

## RECONCILIATION ACT OF 2010

SPEECH OF

**HON. HENRY A. WAXMAN**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Sunday, March 21, 2010*

Mr. WAXMAN. Mr. Speaker, regarding spiritual care: The purpose of health care reform has been to ensure that all Americans are covered by affordable, quality insurance. Some of my colleagues have raised concerns about how this impacts Christian Scientists who use certain primary care services that are currently eligible for a medical care tax deduction.

Nothing in this health care reform legislation prevents insurance companies from covering care that is currently recognized by the Internal Revenue Service as eligible for a medical care tax deduction through health insurance plans in the Exchanges; nothing in the legislation is intended to have such a prohibition. Nothing in this legislation is intended to minimize or reduce existing provisions in the law that recognizes spiritual care.

Individual responsibility: The individual responsibility requirement requires individuals to pay a tax on their individual tax filings or provide information documenting they fulfill the requirements for having essential minimum coverage over the past year. Congress makes the following findings to support this requirement:

The individual responsibility requirement provided for in the Patient Protection and Affordable Care Act, and amended by Section 1002 of the Health Care and Education Reconciliation Act, requires individuals either to purchase a minimum level of insurance coverage or to make a payment on one's tax return to help cover the cost of uncompensated care. This requirement is commercial and economic in nature and substantially affects interstate commerce in many ways, including as a result of the following aggregate effects:

(1) The requirement regulates activity that is commercial and economic in nature, involving the distribution and consumption of health care services throughout the national economy, and in particular economic and financial decisions about how and when health care is paid for and when health insurance is purchased. Some individuals currently make an economic and financial decision to forego health insurance coverage and self-insure, paying for charges for services directly to the provider and relying on uncompensated care. The decision by individuals not to purchase health insurance has many substantial effects on the national economy, the national marketplace for health insurance, and interstate commerce. In general, individuals who fail to purchase health insurance have a diminished capacity to purchase health care services, and increase overall health care costs. When such individuals inevitably seek medical care, the costs of that care must often be paid for by providers, insured individuals and businesses through higher premiums, or Federal, State, and local governments. The requirement encourages prepayment for services, and affects an individual's decision whether or not to purchase health insurance by imposing penalties on individuals who remain uninsured. Congressional Budget Office, *Key Issues in Analyzing Major Health Insurance Proposals*, December 2008.

(2) The uninsured receive about \$86,000,000,000 in health care, of which about \$56,000,000,000 is uncompensated. Private spending on uncompensated care is \$14,500,000,000, and includes profits forgone by physicians and hospitals. Government spending on uncompensated care is \$42,900,000,000, and is financed by taxpayers at both the State and Federal levels. Jack Hadley et al., *Covering the Uninsured in 2008: Current Costs, Sources of Payment, and Incremental Costs*, Health Affairs, August 25, 2008.

(3) Health care received by the uninsured is more costly. The uninsured are more likely to be hospitalized for preventable conditions. Jack Hadley, *Economic Consequences of Being Uninsured: Uncompensated Care, Inefficient Medical Care Spending, and Foregone Earnings*, Testimony before the Senate Subcommittee on Labor, Health and Human Services, Education, and Related Agencies, May 14, 2003. Hospitals provide uncompensated care of \$35,000,000,000, representing on average 5 percent of hospital revenues. Health Affairs, August 25, 2008.

(4) Those who have private health insurance also pay for uncompensated care. Medical providers try to recoup the cost from private insurers, which increases family premiums by an average of over \$1,000 a year. Families USA, *Hidden Health Tax: Americans Pay a Premium*, May 2009.

(5) The decision to self-insure increases financial risks to households throughout the United States. Sixty-two percent of all personal bankruptcies are caused by illness or medical bills, and a significant portion of medically bankrupted families lacked health insurance or experienced a recent lapse in coverage. David U. Himmelstein et al., *American Journal of Medicine, Medical Bankruptcy in the United States, 2007: Results of a National Study*, 2009.

(6) The national economy loses up to \$207,000,000,000 a year because of the poorer health and shorter lifespan of the uninsured. Elizabeth Carpenter and Sarah Axen, *The Cost of Doing Nothing*, New America Foundation, November 2008.

(7) A large share of the uninsured are offered insurance at low or zero premiums, but choose to forego coverage. New America Foundation, December 6, 2007. According to one estimate, the absence of a requirement from health reform would leave 50 percent of the uninsured without coverage. Linda J. Blumberg and John Holahan, *Do Individual Mandates Matter?*, The Urban Institute, January 2008. While generous subsidies alone would not achieve universal coverage, the requirement further expands coverage. Congressional Budget Office, December 2008. The requirement improves budgetary efficiency by significantly lowering the federal cost per newly insured. Jonathan Gruber, *Covering the Uninsured in the U.S.*, National Bureau of Economic Research, January 2008. In Massachusetts, where a similar requirement has been in effect since 2007, the share of uninsured declined to 2.7 percent in 2009. Massachusetts Division of Healthcare Finance and Policy.

(8) By regulating the decision to self-insure, and expanding coverage, the requirement addresses the problem of free riders who rely on more costly uncompensated care, including access to emergency care required by federal

law to be provided even to the uninsured, shifting costs to medical providers, taxpayers, and the privately insured. It will also reduce the cost to the national economy of the lower productivity of the uninsured.

The preceding 8 points cite numerous studies and papers which illustrate the extensive evidence that the Patient Protection and Affordable Care Act, as amended by Section 1002 of the Health Care and Education Reconciliation Act, substantially affects interstate commerce. These citations are included in their written entirety for the record.

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 RECOGNIZING WALTER RICHARDSON UPON RECEIVING THE CONGRESSIONAL GOLD MEDAL
 

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**HON. JEFF MILLER**

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

*Thursday, March 25, 2010*

Mr. MILLER of Florida. Madam Speaker, I rise today to recognize Mr. Walter Richardson, a veteran, a Tuskegee Airman, and a true American hero. Walt has spent his life dedicated to his country, his community, and his family, and I am proud to honor his achievements and life of service.

A Pensacola, Florida native, Walt Richardson is first and foremost an American patriot. During his thirty years with the United States Air Force, Walt served in many of our Nation's wars and conflicts. Walt joined the revered Tuskegee Airmen, training at Tuskegee Army Airfield in a variety of disciplines that would serve him throughout his entire career. During his time with the Tuskegee Airmen, Walt was part of "Operation Happiness," the first all-military troupe to entertain at air bases. His military service also took him to Vietnam, and while stationed at Dover Air Force Base, Walt became the first African-American to be promoted to master sergeant in the field maintenance squadron. He retired as a chief master sergeant, the highest enlisted rank in the Air Force.

Beyond his full-time career with the Air Force, Walt is a dedicated community servant in Northwest Florida. For the past 29 years, he has served as a permanent deacon of St. Mary Parish in Fort Walton Beach. He also recently completed a book about his life story entitled "How Great Thou Art: A Black Boy's Depression-era Success Story." In 2009, Walt traveled to Washington, DC, as a special guest of the President for the inauguration. For his service to his country as part of the Tuskegee Airmen, I have the honor of presenting Walter Richardson the Congressional Gold Medal, the highest civilian honor in the United States.

Madam Speaker, on behalf of the United States Congress, I am humbled to venerate Walt Richardson as an American hero and a community leader. Our Nation is proud and grateful for his courage, service, and patriotism. My wife Vicki and all wish all the best to Walt, his wife, Helen, his eight children, his grandchildren, and his entire extended family.