are really deeply concerned about the impact this election could have on their access to health care that they need. I have heard from many of them. According to Planned Parenthood, demand for IUDs, which is a form of long-lasting contraception, is up 900 percent since the election.

I want to ask you, will you commit to ensuring all 18 FDA-approved methods of contraception continue to be covered so that women do not have to go back to paying extra costs for birth control?

Dr. PRICE. What I will commit to and assure is that women and all Americans need to know that we believe strongly that every single American ought to have access to the kind of coverage and care that they desire and want, and that's our commitment, and that runs across the board.

Senator MURRAY. Well, let me be clear. Birth control is an essential part of women's health care, and if you are confirmed, I will be holding you accountable for that.

I also wanted to ask you, I'm deeply concerned about the impact your policies would have on women, obviously, and in particular women who often faced barriers to access in the health care they need. According to HHS data, since the ACA became law, the percentage of black women who report not having a regular doctor dropped by nearly 30 percent, while that measure for Latinas fell by almost 25 percent. Your health care repeal bill and your budget proposal to cut a trillion dollars from Medicaid would disproportionately hurt women of color, further compounding disparities in access to health care and undoing progress that was made in the Affordable Care Act.

Are you committed to ensuring that women of color maintain access to quality, affordable health care?

Dr. PRICE. Senator, I appreciate it. I don't agree with the premise. The program that I support and that I believe the President-elect supports is to make certain that every individual has ac-

cess to the kind of coverage that they want. Nobody wants individuals to not have the opportunity to see the doctors that they want, to get the kind of care that they want at a price that's affordable and that's of the highest quality. That's what we believe in, and I hope that we'll be able to work together to achieve that goal.

Senator MURRAY. Well, the Office of Minority Health was reauthorized as part of the ACA. Will you commit to maintaining and supporting this office and its work?

Dr. PRICE. I will commit to being certain that minorities in this country are treated in a way that makes absolutely certain that they have access to the highest quality care.

Senator MURRAY. You will not commit to the Office of Minority Health being maintained?

Dr. PRICE. I think it's important that we think about the patient at the center of all this. Our commitment, my commitment to you is to make certain that minority patients and all patients in this country have access to the highest quality care.

Senator MURRAY. In particular you won't commit to the Office of Minority Health?

Dr. PRICE. Look, there are different ways to handle things. I can't commit to you to do something in a department that, No. 1, I'm not in, I haven't gotten there yet——

Senator MURRAY. Well, you will be.

Dr. PRICE. Let me put forward a possible position that I might find myself in. The individuals within the Department come to me and they say we've got a great idea for being able to find greater efficiencies within the Department itself, and it results in merging this agency and that agency, and we'll call it something else. We will address the issues——

Senator MURRAY. I just have a minute left, and I hear you that you're not committed. OK.

Dr. PRICE [continuing]. In a way that is responsive to patients.

Senator MURRAY. Let me just ask one final question. Are you aware that black, Latina, American Indian, Alaska Natives are almost twice as likely as white people to be covered under Medicaid? Do you think it's responsible to propose cutting trillions of dollars of funding without a credible alternative to replace it for those people?

Dr. PRICE. Again, I disagree with the premise. The solution that we have would ensure that every single American, regardless of their health status and regardless of their economic status, have the ability, financial feasibility to purchase the kind of coverage that they want.

Senator MURRAY. Well, I have a few seconds left, Mr. Chairman. As you can see, we have members here who also have additional questions. I am deeply troubled by a number of responses. We have a lot of families who are very, very, very concerned since this election with what will happen to them personally. We have outlined some of those, and I hope that, Congressman Price, as we will have a significant number of questions from our colleagues, that you will fully submit them for the record.

Dr. PRICE. Thank you.

The CHAIRMAN. Thank you, Senator Murray.

Dr. Price, I want to thank you for being here. I only have a few comments. I don't have additional questions.

I was reflecting back on Sylvia Burwell's appearance before this committee and how impressed I was with her appearance. I think you've done as well.

I've also been impressed with her performance in the job because while I disagree with a number of the policies she's taken, she's gone out of her way to adopt the same tone that I've heard from you today, which is to try to accept and work with people with different points of view and see if we can come to a consensus. I thank you for that, and I'm impressed with your beginning, and I appreciate your being here today.

Based upon the figures I have, you've just endured the most extensive questioning of any Secretary of Health and Human Services since 1993. Because of the round of questioning, Secretary Burwell was in the hearing for 2 hours and 10 minutes, Sebelius for 2 hours and 28 minutes, Daschle for 2 hours and 10 minutes, Leavitt less than 2 hours. I don't have it for two others. You've been here nearly 4 hours, and next Tuesday you'll go before the Finance Committee, which will vote on whether you go forward to the President.

I'm very hopeful that your tone will help us come to a conclusion and a consensus in this very important area of providing concrete, practical alternatives to give Americans access to health care they can afford.

I was reflecting last night on the hearing, and today. They've been pretty testy. We often have strong opinions here because we have differences of opinion, but I think that's a reflection of, No. 1, the election over the past year, which became very uncivil, more so than I liked, and Republicans can take our share of the blame for that; but also this issue which for 6 years we've been going at it like the Hatfields and the McCoys in West Virginia, until almost we've forgotten who killed who in the first place, and we're not absolutely clear what we're fighting about.

It would take a bedside manner such as you have to lower the temperature, as Senator Kaine suggested. He was among 12 Democrats who wrote a letter suggesting they were willing to work with Republicans as we go forward. I think it will take a little while to lower that temperature just because we spent 6 years as the Hatfields and the McCoys, but I'm committed to trying. That's the way we usually work in the committee on very contentious issues, and I'd like to get away from the testiness of last night and today and back toward the way we've learned to work.

A couple of other things. I hope those watching were reassured by what they heard from you. What I heard from you—I believe I'm correct about this—is that while we intend to repair the damage of Obamacare, and that would eventually mean repealing parts of it, major parts of it, that that won't become effective until there are practical, concrete alternatives in place to give Americans access to health care. In other words, you said we don't want to pull the rug out from anybody, and I'm sure that's a shared view.

You've talked some about the importance of March the 1st. One thing we have to work together on is what do we do about the individual market and the fact that in a third of the counties there's already just one insurer for people with Obamacare subsidies, and

we don't want to get into a situation later this year or in 2018 where there's—as I said, it's like having a bus ticket in a town with no buses. We may have to do some things on both sides of the aisle that we wouldn't normally do during this transition period to make sure that insurers are willing to sell into the market so these 11 million people continue to buy insurance, hopefully for more than one person.

I think it's also become clear that the timing that we've talked about has yet to be resolved, really, and the sequencing is as important almost as the policy. I mean, how do we get from where we are to where we eventually hope to go? The way I think about it is that we go to work immediately on what I call a collapsing bridge, repair it—that's the individual market—make sure that people aren't hurt by it, and then work together to build new bridges, and then close the old bridge only when we have new bridges up.

I think we can make most of the decisions about the "replacement" or replacements or the new systems, new bridges, in a relatively short period of time. We've been working on this for years. We have our opinions. We ought to be able to sit in a room and come to a conclusion.

In my opinion, then, it will take several years to actually implement those decisions because in many cases we'll be transferring responsibilities to States and consumers. We'll want to do that after talking with Governors and insurance commissioners, do it on a schedule that States can accept. Their legislatures sometimes only meet every 2 years. Making decisions promptly, making them together if we possibly can, and then implementing it step by step and carefully so that people are able to have access to lower cost insurance is what I hope I heard today.

One other thing. Senator Cassidy, Senator Whitehouse, several members of this committee, maybe all of us worked very hard—I know Senator Murray did as well—on trying to deal with the electronic health care records and meaningful use. In Vanderbilt, which was an early adopter of the electronic health care records, they said stage 1 was very helpful, stage 2 they could deal with, and stage 3 was terrifying. I had hoped that we could delay stage 3. I thought that maybe it could be as simple as saying to the physicians and providers of the world,

> "Look, if you're a doc and you're spending 50 percent of your time filling out forms, then either you're doing something wrong or we're doing something wrong, and let's work together for the next couple of years to see if we can get that down to a manageable level and create an environment where physicians and providers can spend their time talking instead of typing."

You've got a bipartisan consensus here to work on that, at least we had last year when we passed the Cures bill, which had a number of provisions in it. We had six hearings on the subject, and I invite you to work with us if you're confirmed to complete that.

If Senators wish to ask additional questions of our nominee, questions for the record are due by the close of business on Friday, January 20. For all other matters, the hearing record will remain

open for 10 days. Members may submit additional information for the record within that time.

The next meeting of our committee will be in executive session on January 24 at 10 a.m., which has already been noticed.

Thank you for being here today.

The committee will stand adjourned.

Dr. PRICE. Thank you, Mr. Chairman.

[Additional Material follows.]

ADDITIONAL MATERIAL

Georgia General Assembly

2003-2004 Regular Session - SR 856
Designate; Confederate History/Heritage Month annually in April

Sponsored By

(1) Mullis, Jeff 53rd
(2) Brush, Jr., Joey 24th
(3) Thomas, Don 54th
(4) Johnson, Eric 1st
(5) Cagle, Casey 49th
(6) Price, Tom 56th

Committees

SC: Rules

HC:

First Reader Summary

A RESOLUTION designating April of each year as Confederate History and Heritage Month; urging schools to commemorate the time of Southern independence; designating the John B. Gordon statue on the state capitol building grounds as Georgia´s Confederate Memorial; designating the 1956 – 2001 Georgia flag as the "Georgia Memorial Flag"; calling for the 1956 – 2001 Georgia flag to be flown over the state capitol building on Confederate Memorial Day and Robert E. Lee´s birthday; and for other purposes.

Status History

Mar/15/2004 - Senate Read Second Time
Mar/12/2004 - Senate Committee Favorably Reported By Substitute
Mar/02/2004 - Senate Read and Referred
Mar/01/2004 - Senate Hopper

Versions

Committee sub LC 28 1755S
Read and adopted LC 28 1701

The Senate Rules Committee offered the following substitute to SR 856:

A RESOLUTION

Designating April of each year as Confederate History and Heritage Month; urging schools to commemorate the time of Southern independence; designating the John B. Gordon statue on the state capitol building grounds as Georgia's Confederate Memorial; and for other purposes.

WHEREAS, the Confederate Era is among the most significant periods in the history of the United States and the State of Georgia, having both historical importance and personal significance to many Georgians; and

WHEREAS, April 26 of each year is recognized pursuant to Georgia law as Confederate Memorial Day; and

WHEREAS, it is appropriate that an enduring memorial should be created in recognition of this unique chapter of American and Southern history.

NOW, THEREFORE, BE IT RESOLVED BY THE GENERAL ASSEMBLY OF GEORGIA that April of each year is designated as Confederate History and Heritage Month.

BE IT FURTHER RESOLVED that schools are urged to commemorate the period of Southern independence during April of each year.

BE IT FURTHER RESOLVED that the area surrounding the John B. Gordon statue on the grounds of the state capitol building is designated as the Georgia Confederate Memorial and an appropriate monument, designed by the Civil War Commission, shall be placed in the designated area.

BE IT FURTHER RESOLVED that the site selected and the design of the monument shall be approved by the State Properties Commission.

BE IT FURTHER RESOLVED that the funds to design and construct the monument shall be raised solely through voluntary contributions to the Civil War Commission. The commission is authorized to solicit and accept gifts, donations, and grants in furtherance of this purpose and to work cooperatively with any private group, organization, association, or corporation having the same general purpose as the commission.

BE IT FURTHER RESOLVED that upon completion of the commission´s work, the Governor shall be authorized to accept and provide for the dedication of the Georgia Confederate Memorial monument to be placed on the grounds of the state capitol building.

BE IT FURTHER RESOLVED that the Secretary of the Senate is authorized to make appropriate copies of this resolution widely available as appropriate to encourage and promote the observation of April as Confederate History and Heritage Month.

[Kaiser Health News (KHN), January 13, 2017]

TRUMP'S HHS NOMINEE GOT A SWEETHEART DEAL FROM A FOREIGN BIOTECH FIRM

(By Jay Hancock and Rachel Bluth)

When tiny Australian biotech firm Innate Immunotherapeutics needed to raise money last summer, it didn't issue stock on the open market. Instead, it offered a sweetheart deal to "sophisticated U.S. investors," company documents show.

It sold nearly $1 million in discounted shares to two American Congressmen sitting on House committees with the potential power to advance the company's interests, according to company records and congressional filings. They paid 18 cents a share for a stake in a company that was rapidly escalating in value, rising to more than 90 cents as the company promoted an aggressive plan to sell to a major pharmaceutical company. Analysts said the stock price could go to $2.

One of the beneficiaries was Rep. Tom Price, a Georgia Republican poised to become secretary of the Department of Health and Human Services, which regulates pharmaceuticals. Price told HHS ethics officials Thursday that if appointed, he will divest himself of the Australian stock as well as stock in about 40 other companies that could pose conflicts. He said he would sell within 90 days of appointment and abstain from any decisionmaking about companies in which he or his family has had an interest.

He has already seen about a 400-percent paper gain in his investment in Innate Immuno, stock trading records show.

The other and more substantial August investor was Rep. Chris Collins, a Republican from up-state New York, who along with family members owns about 20 percent of the foreign company. A key supporter of the President-elect, Collins sits on a key health subcommittee.

The outlines of the stock deal, first reported by the *Wall Street Journal*, resurrected concerns about powerful public officials gaining investment opportunities unavailable to the public, including from companies whose profits might be influenced by political decisions.

A review of corporate documents raises a more unusual aspect of the deal. Innate Immuno is a foreign company which, in documents and presentations, is explicit about a business strategy targeting the U.S. market, where the amount that can be charged for a new drug is generally far higher than in other countries.

Innate Immuno has hinged its strategy on winning a preliminary green light for a new multiple sclerosis drug, known as MIS416, from the HHS's Food and Drug Administration. It says in its private placement offering documents that money raised in the United States will help it finance the FDA approval process, which

can take years. Innate Immuno CEO Simon Wilkinson could not be reached for comment.

Price's financial disclosures show that he acquired his first small stake in Innate Immuno in January 2015, investing about $5,000. He made two more small purchases in the company that year, declaring a small loss on the stock in his 2015 financial disclosure.

His largest purchase was on August 31, 2016, valued at between $50,000 and $100,000, his disclosures show.

Government ethics experts said this week that Price's stake in Innate Immuno as it tries to develop a blockbuster drug would clash with his public duties, making divestiture mandatory.

While ethics rules for Congress are relatively relaxed, "the minute you go to the executive branch, it's a lot stricter," said Richard Painter, a University of Minnesota law professor who was President George W. Bush's chief ethics lawyer.

"Dr. Price takes his obligation to uphold the public trust very seriously," said Phil Blando, a spokesman for the Trump transition. He has "complied fully with all applicable laws and ethics rules governing his personal finances."

Innate Immuno told investors it would seek "investigational new drug" status from the FDA, which could shorten the approval process. The FDA would not confirm this week whether the company has filed an application.

The drug is in a small clinical trial in New Zealand due to end in April. MS drugs are especially expensive for patients, costing $5,000 a month or more.

Positive trial results could set the stage for Innate Immuno's stock to reach $2, said Australian stock analysts. In that scenario, Price's investment of between $50,000 and $100,000 would be worth between $555,000 and $1.1 million. House financial disclosures require reporting of ranges of value but not specific amounts.

"You could easily picture a drug that is in the billions of dollars in revenues, but that's assuming the [trial] data is there," said David Blake, an analyst at Bioshares, a newsletter covering Australian life sciences stocks. "It's really got to deliver."

A physician who chairs the House Budget Committee, Price also sits on the House Ways and Means Committee and the Congressional Health Care Caucus. He has a history of contacting the FDA on behalf of industry campaign donors.

His ownership of Innate Immuno while serving in the House creates its own appearance of a conflict of interest, ethics authorities said.

"There is an appearance problem . . . to have Members of Congress buying and selling stocks that are affected by the work of the committees they sit on," Painter said. "It could be perfectly legal, but it looks terrible and shows lack of judgment."

Price's Innate Immuno stake is one of more than 40 companies he identifies as potential conflicts with the HHS job, including stock in Pfizer, Eli Lilly and Bristol Myers Squibb.

Collins, who sits on Innate Immuno's board, has been a major shareholder in the company since 2011 and has gradually increased his family's holdings to about 20 percent, corporate documents show. His investment in the private placement last summer was worth $720,000, according to regulatory documents.

"Congressman Collins has followed all ethical guidelines related to his personal finances during his time in the House and will continue to do so," said spokesman Michael McAdams.

All told, including Price, Collins and other U.S. investors, the sale raised $1.8 million. In addition to funding the FDA approval process, the company said it would use the money to finance the clinical trial and develop potential manufacturing for the drug.

All U.S. investors in the August deal received a 12 percent discount to the stock's market price at the time, which is not unusual in private placements, said Stuart Glazebrook, a biotech analyst for Gordon Capital Research, a securities research company in Melbourne, Australia.

For small companies, private issues can be more efficient than selling new public shares, he said. Selling at less than the market price raises odds of attracting investors, he said.

"It's an incentive," he said. "It's like Amazon offering 20 percent off today only if you commit today."

Ethics rules for FDA officials are especially strict, said Joshua Sharfstein, a former agency deputy commissioner.

"For the agency's leaders, even holding onto a single share of stock in a regulated company is prohibited," he said.

A decade ago FDA Commissioner Lester Crawford resigned and pleaded guilty to two criminal misdemeanors after being charged with concealing stock ownership in food and drug companies the agency regulated.

Innate Immuno executives have talked openly about selling the company to one of a number of pharmaceutical company suitors if its clinical trial is successful. Many small pharmaceutical companies with hot drugs go that route, reaping shareholders millions in quick profits.

The larger company would have the deep pockets to invest in more clinical trials that might be needed to obtain regulatory approval, analysts said.

Note: *Christina Jewett contributed to the reporting.*

PETITIONS OPPOSING TOM PRICE'S NOMINATION

Enclosed are samples from 14 separate petitions totaling 510,715 signatures* the committee has received voicing their opposition to Representative Tom Price's nomination for Secretary of Health and Human Services. The list of petitions includes:

National Council of Jewish Women (395 signatures)
All Above All (8,773 signatures)
American Federation of Teachers (23,862 signatures)
Physicians for a National Health Program (2,010 signatures)
UltraViolet (26,817 signatures)

Condensed petitions:

Planned Parenthood Action Fund (82,959 signatures)
MoveOn (24,546 signatures)
Public Citizen (19,816 signatures)
CREDO (269,858 signatures)
National Physicians Alliance (1,450 signatures)
National Women's Law Center (NWLC) (13,075 signatures)
Make It Work Action (2,708 signatures)
Moms Rising (19,557 signatures)
NARAL (16,899 signatures)

U.S. SENATE,
WASHINGTON, DC 20510-6300,
January 18, 2017.

Hon. LAMAR ALEXANDER, *Chairman,*
Senate HELP Committee,
428 Dirksen Senate Office Building,
Washington, DC 20510.

DEAR CHAIRMAN ALEXANDER: As concerns grow about potential ethical violations by Congressman Price, and in light of your apparent unwillingness to delay his hearing to allow time for said concerns to be fully investigated, we write to request that all committee members be afforded the opportunity to ask all reasonable questions at today's hearing on Congressman Price's nomination to be Secretary of the Department of Health and Human Services (HHS). This has proved increasingly difficult as multiple hearings of controversial nominees have been scheduled at the same time. Today's schedule features *four* simultaneous hearings including the hearing for Scott Pruitt to lead the Environmental Protection Agency.

As we made clear at yesterday's hearing of Elisabeth DeVos to be Secretary of Education, we object in the strongest terms to your decision to allow only a single 5-minute round of questions from committee members. As you know, nomination hearings are a critical opportunity for members to obtain vital information about a nominee's qualifications, views, and intentions.

If confirmed, nominees like Ms. DeVos and Representative Price will have tremendous responsibility and will exert significant influence over Americans' daily lives. Nominations of such importance require more than a "check the box" hearing.

At yesterday's hearing, you stated that your decision to limit questions to one 5-minute round was consistent with the precedent set by prior nomination hearings. We do not agree. We have found no example where a request by a Member of the committee to pose additional questions to a nominee was denied, much less a blanket denial to each of us. Additionally we have determined that Secretaries Shalala and Leavitt and Senator Daschle's HHS nominations hearings were multiple rounds, while at several additional cabinet level nominations hearings members were offered 10-minute rounds for questions.

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*Below are the listings of those petitions. Due to the high cost of printing the petitions referred to are being retained in committee files.

We appreciate your respect for the work of this committee, and are confident you agree that the Senate has a critical role to play in providing the President with advice and consent on his nominees. Accordingly, we hope you recognize that Senators must have the opportunity to engage in a robust exchange with each of the nominees before this committee, consistent with precedent.

Sincerely,

PATTY MURRAY,
U.S. Senator.

ROBERT P. CASEY, JR.,
U.S. Senator.

MICHAEL F. BENNET,
U.S. Senator.

TAMMY BALDWIN,
U.S. Senator.

ELIZABETH WARREN,
U.S. Senator.

MARGARET WOOD HASSAN,
U.S. Senator.

BERNARD SANDERS,
U.S. Senator.

AL FRANKEN,
U.S. Senator.

SHELDON WHITEHOUSE,
U.S. Senator.

CHRISTOPHER S. MURPHY,
U.S. Senator.

TIM KAINE,
U.S. Senator.

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS,
PROVIDENCE, RI 02903–1196,
January 6, 2017.

Hon. KEVIN MCCARTHY, *Majority Leader,*
U.S. House of Representatives,
H–107, U.S. Capitol Building,
Washington, DC 20515.

DEAR LEADER MCCARTHY: The Affordable Care Act (ACA) is working in Rhode Island. Since 2011, when Rhode Island began the work of ACA implementation, our uninsured population has dropped from nearly 12 percent to under 4.5 percent, one of the lowest rates in the country. Nearly 110,000 Rhode Islanders now have access to affordable, life-saving care through the Medicaid expansion or our State health insurance exchange.

By fully leveraging the flexibility and resources available to us under the ACA, Rhode Island has developed a more competitive environment for health insurance and positioned itself to make the health care system more efficient and affordable. We have been successful controlling Medicaid costs without reducing benefits or eligibility. Unlike some States which have seen dramatic premium growth on the exchange, we have actually seen exchange premiums *decrease* in 2 out of the last 3 years. In fact, some consumers are seeing a decrease of as much as 5 percent as they compare plans and enroll for 2017. Our aggressive rate review process, strengthened by ACA funding, has saved consumers nearly $220 million since 2012.

Our progress toward full insurance has enabled Rhode Island to set its sights on a full-scale health system transformation that would not have been possible prior to the ACA. We have been working to modernize our payment and delivery systems by focusing on the value, not volume, of care and services delivered to Rhode Islanders. There remains a lot of work to do, and the ACA is not perfect. It is clear, however, that these reforms could not be successful without the framework provided by the ACA.

Although the ACA has been successful in Rhode Island, it is clear that it could be improved. I would be open to discussing modifications to the law. However, I

would urge that you and your colleagues grant the utmost priority to the following principles as you consider any changes to the ACA:

• Maintain the existing coverage gains States have realized under the ACA. We cannot allow the newly covered to lose access to care.

• Avoid transferring costs to States. Any such shifts would be unaffordable and unworkable for the States. Likewise, we must avoid increasing the burden of uncompensated care for our hospitals.

• Preserve the stability of the health insurance market. Any destabilizing changes to the financing structure or market structure could result in rate shock and insurer flight from the individual market.

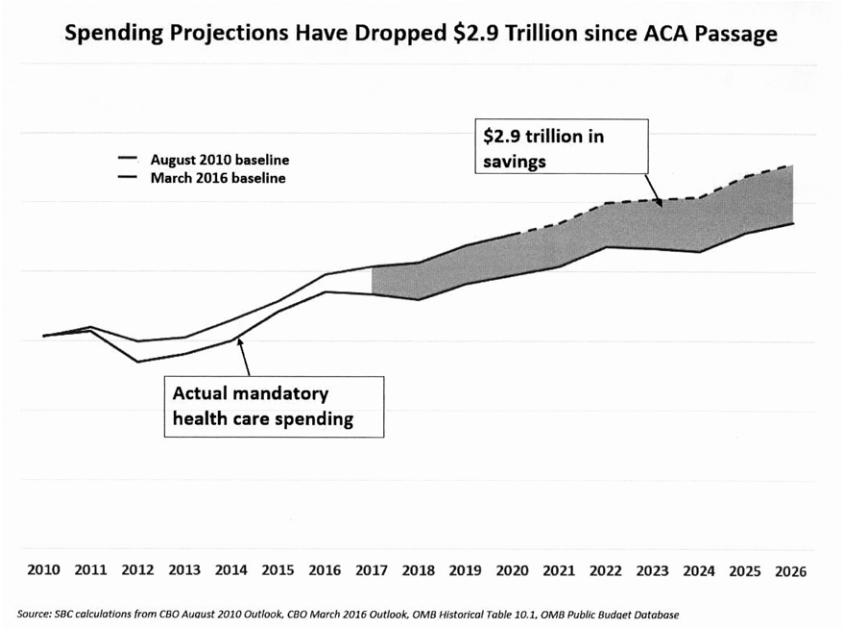
• Continue to allow States the freedom to experiment and adopt reforms which are appropriate to their environment. In Rhode Island, the ACA model has proven successful, and we must be given the discretion to retain the pieces which work in Rhode Island.

Finally, I urge you to retain the critical public health investments included in the ACA. Federal support for public health and prevention infrastructure has been critical to improving the health of our most vulnerable populations and reducing rates of obesity, diabetes, heart disease, stroke, tobacco use, and other conditions. Dollars spent on prevention not only improve health, but they also help reduce utilization of more expensive forms of care.

Thank you for inviting me to provide you with feedback as you consider the value of the ACA and the progress that has been made over the past several years. I welcome the opportunity to discuss any of these matters further with you and your colleagues.

Sincerely,

GINA M. RAIMONDO,
Governor.



LETTERS OF OPPOSITION

AMERICAN CIVIL LIBERTIES UNION (ACLU),
WASHINGTON, DC 20005,
January 6, 2017.

Hon. LAMAR ALEXANDER, *Chairman,*
Committee on Health, Education, Labor, and Pensions,
U.S. Senate,
Washington, DC 20510.

Hon. PATTY MURRAY, *Ranking Member,*
Committee on Health, Education, Labor and Pensions,
U.S. Senate,
Washington, DC 20510.

Re: Confirmation Hearings Should Cover the Nominees' Commitment to Banning Taxpayer Funds from Being Used to Discriminate

DEAR CHAIRMAN ALEXANDER, RANKING MEMBER MURRAY, AND MEMBERS OF THE HELP COMMITTEE: As the committee considers the nominations of Betsy DeVos to serve as Secretary of Education, Tom Price to serve as Secretary of Health and Human Services, and Andrew Puzder to serve as Secretary of Labor over the coming weeks, the American Civil Liberties Union urges robust questioning regarding their commitment to ensuring that taxpayer dollars are never used to fund discrimination.

Freedom of religion and belief is a core American value. Religious liberty protects the right to both believe and act on religious beliefs, but it does not authorize actions that discriminate against or harm others. These three nominees, if confirmed, will oversee a wide range of programs that impact millions of Americans' education, health care, and employment, and it is critical to determine where they stand on this principle—and to emphasize to the nominees the importance of this fundamental civil rights principle.

Both Mrs. DeVos' and Mr. Price's track records raise serious concerns. Mrs. DeVos, who is being considered to oversee the Nation's public education system, has a long history of advocating for the use of public dollars to support private schools, including those that engage in discrimination and lack the protections of our Nation's civil rights laws. Mr. Price, who could not only set the national health policy agenda if confirmed, but also have authority to administer health care programs affecting nearly all Americans, has supported numerous policies during his congressional career that would enable discrimination against women and members of the LGBT community. In the 114th Congress, for example, he co-sponsored the so-called "First Amendment Defense Act," legislation that could permit sweeping, taxpayer-funded discrimination against LGBT people, single mothers, and unmarried couples. He also voted for the Conscience Protection Act and cosponsored the Health Care Conscience Rights Act, bills that would discriminate against women seeking abortion care under the guise of protecting religious liberty, and voted to block D.C.'s non-discrimination law that prohibits workplace discrimination based on employees' personal reproductive health care decisions.

Mr. Puzder, if confirmed, would head a Department tasked with enforcing President Obama's historic 2014 Executive order to prohibit businesses that contract with the Federal Government from engaging in discrimination on the basis of sexual orientation and gender identity. These nondiscrimination requirements are built on protections that have been in place since the Administration of President Lyndon Johnson and have been enforced by every administration 'Democratic and Republican—since. Given his outspoken opposition to protections for individuals in the workplace, Mr. Puzder should be asked about his commitment to faithfully enforce these nondiscrimination protections.

The Departments of Education, Health and Human Services, and Labor all dispense significant sums in the form of Federal grants and contracts. There is a bipartisan tradition in this country of prohibiting taxpayer-funded discrimination, including by recipients of Federal grants and contracts. To permit the recipients of these taxpayer dollars—including those that are religiously affiliated—to engage in discrimination based on religion or religious tenets would significantly undermine our Nation's commitment to civil rights.

We urge you to robustly question these three nominees about their commitment to this civil rights principle, and make clear, if confirmed, you will hold them accountable for safeguarding policies that prohibit taxpayer-funded discrimination.

Sincerely,

KARIN JOHANSON,
Director.

IAN THOMPSON,
Legislative Representative.

GEORGEANNE USOVA,
Legislative Counsel.

ADVOCATES FOR YOUTH,
WASHINGTON, DC 20036,
January 16, 2017.

Hon. LAMAR ALEXANDER, *Chairman,*
Committee on Health, Education, Labor, and Pensions,
U.S. Senate,
Washington, DC 20510.

Hon. PATTY MURRAY, *Ranking Member,*
Committee on Health, Education, Labor, and Pensions,
U.S. Senate,
Washington, DC 20510.

DEAR CHAIRMAN ALEXANDER AND RANKING MEMBER MURRAY: Advocates for Youth (Advocates) is a national nonprofit organization that partners with youth leaders, adult allies, and youth-serving organizations to advocate for policies and champion programs that recognize young people's rights to honest sexual health information; accessible, confidential, and affordable sexual health services; and the resources and opportunities necessary to create health equity for all youth. **We write in strong opposition to Representative Tom Price's nomination to serve as our Nation's Secretary of Health and Human Services.**

The mission of the Department of Health and Human Services (HHS) is "to enhance and protect the health and well-being of all Americans."[1] Representative Price's record indicates that he would not serve the stated mission of HHS.

During his 11 years in Congress, Representative Price has consistently championed policies that would undermine the health and well-being of women and young people. He has worked to weaken the same programs that he has been nominated to oversee—programs that tens of millions of people rely on to protect the health of their families. His record should disqualify him for the office of HHS Secretary.

Specifically, **we are deeply concerned about the Congressman's opposition to the Affordable Care Act (ACA); his commitment to undermining Medicaid, Medicare and other key parts of our Nation's social safety net; his extreme opposition to abortion care and access to contraception; and his complete disregard for the needs of the LGBTQ community.**

The Affordable Care Act has improved the lives of tens of millions of people. It has enabled 6.1 million previously uninsured young people (ages 19 to 25) to gain access to affordable, comprehensive health care coverage.[2] Young people need access to a full range of sexual and reproductive health care services. The ACA has made critical healthcare services more accessible to young people, including screenings for sexually transmitted infections (STIs) and HIV, contraceptive care, pregnancy-related care, HPV immunizations, and gender-affirming healthcare for transgender youth, among other services. Since young people ages 15 to 24 are more likely to experience unintended pregnancies and STIs than most other age groups,[3] increased access to these services has made a real difference in

[1] U.S. Dept. of Health and Human Services. "About Us." Retrieved 12 January 17, from *http://www.hhs.gov/about/index.html#.*

[2] U.S. Dept. of Health and Human Services, Office of the Asst. Secretary for Planning and Evaluation. (2016, March). *Health Insurance Coverage and the Affordable Care Auk 2010–2016.* Retrieved 12 January 2017, from *https://aspe.hhs.gov/sites/default/files/pdf/18755/ACA2010-2016.pdf.*

[3] Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance 2012. Atlanta: U.S. Department of Health and Human Services; 2013. Finer LB and Zolna MR,

Continued

many young people's lives. After the implementation of the ACA, young people are significantly more likely to receive a routine examination including preventive care services.[4]

The ACA represents a tremendous step forward for young people's health. Millions now have the peace of mind of knowing that if they or their family members have a health emergency they will be able to afford care. Fifty-five million women have benefited from the ACA's coverage of preventive services, including well-woman visits, screening for intimate partner violence, counseling, and breast feeding support, among others.[5]

If confirmed, Rep. Price would roll back these important gains for women and all young people and thereby strip beneficiaries of important protections concerning access to coverage and care. His record on these issues is clear. Rep. Price has voted over 60 times to repeal the ACA.[6]

Rep. Price has also targeted low-income people by seeking to cut funding for Medicaid and to eviscerate the program through the use of block grants and per capita caps.[7] Millions of young people rely on Medicaid for care throughout their lives—from reproductive and maternal health services to other lifesaving care. Block granting or capping Medicaid would devastatingly undermine the critical role that Medicaid plays in supporting the health and well-being of millions of people in this country.

Finally, Rep. Price's extreme record on reproductive health care alone should disqualify him for the job. Rep. Price has co-sponsored legislation that would outlaw abortion, stem cell research, forms of contraception, and in vitro fertilization.[8] He has vigorously opposed women's constitutionally recognized right to abortion care, voting to: deny abortion coverage for women with private health insurance,[9] ban abortion care as early as 20 weeks,[10] and deny low-income women coverage for abortion care.[11]

Rep. Price is a proven opponent of access to sexual and reproductive healthcare, no matter the public health impact. He has repeatedly voted to defund Planned Parent hood,[12] which provides essential preventive health services like cancer screenings, birth control, STI testing, and HIV testing to 2.5 million people annually—a program that particularly benefits young people and low income people. Defunding Planned Parenthood will have a disproportionate impact on communities that historically face systemic barriers to care and negatively affect the state of sex-

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Shifts in intended and unintended pregnancies in the United States, 2001–2008, American Journal of Public Health, 2014, 104(S1): S44–S48.

[4] Lau JS, et al. "Improvement in Preventive Care of Young Adults after the Affordable Care Act." JAMA Pediatrics, October 27. 2014.

[5] U.S. Dept. of Health and Human Services. (2015, May). *The Affordable Care Act is Improving Access to Preventive Services for Millions of Americans.* Retrieved 12 January 2017, from *https://aspe.hhs.gov/pdf-report/affordable-care-act-improving-acess-preventive-services-millions-americans*.

[6] Planned Parenthood Federation of America. (2016, November). *Tom Price. Trump's Pick to Lead HHS, Would Take Away Millions of Women's Health Care.* Retrieved 12 January 2017, from *https://www.plannedparenthoodaction.org/blog/tom-price-trumps-pick-to-lead-hhs-would-take-away-millions-of-womens-access-to-health-care*.

[7] Ibid.

[8] The Right to Life Act, H.R. 552 (2 February 2005).

[9] Stupak amendment to the Health Care for America Act, H.R. 3962, (7 November 2009); Camp motion to recommit Health Care and Education Reconciliation Act, H.R. 4872, (21 March 2010); No Taxpayer Funding for Abortion Act, H.R. 3, (4 May 2011); Protect Life Act, H.R. 358, (13 October 2011); No Taxpayer Funding for Abortion Act, H.R. 7, (28 January 2014); No Taxpayer Funding for Abortion Act, H.R. 7, (22 January 2015).

[10] Pain-Capable" Unborn Child Protection Act, H.R. 3808, (31 July 2012); "Pain-Capable" Unborn Child Protection Act, H.R. 1797, (18 June 2013); Motion to recommit the "Pain-Capable" Unborn Child Protection Act, H.R. 36, (13 May 2015); "Pain-Capable" Unborn Child Protection Act, H.R. 36, (13 May 2015).

[11] No Taxpayer Funding for Abortion Act, H.R. 3, (4 May 2011); No Taxpayer Funding for Abortion Act, H.R. 7, (28 January 2014); No Taxpayer Funding for Abortion Act, H.R. 7, (22 January 2015).

[12] Pence amendment to fiscal year 2008 Labor, Health and Human Services, and Education Appropriations Act, H.R. 3043, (19 July 2007); Pence amendment to fiscal year 2010 Labor, Health and Human Services, and Education Appropriations Act, H.R. 3293, (24 July 2009); Pence amendment to fiscal year 2011 Continuing Resolution, H.R. 1, (18 February 2011); fiscal year 2011 Continuing Resolution H.R. 1, (19 February 2011); Enrollment resolution to fiscal year 2011 Continuing Resolution, H. Con. Res. 36, (14 April 2011); Defund Planned Parenthood Act, H.R. 3134, (18 September 2015); Women's Public Health and Safety Act, H.R. 3495, (29 September 2015); fiscal year 2016 Continuing Resolution, H. Con. 79, (30 September 2015); Restoring Americans' Healthcare Freedom Reconciliation Act, H.R. 3762, (23 October 2015); H.R. 3762, (6 January 2016); Veto override of H.R. 3762, (2 February 2016).

uality education in this country, as Planned Parenthood Health Centers are the largest provider of sex education in the country.[13]

The Secretary of HHS oversees health care policy, health care research and as well as allocates resources to important agencies like the CDC, FDA, and NIH. The person who takes this role has an important impact on all Americans. Rep. Tom Price would clearly take our health care system backward and is not the right choice for this important position. We urge you to reject this nominee.

Sincerely,

DIANA RHODES,
Director of Public Policy.

AFSCME,
WASHINGTON, DC 20036-5687,
December 22, 2016.

Hon. LAMAR ALEXANDER, *Chairman,*
Committee on Health, Education, Labor, and Pensions,
U.S. Senate,
Washington, DC 20510.

Hon. PATTY MURRAY, *Ranking Member,*
Committee on Health, Education, Labor, and Pensions,
U.S. Senate,
Washington, DC 20510.

DEAR SENATORS: On behalf of the 1.6 million members of the American Federation of State, County and Municipal Employees (AFSCME), I write to urge you to oppose the confirmation of Rep. Tom Price to serve as Secretary of the Department of Health and Human Services. We also wish to convey our very strong opposition to the effort to repeal the Affordable Care Act and restructure and cut funding for Medicare and Medicaid, proposals that Rep. Price champions.

Rep. Price is the wrong choice to lead the Federal agency charged with protecting the health and well-being of all Americans. His budget and health care proposals demonstrate that he does not understand the challenges of ordinary Americans. In fact, he has supported and sponsored budgets that prioritize the wealthy and profitable corporations at the expense of working families, seniors, people with disabilities and the poor.

Rep. Price supports the repeal of the Affordable Care Act, which would take health care coverage away from 30 million people. His proposal for replacing the ACA would provide limited help to those who buy insurance on their own, gut regulations that make coverage meaningful and drive up costs. He would even restore the ability of insurance companies to discriminate against many with pre-existing conditions.

Rep. Price would turn Medicare into a voucher that would fail to keep pace with the growth in health costs. Over time, seniors and people with disabilities would face steeper and steeper costs to purchase less and less adequate coverage. His proposal to restructure Medicaid would shift costs to States and force cuts in enrollment and services and likely cuts in other State services to compensate for lost Federal funding.

In November, Rep. Price unveiled a new proposal to change the congressional budget process. The proposal calls for automatic across-the-board cuts in Federal spending to meet deficit targets. Deficit reduction, not job creation or poverty reduction, would be the top priority of the Federal Government under this scheme. His plan is so radical it would impose automatic cuts in Social Security benefits. Yet, the plan is designed to allow cuts in Social Security and all other programs to take effect without a vote, presumably intended to shield Members of Congress from the consequences of a harmful and deeply unpopular action.

Leading HHS is a critical job. It should be held by an individual who is committed to policies that will make the lives of ordinary Americans better. Rep. Price fails this test and should be rejected by the Senate.

Sincerely,

SCOTT FREY,
Director of Federal Government Affairs.

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[13] Planned Parenthood Federation of America. (2016). *The Urgent Need for Planned Parenthood Health Centers.* Retrieved 13 January 2017, from *https://www.plannedparenthood.org/files/4314/8183/5009/20161207_Defunding_fs_d01_1.pdf.*

FEMINIST MAJORITY FOUNDATION,
JANUARY 16, 2017.

Hon. LAMAR ALEXANDER, *Chairman,*
Committee on Health, Education, Labor, and Pensions,
U.S. Senate,
Washington, DC 20510.

Hon. PATTY MURRAY, *Ranking Member,*
Committee on Health, Education, Labor, and Pensions,
U.S. Senate,
Washington, DC 20510.

DEAR CHAIRMAN ALEXANDER AND RANKING MEMBER MURRAY: The Feminist Majority Foundation writes in strong opposition to Representative Tom Price's nomination to serve as the Secretary of the U.S. Department of Health and Human Services. His extreme opposition to Medicaid, Medicare, Affordable Care Act, the provision of abortion care, and the increased access to birth control disqualify him for this nomination.

The agencies and programs of HHS are vital to the health and well-being of women and their families. During his tenure in the House of Representatives, Representative Price has been a leading advocate against the Affordable Care Act and has voted against it over 60 times. He has been a leading voice in Congress to dramatically reduce Medicaid coverage and would end Medicare as we know it. He has been an advocate against the very programs that he has been nominated to lead—programs that tens of millions of people desperately need for health care.

The Affordable Care Act has improved the lives of tens of millions of people. Thirty-two million people now have health care coverage either through the health insurance exchanges of ACA or the expansion of Medicaid provided by the ACA. Fifty-five million women have benefited from the ACA's preventive care package services without co-pays or deductibles, including well-woman visits, a variety of birth control options and counseling, vaccinations, and breast feeding support. Fifty-two million people with pre-existing conditions can now have comprehensive health insurance coverage. Of course, millions of young people until the age of 26 have coverage through their parent(s)'s health insurance.

Rep. Price's record shows all of these life-saving features of ACA would be in jeopardy if his policies were implemented. His opposition to ACA is not the only threat to millions of people's health care. His appointment would be a serious threat to Medicare and Medicaid. Medicare has provided life-saving care to millions of older people—the majority of whom are women—and people with disabilities, who otherwise could not afford it. Instead of working to strengthen this critically needed program, Rep. Price has advocated unrealistic privatization plans that would end Medicare as we know it. What insurance companies would insure the elderly as completely as Medicare does at a reasonable rate that, for example, the average elderly woman who survives on Social Security annual income ($13,150 in 2014) could afford? As the person ages under Medicare, what insurance company would continue to provide full coverage at affordable premiums? What's more American workers have paid into Medicare all their working lives and have earned this coverage.

Rep. Price's policies for drastically cutting Medicaid funding through inadequate block grant funding and per capita caps and changing it from a guaranteed program as needed for eligible persons to a limited block grant program is especially harmful to low-income women and families. Millions of women need Medicaid for reproductive health services including family planning and healthy pregnancies. Today some two-thirds of nursing homes costs are paid through Medicaid. The current Medicaid Federal payments are guaranteed on an "as-needed" basis to eligible low-come, elderly, disabled and/or children. Block granting or in other words capping Federal Medicaid payments to States would be devastating not only to the millions of eligible persons but also to hospitals, nursing homes, and would undermine the entire medical system of the Nation.

Especially frightening to women and impacting men's health and well-being is Rep. Price's extreme opposition to abortion and family planning including co-sponsoring legislation to outlaw abortion, stem cell research, some forms of contraception, and in vitro fertilization. He even opposes private health insurance coverage of abortion. He has supported measures to totally defund Planned Parenthood which provides not only excellent, low-cost reproductive health care to women but also cancer screenings, STI and HIV testing as well as other health care needs. Recklessly he has voted to eliminate title X funding, the national family program which was founded with bipartisan support in 1970 and has helped millions of women with what would be otherwise unaffordable and essential reproductive health care.

Women and men cannot go back to a day of back alley and unsafe abortions, and a day without the ability to control their own reproductive lives. Older people, disabled people, low-income people, and children cannot go back to a day without any access to affordable health care. We urge you to vote no on the confirmation of Representative Tom Price for Secretary of the U.S. Department of Health and Human Services.

For Women's Equality,

ELEANOR SMEAL,
President.

HUMAN RIGHTS CAMPAIGN®
JANUARY 17, 2017.

Hon. LAMAR ALEXANDER, *Chairman,*
Committee on Health, Education, Labor, and Pensions,
U.S. Senate,
Washington, DC 20510.

Hon. PATTY MURRAY, *Ranking Member,*
Committee on Health, Education, Labor, and Pensions,
U.S. Senate,
Washington, DC 20510.

DEAR CHAIRMAN ALEXANDER AND RANKING MEMBER MURRAY: Systemic discrimination, a lack of insurance, and increased rates of poverty and homelessness compound already stark health disparities within the LGBTQ community. In recent years we have witnessed the Department of Health and Human Services meet these challenges head on with a commitment to research, public education, and civil rights. LGBTQ people nationwide have come to depend upon the critical programs and leadership provided by HHS. We are standing at a crossroads in the fight for LGBTQ equality in healthcare. We cannot afford a Secretary like Representative Tom Price, whose anti-equality voting record and harmful rhetoric foster stigma and fear of LGBTQ people—compounding existing healthcare disparities.

Over the past two decades, Representative Price has spent his career dedicated to an agenda that undermines the health and well-being of the entire LGBTQ community. Partnering with anti-LGBTQ organizations, Representative Price has vocally opposed legislation that would protect our community not only from discrimination, but also from acts of violence. He has also dedicated the past 7 years to systematically undermining the Affordable Care Act—one of the most significant tools this country has ever had to combat health disparities in our community. Perhaps most troubling is his belief that LGBTQ people, equality, and same-sex relationships have negative public health and economic implications for the Nation.

While marriage equality is now the established law of the land, LGBTQ families still face the real fears of being turned away from care, denied the right to visit a child or spouse, or treated unfairly by doctors or other providers. These families deserve a Secretary who will actively work to ensure that discrimination has no place in federally funded healthcare programs and that every patient is treated with equal dignity regardless of their sexual orientation or gender identity. Instead of providing this security, Representative Price has a public record of demeaning and marginalizing LGBTQ people. His harmful, misguided, and flatly erroneous ideology categorically dismisses LGBTQ equality, the needs of our families, and the impact of marginalization and discrimination on healthcare outcomes.

The healthcare disparities and challenges we are facing are real, but they are not impossible. It is essential that the next Secretary exhibit a true commitment to meeting these challenges with policies based on science and research, a dedication to ensuring equal access to healthcare, and a vision for compassionate leadership. Representative Price's record shows that he's clearly not up to the job.

Sincerely,

CHAD GRIFFIN,
President.

IMMUNIZE,
JANUARY 17, 2017.

Hon. LAMAR ALEXANDER, *Chairman,*
Committee on Health, Education, Labor, and Pensions,
U.S. Senate,
Washington, DC 20510.

Hon. PATTY MURRAY, *Ranking Member,*
Committee on Health, Education, Labor, and Pensions,
U.S. Senate,
Washington, DC 20510.

Hon. ORRIN G. HATCH, *Chairman,*
Committee on Finance,
U.S. Senate,
Washington, DC 20510.

Hon. RON WYDEN, *Ranking Member,*
Committee on Finance,
U.S. Senate,
Washington, DC 20510.

DEAR CHAIRMAN ALEXANDER, CHAIRMAN HATCH, RANKING MEMBER MURRAY, AND RANKING MEMBER WYDEN: Vaccines are one of the greatest success stories in public health and are among the most cost-effective ways to prevent disease. Indeed, we know that for each dollar invested in the U.S. childhood immunization program, there are over $10 of societal savings and $3 in direct medical savings. Moreover, it is *estimated* that the benefits which will be accrued from the Vaccines For Children Program for children born over the first 20 years of the program will prevent 322 million illnesses, 21 million hospitalizations, 732,000 deaths, and nearly $1.4 trillion in societal costs.

While immunization rates remain high for children, pockets of undervaccinated communities remain at risk of deadly vaccine-preventable diseases. Immunization rates for adolescents and adults remain woefully low, leaving them vulnerable to diseases including several deadly cancers, and to serving as vectors for the transmission of deadly diseases, such as pertussis to young children. It has been *reported* that the United States spends nearly $27 billion annually treating four vaccine-preventable diseases that afflict adults over 50 years of age: influenza, pertussis, pneumococcal disease and shingles.

Costly outbreaks of vaccine preventable diseases continue to challenge the Nation's public health system. In the past 3 years 904 Americans were diagnosed with highly contagious measles, 4,625 cases of mumps were detected and pertussis (which is particularly deadly to infants) was diagnosed in more than 67,000 people. In addition, each year, more than 200,000 individuals are hospitalized and 3,000—49,000 deaths occur from influenza-related complications.

As the nominee for the Secretary of Health and Human Services it is our hope that Chairman Tom Price will support our Nation's public health infrastructure by fostering investments in the science and technology that informs our national immunization policy, providing a safety net to uninsured poor adults for vaccine purchases, monitoring the safety of vaccines, educating providers and performing community outreach, and conducting surveillance, laboratory testing, and epidemiology to respond to disease outbreaks.

As you work through the confirmation process, we urge you to ensure that Chairman Price is committed to protecting the citizens of this Nation from vaccine preventable diseases.

Sincerely,

Alliance for Aging Research, American Academy of Family Physicians, American Academy of Pediatrics, American Association for Dental Research, American Association of Colleges of Pharmacy, American College of Osteopathic Pediatricians, American College of Preventive Medicine, American Congress of Obstetricians and Gynecologists, American Immunization Registry Association, American Pharmacists Association, American Public Health Association, American Sexual Health Association, American Sexually Transmitted Diseases Association, American Society for Colposcopy and Cervical Pathology, American Society for Reproductive Medicine, American Society of Tropical Medicine & Hygiene, Arizona Partnership for Immunization, Association for Professionals in Infection Control and Epidemiology, Association of Immunization Managers, Association of Public Health Laboratories, Autism Science Foundation, Boost Oregon, California Academy of Family Physicians, California Immunization Coalition, Center for Vaccine Awareness

and Research—Texas Children's Hospital, Center for Vaccine Ethics and Policy/GE2P2 Global Foundation Central Oklahoma Immunization Coalition, Cervivor, Columbia County Immunization Coalition—Wisconsin, Commissioned Officers Association of the U.S. Public Health Service, Inc., Coulee Region Immunization Coalition—Wisconsin, Emily Stillman Foundation, EverThrive Illinois, Every Child By Two—Carter/Bumpers Champions for Immunization, Families Fighting Flu, FIND—Switzerland, Gerontological Society of America, Green County Health Department—Wisconsin, Gregg County Health Department—Texas, Head and Neck Cancer Alliance, Hep B United, Hepatitis B Foundation, Immunization Action Coalition, Immunization Action Coalition of Washington, Immunization Coalition of Washington, DC, Immunization Collaboration of Tarrant County—Texas, Immunize Kansas Coalition, Immunize Nevada, Immunization Partnership—Texas, Indiana Immunization Coalition, Infectious Diseases Society of America, International AIDS Vaccine Initiative, International Vaccine Institute, Iowa County Health Department, Kelsey-Seybold Clinic, LA BioMed/South LA Health Projects, Langlade County Immunization Coalition—Wisconsin, March of Dimes, Massachusetts Chapter of the American Academy of Pediatrics, Meningitis Angels, Mid America Immunization Coalition, Minnesota Chapter of the American Academy of Pediatrics, Minnesota Childhood Immunization Coalition, National Association of County and City Health Officials, National Association of Pediatric Nurse Practitioners, National Association of School Nurses, National Consumers League, National Foundation for Infectious Diseases, National Meningitis Association, National Network of Public Health Institutes, National Recreation and Park Association, Novavax, Ocean State Immunization Collaborative, Ohio State Univ. Comprehensive Cancer Center/James Cancer Hospital & Solove Research Institute, PATH, Pediatric Infectious Diseases Society, Pierce County Immunization Coalition—Washington, Public Health—Seattle & King County, Sabin Vaccine Institute, San Diego Immunization Coalition, Sheboygan County Immunization Coalition—Wisconsin, Society for Adolescent Health and Medicine, Society for Maternal-Fetal Medicine, Southeast Minnesota Immunization Connection, Southern Wisconsin Immunization Consortium, TB Alliance, Team Maureen/Cervical Cancer-Free MA, Research Institute, Trust for America's Health, Vaccinate California, Vaccine Education Center at the Children's Hospital of Philadelphia, VillageReach, Voices for Vaccines, Walgreens, Washington Chapter of the American Academy of Pediatrics, Washington Global Health Alliance, Washtenaw County Public Health, West Virginia Immunization Network.

MAIN STREET ALLIANCE,
JANUARY 17, 2017.

Hon. LAMAR ALEXANDER, *Chairman,*
Committee on Health, Education, Labor, and Pension,
U.S. Senate,
835 Hart Senate Office Building,
Washington, DC 20510.

Hon. PATTY MURRAY, *Ranking Member,*
Committee on Health, Education, Labor, and Pension,
U.S. Senate,
648 Dirksen Senate Office Building,
Washington, DC 20510.

Hon. ORRIN G. HATCH, *Chairman,*
Committee on Finance,
U.S. Senate,
104 Hart Senate Office Building,
Washington, DC 20510.

Hon. RON WYDEN, *Ranking Member,*
Committee on Finance,
U.S. Senate,
221 Dirksen Senate Office Building,
Washington, DC 20510.

DEAR CHAIRMAN HATCH, CHAIRMAN ALEXANDER, RANKING MEMBER WYDEN, AND RANKING MEMBER MURRAY: The Main Street Alliance writes to oppose the confirmation of Representative Tom Price to serve as Secretary of the Department of Health and Human Services (HHS). We also wish to express opposition to the harmful efforts to repeal the Affordable Care Act, privatizing Medicare and block-granting Medicaid.

The Main Street Alliance is a national network of small business owners who engage on local, State, and national policy issues of concern to small businesses, their employees, and their community. Access to safe and affordable health coverage is a longstanding priority for small business owners in our network. HHS-administered programs, such as the ACA, Medicaid, and Medicare, have provided much-needed relief to small business owners, who have long struggled to obtain affordable, quality coverage in the private market. Since the implementation of the ACA, the uninsured rate for employees in small businesses has dropped—fallen from 27.4 percent to a historic low of 19.6 percent—and one in five marketplace enrollees are small business owners or sole proprietors. Similarly, Medicare and Medicaid have ensured that our most vulnerable business owners—often without a company pension or retirement—have a basic measure of health security.

Unfortunately, Representative Price's record on these programs is dismal. Representative Price is a proponent of radical proposals to cut billions from Medicare, converting it to a voucher which would lose value over time and shift more and more costs onto seniors and people with disabilities. He also supports increasing the age of Medicare eligibility from 65 to 67, which would increase the number of older adults—many of whom are small business retirees—without health care coverage. Furthermore, Representative Price supports the repeal of the Affordable Care Act (ACA), a plan that would cause 30 million people to lose their coverage by 2019, including over 4 million business owners; collapse the individual market; and cause premiums for small business owners to skyrocket.

Beyond the direct health and financial costs to small business owners, Representative Price's plan to dismantle the current health care system would syphon billions of dollars out of local economies, starve State funding, and under-resource vital programs that small businesses rely on. The economic ripple effects of repealing the ACA and cutting Medicaid would be far-reaching. Nearly 3 million jobs would be lost, and gross State products would fall by $1.5 trillion between 2019 and 2023, business output would drop $2.6 trillion. As evident from the Great Recession, the ensuing contracting economy would disproportionately harm small business growth.

Simply put, Representative Price's policy agenda would cripple small business owners. For these reasons, I ask that you oppose the nomination of Representative Tom Price for Secretary of Health and Human Services. If you need additional information, please contact Michelle Sternthal at *michelle@mainstreetalliance.org* or (202) 263-4529.

Sincerely,

AMANDA BALLANTYNE,
National Director.

MOMSRISING.ORG,
JANUARY 17, 2016.

Hon. LAMAR ALEXANDER, *Chairman,*
Committee on Health, Education, Labor, and Pensions,
U.S. Senate,
428 Dirksen Office Building,
Washington, DC 20510.

Hon. PATTY MEMBER, *Ranking Member,*
Committee on Health, Education, Labor, and Pensions,
U.S. Senate,
428 Dirksen Office Building,
Washington, DC 20510.

DEAR CHAIRMAN ALEXANDER AND RANKING MEMBER MURRAY AND MEMBERS OF THE SENATE COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS: MomsRising is an on-the-ground and online grassroots organization of more than a million people, including people from every State in our Nation, who are working to increase family economic security, decrease discrimination against women and moms, and to build a nation where businesses and families can thrive. As such, we and our members across the country were dismayed by President-Elect Trump's nomination of Representative Tom Price as Secretary of Health and Human Services because Representative Tom Price has said he would act to roll back health care coverage gains made through the Affordable Care Act and would weaken programs like Medicaid, which are essential to the health of families.

Therefore we strongly urge you to reject the nomination of Representative Tom Price for Secretary of Health and Human Services.

Since the passage of the Affordable Care Act (ACA), we have seen the largest reduction in the uninsured in four decades. This reduction lifts our economy and our

families. In fact, about 16.4 million previously uninsured people have gained access to health coverage.[1] In addition, millions more have benefited from such positive and popular improvements as financial protections for those facing severe illness, no longer being discriminated against for pre-existing conditions, parents being able to keep their adult children on their plan until they are 26, and preventative care, such as well-visits, vaccinations, and mammograms, being covered free of charge.

Representative Price opposes the ACA and would support scraping the law altogether, leaving 30 million people, including 4 million children, without health insurance.[2] Instead he has proposed a program that is far weaker, and leaves many struggling families out. Representative Price wants to offer a weak replacement, which guts access to health insurance and eliminates the essential health benefits package—allowing insurers to determine whether or not things like maternity care should be covered.[3]

This would hurt moms like Amy who writes:

> "Our daughter Addie was diagnosed with Type 1 diabetes at age 6—an autoimmune disease for which there is no cure, but does have very expensive treatments. When my husband lost his job a few years ago, prior to the Affordable MomsRising.org Care Act, no one would insure us—at any cost. We were denied coverage because of Addie's Type 1 diagnosis. Thanks to the Affordable Care Act, we no longer have to worry about being denied coverage and I can sleep at night knowing that Addie will always have access to her life saving medications—or will she?"

While the ACA is not perfect, it has allowed millions of families to afford health insurance for the first time. Rather than getting rid of the entire program, which would inevitably hurt the health and well-being of our families and economy, we support building upon the ACA and making improvements to it.

In addition to his opposition to the ACA, Representative Price has spent his years in Congress casting votes and proposing legislation that opposes Medicaid. Medicaid is a vital health service to millions of low-income children, pregnant women, people with disabilities and chronic illnesses, and the elderly—including the 70 percent of all nursing home residents.[4]

Medicaid is also a boost to our families and our economy. A study by the National Bureau of Economic Research found that investments in Medicaid strengthen our economy because children who are covered by Medicaid insurance receive a boost in their future earnings for decades, and in return pay more taxes and pump more money back into their local economies.[5]

We have heard from hundreds of moms who have families that have been kept afloat from Medicaid. Moms like Kelly who writes:

> "My son Andrew was born premature, 29 weeks, weighing only 1 pound 6 ounces. He was in the hospital for 3 months. He had multiple surgeries. My husband and I were both working when my son came early but we were not able to manage the financial burdens that followed. If it wasn't for Medicaid stepping in to pay for his surgeries and NICU he may not have lived."

And Lisbeth:

> "When my mother was diagnosed with Alzheimer's we used her entire Social Security and pension, plus my father's VA pension and Medicaid to cover the cost of a skilled nursing facility. My mother was a nurse for over 30 years and dedicated her life to taking care of others. In turn, she and our whole family relied on Medicaid to take care of her."

While Medicaid was helping to bring better health, and literally saving the lives, of millions of families, Representative Price has proposed budgets that would signifi-

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[1] Health and Human Services. "The Affordable Care Act is Working." *https://www.hhs.gov/healthcare/facts-and-features/fact-sheets/aca-is-working/index.html?language=es*.

[2] Linda J. Blumberg, Matthew Buettgens and John Holahan. "Implications of Partial Repeal of the ACA through Reconciliation." Urban Institute, December 6, 2016. *http://www.urban.org/research/publication/implications-partial-repeal-aca-through-reconciliation; http://www.urban.org/research/publication/implications-partial-repeal-aca-through-reconciliation; http://www.urban.org/research/publication/implications-partial-repeal-aca-through-reconciliation*.

[3] Sarah Kliff. "By picking Tom Price to lead HHS, Trump shows he's absolutely serious about dismantling Obamacare." Vox, November 28, 2016. *http://www.vox.com/2016/11/28/13772342/trump-tom-price-obamacare; http://www.vox.com/2016/11/28/13772342/trump-tom-price-obamacare. http://www.vox.com/2016/11/28/13772342/trump-tom-price-obamacare.*

[4] FamiliesUSA. "Our Work: Medicaid." *http://familiesusa.org/issues/medicaid*.

[5] National Bureau of Economic Research "Medicaid as an Investment in Children: What is the Long-Term Impact on Tax Receipts?" *http://www.nber.org/papers/w20835*.

cantly reduce funding for Medicaid, shifting the burden of cost to States, leading to fewer benefits and a reduction in the number of people covered.[6]

We need a health secretary who actually shows concern for our families' health. It is our fear that if our elected officials were to follow Representative Price's lead, we would see millions of people without health insurance and a nation that is sicker and less productive.

It is for these reasons that MomsRising members across the country oppose Representative Tom Price for Secretary of Health and Human Services—and urge your committee to do the same and reject his nomination.

Sincerely,

KRISTIN ROWE-FINKBEINER,
Executive Director/CEO and Co-Founder.

NARAL PRO-CHOICE AMERICA,
JANUARY 11, 2017.

Hon. LAMAR ALEXANDER, *Chairman,*
Committee on Health, Education, Labor, and Pensions,
U.S. Senate.

Hon. PATTY MURRAY, *Ranking Member,*
Committee on Health, Education, Labor, and Pensions,
U.S. Senate.

DEAR CHAIRMAN ALEXANDER AND RANKING MEMBER MURRAY: On behalf of NARAL Pro-Choice America's one-million member activists, I write to express strong opposition to the nomination of Rep. Tom Price for secretary for the U.S. Department of Health and Human Services (HHS). Given his long record of hostility toward reproductive rights and access to basic health-care services, Rep. Price has demonstrated that he is not fit to carry out the responsibilities of this position.

The mission of HHS is "to enhance the health and well-being of Americans by providing for effective health and human services and by fostering sound, sustained advances in the sciences underlying medicine, public health, and social services."[1] This charge inherently includes enhancing the health and well-being of women—and a central part of women's health care is reproductive-health care.

However, during his 12 years in the House of Representatives, Rep. Price has firmly established his opposition to reproductive-health care and the work of many of HHS's agencies and programs by casting 46 anti-reproductive-health votes.[2] For example, throughout his tenure in Congress, Rep. Price has continuously worked to undermine women's access to contraception. He repeatedly voted to defund Planned Parenthood health centers[3] and voted to eliminate the title X family planning program. Planned Parenthood and other title X providers not only furnish millions of women with birth control, but also deliver reproductive-health services ranging from STD testing to breast-cancer screenings to millions of men and women.[4] Ensuring the provision of these health services is an integral component of the department's work.

Rep. Price also vehemently opposes the Affordable Care Act (ACA),[5] which has been transformational in improving women's access to basic health care by ensuring coverage and affordability of maternity care, family planning services, and other reproductive-health services. Rep. Price has authored legislation and repeatedly voted

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[6] *New York Times* Editorial Board. "Tom Price, Radical Choice for Health Secretary." November 30, 2016. *https://www.nytimes.com/2016/11/30/opinion/tom-price-a-radical-choice-for-health-secretary.html*.

[1] The Department of Health and Human Services website at *https://www.hhs.gov/about/strategic-plan/introduction/index.html#* (January 5, 2017).

[2] NARAL Pro-Choice America, Congressional Record on Choice, 2005–16.

[3] Pence amendment to fiscal year 2008 Labor, Health and Human Services, and Education Appropriations Act, H.R. 3043, 7/19/07; Pence amendment to fiscal year 2010 Labor, Health and Human Services, and Education Appropriations Act, H.R. 3293, 7/24/09; Pence amendment to fiscal year 2011 Continuing Resolution, H.R. 1, 2/18/11; fiscal year 2011 Continuing Resolution, H.R. 1, 2/19/11; Enrollment resolution to fiscal year 2011 Continuing Resolution, H. Con. Res. 36, 4/14/11; Defund Planned Parenthood Act, H.R. 3134, 9/18/15; Women's Public Health and Safety Act, H.R. 3495, 9/29/15; fiscal year 2016 Continuing Resolution, H. Con. 79, 9/30/15; Restoring Americans' Healthcare Freedom Reconciliation Act, H.R. 3762, 10/23/15; H.R. 3762, 1/6/16; Veto override of H.R. 3762, 2/2/16.

[4] Fiscal year 2011 Continuing Resolution, H.R. 1, 2/19/11.

[5] Empowering Patients First Act, H.R. 2300, 114th Cong. (2015); Press Release, *Price Statement on Obamacare Repeal*, Feb. 3, 2016, available at *https://tomprice.house.gov/press-release/price-statement-obamacare-repeal* (last visited Dec. 5, 2016).

to repeal the ACA, and has particularly targeted the contraceptive-coverage policy,[6] despite its broad popularity and positive impact on women's lives.

Moreover, Rep. Price opposes a woman's constitutional right to legal abortion, cosponsoring so-called "personhood" legislation that would—if it went into effect—make abortion illegal nationwide in almost all cases, and ban some of the most common forms of contraception, along with stem-cell research and in vitro fertilization.[7] Many of these health services and research areas fall within HHS' jurisdiction; Rep. Price's position puts him directly at odds with these activities—not to mention far outside the mainstream of American public opinion.

All told, someone who opposes so much of the department's work simply cannot successfully fulfill its mission. Rep. Price's extreme opposition to reproductive rights and health make him unfit for the position of secretary of HHS. I urge you to oppose Rep. Price for this office.

Sincerely,

ILYSE G. HOGUE,
President.

NATIONAL CENTER FOR TRANSGENDER EQUALITY,
WASHINGTON, DC 20036,
December 24, 2016.

Hon. LAMAR ALEXANDER, *Chairman,*
Committee on Health, Education, Labor, and Pensions,
U.S. Senate,
Washington, DC 20510.

Hon. PATTY MURRAY, *Ranking Member,*
Committee on Health, Education, Labor, and Pensions,
U.S. Senate,
Washington, DC 20510.

DEAR SENATORS: On behalf of the more than one million transgender Americans, the National Center for Transgender Equality writes to express our strong opposition to the confirmation of Congressman Tom Price to serve as Secretary of the Department of Health and Human Services (HHS). We also wish to convey our deep opposition to the effort to repeal the core elements of the Affordable Care Act, privatize Medicare and cap Medicaid funding to the States.

HHS's mission is to "enhance and protect the health and well-being of all Americans." Rep. Price's record stands in stark contrast to this mission. His repeated efforts to strip health insurance from millions of people and eliminate consumer protections in health care represent not only an attack on the very programs he has been nominated to oversee, but also an attack on some of the Nation's most vulnerable people. Efforts to cut billions and limit eligibility for Medicare and Medicaid at the expense of poor, disabled, and elderly Americans are of particular concern to NCTE. In 2015 NCTE conducted a national survey of nearly 28,000 transgender adults, which found that transgender Americans are twice as likely to live in poverty, making them particularly vulnerable to such radical cutbacks.

Price's long history of extremely divisive views and comments toward lesbian, gay, bisexual, and transgender people, immigrants and their children, and other communities—including his past statements that efforts to provide equal opportunity for LGBT people would harm public health because of their "outside the norm" "lifestyles"—indicate he will not work to protect "all Americans." Price has voted to permit refusing services to domestic violence victims because they are LGBT, and sought to ban the most common forms of contraception.

Price's views are far from the mainstream, and we consider him to be unfit to lead an agency that has such a profound impact on the health and well-being of every person and family in the Nation. We urge you to reject his confirmation.

Sincerely,

MARA KEISLING,

[6] Brief Amicus Curiae of 207 Members of Congress in Support of Petitioners, *David Zubik, et al.* v. *Sylvia Burwell, Secretary of et al.*, 2015 WL 39475865 (U.S.).

[7] H.R. 552, 2/2/05.

Executive Director.

NATIONAL COUNCIL OF JEWISH WOMEN (NCJW),
JANUARY 20, 2017.

Hon. Lamar Alexander, *Chairman,*
Committee on Health, Education, Labor, and Pensions,
U.S. Senate,
Washington, DC 20510.

Hon. PATTY MURRAY, *Ranking Member,*
Committee on Health, Education, Labor, and Pensions,
U.S. Senate,
Washington, DC 20510.

DEAR CHAIRMAN ALEXANDER AND RANKING MEMBER MURRAY: **On behalf of the National Council of Jewish Women (NCJW), and its 90,000 members and supporters nationwide, I write to share serious concerns about the nomination of Representative Tom Price (R–GA) to be the next Secretary of Health and Human Services (HHS).** NCJW is a grassroots organization of volunteers and advocates who turn progressive ideals into action. Inspired by Jewish values, NCJW strives for social justice by improving the quality of life for women, children, and families and by safeguarding individual rights and freedoms.

Rep. Price's record shows he opposes several values that are fundamental to the diverse constituency that NCJW represents and serves. NCJW is firmly committed to pursing justice, breaking down barriers that threaten our neighbor's moral autonomy, health, economic security, or well-being particularly for those who face structural obstacles to exercising those basic rights. We believe each of us is of equal worth. Everyone person deserves the ability to care for their bodies, health, and families per their own faith, regardless of income, gender, age, race, or other factors. Guided by these values, NCJW further believes that each of us deserves access to quality, comprehensive health care without risking other basic needs; the ability to make personal decisions without interference; respect for religious liberty; as well as dignity and compassion.

NCJW urges you to reject Rep. Price's confirmation to the critical cabinet post of Secretary of the U.S. Department of Health and Human Services. His leadership could threaten the health and well-being of millions, most harming those struggling to make ends meet, disproportionately including women, people of color, and others already experiencing barriers to health care.

Throughout his career, Rep. Price has demonstrated contempt for the majority consensus that we all deserve access to affordable, quality health coverage, regardless of gender, income, race, or other factors. Championing legislation to dismantle the Affordable Care Act (ACA), Rep. Price drafted a proposal that would leave individuals without affordable, quality coverage. Experts from the Center on Budget and Policy Priorities estimated his ACA replacement plan could alarmingly take away insurance or access to care from millions who have gained it thanks to the health reform law. Further, the Congressman has led efforts to gut social safety net programs, including Medicaid and Medicare. For example, Price-supported proposals to institute deeply harmful cuts to Medicaid would force States to eliminate critical health benefits or reduce program eligibility; individuals and families would be forced to choose between their health, financial future, or other essentials. Such efforts would most harm the health and economic security of individuals struggling to get by, falling hardest on women and women of color.

Rep. Price is also dangerously out of touch with women's health needs. He expressed troubling skepticism about women facing barriers to contraception, wrongly declaring that "not one" woman has experienced such obstacles—despite clear data to the contrary. Research shows that more than half of women between 18–34 years old, including Latina and African American women, faced cost barriers to prescription birth control; thanks to the ACA, 55 million women have gained affordable access to the birth control that works best for them. Rep. Price has further cosponsored legislation to bar access to comprehensive reproductive health care and coverage, supporting measures to push safe abortion out of reach. Making abortion more difficult to access can have far-reaching consequences on a woman and her family. Yet Rep. Price maintains support for policies such as bans on abortion coverage that make this critical health care harder to obtain, especially harming individuals struggling to make ends meet.

Relatedly, Price has led bills to restrict access to comprehensive care while imposing a single religious viewpoint on everyone. For instance, he sponsored a proposal

to enshrine into law one faith perspective about when life begins as well as a bill to permit doctors, insurers, and other health entities to use religion to discriminate by denying care or coverage that doesn't align with their faith. As a Jewish organization, NCJW cherishes our country's foundational right to religious liberty. We respect each person's right to hold their own religious beliefs and to make personal decisions about their health accordingly. We ask no less for ourselves. Backing these measures—which could outlaw several forms of birth control and other key services—indicates Price would not only place a woman's health in jeopardy by denying care, but defy our Nation's bedrock principle of religious liberty. His leadership could let politicians interfere in an individual's ability to make personal health decisions according to their own beliefs and values.

Also of deep concern is Rep. Price's opposition to the principle that we all deserve fair treatment under the law—a belief that could leave people without protection from health system discrimination. The Congressman has consistently worked against efforts to make existing law more inclusive. Rejecting values that affirm compassion and the dignity of all people, he voted against the Matthew Shepherd and James Byrd. Jr Hate Crimes Prevention Act and opposed reauthorization of the Violence Against Women Act. Given this record, Rep. Price's HHS leadership could mean women, immigrants, people who are lesbian, gay, bisexual, transgender, gender-nonconforming, or queer (LGBTQ), and others experiencing barriers to health and safety might be refused health care, safety, or related services simply because of their gender, sexual orientation, immigration status or other factors.

The cabinet member who leads the Department of Health and Human Services must be committed to advancing access to affordable, quality health care for all, and the basic ideals that we each deserve dignity, fair treatment, compassion, and respect to make our own personal, faith-informed decisions about our health and future—regardless of income, gender, race, or any other factor. Rep. Price's record shows he rejects these values and commitments.

NCJW fears Rep. Price would threaten the health and well-being of individuals and families nationwide and thus respectfully urges you to reject his confirmation as HHS Secretary.

Sincerely,

NANCY K. KAUFMAN,
CEO, National Council of Jewish Women.

NATIONAL INSTITUTE FOR REPRODUCTIVE HEALTH,
January 16, 2017.

Hon. LAMAR ALEXANDER, *Chairman,*
Committee on Health, Education, Labor, and Pensions,
U.S. Senate,
Washington, DC 20510.

Hon. PATTY MURRAY, *Ranking Member,*
Committee on Health, Education, Labor, and Pensions,
U.S. Senate,
Washington, DC 20510.

DEAR CHAIRMAN ALEXANDER AND RANKING MEMBER MURRAY: The National Institute for Reproductive Health is a non-profit advocacy organization working across the country to increase access to reproductive health care and seeks to preserve women's right to affordable and accessible abortion and contraception as part of the comprehensive range of health services that each person needs and deserves. We write in opposition to Representative Tom Price's nomination to serve as our Nation's Secretary of Health and Human Services.

The mission of the Department of Health and Human Services (HHS) is "to enhance and protect the health and well-being of all Americans."[1] Representative Price's record indicates that he would not serve the stated mission of HHS.

During his 11 years in Congress, Representative Price has consistently championed policies that would undermine the health and well-being of women. He has worked to weaken the same programs that he has been nominated to oversee—programs that tens of millions of people—and disproportionately women—rely on to protect their health and the health and well-being of their families. His record should disqualify him for the office of HHS Secretary.

Specifically, **we are deeply concerned about the Congressman's extreme opposition to abortion care and access to contraception; his opposition to**

[1] U.S. Dept. of Health and Human Services. "About Us." Retrieved 12 January 17, from *https://www.hhs.gov/about/index.html#.*

the Affordable Care Act (ACA); and his commitment to undermining Medicaid, Medicare and other key parts of our Nation's social safety net.

Rep. Price's extreme record on reproductive health care alone should disqualify him for the job. Rep. Price has co-sponsored legislation that would outlaw abortion, stem cell research, forms of contraception, and in vitro fertilization.[2] He has vigorously opposed women's constitutionally recognized right to abortion care, voting repeatedly and consistently to: deny abortion coverage for women with private health insurance,[3] withhold such coverage from low-income women,[4] and ban abortion care nationwide as early as 20 weeks.[5] He has voted multiple times in favor of the Select Panel to investigate abortion providers, a partisan witch-hunt that has harassed and endangered researchers and abortion providers.[6]

Rep. Price is a proven opponent of access to family planning services, no matter the public health impact. He has repeatedly voted to defund Planned Parenthood,[7] which provides essential preventive health services like cancer screenings, birth control, STI testing, and HIV testing to 2.5 million people annually. Defunding Planned Parenthood and barring Federal funds for family planning services to any health entity that also provides abortion will have a disproportionate impact on communities that historically face systemic barriers to care—people of color, people living in rural areas, and people with low incomes.[8] He has also voted to eliminate title X, our Nation's family planning program, which provides millions of people with basic health care services.[9]

In addition to specifically targeting women's access to abortion and contraception, Rep. Price has made clear his opposition to affordable health care for everyone. The Affordable Care Act has improved the lives of tens of millions of people. It has enabled nearly 9.5 million previously uninsured women to gain access to affordable, comprehensive health care coverage.[10] Millions now have the peace of mind of knowing that if they or their family members have a health emergency they will be able to afford care. Fifty-five million women have benefited from the ACA's coverage of preventive services, including well-woman visits, screening for domestic violence, contraceptive methods and counseling, and breastfeeding support, among others.[11]

If confirmed, Rep. Price would roll back these important gains for women and families and strip beneficiaries of important protections concerning access to cov-

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[2] The Right to Life Act, H.R. 552 (2 February 2005).

[3] Stupak amendment to the Health Care for America Act, H.R. 3962, (7 November 2009); Camp motion to recommit Health Care and Education Reconciliation Act, H.R. 4872, (21 March 2010); No Taxpayer Funding for Abortion Act, H.R. 3, (4 May 2011); Protect Life Act, H.R. 358, (13 October 2011); No Taxpayer Funding for Abortion Act, H.R. 7, (28 January 2014); No Taxpayer Funding for Abortion Act, H.R. 7, (22 January 2015).

[4] No Taxpayer Funding for Abortion Act, H.R. 3, (4 May 2011); No Taxpayer Funding for Abortion Act, H.R. 7, (28 January 2014); No Taxpayer Funding for Abortion Act, H.R. 7, (22 January 2015).

[5] "Pain-Capable" Unborn Child Protection Act, H.R. 3808, (31 July 2012); "Pain-Capable" Unborn Child Protection Act, H.R. 1797, (18 June 2013); Motion to recommit the "Pain-Capable" Unborn Child Protection Act, H.R. 36, (13 May 2015); "Pain-Capable" Unborn Child Protection Act, H.R. 36, (13 May 2015).

[6] H.Res. 461, (7 October 2015); H.Res. 933, (1 December 2016).

[7] Pence amendment to fiscal year 2008 Labor, Health and Human Services, and Education Appropriations Act, H.R. 3043, (19 July 2007); Pence amendment to fiscal year 2010 Labor, Health and Human Services, and Education Appropriations Act, H.R. 3293, (24 July 2009); Pence amendment to fiscal year 2011 Continuing Resolution, H.R. 1, (18 February 2011); fiscal year 2011 Continuing Resolution, H.R. 1, (19 February 2011); Enrollment resolution to fiscal year 2011 Continuing Resolution, H.Con.Res. 36, (14 April 2011); Defund Planned Parenthood Act, H.R. 3134, (18 September 2015); Women's Public Health and Safety Act, H.R. 3495, (29 September 2015); Fiscal year 2016 Continuing Resolution, H.Con. 79, (30 September 2015); Restoring Americans' Healthcare Freedom Reconciliation Act, H.R. 3762, (23 October 2015); H.R. 3762, (6 January 2016); Veto override of H.R. 3762, (2 February 2016).

[8] Planned Parenthood Federation of America. (2016). *The Urgent Need for Planned Parenthood Health Centers.* Retrieved 13 January 2017, from *https://www.plannedparenthood.org/files/4314/8183/5009/20161207_Defunding_fs_d01_1.pdf.*

[9] Fiscal year 2011 Continuing Resolution, H.R. 1, (19 February 2011).

[10] U.S. Dept. of Health and Human Services, Office of the Asst. Secretary for Planning and Evaluation. (2016, March). *Health Insurance Coverage and the Affordable Care Act, 2010-2016.* Retrieved 12 January 2017, from *https://aspe.hhs.gov/sites/default/files/pdf/187551/ACA2010-2016.pdf.*

[11] U.S. Dept. of Health and Human Services. (2015, May). *The Affordable Care Act is Improving Access to Preventive Services for Millions of Americans.* Retrieved 12 January 2017, from *https:..aspe.hhs.gov/pdf-report/affordable-care-act-improving-access-preventive-services-millions-americans.*

erage and care. His record on these issues is clear. Rep. Price has voted over 60 times to repeal the ACA.[12]

Rep. Price's opposition to affordable health care extends beyond the ACA. His appointment represents a serious threat to Medicaid and Medicare. Rep. Price has specifically targeted low-income women and families by seeking to cut funding for Medicaid and to eviscerate the program through the use of block grants and per capita caps.[13] Millions of women rely on Medicaid for care throughout their lives—from reproductive and maternal health services to nursing home care. Block granting or capping Medicaid would devastatingly undermine the critical role that Medicaid plays in supporting the health and well-being of millions of people in this country.

In addition to his attacks on Medicaid, Rep. Price has sought to severely undermine the Medicare safety net, which has delivered life-saving health care and coverage to millions of older adults—the majority of whom are women—and people with disabilities, who otherwise could not afford it. Instead of working to strengthen this vital American institution, as the next HHS Secretary should, Rep. Price would weaken Medicare through privatization.[14]

Rep. Tom Price would clearly take our health care system backward. We urge you to reject this nominee.

Sincerely,

ANDREA MILLER,
President.

NATIONAL LATINA INSTITUTE FOR REPRODUCTIVE HEALTH,
JANUARY 16, 2017.

U.S. Senate,
Committee on Health, Education, Labor, and Pensions,
428 Senate Dirksen Office Building,
Washington, DC 20510.

DEAR MEMBER OF THE SENATE COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS: **National Latina Institute for Reproductive Health [NLIRH]** writes to express its strong **opposition to the confirmation** of Tom Price as Secretary of Health and Human Services. NLIRH is the only national reproductive justice organization dedicated to building Latina power to advance health, dignity, and justice for 28 million Latinas, their families, and communities in the United States through leadership development, community mobilization, policy advocacy, and strategic communications. The Secretary of Health and Human Services is the Nation's most senior official tasked with enhancing and protecting the health and well-being of all communities in the United States. Mr. Price's record is entirely inconsistent with the mandate of the U.S. Department of Health and Human Services (HHS).

Mr. Price has consistently attacked the Affordable Care Act (ACA), landmark legislation that has improved access to healthcare for the Latinos/a community in the United States. In the 114th Congress, Mr. Price introduced the Empowering Patients First Act, which if passed, would have repealed the ACA and replaced it with a plan that would harm those who are struggling to make ends meet and those who are ill.[1] Due to the ACA, over 4 million Latinos/as were able to gain coverage.[2] In fact, 71 percent of Latino/a registered voters before the 2016 election said that the ACA is working well and should remain as it is or that it is working well and can be improved by decreasing out-of-pocket costs.[3] The ACA has opened the door to meaningful access to affordable, quality, culturally competent health coverage and care, including reproductive healthcare, for Latinos/as. The

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[12] Planned Parenthood Federation of America. (2016, November). *Tom Price, Trump's Pick to Lead HHS, Would Take Away Millions of Women's Health Care.* Retrieved 12 January 2017, from *https://www.plannedparenthoodaction.org/blog/tom-price-trumps-pick-to-lead-hhs-would-take-away-millions-of-womens-access-to-health-care*.

[13] Ibid.

[14] *A Better Way Our Vision for a More Confident America—Health Care.* (22 June 2016). Retrieved 13 January 2017, from *http://abetterway.speaker.gov/__assets/pdf/ABetterWay-HealthCare-PolicyPaper.pdf*; Rep. Tom Price. (22 June 2016). *A Better Way to Fix Health Care* [Press Release]. Retrieved 13 January 2017, from *https://tomprice.house.gov/press-release/better-way-fix-health-care*.

[1] Empowering Patients First Act, H.R. 2300, 114th Cong. (2015).

[2] U.S. Department of Health and Human Services. The ACA is Working for the Latino Community. July 21, 2016. *http://www.hhs.gov/healthcare/facts-and-features/fact-sheets/aca-working-latino-community/index.html?language=es*.

[3] National Council of La Raza and Latino Decisions. Press Briefing: The Views of Latinos on the Economy, Health Care, and the 2016 Election. October 27, 2016. *http://publications.nclr.org/bitstream/handle/123456789/1641/theviewsoflatinosontheeconomyhealthcareand2016election.pdf?sequence=l&isAllowed=y*.

gains communities of color have made under the ACA will be reversed if Mr. Price is confirmed.

Mr. Price's record reflects xenophobic sentiments. Mr Price is a member of the Association of American Physicians and Surgeons (AAPS).[4] In 2005, the namesake journal of this organization published an article advocating for rescinding the citizenship of individuals born in the United States whose parents are foreign-born.[5] Mr. Price has also cosponsored H.R. 1940. the Birthright Citizenship Act of 2007, in the 110th Congress which would deny citizenship to some who are born here in the United States of immigrant parents.[6] His support of anti-immigrant legislation will impact the ability of HHS to engage in health issues concerning immigrant communities in this country.

Mr. Price's hostile views regarding the LGBTQ community would undermine the important work that the ACA has achieved in advancing the health and dignity of LGBTQ individuals. Under the Obama administration, the ACA's nondiscrimination provision has been interpreted to include protections on the basis of gender identity.[7] Additionally, in 2015, preventive services under the ACA were clarified so that transgender persons would have access to these services regardless of their gender identity, sex assigned at birth, or recorded gender.[8] Mr. Price has voted against legislation that would ban employment discrimination on the basis of sexual orientation[9] and legislation that would fight hate crimes.[10] Recently, he called the Obama administration's guidelines allowing transgender students to use the bathroom that aligns with their gender identity as "absurd."[11] If confirmed, the important gains in health equity for the LGBTQ community will dissipate, leading to severe health disparities.

Mr. Price has consistently supported efforts to undermine a woman's ability to make personal, reproductive healthcare decisions. As a member of the House of Representatives, he has cast anti-choice votes on access to abortion care and coverage and other reproductive health issues.[12] His support of anti-choice legislation only further harms women of color who face multiple challenges in accessing quality, affordable reproductive health services. For example, due to barriers to healthcare, Latinas face the highest rates of cervical cancer incidence and Black women face the highest cervical cancer mortality rates.[13] His objection to the contraceptive coverage benefit on the grounds of religious liberty[14] ignores the fact that women of color had previously struggled to afford this care.[15] Mr. Price will undoubtedly continue to support anti-choice policies as head of HHS.

As Secretary of HHS, Mr. Price would undermine and reverse the gains this country has made in advancing access to quality, affordable health care, including reproductive health care, for communities of color, LGBTQ communities, and women of color. If confirmed, the policies Mr. Price pursues will severely harm Latinas and their families.

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[4] John Commins, *AAPS Membership May be Liability for Price, Says Group's Leader*, Health Media Leaders, Dec. 7, 2016. *http://www.healthleadersmedia.com/physician-leaders/aaps-membership-may-be-liability-price-says-groups-leader#*.

[5] Madeleine Pelner Cosman, *Illegal Aliens and American Medicine*, JOURNAL OF AMERICAN PHYSICIANS AND SURGEONS, 10(1); 9, 2005. Available at: *http://www.jpands.org/vol10no1/cosman.pdf*.

[6] Birthright Citizenship Act of 2007, H.R. 1940, 110th Cong. (2007).

[7] Nondiscrimination in Health Programs and Activities, 81 Fed. Reg. 31375 45 CFR 92 (May 18, 2016).

[8] U.S. Department of Health and Human Services, Advancing LGBT Health and Well-being: 2016 Report of the HHS LGBT Policy Coordinating Committee, Dec. 6, 2016, *https://www.hhs.gov/programs/topic-sites/lgbt/reports/health-objectives-2016.html*.

[9] Employment Non-Discrimination Act of 2007, H.R. 3685, 110th Cong. (2007).

[10] Local Law Enforcement Hate Crimes Prevention Act of 2009, H.R. 1913, 111th Cong. (2009).

[11] Matt Hennie, *Transgender Bathroom Backlash Grows in Georgia*, Project Q Atlanta, May 16, 2016, *http://www.projectq.us/atlanta/transgender__bathroom__backlash__grows__in__georgia?gid=17800*.

[12] NARAL Pro-Choice America, Congressional Record on Choice, 2005–16.

[13] Centers for Disease Control and Prevention. Cervical Cancer Rates by Race and Ethnicity. August 20, 2015. The U.S. Department of Health and Human Services. Available at *http://www.cdc.gov/cancer/cervical/statistics/race.htm*.

[14] Olga Khazan, *Tom Price: "Not One" Woman Struggled to Afford Birth Control*, The Atlantic, Nov. 29, 2016. *http://www.theatlantic.com/health/archive/2016/11/tom-price-not-one-woman-cant-afford-birth-contro1/509003/*.

[15] Planned Parenthood Federation of America. Survey: Nearly Three in Four Voters in America Support Fully Covering Prescription Birth Control. *https://www.plannedparenthood.org/about-us/newsroom/press-releases/survey-nearly-three-four-voters-america-support-fully-covering-prescription-birth-control.* Accessed on December 12, 2016.

Accordingly, we strongly **encourage the committee to oppose the confirmation** of Mr. Price as Secretary of HHS.

Sincerely,

JESSICA GONZÁLEZ-ROJAS,
Executive Director, National Latina Institute for Reproductive Health.

NATIONAL NETWORK OF ABORTION FUNDS,
JANUARY 16, 2017.

Hon. LAMAR ALEXANDER, *Chairman,*
Committee on Health, Education, Labor, and Pensions,
U.S. Senate,
Washington, DC 20510.

Hon. PATTY MURRAY, *Ranking Member,*
Committee on Health, Education, Labor, and Pensions,
U.S. Senate,
Washington, DC 20510.

DEAR CHAIRMAN ALEXANDER AND RANKING MEMBER MURRAY: The National Network of Abortion Funds builds power with members to remove financial and logistical barriers to abortion access by centering people who have abortions and organizing at the intersections of racial, economic, and reproductive justice. We envision a world where every reproductive decision, including abortion, takes place in thriving communities that are safe, peaceful, and affordable. We envision a world where all people have the power and resources to care for and affirm their bodies, identities, and health for themselves and their families—in all areas of their lives. As we shift the conversation about abortion, it will become a real option, accessible without shame or judgment.

We write in strong opposition to Representative Tom Price's nomination to serve as our Nation's Secretary of Health and Human Services.

The mission of the Department of Health and Human Services (HHS) is "to enhance and protect the health and well-being of all Americans."[1] Representative Price's record indicates that he would not serve the stated mission of HHS.

During his 11 years in Congress, Representative Price has consistently championed policies that would undermine the health and well-being of women. He has worked to weaken the same programs that he has been nominated to oversee—programs that tens of millions of people rely on to protect the health of their families. His record should disqualify him for the office of HHS Secretary.

Specifically, **we are deeply concerned about the Congressman's opposition to the Affordable Care Act (ACA); his commitment to undermining Medicaid, Medicare and other key parts of our Nation's social safety net; and his extreme opposition to abortion care and access to contraception.**

The Affordable Care Act has improved the lives of tens of millions of people. It has enabled nearly 9.5 million previously uninsured women to gain access to affordable, comprehensive health care coverage.[2] Millions now have the peace of mind of knowing that if they or their family members have a health emergency they will be able to afford care. Fifty-five million women have benefited from the ACA's coverage of preventive services, including well-woman visits, screening for domestic violence, contraceptive methods and counseling, and breast feeding support, among others.[3]

If confirmed, Rep. Price would roll back these important gains for women and families and strip beneficiaries of important protections concerning access to coverage and care. His record on these issues is clear. Rep. Price has voted over 60 times to repeal the ACA.[4]

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[1] U.S. Dept. of Health and Human Services. "About Us." Retrieved 12 January 17, from *https://www.hhs.gov/about/index.html#.*

[2] U.S. Dept. of Health and Human Services, Office of the Asst. Secretary for Planning and Evaluation. (2016, March). Health Insurance Coverage and the Affordable Care Act, 2010–2016. Retrieved 12 January 2017, from *https://aspe.hhs.gov/sites/default/files/pdf/187551/ACA2010-2016.pdf.*

[3] U.S. Dept. of Health and Human. Services. (2015, May). The Affordable Care Act is Improving Access to Preventive Services for Millions of Americans. Retrieved 12 January 2017, from *https://aspe.hhs.gov/pdf-report/affordable-care-act-improving-access-preventive-services-millions-americaas*.

[4] Classed Parenthood Federation of America. (2016, November). *Tom Price, Trump's Pick to Lead HHS, Would Take Away Millions of Women's Health Care.* Retrieved 12 January 2017,

Continued

Rep. Price's opposition to affordable health care extends beyond the ACA. His appointment represents a serious threat to Medicare and Medicaid. Medicare has delivered life-saving health care and coverage to millions of older adults—the majority of whom are women—and people with disabilities, who otherwise could not afford it. Instead of working to strengthen this vital American institution, as the next HHS Secretary should, Rep. Price would weaken Medicare through privatization.[5]

In addition to his attacks on Medicare, Rep. Price has also targeted low-income women and families by seeking to cut funding for Medicaid and to eviscerate the program through the use of block grants and per capita caps.[6] Millions of women rely on Medicaid for care throughout their lives—from reproductive and maternal health services to nursing home care. Block granting or capping Medicaid would devastatingly undermine the critical role that Medicaid plays in supporting the health and well-being of millions of people in this country.

Finally, Rep. Price's extreme record on reproductive health care alone should disqualify him for the job. Rep. Price has co-sponsored legislation that would outlaw abortion, stem cell research, forms of contraception, and in vitro fertilization.[7] He has vigorously opposed women's constitutionally recognized right to abortion care, voting to: deny abortion coverage for women with private health insurance,[8] ban abortion care as early as 20 weeks,[9] and deny low-income women coverage for abortion care.[10] He has voted multiple times in favor of the Select Panel to investigate abortion providers, a partisan witch-hunt that has harassed and endangered researchers and abortion providers.[11]

Rep. Price is a proven opponent of access to family planning services, no matter the public health impact. He has repeatedly voted to defund Planned Parenthood,[12] which provides essential preventive health services like cancer screenings, birth control, STI testing, and HIV testing to 2.5 million people annually. Defunding Planned Parenthood will have a disproportionate impact on communities that historically face systemic barriers to care—people of color, people living in rural areas, and people with low incomes.[13] He has also voted to eliminate title X, our Nation's family planning program, which provides millions of people with basic health care services.[14]

Rep. Tom Price would clearly take our health care system backward. We urge you to reject this nominee.

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from *https://www.plannedparenthoodaction.org/blog/tom-price-trumps-pick-to-lead-hhs-would-take-away-millions-of-womens-access-to-health-care*.

[5] *A Better Way: Our Vision for a More Confident America—Health Care.* (22 June 2016). Retrieved 13 January 2017, from *http://abetterway.speaker.gov/__assets/pdf/ABetterWay-HealthCare-PolicyPaper.pdf*; Rep. Tom Price. (22 June 2016). *A Better Way to Fix Health Care* (Press Release]. Retrieved 13 January 2017, from *https://tomprice.house.gov/press-release/better-way-fix-health-care*.

[6] Ibid.

[7] The Right to Life Act, H.R. 552 (2 February 2005).

[8] Stupak amendment to the Health Care for America Act, H.R. 3962, (7 November 2009); Camp motion to recommit Health Care and Education Reconciliation Act, H.R. 4872, (21 March 2010); No Taxpayer Funding for Abortion Act, H.R. 3, (4 May 2011); Protect Life Act, H.R. 358, (13 October 2011); No Taxpayer Funding for Abortion Act, H.R. 7, (28 January 2014); No Taxpayer Funding for Abortion Act, H.R. 7, (22 January 2015).

[9] "Pain-Capable" Unborn. Child Protection Act, H.R. 3808, (31 July 2012); "Pain-Capable" Unborn Child Protection Act, H.R. 1797, (18 June 2013); Motion to recommit the "Pain-Capable" Unborn Child Protection Act, H.R. 36, (13 May 2015); "Pain-Capable" Unborn Child Protection Act, H.R. 36, (13 May 2015).

[10] No Taxpayer Funding for Abortion Act, H.R. 3, (4 May 2011); No Taxpayer Funding for Abortion. Act, H.R. 7, (28 January 2014); No Taxpayer Funding for Abortion Act, H.R. 7, (22 January 2015).

[11] H.Res. 461, (7 October 2015); H.Res. 933, (1 December 2016).

[12] Pence amendment to fiscal year 2008 Labor, Health and Human Services, and Education Appropriations Act, H.R. 3043, (19 July 2007); Pence amendment to fiscal year 2010 Labor, Health and Human Services, and Education Appropriations Act, E.R. 3293, (24 July 2009); Pence amendment to fiscal year 2011 Continuing Resolution, H.R. 1, (18 February 2011); fiscal year 2011 Continuing Resolution, H.R. 1, (19 February 2011); Enrollment resolution to fiscal year 2011 Continuing Resolution, H. Con. Res. 36, (14 April 2011); Defund Planned Parenthood Act, H.R. 3134, (18 September 2015); Women's Public Health and Safety Act, H.R. 3495, (29 September 2015); fiscal year 2016 Continuing Resolution, H. Con. 79, (30 September 2015); Restoring Americans' Healthcare Freedom Reconciliation Act, H.R. 3762, (23 October 2015); H.R. 3762, (6 January 2016); Veto override of H.R. 3762, (2 February 2016).

[13] Planned Parenthood Federation of America. (2116). The Urgent Need for Planned Parenthood Health Centers. Retrieved 13 January 2017, from *https://www.plannedparenthood.org/files/4314/8183/5009/20161207__Defunding__fs__d01__1.pdf*.

[14] Fiscal year 2011 Continuing Resolution, H.R. 1, (19 February 2011).

NATIONAL ORGANIZATION FOR WOMEN (NOW),
WASHINGTON, DC 20005,
January 17, 2017.

Hon. LAMAR ALEXANDER, *Chairman,*
Senate HELP Committee,
428 Dirksen Senate Office Building,
Washington, DC 20510.

Hon. PATTY MURRAY, *Ranking Member,*
Senate HELP Committee,
428 Dirksen Senate Office Building,
Washington, DC 20510.

DEAR CHAIRMAN ALEXANDER, RANKING MEMBER MURRAY AND COMMITTEE MEMBERS: On behalf of the National Organization for Women (NOW), the largest grassroots feminist activist organization in the United States with hundreds of chapters in every State and the District of Columbia and hundreds of thousands of members and contributing supporters, we wish to state our strong opposition to the confirmation of Rep. Tom Price as Secretary of the Department of Health and Human Services.

First, we are deeply concerned by reports that have recently surfaced about Rep. Price's alleged introduction of legislation beneficial to a company shortly after he acquired stock in that same company. Because these reports raise serious questions whether Rep. Price may have violated the law, no hearing should even be taking place until all the facts are established and made public.

Beyond his alleged potential conflicts of interest, Rep. Price's record of promoting anti-woman policies, including repeal of the Affordable Care Act and defunding Planned Parenthood, should disqualify him from this critically important position. Rep. Price's opposition to one of the most common medical procedures undergone by women—abortion—is a special problem. Women's access to legal and safe abortion care as well as their ability to obtain affordable contraception under the Affordable Care Act, through the Planned Parenthood network and other providers, is a vital part of the U.S. health care delivery system. Shamefully, Rep. Price appears ready to dismantle that network.

Rep. Price's views on reproductive health are far out of the mainstream and would endanger women's lives, halt stem cell research into effective treatments for serious diseases, ban abortion at 20 weeks, prohibit private insurance coverage of abortion care; deny low-income women coverage for abortion care and prohibit the use of certain forms of contraception and in vitro fertilization. As an indication of Rep. Price's willingness to abuse elective office, he has voted several times to continue the McCarthyesque House Select Investigative Panel, a "witch hunt" led by Republican members which has harassed and endangered the safety of women's health care providers and researchers, making unsubstantiated and/or simply false claims of wrongdoing against them. Rep. Price has stood by as the Panel took actions in contravention of House rules.

Equally concerning is Rep. Price's support for converting Medicare to a private voucher system and converting Medicaid to a block-granted program with per capita limitations on spending. These moves would result in reduced access to health care services and higher out-of-pocket expenses for seniors, lower income adults and their children as well as for persons with disabilities.

In Rep. Price's efforts to draft an Affordable Care Act replacement (and Rep. Paul Ryan's elaboration on Price's proposal) we see a suggested plan that would place a higher burden on low- and moderate-income individuals and families to pay for their health insurance; an expansion of Health Savings Accounts which are a boon for Wall Street and wealthier persons; a very limited provision for insurance coverage of persons with pre-existing health conditions; and, a proposal for high risk pools for persons who are not able to get affordable health insurance on the private market which we have already seen fail in many States due to under-funding. The proposal limits the amount of money that companies can deduct from their taxes to discourage them from providing "overly generous" insurance coverage. In sum, this is a plan that would narrow and make far more costly health insurance coverage for the vast majority of the public, especially negatively affecting current ACA beneficiaries and others who have had difficulty paying for health insurance. Not only would these cruel measures fall most harshly on the most vulnerable, they would leave the country with a system that covers fewer of us while costing more.

For all of the foregoing reasons, Rep. Price must *not* be confirmed as Secretary of Health and Human Services.

Sincerely,

TERRY O'NEIL,
President.

NATIONAL PARTNERSHIP FOR WOMEN & FAMILIES,
Washington, DC 20009,
January 13, 2017.

Hon. LAMAR ALEXANDER, *Chairman,*
Committee on Health, Education, Labor, and Pensions,
U.S. Senate,
Washington, DC 20510.

Hon. PATTY MURRAY, *Ranking Member,*
Committee on Health, Education, Labor, and Pensions,
U.S. Senate,
Washington, DC 20510.

DEAR CHAIRMAN ALEXANDER AND RANKING MEMBER MURRAY: The National Partnership for Women & Families is a nonprofit, nonpartisan organization that has fought for decades to strengthen our health care system and advance the rights and well-being of women. On behalf of women across the country who are the health care decisionmakers for themselves and their families, we write in opposition to Representative Tom Price's nomination to serve as our Nation's Secretary of Health and Human Services.

The mission of the Department of Health and Human Services (HHS) is "to enhance and protect the health and well-being of all Americans."[1] We do not believe Representative Price intends to serve the stated mission of HHS.

During his 11 years in Congress, Representative Price has consistently championed policies that would undermine the health and well-being of women and families. He has worked to weaken the same programs that he has been nominated to oversee—programs that tens of millions of people rely on to protect the health of their families. It is a record that should disqualify him for the office of HHS Secretary.

Specifically, **we are extremely concerned about the Congressman's opposition to the Affordable Care Act (ACA); his determination to make devastating changes to Medicaid, Medicare and other key parts of our Nation's social safety net; and his radical opposition to abortion care and access to contraception.** Given these concerns, we strongly oppose Rep. Price's nomination to oversee implementation of these programs—programs that are critical to the health and economic security of millions of women and their families.

Since its passage, the Affordable Care Act has indisputably improved the lives of tens of millions of people. It has enabled millions of previously uninsured women to gain access to affordable, comprehensive health care coverage.[2] Millions of women now have the peace of mind of knowing that if they or their family members have a health emergency or are due for a wellness check-up, they will be able to afford care. Fifty-five million women have also benefited from the ACA's coverage of preventive services, including well-woman visits, screening for domestic violence, contraceptive methods and counseling, and breast feeding support, among others.[3]

Before the ACA, insurance companies could legally deny coverage to women because they had survived breast cancer or given birth by cesarean section, or had required medical treatment due to domestic violence. The ACA put an end to these unethical practices.

If confirmed, Rep. Price would roll back these important gains for women and families and strip beneficiaries of important protections that have enhanced access to coverage and care. His record on these issues is clear. Rep. Price has voted over

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[1] U.S. Dept of Health and Human Services. "About Us." Retrieved 12 January 17, from *https://www.hhs.gov/about/index.html#.*

[2] U.S. Dept. of Health and Human Services, Office of the Asst. Secretary for Planning and Evaluation. (2016, March). *Health Insurance Coverage and the Affordable Core Act, 2010-2016.* Retrieved 12 January 2017, from *https://aspe.hhs.gov/sites/default/files/pdf/187551/ACA2010-2016.pdf.*

[3] U.S. Dept of Health and Human Services. (2015, May). *The Affordable Care Act is Improving Access to Preventive Services for Millions of Americans.* Retrieved 12 January 2017, from *https://aspe.hhs.gov/pdf-report/affordable-care-act-improving-access-preventive-services-millions-Americans.*

60 times to repeal the ACA.[4] In his zeal to dismantle the law, Rep. Price has even supported measures that would again allow insurance companies to reject people with pre-existing conditions.[5]

Rep. Price's opposition to affordable health care extends beyond the ACA. His appointment represents a serious threat to Medicare and Medicaid. In 2008, Rep. Price wrote "nothing has had a greater negative impact on health care in this country than governmental and regulatory intrusion, primarily through Medicare."[6] In fact, the opposite is true. Medicare has delivered life-saving health care and coverage to millions of older adults—the majority of whom are women—and people with disabilities, who otherwise could not afford it. Medicare is also instrumental in driving the delivery system and payment reforms necessary to improve care in the doctor's office and in the hospital.

Instead of working to strengthen this vital American institution, as the next HHS Secretary should, Rep. Price would weaken Medicare through privatization. Rep. Price supports restructuring Medicare by moving the program toward private coverage that would transfer costs to patients and make quality health coverage unaffordable for many Medicare enrollees on fixed incomes.[7]

In addition to his attacks on Medicare, Rep. Price has also targeted low-income women and families by seeking to cut funding for Medicaid and to eviscerate the program through the use of block grants and per capita caps.[8] Millions of women rely on Medicaid for care throughout their lives—from reproductive and maternal health services to nursing home care. Block granting or capping Medicaid would cut funding for health coverage for underserved populations and allow States to limit enrollment and benefits, undermining the critical role that Medicaid plays in supporting the health and well-being of millions of people in America.

Finally, Rep. Price's radical record on women's health and reproductive health care alone should disqualify him for the job of America's top public health and family planning official. Rep. Price has co-sponsored legislation that would outlaw abortion, stem cell research, some forms of contraception and in vitro fertilization.[9] He has vigorously opposed women's constitutionally recognized right to abortion care, repeatedly voting to deny abortion coverage for women with private health insurance,[10] ban abortion care as early as 20 weeks[11] and deny low-income women coverage for abortion care.[12]

Recently, he voted multiple times in favor of the Select Panel to investigate abortion providers, a partisan witch-hunt that has harassed and endangered researchers and abortion providers.[13]

Rep. Price is also a proven opponent of access to family planning services, no matter the public health impact. He has repeatedly voted to defund Planned Parent-

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[4] Planned Parenthood Federation of America. (2016, November). *Tom Price, Trump's Pick to Lead HHS, Would Take Away Millions of Women's Health Care.* Retrieved 12 January 2017, from *https://www.plannedparenthoodaction.org/blog/tom-price-trump-pick-to-lead-hhs-would-take-away-millions-of-womens-access-to-health-care*.

[5] Zachary Bernstein. (2012, May). GA Rep. Price: Opening Health Insurance to People With Pre-Existing Conditions Is A "Terrible Idea." *ThinkProgress.* Retrieved 12 January 2017, from *https://thinkprogress.org/ga-rep-price-opening-health-insurance-to-people-with-pre-existing-conditions-is-a-terrible-idea-125a58acd050#.1yyao56rf*.

[6] Rep. Tom Price. (2008, June). Reform of the American Health Care System is Still Achievable. *Human Events.* Retrieved 12 January 2017, from *http://humanevents.com/2008/06/24/reform-of-the-american-health-care-system-is-still-achievable/*.

[7] *A Better Way: Our Vision for a More Confident America—Health Care.* (22 June 2016). Retrieved 13 January 2017, from *http://abetterway-speaker.gov/_assets/pdf/ABetterWay-HealthCare-PolicyPaper.pdf*; Rep. Tom Price. (22 June 2016). *A Better Way to Fix Health Care* [Press Release). Retrieved 13 January 2017, from *https://tomprice.house.gov/press-release/better-way-fix-health-care*.

[8] Ibid.

[9] The Right to Life Act, H.R. 552 (2 February 2005).

[10] Stupak amendment to the Health Care for America Act, H.R. 3962, (7 November 2009); Camp motion to recommit Health Care and Education Reconciliation Act, H.R. 4872, (21 March 2010); No Taxpayer Funding for Abortion Act, H.R. 3, (4 May 2011); Protect Life Act, H.R. 358, (13 October 2011); No Taxpayer Funding for Abortion Act, H.R. 7, (28 January 2014); No Taxpayer Funding for Abortion Act, H.R. 7, (22 January 2015).

[11] "Pain-Capable" Unborn Child Protection Act, H.R. 3808, (31 July 2012); "Pain-Capable" Unborn Child Protection Act, H.R. 1797, (18 June 2013); Motion to recommit the "Pain-Capable" Unborn Child Protection Act, H.R. 36, (13 May 2015); "Pain-Capable" Unborn Child Protection Act, H.R. 36, (13 May 2015).

[12] No Taxpayer Funding for Abortion Act, H.R. 3, (4 May 2011); No Taxpayer Funding for Abortion Act, H.R. 7, (28 January 2014); No Taxpayer Funding for Abortion Act, H.R. 7, (22 January 2015).

[13] H.Res.461, (7 October 2015); H.Res.933, (1 December 2016).

hood,[14] which provides essential preventive health services like cancer screenings, birth control, STI testing, and HIV testing to 2.5 million people annually. Defunding Planned Parenthood will have a disproportionate impact on communities that historically face systemic barriers to care—people of color, people living in rural areas, and people with low incomes.[15] He has also voted to eliminate title X, our Nation's family planning program.[16]

Rep. Price once claimed that "there's not one" woman who lacks access to contraception.[17] Yet independent researchers have found that some 20 million women would not be able to afford contraception without financial assistance.[18] A person so willfully blind to facts and opposed to women's health should not be overseeing our Nation's essential public health programs, including family planning efforts, Medicare, Medicaid and the ACA.

The Constitution invests in the Senate the responsibility of advice and consent to the President's nominees for high office. The Nation deserves a leader of the Department of Health and Human Services who will advance its mission. Rep. Tom Price would clearly take our health care system backward. He is not the right person for this job. We urge you to reject this nominee.

Sincerely,

DEBRA L. NESS,
President.

NATIONAL WOMEN'S LAW CENTER,
WASHINGTON, DC 20036,
January 16, 2017.

Hon. LAMAR ALEXANDER, *Chairman,*
Senate Committee on Health, Education, Labor, and Pensions,
428 Senate Dirksen Office Building,
Washington, DC 20510.

Hon. PATTY MURRAY, *Ranking Member,*
Senate Committee on Health, Education, Labor, and Pensions,
154 Russell Senate Office Building,
Washington, DC 20510.

DEAR SENATORS ALEXANDER AND MURRAY: On behalf of the National Women's Law Center ("Center"), an organization that has worked for 45 years to advance and protect equality and opportunity for women and girls in every aspect of their lives, including health care and income security, we write in strong opposition to the confirmation of Representative Thomas Price as Secretary of Health and Human Services (HHS).

As the Nation's top health official, the Secretary of HHS leads the important work of implementing laws, programs, and initiatives that directly affect the health and well-being of all people, and most especially women, in our country. These include the Affordable Care Act—which eliminates sex discrimination in health care and ensures that women receive comprehensive affordable health insurance; the Medicaid program—which has given low-income women and their families necessary health coverage across all stages of life for more than 50 years; and Medicare—a literal lifeline for older women.

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[14] Pence amendment to fiscal year 2008 Labor, Health and Human Services, and Education Appropriations Act, H.R. 3043, (19 July 2007); Pence amendment to fiscal year 2010 Labor, Health and Human Services, and Education Appropriations Act, H.R. 3293, (24 July 2009); Pence amendment to fiscal year 2011 Continuing Resolution, H.R. 11, (18 February 2011); Fiscal year 2011 Continuing Resolution, H.R. 1, (19 February 2011); Enrollment resolution to fiscal year 2011 Continuing Resolution, H. Con. Res. 36, (14 April 2011); Defund Planned Parenthood Act, H.R. 3134, (18 September 2015); Women's Public Health and Safety Act, H.R. 3495, (29 September 2015); fiscal year 2016 Continuing Resolution, H. Con. 79, (30 September 2015); Restoring Americans' Healthcare Freedom Reconciliation Act, H.R. 3762, (23 October 2015); H.R. 3762, (6 January 2016); Veto override of H.R. 3762, (2 February 2016).

[15] Planned Parenthood Federation of America. (2016). The Urgent Need for Planned Parenthood Health Centers. Retrieved 13 January 2017, from *https://www.plannedparenthood.org/files/4314/8183/5009/20161207_Defunding_fs_d01_1.pdf*.

[16] Fiscal year 2011 Continuing Resolution, H.R. 1, (19 February 2011).

[17] Scott Keyes & Travis Waldron. (2012, February) House Republican Leader Price: "There's Not One Woman" Who Doesn't Have Access To Birth Control. *ThinkProgress.* Retrieved 5 January 2017, from *https://think progress.org/house-republican-leader-pice-theres-not-one-woman-who-doesn't-have-access-to-birth-control-5a13b090799c#.xdec3scze*.

[18] Guttmacher Institute. (2016, September). Publicly Funded Family Planning Services in the United States. Retrieved 12 January 2017, from *https://www.guttmacher.org/fact-sheet/publicly-funded-family-planning-services-united-states*.

The Secretary of HHS oversees other critical programs as well that help alleviate poverty and expand opportunity for low- and moderate-income women and families, including vital services for seniors and people with disabilities and heating assistance for struggling families. Rep. Price's record of seeking to weaken these very programs, placing ideology over the health and well-being of people in our country and his lack of understanding of the challenges facing the majority of Americans demonstrate that he should not be confirmed to this important position.

Rep. Price has a record of seeking to dismantle the very programs he would be charged with implementing.

Rep. Price has led the charge to simply eliminate the Affordable Care Act (ACA) and along with it all the important gains it provides to women in health care and health insurance without proposing any true substitute. He sponsored and pushed the 2015 budget reconciliation bill that, for example, would have gutted key provisions of the ACA had it not been for President Obama's veto.[1] In total, he has supported 65 attempts to repeal the law.[2] His replacement bill, the "Empowering Patients First Act," contained none of the provisions in the ACA most important to women's health.[3] For example, the bill did not ban the insurance industry practice of charging women more than men, it did not require coverage of services important to women like maternity care and women's preventive services, and it would not stop insurance companies from excluding coverage for people with "pre-existing conditions," including a woman subjected to domestic violence, rape, or a cesarean delivery.

As HHS Secretary, Rep. Price would oversee the administration of Medicaid, but he has a history of working to cut HHS's administrative and funding roles in that program. The 2015 budget reconciliation bill that Rep. Price sponsored removed funding for Medicaid expansion,[4] which has benefited millions of low-income people, disproportionately women. The House of Representatives proposed budget for 2017, which Rep. Price oversaw as budget chair, sought to block-grant Medicaid,[5] cutting funding by more than $1 trillion over a decade and significantly restructuring the program to allow States to limit eligibility, reduce or eliminate services, and lower provider payment rates.

As Secretary of HHS, Rep. Price would oversee numerous government programs that are critical in supporting low-income women and their families, such as Head Start, child care assistance, the Low Income Home Energy Assistance Program, and Temporary Assistance for Needy Families. Rep. Price, however, has a history of proposing cuts to these key programs. For example, although low-income programs account for just 28 percent of total non-defense program spending and just 24 percent of total spending,[6] the fiscal year 2017 budget plan approved by his committee would take nearly two-thirds of its cuts from low-income programs.[7] The brunt of these draconian proposed cuts would be borne by women, who are more likely than men to be poor at all stages of their lives due to ongoing employment discrimination, overrepresentation in low-wage jobs, and greater responsibilities for unpaid caregiving.[8]

Rep. Price has a record of extreme opposition to women's access to reproductive health care.

The Secretary of HHS has responsibility over key Federal programs, such as Medicaid and title X, that ensure individuals, and most particularly women, receive important preventive care, including birth control, breast exams, and testing for sexu-

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[1] H.R. 3762, 114th Cong. (2016).

[2] Miriam Berg, PLANNED PARENTHOOD ACTION FUND, *Tom Price, Trump's Pick to Lead HHS, Would Take Away Millions of Women's Access to Health Care* (Nov. 29, 2016, 11:58 AM), *https://www.plannedparenthoodaction.org/blog/tom-price-trumps-pick-to-lead-hhs-would-take-away-millions-of-womens-access-to-health-care*.

[3] H.R. 2300, 114th Cong. (2015); Press Release, *Price Statement on Obamacare Repeal*, Feb. 3, 2016, available at *https://tomprice.house.gov/press-release/price-statement-obamacare-repeal* (last visited Dec. 5, 2016).

[4] H.R. 3762 114th Cong. §207 (2016).

[5] H.R. Con. Res. 125, 114th Cong. (2016); *see also* U.S. HOUSE OF REP. COMM. ON THE BUDGET, A BALANCED BUDGET FOR A STRONGER AMERICA: FISCAL YEAR 2017 BUDGET RESOLUTION 26 (2016), *http://budget.house.gov/uploadedfiles/fy2017_a_balanced_budget_for_a_stronger_america.pdf* pg. 26.

[6] Richard Kogan and Isaac Shapiro, *House GOP Budget Gets 62 Percent of Budget Cuts from Low- and Moderate-Income Programs*, Center on Budget and Policy Priorities (Mar. 28, 2016) *http://www.cbpp.org/research/Federal-budget/house-gop-budget-gets-62-percent-of-budget-cuts-from-low-and-moderate-income*.

[7] *Id.*

[8] Katherine Gallagher Robbins and Julie Vogtman, *Cutting Programs for Low-Income People Especially Hurts Women and Their Families*, National Women's Law Center (Feb. 2015) *http://www.nwlc.org/sites/default/files/pdfs/lowincomefactsheet_february2015.pdf*.

ally transmitted infections. Rep. Price has voted repeatedly to block Planned Parenthood from participation in these programs,[9] which directly undermines his ability to administer these programs. Voting to shut down Planned Parenthood prioritizes an anti-women's health agenda over individual access to health care, since if Planned Parenthood were to be defunded, it is estimated that 390,000 women would lose access to preventive care within a year and up to 650,000 would face additional barriers to care.[10]

Rep. Price opposes the health care law's requirement that insurance plans cover birth control alongside other preventive services without additional cost to the individual. When asked about the benefit, he falsely stated that "there's not one woman" who would be unable to access birth control without insurance coverage.[11] In fact, a recent study found that 20.2 million women in the U.S. were in need of publicly funded family planning services like birth contro1.[12] Rep. Price's comments, by either refusing to recognize the facts or purposely misstating them, demonstrate he cannot reliably fulfill the Secretary of HHS's role of implementing the health care law's birth control benefit and the other programs under HHS purview that provide women with low-cost or free birth control.

Rep. Price also has been willing to allow the religion of others to override women's own religious beliefs and ability to access health services in dramatic new ways. In Congress, Rep. Price voted for a major expansion of existing Federal laws that allow institutions and individual health care providers to refuse to provide women with abortion care.[13] Therefore, rather than demonstrate that as Secretary of HHS Rep. Price would enforce existing programs and protections for women's access to reproductive health care, his record indicates he would put HHS energy and priorities behind seeking to undermine them.

Rep. Price's record of support for policies that discriminate on the basis of sex, includes extreme positions against LGBTQ rights.

Rep. Price has supported legislation that would allow discrimination against individuals because of their sexual orientation or gender identity[14] and co-sponsored Constitutional amendments to define marriage as between one man and one woman.[15] When the Supreme Court decided *Obergefell* v. *Hodges*, recognizing the constitutional right of same sex couples to marry, Rep. Price called it "a sad day for marriage."[16] Rep. Price's record is directly contradictory to the HHS Secretary's role of implementing key legal protections for LGBTQ individuals—such as the law prohibiting discrimination in health care on the basis of gender identity—and administering programs—such as those that provide critical funding for HIV research and treatment—that benefit LGBTQ individuals.

Our Nation's top health official should expand and protect access to health care and income supports, not undermine it. Given Rep. Price's extreme record, the Center urges you to reject his nomination to be Secretary of Health and Human Services.

Sincerely,

MARCIA GREENBERGER,
Co-President.

NANCY DUFF CAMPBELL,
Co-President.

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[9] *See e.g.*, 153 Cong. Rec. 8167 (2007) (voting in support of Amendment to defund Planned Parenthood in annual appropriations bill); 155 Cong. Rec. 8789 (2009) (voting in support of Amendment to defund Planned Parenthood in annual appropriations bill); 157 Cong. Rec. 1235 (2011) (voting in support of Amendment to defund Planned Parenthood in annual appropriations bill); 161 Cong. Rec. 6166 (2015) (voting in support of the "Defund Planned Parenthood Act"); 161 Cong. Rec. 6336 (2015) (voting in support of the "Women's Public Health and Safety Act").

[10] CBO. (2015, September 16). "Cost Estimate: H.R. 3134 Defund Planned Parenthood Act of 2015." Washington, DC: CBO, *https://www.cbo.gov/sites/default/files/114th-congress-2015-2016/costestimate/hr3134.pdf*.

[11] TP Clips, *Rep. Price: "Bring me one woman" who doesn't have access to contraception*, YOUTUBE (Feb. 10, 2012), *https://www.youtube.com/watch?v=K__mu8CS0aWA&feature=youtube*.

[12] JENNIFER J. FROST, ET AL., GUTTMACHER INSTITUTE, CONTRACEPTIVE NEEDS AND SERVICES, 2014 UPDATE 2016, *htpps://www.guttmacher.org/report/contraceptive-needs-and-services-2014-update*.

[13] H.R. 4828, 114th Cong. (2016).

[14] H.R. 2802, *supra* note 14.

[15] H.R. J. Res. 88 109th Cong. (2006).

[16] Robert Pear, *Tom Price, Obamacare Critic, Is Trump's Choice for Health Secretary*, N.Y. TIMES (Nov. 28, 2016), *http://www.nytimes.com/2016/11/28/us/politics/tom-price-secretary-health-and-human-services.html*.

PHYSICIANS FOR REPRODUCTIVE HEALTH,
DECEMBER 3, 2016.

Hon. CHARLES SCHUMER,
U.S. Senator,
322 Hart Senate Office Building,
Washington, DC 20510.

Hon. RICHARD DURBIN,
U.S. Senator,
711 Hart Senate Office Building,
Washington, DC 20510.

Hon. PATTY MURRAY,
U.S. Senator,
154 Russell Senate Office Building,
Washington, DC 20510

Hon. DEBBIE STABENOW,
U.S. Senator,
731 Hart Senate Office Building,
Washington, DC 20510.

DEAR SENATORS: Physicians for Reproductive Health (Physicians) is a doctor-led national advocacy organization that uses evidence-based medicine to promote sound reproductive health policies. Physicians unites the medical community and concerned supporters, and together, we work to improve access to comprehensive reproductive health care, including contraception and abortion, especially to meet the health care needs of economically disadvantaged patients. We, the board of directors of Physicians for Reproductive Health, thank you for your leadership on ensuring access to comprehensive reproductive health care. We offer our support and solidarity as you and your fellow Senators and respective committees thoroughly examine and vet cabinet level appointees during the confirmation processes for the incoming Trump administration and prepare for the next Congress.

As physicians, we believe that our patients should have timely and affordable access to the full range of reproductive health care services, including abortion. Reproductive health care is vital not only to our patients' health and well-being, but also to that of their communities. Our patients deserve care that is rooted in evidence and compassion. We hope that actions taken by incoming cabinet officials will be based on what is in the best interest and safety of patients seeking health care, but are deeply concerned by several of the announced appointments by President-elect Donald Trump.

President-elect Trump's plan to nominate Representative Tom Price (R–GA) to be the Secretary of Health and Human Services (HHS) signals an alarming direction for reproductive health. Representative Price has been a staunch opponent of women's health and the Affordable Care Act during his time in Congress. Although he has insisted that "patients, families and doctors should be making health decisions, not Washington, DC," he has acted directly contrary to this statement by supporting legislative efforts that interfere with the doctor-patient relationship. For example, Price has voted for bans on abortion, defunding Planned Parenthood and their vital family planning services, and repealing the Affordable Care Act (ACA). He is also a member of the Association of American Physicians and Surgeons, a group that falsely claims that abortion increases the risk of breast cancer.

Representative Price, though he is a physician, seems to disregard the strong medical evidence that access to safe and legal abortion and contraception protects not just a woman's health, but that of her family and community. He has even expressed disbelief that a woman would ever have trouble affording birth control. We can attest to the difficulties women encountered prior to the enactment of the contraceptive coverage rule under the ACA. Our patients have benefited tremendously. The elimination or weakening of this rule would be a step backward for women's health.

As you know, attacks on access to reproductive care disproportionately target low-income women, women of color, young women, and immigrant women, communities that already suffer from health disparities and inequalities. Should Representative Price be confirmed as HHS secretary, he would be in a position to create even more barriers to comprehensive reproductive health care for these communities. The leader of HHS needs to understand and apply evidence-based medicine to improve health outcomes, not worsen them.

The plan to nominate Representative Price is part of a disturbing pattern of appointments in the weeks since the election. President-elect Trump has also an-

nounced plans to nominate Senator Jeff Sessions (R–AL) to become U.S. Attorney General. Sessions has opposed *Roe* v. *Wade* and protections against clinic violence and supports bans on insurance coverage for abortion and defunding Planned Parenthood. Additionally, President-elect Trump has named Betsy DeVos, a supporter of so-called crisis pregnancy centers that deliberately mislead women about their pregnancy options including abortion, as his choice for Secretary of Education.

You have all been staunch supporters of women's health and we want you to know that Physicians and our members stand with you and will support your efforts to fully evaluate nominees and advocate against damaging legislation. In addition to weakening or repealing the ACA and access to contraceptive coverage, we are alarmed at the prospect of legislation that would limit Planned Parenthood's ability to provide vital health services, the reduction or elimination of funding for title X, further entrenching of the Hyde Amendment, more protections for those who refuse to provide or insure evidence-based care, and continued efforts to restrict safe and legal abortion. All of these measures would be devastating for our patients.

We know that we are entering into a challenging time for reproductive health care and very much appreciate your service and dedication. Thank you for your defense of women, their families, and their communities.

In solidarity,

WILLIE J. PARKER, M.D., MPH, MSC,
BOARD CHAIR,
Birmingham, AL.

JODI MAGEE, MSW, PRESIDENT
& CEO,
New York, NY.

CURTIS BOYD, M.D.,
Albuquerque, NM.

FREDIK F. BROEKHUIZEN, M.D.,
Milwaukee, WI.

MICHELLE DEBBINK, M.D., PH.D.,
Ann Arbor, MI.

DUANE L. DOWELL, M.D., FAAP,
Chicago, IL.

MEGAN EVANS, M.D., MPH,
Boston, MA.

PATRICIA T. GLOWA, M.D.,
Lebanon, NH

CASSING HAMMOND, M.D.,
Chicago, IL.

ADAM JACOBS, M.D.,
New York, NY.

ANGELA JANIS, M.D.,
Madison, WI.

NAZANIN AHMADIEH,
Medical Student, Vallejo, CA.

NANCY J. AUER, M.D.,
Mercer Island, WA.

JILL MEADOWS, M.D.,
Des Moines, IA.

JASON RAFFERTY, M.D., MPH, EDM,
Providence, RI.

SHAYNE SEBOLDE, M.D.,
Nashville, TN.

NANCY L. STANWOOD, M.D., MPH,
New Haven, CT.

MICHELLE STAPLES-HORNE, M.D., MS, MPH,
Decatur, GA.

ALYSSA YEE, M.D.,
Brooklyn, NY.

POSITIVE WOMEN'S NETWORK, USA,
OAKLAND, CA 94612,
January 17, 2017.

Hon. LAMAR ALEXANDER, *Chairman,*
Committee on Health, Education, Labor, and Pensions,
U.S. Senate,
Washington, DC 20510.

Hon. PATTY MURRAY, *Ranking Member,*
Committee on Health, Education, Labor, and Pensions,
U.S. Senate,
Washington, DC 20510.

DEAR CHAIR ALEXANDER AND RANKING MEMBER MURRAY: On behalf of Positive Women's Network—USA (PWN–USA), we write in opposition to Representative Tom Price's nomination to serve as our Nation's Secretary of Health and Human Services.

Based in Oakland, CA, PWN–USA is a national membership body of women living with HIV and our allies that exists to strengthen the strategic power of all women living with HIV in the United States. We work to prepare and involve all women living with HIV, in all our diversity, in all levels of policy and decisionmaking, including reproductive justice for women living with HIV, which means upholding our full spectrum of sexual and reproductive rights.

The mission of the Department of Health and Human Services (HHS) is "to enhance and protect the health and well-being of all Americans."[1] Representative Price's record indicates that he would not serve the stated mission of HHS.

During his 11 years in Congress, Representative Price has consistently championed policies that would undermine the health and well-being of women. He has worked to weaken the same programs that he has been nominated to oversee—programs that tens of millions of people rely on to protect the health of their families. His record should disqualify him for the office of HHS Secretary.

Specifically, **we are deeply concerned about the Congressman's opposition to the Affordable Care Act (ACA); his commitment to undermining Medicaid, Medicare and other key parts of our Nation's social safety net; and his extreme opposition to abortion care and access to contraception.**

The Affordable Care Act has improved the lives of tens of millions of people. It has enabled nearly 9.5 million previously uninsured women to gain access to affordable, comprehensive health care coverage.[2] Millions now have the peace of mind of knowing that if they or their family members have a health emergency they will be able to afford care. Fifty-five million women have benefited from the ACA's coverage of preventive services, including well-woman visits, screening for domestic violence, contraceptive methods and counseling, and breast feeding support, among others.[3]

If confirmed, Rep. Price would roll back these important gains for women and families and strip beneficiaries of important protections concerning access to coverage and care. His record on these issues is clear. Rep. Price has voted over 60 times to repeal the ACA.[4]

Rep. Price's opposition to affordable health care extends beyond the ACA. His appointment represents a serious threat to Medicare and Medicaid. Medicare has delivered life-saving health care and coverage to millions of older adults—the majority of whom are women—and people with disabilities, who otherwise could not afford

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[1] U.S. Dept. of Health and Human Services. "About Us." Retrieved 12 January 17, from *https://www.hhs.gov/about/index.html#*.

[2] U.S. Dept of Health and Human Services, Office of the Asst. Secretary for Planning and Evaluation. (2016, March). *Health Insurance Coverage and the Affordable Care Act, 2010–2016*. Retrieved 12 January 2017, from *https://aspe.hhs.gov/sites/default/files/pdf/187551/ACA2010-2016.pdf*.

[3] U.S. Dept of Health and Human Services. (2015, May). *The Affordable Care Act is Improving Access to Preventive Services for Millions of Americans*. Retrieved 12 January 2017, from *https://aspe.hhs.gov/pdf-report/affordable-care-act-improving-access-poreventive-services-millions-americans*.

[4] Planned Parenthood Federation of America. (2016, November). *Tom Price, Trump's Pick to Lead HHS, Would Take Away Millions of Women's Health Care*. Retrieved 12 January 2017, from *https://www.plannedparenthoodaction.org/blog/tom-price-trumps-pick-to-lead-hhs-would-take-away-millions-of-womens-access-to-health-care*.

it. Instead of working to strengthen this vital American institution, as the next HHS Secretary should, Rep. Price would weaken Medicare through privatization.[5]

In addition to his attacks on Medicare, Rep. Price has also targeted low-income women and families by seeking to cut funding for Medicaid and to eviscerate the program through the use of block grants and per capita caps.[6] Millions of women rely on Medicaid for care throughout their lives—from reproductive and maternal health services to nursing home care. Block granting or capping Medicaid would devastatingly undermine the critical role that Medicaid plays in supporting the health and well-being of millions of people in this country.

Finally, Rep. Price's extreme record on reproductive health care alone should disqualify him for the job. Rep. Price has co-sponsored legislation that would outlaw abortion, stem cell research, forms of contraception, and in vitro fertilization.[7] He has vigorously opposed women's constitutionally recognized right to abortion care, voting to: deny abortion coverage for women with private health insurance,[8] ban abortion care as early as 20 weeks,[9] and deny low-income women coverage for abortion care.[10] He has voted multiple times in favor of the Select Panel to investigate abortion providers, a partisan witch-hunt that has harassed and endangered researchers and abortion providers.[11]

Rep. Price is a proven opponent of access to family planning services, no matter the public health impact. He has repeatedly voted to defund Planned Parenthood,[12] which provides essential preventive health services like cancer screenings, birth control, STI testing, and HIV testing to 2.5 million people annually. Defunding Planned Parenthood will have a disproportionate impact on communities that historically face systemic barriers to care—people of color, people living in rural areas, and people with low incomes.[13] He has also voted to eliminate title X, our Nation's family planning program, which provides millions of people with basic health care services.[14]

Rep. Tom Price would clearly take our health care system backward. We urge you to reject this nominee.

Note: *Positive Women's Network—United States of America (PWN–USA) is a national membership body of women living with HIV working to prepare and involve all women living with HIV, in all our diversity, including gender identity and sexual expression, in all levels of policy and decisionmaking to improve the quality of women's lives. PWN–USA applies a gender equity and human rights lens to the HIV epi-*

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[5] *Better Way: Our Vision for a More Confident America—Health Care.* (22 June 2016). Retrieved 13 January 2017, from *http://abetterway.speaker.gov/assets/pdf/A/betterWay-HealthCare-PolicyPaper.pdf.* Rep. Tom Price. (22 June 2016).*A Better Way to Fix Health Care* [Press Release]. Retrieved 13 January 2017, from *https://tomprice.house.gov/press-release/better-way-fix-health-care*.

[6] Ibid.

[7] he Right to Life Act, H.R. 552 (2 February 2005).

[8] Stupak amendment to the Health Care for America Act, H.R. 3962, (7 November 2009); Camp motion to recommit Health Care and Education Reconciliation Act, H.R. 4872, (21 March 2010); No Taxpayer Funding for Abortion Act, H.R. 3, (4 May 2011); Protect Life Act, H.R. 358, (13 October 2011); No Taxpayer Funding for Abortion Act, H.R. 7, (28 January 2014); No Taxpayer Funding for Abortion Act, H.R. 7, (22 January 2015).

[9] "Pain-Capable" Unborn Child Protection Act, H.R. 3808, (31 July 2012); "Pain-Capable" Unborn Child Protection Act, H.R. 1797, (18 June 2013); Motion to recommit the "Pain-Capable" Unborn Child Protection Act, H.R. 36, (13 May 2015); "Pain-Capable" Unborn Child Protection Act, H.R. 36, (13 May 2015).

[10] No Taxpayer Funding for Abortion Act, H.R. 3, (4 May 2011); No Taxpayer Funding for Abortion Act, H.R. 7, (28 January 2014); No Taxpayer Funding for Abortion Act, H.R. 7, (22 January 2015).

[11] H. Res. 461, (7 October 2015); H. Res. 933, (1 December 2016).

[12] Pence amendment to fiscal year 2008 Labor, Health and Human Services, and Education Appropriations Act, H.R. 3043, (19 July 2007); Pence amendment to fiscal year 2010 Labor, Health and Human Services, and Education Appropriations Act, H.R. 3293, (24 July 2009); Pence amendment to fiscal year 2011 Continuing Resolution, H.R. 1, (18 February 2011); fiscal year 2011 Continuing Resolution, H.R. 1, (19 February 2011); Enrollment resolution to fiscal year 2011 Continuing Resolution, H.Con.Res.36, (14 April 2011); Defund Planned Parenthood Act, H.R. 3134, (18 September 2015); Women's Public Health and Safety Act, H.R. 3495, (29 September 2015); fiscal year 2016 Continuing Resolution, H.Con. 79, (30 September 2015); Restoring Americans' Healthcare Freedom Reconciliation Act, H.R. 3762, (23 October 2015); H.R. 3762, (6 January 2016); Veto override of H.R. 3762, (2 February 2016).

[13] Planned Parenthood Federation of America. (2016). *The Urgent Need for Planned Parenthood Health Centers.* Retrieved 13 January 2017, from *https://www.plannedparenthood.org/files/4314/8183/5009/20161207_Defunding_fs_d01_1.pdf.*

[14] Fiscal year 2011 Continuing Resolution, H.R. 1, (19 February 2011).

demic to achieve Federal policies grounded in the reality of women's lived experiences.

Sincerely,

NAINA KHANNA,
Executive Director.

YWCA USA,
WASHINGTON, DC 20036,
January 17, 2017.

Hon. LAMAR ALEXANDER,
Hon. PATTY MURRAY,
Committee on Health, Education, Labor, and Pensions,
U.S. Senate,
Washington, DC 20510.

DEAR CHAIRMAN ALEXANDER, RANKING MEMBER MURRAY, AND MEMBERS of the U.S. Senate Health, Education, Labor, and Pensions Committee: On behalf of YWCA USA, team writing to express our opposition to the nomination of Tom Price for Secretary of the Department of Health and Human Services (HHS).

As one of the oldest and largest women's organizations in the country, YWCA USA has significant concerns about Representative Price's record as a member of the U.S. House of Representatives. Representative Price voted against the Violence Against Women Act (VAWA) in 2013 and has led efforts in Congress to limit access to reproductive healthcare. Representative Price has repeatedly promoted budget proposals and tax cuts that would cut billions from Medicare, Medicaid, and other important programs that reduce poverty and hunger. These issues are central to women's empowerment and to the well-being of millions of American families, including many of the families we serve.

YWCA is particularly concerned that Representative Price repeatedly voted to repeal the Affordable Care Act (ACA), despite the harm this would cause to women's health. A repeal of the ACA, without the contemporaneous adoption of a comprehensive, well-vetted, comparable replacement plan, would be detrimental to the health of women across the country. Any replacement plan must maintain the ACA's provision of mammograms and other preventative screenings, access to low- or no-cost birth control and reproductive health care, and other supports for women's health. A replacement must also maintain the ACA's prohibition on discriminatory premium rates, to prevent sending us back to the time when women paid more for their health insurance policies than men, simply because of their gender. Given the role he is expected to play in shaping any replacement of the ACA, YWCA USA cannot support a candidate for Secretary of Health and Human Services who does not understand these imperatives. Representative Price's record indicates that he does not.

The Secretary of Health and Human Services is expected to enhance and protect the health and well-being of all Americans.[1] YWCA USA supports the mission of the Department of Health and Human Services and is committed to the health and safety for all women. Representative Price's voting record indicates that he is not a leader who will champion the concerns of women and families if he is confirmed as Secretary of HHS. As a member of the Senate Health, Education, Labor, and Pensions Committee, please ask him direct questions regarding the concerns we have raised in this letter and oppose his nomination as Secretary of the Department of Health and Human Services.

Best Regards,

DARA RICHARDSON-HERON, M.D.,
CEO, YWCA USA.

YWCA USA is on a mission to eliminate racism, empower women, stand up for social justice, help families, and strengthen communities. We help overt million women, girls, and their families each year at YWCAs across the country. To read more about YWCA USA, visit www.ywca.org.

[Whereupon, at 1:54 p.m., the hearing was adjourned.]

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[1] See "About HHS": *https://www.hhs.gov/about/*.