Hearing Transcript

Senate Finance Committee Hearing on Nomination of Rep. Price to be Health and Human Services Secretary

January 24, 2017

HATCH:

Order. I'd like to welcome everyone to this morning's hearing. Today, we will consider the nomination of Dr. Tom Price to be the secretary of the Department of Health and Human Services.

I want to welcome Dr. Price to the Finance Committee and I appreciate his willingness to serve in a position of this magnitude, especially at this particularly crucial time. When Obamacare was pushed through on a series of party line votes, Republicans in Congress warned that the new health care law basically would harm patients, families and businesses. Not to put too fine a point on it, but we were right, and the next HHS secretary will play a pivotal role as we work to repeal Obamacare and replace it with patient-centered reforms that will actually address costs, among other things.

HATCH:

This will be an important endeavor, one that will and should get a lot of attention here today, but it should not be the sole focus of the next HHS secretary.

HHS has an annual budget of well over $1 trillion. Let me repeat that, one department, $1 trillion. HHS encompasses the centers for Medicare and Medicaid Services, the Centers for Disease Control and Prevention, the National Institutes of Health and Drug Administration and many others.

It's no exaggeration to say that HHS touches more of the U.S. economy and effects the daily lives of more Americans than any other part of the U.S. government. I firmly believe that Dr. Price has the experience and qualifications necessary to effectively lead this large and diverse set of agencies and many people share that view.

He's had a tremendous experience -- a wealth of experience in the practice of medicine, understands these problems and has been a great member of the House of Representatives. For example, past HHS Secretaries Mike Leavitt and Tommy Thompson strongly support his nomination. Physician organizations that know Dr. Price's work, including the American Medical Association and most surgical specialty groups, enthusiastically support him. The American Hospital Association and other health care stakeholder groups do as well.

Perhaps the Healthcare Leadership Council representing the broad swath of health care providers said it best in stating that quote, "It is difficult to imagine anyone more capable of serving this nation as the secretary of HHS than Congressman Tom Price." unquote. Unfortunately, in the

current political environment, qualifications, experience and endorsements from experts in key stakeholders, sometimes don't seem to matter to some of our colleagues.

At least that appears to be the case, as none of those who say they oppose Dr. Price's nomination seem to be talking about whether he is qualified. Instead we've heard grossly exaggerated and distorted attacks on his views and his ethics. On top of that, we've heard complaints and a series of unreasonable demands regarding the confirmation process itself.

Of course, these tactics haven't been limited to Dr. Price. My Democratic friends have taken these -- or taken this approach -- approach with almost all of President Trump's cabinet nominees. As Senate Democrat's unprecedented efforts to delay and derail the confirmation process and apply a radically new set of confirmation standards has continued unabated.

To that point, let me say this. I've been in the Senate for 40 years, and I think my record for being willing to reach across the aisle is beyond any reasonable dispute, and I've certainly done it with my fellow Democrats here on -- on this committee. In fact, from time to time, I've taken lumps in some conservative circles for working closely with my Democratic colleagues.

I have on some occasions voted against confirming executive branch nominees, but far more often than -- than not, I've opted to defer to the occupants of the White House and allowed them to choose in their administrations. I've taken some lumps for that too.

I'm not bringing any of this up to brag or to solicit praise from anyone in the audience. I raise all of this today so that people can know I'm serious when I say, that I'm worried about what my colleagues on the minority side are doing to the Senate as an institution. While the overriding sense of comedy and courtesy among Senators has admittedly been in decline in recent years, I have never seen this level of partisan ranker when it comes to -- to dealing with the president from an opposing party.

I have never seen a party in the Senate from it's leaders on down, publicly commit to not only opposing virtually every nomination, but to attacking and maligning virtually every single nominee.

Now let me be clear, I'm not suggesting that the Senate start rubber stamping nominees. Nor am I suggesting that any member of the Senate should vote against their conscience or preferences, simply out of respect for tradition or difference. What I am saying is that the same rules, process, courtesies and assumptions of good faith, that have long been the hallmark of the Senate confirmation process, especially in this committee, should continue to apply regardless of who is president.

HATCH:

If what we're seeing now is the new normal for every time control of the White House changes hands, the Senate, quite frankly, will be a much lesser institution. Unfortunately, our committee has not been entirely immune to the hyper-politicization of the nomination process. We saw that

last week with the Mnuchin hearing. And I regret to say that I think we're likely to see more of it today, I hope not.

Case and point, I expect that during today's hearing, we're going to hear quite a bit about process and claims that Dr. Price's nomination is being rushed and that the nominee hasn't been fully vetted. These allegations are simply untrue. President Trump announced his intent to nominate Dr. Price just three weeks after the election. Dr. Price submitted the required tax returns and completed questionnaire on December 21st. That was 35 days ago, and by any reasonable standard, that has -- that has -- that is sufficient time for a full and fair examination of the nominee's record and disclosures.

By comparison, the committee held a hearing on the nomination of Secretary Sebelius, the Democrat nominee, 16 days after she submitted her paperwork. For Secretary Burwell, it was 17 days. In other words, the time between the completion of Dr. Price's file and his hearing has been more than that and more than that of the last two nominees -- HHS secretaries combined.

And by the way, both of those nominees received at least a few Republican votes on this committee and on the floor.

Outside of extraordinary process demands, Dr. Price has faced a number of unfair attacks on both his record as a legislator and his finances. On the questions surrounding finances, I'll defer on any substantive discussion and first allow Dr. Price to defend himself from what are by and large specious and distorted attacks.

For now, I'll just say that I hope that my colleagues don't invent new standards for finances, ethics and disclosure that are different from those that have generally applied in the past. There is a saying involving both stones and glass houses that might be applicable as well.

With regard to Dr. Price's views and voting record, I'll simply say that virtually all of the attempts I've witnessed to characterize Dr. Price's views as being quote, "outside of the mainstream," unquote, have been patently absurd. Unless, of course, the only ideas that are in the quote, "mainstream," unquote are those that endorse the status quo on health care and our entitlement programs.

In conclusion, I just want to note that the overly partisan treatment of nominees and distortions of their records is a relatively new development on this committee. My hope is that we can begin to set a new standard here that we can all be proud of and that will work to reverse the recent trends and have a fair and open discussion of the nominee and his qualifications.

So with that, I'll turn to our distinguished ranking member, Senator Wyden.

WYDEN:

Thank you very much, Mr. Chairman.

Colleagues, the American public has heard many promises about health care from the administration; no cuts to Medicare or Medicaid, nobody hurt by ACA repeal, insurance for everybody, much less expensive, much better. Congressman Price's own record undercuts these promises.

I'm going to start with ethics and undisclosed assets. Congressman Price owns stock in an Australian biomedical firm called Innate Immunotherapeutics. His first stock purchase came in 2015 after consulting Representative Chris Collins, the company's top shareholder and a member of its board. In 2016, the congressman was invited to participate in a special stock sale called a private placement. The company offered the private placement to raise funds for testing on an experimental treatment it intends to put up for FDA approval.

Through this private placement, the congressman increased his stake in the company more than 500 percent. He has said he was unaware he paid a price below market value. It is hard to see how this claim passes the smell test. Company filings with the Australia Stock Exchange clearly state that this specific private placement would be made at below market prices.

WYDEN:

The Treasury Department Handbook on Private Placements states, and I will quote, "They are offered only to sophisticated investors in a non-public manor." The Congressman also said last week, he directed the stock purchase himself, departing from what he said was typical practice.

Then there's the matter of what was omitted from the Congressman's notarized disclosers. The congressman's stake in Innate is more than five times larger than the figure he reported to ethics officials when he became a nominee. He disclosed owning less than $50,000 of Innate stock. At the time the disclosure was filed, by my calculation, his shares had a value of more than $250,000.

Today his stake is valued at more than a half million dollars. Based on the math, it appears that the private placement was excluded entirely from the Congressman's financial disclosure. This company's fortunes could be affected directly by legislation and treaties that come before the Congress. It also appears the Congressman failed to consult the Health Ethics Committee, following other trades of health care stocks.

That was required as they're directly related to two bills he introduced and promoted. Even if some of those trades were not made at his direction, he would have been made aware of them when he filed his periodic transactions reports with the House of Representatives. Set aside the legal issues, it is hard to see this as anything, but a conflict of interest and an abuse of position.

Another key question on the Finance Committee's biographical questionnaire is whether nominees have been investigated for ethics violations. The Congressman's been the subject of two investigations stemming from fund-raising practices. This too was not disclosed. The committee needs to look into these matters before moving the nomination forward.

Now to policy. On the Affordable Care Act specifically and the scheme known as repeal and run. The secret replacement plan is still hidden, but already the administration charges ahead with a broad executive order that endangers American's health. As the budget chairman, Congressman Price, is the architect of repeal and run.

If his repeal bill became law, 18 million American's lose their health care in less than two years. In one decade you go from 26 million uninsured to 59 million. Repeal and run raises premiums 50 percent in less than two years. Cost skyrocket from there, the market for individuals to buy health insurance collapses. No cost contraceptive coverage for millions of women, gone.

By defunding Planned Parenthood, nearly 400,000 women would lose access to care almost immediately. Hundreds thousands more would lose their opportunity to see the doctor they trust. The Price plan takes American back to the dark days when health care was for the healthy and the wealthy.

His other proposals don't offer much hope that the damage will be undone. There's a big gap between the Trump pledge of insurance for everybody and great health care and the Congressman's proposals. In another bill, the Empowering Patients First Act, the Congressman brings back discrimination against people with pre-existing conditions such as pregnancy or heart disease. Insurers get the power to deny care and raise costs on those with pre-existing conditions if they didn't maintain coverage.

In effect, the bill said insurance companies could take patients' money and skip out on paying for the care they need. The Price bill also gives insurers the OK to reinstate lifetime limits on coverage and charge women higher rates because they're women. It gutted the tax benefits that help working people afford high quality coverage. It slashed minimum standards that protect patients by defining exactly what health plans have to cover.

WYDEN:

All this from a bill called Empowering Patients First, I've see a lot of bills ironic title -- with ironic titles, this one colleagues, takes the cake. Here's the constant, the Congressman's proposals push new costs on the patients. Massive cuts to Medicare were proposed in the price budget, another example.

In my view, the Congress has a duty to uphold the promise of Medicare, it's a promise of guaranteed benefits. The congressman advocated privatizing Medicare, cutting it almost to half trillion dollars. After his nomination, he said he wanted to turn the program into one with vouchers with the first six to eight months of the administration.

He supports balanced billing, so seniors would have to cover extra charges beyond what Medicare pays when they go to the doctor. More extra costs for seniors on a tight budget. In addition, the congressman calls for block granting and capping Medicaid, which would shred a vital safety net for our most vulnerable.

Medicaid ensures 74 million people. More Americans rely on Medicaid to pay for nursing home care and home-based care than any other program. The program pays for nearly half of all births and covers millions of children. It's a critical source of mental health coverage and substance abuse treatment; vital at a time when our communities are battling the opioid epidemic.

I'll close with just two additional points. If confirmed, the head of HHS, the Health and Human Services Department, is the captain of the Trump health care team. Now, the congressman says patients should be at the center of care. I agree with that. When I look, however, at the congressman's proposals, I don't see the patient at the center of health care, I see money and I see special interests at the center of health care.

Now, finally, let me just make a point with respect to the process and the comments of my good friend, Chairman Hatch. Colleagues, the process here is exactly the same process, to a tee, that this committee has used for 20 years. It is the process that applied, for example, to Tom Daschle. It applied to Ron Kirk. I will enter into the record a specific set of details about how this is the process that is exactly what was done on a bipartisan basis for 20 years and I will make that part of the record.

Thank you, Mr. Chairman.

HATCH:

Thank you, Senator.

I'm pleased to hand over the introduction -- my normal witness introduction duties today to our colleague, the distinguished senator from Georgia, Senator Isakson, who will introduce Dr. Price.

And so, Senator Isakson, please proceed.

ISAKSON:

Well, thank you, Chairman Hatch and Vice Chairman Wyden and members of the committee -- fellow members of the committee. I'm proud to have a seat right up there on this committee and enjoy being a part of it.

I couldn't be prouder than to introduce Tom Price to you today. This is the second time I've had the case (ph) to introduce Tom in the last week. The first time I was called, it was to introduce him at the Health Committee, which I also serve on and I was proud to do that. And I gave what I hope was the best introduction I could possibly give, based on a man that I've known for 30 years. Known him (ph) as a family man, as a legislator, as a member of our community, as a great physician and a great friend. It was easy to do that one.

But since that last week, things have changed. I feel like I've been asked to be a character witness in a felony trial in the sentencing phase of a conviction. There are things that have been said the last week or so just, to me, need to be refuted, so I'm going to take all the positive things and say

them at the end. But try and begin by saying there are a few things out there that need a perspective all the way around.

I'm very proud that Tom has filed his income tax returns. A couple of things that the (ph) ranking member mentioned came from those showings. Some of the things that came out in a memo last night about property taxes -- those were de minimis items that came out. One -- one late tax payment in Nashville, Tennessee; one late tax payment in Washington, D.C. Late, not unpaid. Just late, and I've done that myself a couple of times.

On -- on Innate Immunotherapeutics, that was a disclosure that he made. And the valuation difference on a private placement is a normal thing. It's an eyes of the beholder placement in terms of what you assess it at. And this was merely an assessment as to what you disclosed in terms of its worth, not whether or not you disclosed it or not.

Tom's a good man. He's a family man, he's a physician, he's an honorable man. And I'm proud to be here today not to defend him, because he doesn't need defending, but to praise him for the things that he's done.

ISAKSON:

You know, I think it's important for all of us to look at a secretary nomination, whether it's secretary of defense, whether it's Health and Human Services. What am I really looking forward -- from in terms of this person?

Well, first and foremost, I'm looking for a person that understand the American family. Tom is a great family man. In fact, his wife, Betty -- if you would raise your hand, Betty. Last week, I told her to stand up and she was in a crowd and I couldn't get her to do it, so I'm going to get her to raise her hand this time around.

Betty's a great lady and a great wife. Their son, Robert, I guess is still in Nashville, Tennessee singing country music, is that right? So he couldn't be here today, but Lamar Alexander appreciates that part very well. Tom's active in his church, active in his community, understands the needs of families and understands the relationship of health care to a good family.

Secondly, who would I ask to spend $1.1 trillion of my money? I don't have that much, of course, but that's how much Tom will oversee at HHS. What I would look for in a person to handle that much money? I look for a little bit of experience, and Tom's got it, in terms of a legislator. I look for somebody who understood where that cost was going and what he needed to do to manage it, and Tom's that type of person. I'd look for somebody I would trust with that amount of money, even though I don't have it, but if it were mine.

Third, does he understand health care? Let me tell you a little bit about Tom and his medicine practice -- medical practice. It's called Resurgens Orthopaedics. Resurgens Orthopaedics is the consolidation of a number of small orthopedic firms around the state of Georgia into the largest

orthopedic provider in our state. Tom was one of the leading persons that pulled that together, and in fact, was ran the -- ran the practice for a while himself.

They're my doctors. In fact, 26 years ago, Resurgens saved my young son Kevin's right leg in a terrible automobile accident and I've never forgotten what they did for him in a terrible crisis that we had in our family. But they're a great medical firm, he understands medicine and he has run a comprehensive medical program.

Third, I'd want to understand if he knew the -- fourth, I'd want to understand if he knew the legislative process. You know, when the president calls Tom in and says OK, we're going to go to the Senate and the House and we're going to sell our package, Tom's got to have the ability to convince 535 people that the president's right or that the administration's right.

You don't want somebody going out there who hadn't walked into a legislative meeting before, somebody who hadn't been in the political process before. Tom has been there and done that. He's the type of guy you can trust to make the sale and represent the administration and the people.

Fifth, I'd want somebody who's accountable. Tom's an accountable type of guy. In fact, I joked last week and said he's one of those rare ones of us that actually reads the bills. In fact, when I have a big question, I usually come talk to Tom late at night. I say, "Tom, what do you know about H resolution 3742?" And he'll tell me.

He's not exciting. He's sometimes boring, but he's always right because he's always prepared. But he understands you need to be accountable in this business, you need to be responsible for what you do and responsible for what you say.

Now, there's a rumor that's going around by some people that Tom doesn't support the saving of Social Security. Let me tell you a little story. A few weeks ago -- in fact, at the end of the campaign in October -- I was called by AARP and Tom was called by AARP. They said will you two go on the road for us and do presentations around the state in your congressional districts about how you're going to save Social Security?

And in -- I guess it was Alpharetta, Georgia was the first place -- Tom and I went one night and spent the whole night before a room full seniors defending saving Social Security. So anybody that's passing that rumor around, a, go ask AARP who's going to save Social Security. Go ask the people who are active in that business who's going to do it.

Tom Price understands the value of Social Security and the value of Medicare, and being eligible for both, I wouldn't be up here promoting somebody who's going to take it away from me, I guarantee you that.

Let me tell you one other thing. Four years ago, I sat in this committee -- in our committee room and in the Health Committee -- and I (inaudible) questions and I asked all that I could of Sylvia Burwell and when the time came time for a vote, I voted for her because she was the right person at the right time for the administration to put in head of labor HHS.

Dr. Tom Price is the right man at the right time for the right job. He is my friend. He's a man I've known for 30 years. He has unquestioned character and unquestioned ability and he will be a great secretary of HHS. I thank all of you for taking calls earlier, when I called before this meeting, urged you to give him the courtesy of your time to listen to what he's got to say, ask your thorough questions and I hope you'll see fit to nominate a honorable man, an accountable man and a good man to be the next secretary of Labor Health and Human Services.

And I yield back, Mr. Chairman.

HATCH:

Well, thank you, Senator Isakson.

I'll tell you, Tom, you couldn't have a better introducer than Senator Isakson. He's not only highly respected by all of us in the Senate, Democrats and Republicans, but he's very, very articulate as you can see and I think he did a very good job talking about you and your future here in this committee.

Now, I have some obligatory questions for the nominee. First, is there anything that you are aware of in your background that might present a conflict of interest with the duties of the office to which you have been nominated?

PRICE:

I do not.

HATCH:

Do you know of any reason, personal or otherwise, that would in any way prevent you from fully and honorably fulfilling this -- this responsibility?

PRICE:

I do not.

HATCH:

Do you agree, without reservation to respond to any reasonable summons to appear and testify before any dully constituted committee of the Congress, if you are confirmed?

PRICE:

I look forward to that.

HATCH:

Finally, do you commit to provide a prompt response in writing to any questions that may be submitted to you or addressed to you by any senator of this committee?

PRICE:

I do.

HATCH:

Well, thank you. That -- those -- those are the obligatory questions we really ask of everybody. Let me just go into some questions that I would like to ask of you. OK.

Before we go into the questions, I have a tendency to want to get going a little quicker than I should. Let's turn time over to you, Dr. Price, Congressman Price to state whatever you'd like to state here for the committee this morning.

PRICE:

Thank you so much, Chairman Hatch and Ranking Member Wyden and to all the members of this committee for the opportunity to speak with you today and to engage in the discussion about the road ahead for our great nation.

I want to thank Senator Johnny Isakson so much for his incredibly gracious introduction. As he mentioned, we've known each other for 30 years or so. I'm so grateful for his friendship and his kindness, our state is so grateful for his leadership and his service and we're blessed to have it.

I wish also, to especially thank my wife, Betty, of 33 years who joins me here today. Her support and her encouragement and her advice which I will remind you, is always correct and her love that she has given me over those past 33 years -- I'm more grateful for that than I can ever say.

Over the past couple of weeks and months, I've met with many of you, individually, and gained a real appreciation for the passion that you all have for the critical work that's done at The Department of Health and Human Services. Please know that I share that passion. Which is why I'm here today and why I honored to have been nominated to serve as the next 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 me a holistic view of the complex interactions that take place every single day across our communities. And today I hope to share with you how my experience has helped shaped my understanding of, and appreciation for, the Department of Health and Human Services.

From an early age I had an interest in medicine, my earliest memories though were of growing up on a farm in Michigan where I lived until I was five years old, when our family moved to suburban Detroit. I spent most of my formative years being raised by a single mom. Some of my fondest

memories as a child were those spent with my grandfather who was a physician. And I would occasionally spend some weekends with him and he would make rounds, which meant that we got in a car and went to peoples' homes and made house calls.

And I'll never forget the warmth and the love with which he was greeted at every single door. Those -- those impressions are seared in my memory. After graduating from medical school from the University of Michigan, I moved to Atlanta which I've called home for nearly 40 years. It's where I met my wife, Betty. It's 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 cared -- cared for and treated patients from all walks of live, including many, many children. And anyone who has ever had the privilege of treating a child, knows how fulfilling it is to look into the eyes of a mom or a dad and say how we helped heal their son or their daughter. 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 it eventually became one of the largest, non-academic group practices of orthopedics in the country, for which I eventually served as chairman of the board.

During 20 years as a practicing physician, I 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.

PRICE:

One are the number of times where patients were remarkably angry about the individuals figuratively, not literality, but figuratively standing between themselves and their physician in the clinic room. Making it so that what the physician was recommending may or may not be possible, whether it was from insurance or regulators or government or the like.

And then there was the day that I remember vividly that -- that -- that I realized there were more people in the office behind the door where we saw patients in the front clinic area trying to fight with insurance and regulators and government than there were in the front of the door actually caring and treating patients. And it became clear to me that our health care system was losing focus on its number one 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, and so I ran for the Georgia State Senate. I found Georgia State Senate to oftentimes be a remarkably bipartisan place, where collegial relationships were the norm. This is the environment in which I learned to legislate, reaching across the isle to get work done.

In Congress, I've been -- I've been fortunate to have been part of a collaboration that broke through party lines as well to solve problems. Just this past Congress, as you'll recall, 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 system, that if implemented properly, will help ensure that seniors have 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 the bipartisan team-driven policy making and what has been a lifetime of commitment to improving the health and well-being of the American people. The commitment extends to what I call the six principles of health care; affordability, accessibility, quality, responsiveness, innovation and choices.

But 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 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 the Health and Human Services Department 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 partner with those in our communities already doing remarkable work.

Across the spectrum of issues and services this department handles, there endures a promise that has been made to the American people and we must strengthen our resolve to keep the promises our society has made to senior citizens and to those 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 quality care. It means maintaining and expanding America's leading role in medical innovation and the treatment and eradication of disease.

So, I share your passion for these issues, having spent my life in service to them. And yet, there's no doubt that we don't all share the same point of view when it comes to addressing each and every one of these issues. Our approaches to policies may differ, but there -- surely, surely there exists a common commitment to public service and compassion for those that we serve. We all hope to 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.

HATCH:

Well, thank you, Dr. Price. I can't think of anybody who -- who -- who could give a better analysis of why this position is so important to them.

Let me start with this question. The Department of Health and Human Services is one of the largest departments in government and employing, I think, nearly 80,000 employees and encompassing over 100 programs covering a large range of complex and diverse issues. Can -- now, you've described to a degree, but if you could elaborate a little bit more, can you describe how you will prioritize and oversee the large array of issues for which you will be responsible? And tell us, what in your history has prepared you to lead the Department of Health and Human Services, such a multifaceted department?

PRICE:

Thank you, Mr. Chairman.

As -- as you and the members know, the mission of the Department of Health and Human Services is to improve the health and the safety and the well-being of the American people. And in order to do that, I'm -- I'm committed to that mission, but in order to do that you've got to put together teams of -- of individuals in each sector of Health and Human Services. In my history, wherever I was, whether it was in my clinical practice or the state legislature or Congress or the work that I did in communities, was just to bring forward the greatest quality of talent that we -- that we could assemble.

PRICE:

Second is to understand -- understand the scope and the issues and -- and clearly having the experience both, in the clinical arena, as well as in the legislative arena -- understand the scope and the issues. And then finally, focusing on results.

I think often times we get -- it gets kind of muddy up here in Washington, what we do. We -- we -- we -- name the programs, we -- we -- we -- make certain that the resources are there to be able to provide money for the programs to -- to be run, but often times, I think we drop the ball on whether or not we're actually accomplishing the mission.

Are we truly improving the safe -- health and the safety and the well-being of the American people? So one of the major goals I have is to look at the metrics that we're looking at the department and making certain we're accomplishing that mission and that goal.

HATCH:

Thank you.

The Centers for Medicare and Medicaid Innovation, CMMI, has been -- begun numerous initiatives over the past few years, some of which have generated much controversy. Could you

tell us your position on the work in CMMI and how it should be -- should or should not be continued in the future?

PRICE:

Thank you, Mr. Chairman.

The -- the innovation is so incredibly important to -- to health care and the -- and the vibrant quality of health care that we need to be able to provide to our citizens. Innovation, in fact, is what -- what leads quality health care; it's what expands the ability of health care professionals to be able to treat patients. I'm a strong supporter of innovation and I think one of the -- one of the roles that we, as policy makers, have is to incentivize innovation. The Center for -- for Medicare and Medicaid Innovation is -- is a vehicle that might do just that.

I think, however, that CMMI has gotten off track a bit. I think what it has done is -- is defined areas where it is mandatorily dictating to physicians and other providers in this country, in certain areas, how they must practice. So whether it is a geographic area that includes 67 or 68 areas in our country, that have to perform a certain procedure in a certain way and use a certain implant in a certain way, because the government says they got to, mandatorily without exception.

Or whether it's 75 percent of the Part B Medicare drug demo, it's called a demonstration product -- project, which -- which dictates to physicians and other providers what drugs they must -- they must use in an impatient setting.

That to me is no longer a trial. That's no longer an experiment, that's no longer a pilot project to determine whether or not an innovative solution might work. That's changing the way that American medicine is practiced by folks making decisions here in Washington; as opposed to patients and families and doctors making those decisions.

So, strong supporter of innovation; hope that we can move CMMI in a direction that actually makes sense for patients.

HATCH:

Well, thank you so much.

Medicare has lost more than $130 billion -- that's with a B -- to improper payments over the past three years. The program also has been above the legal building error rate threshold of 10 percent for the past four years. Given that Medicare trustees have issued grave concerns about looming Medicare insolvency if we stay at the current spending levels.

Will your administration actively champion our Medicare Integrity Program so that we can recover as much -- a much higher percentage of the billions of taxpayer dollars lost each year to billing mistakes, and ensure Medicare will be in place for future American seniors?

And also as a former practicing physician who has experience with Medicare and Medicaid programs, do you have any insights into steps you think should be taken to address the multi-billion dollar problem of waste, fraud and abuse in these programs?

PRICE:

Yeah, thanks, Mr. Chairman.

Nobody supports care being billed for that isn't needed or isn't -- hasn't been provided. And this is one of those areas that I think we need to be very, very focused. I'm -- I'm certain that there are some bad actors out there. I think they're a minority, but there's some bad actors out there. And I'm certain that if we were to focus specifically on those bad actors in real time, which is what happens in every other industry in our country that real time information is -- is available and acted upon.

Instead of -- of trying to determine whether every single incident of care is necessary. If we were to focus on those individuals that were the bad actors specifically, then I think we could do a much better job of not just identifying the fraud that exists out there, but ending that fraud.

HATCH:

Well, thank you.

Senator Wyden, we'll turn to you now.

WYDEN:

Thank you, Mr. Chairman.

Congressman, I'm gonna start with the trading in health care stocks. Your position is that the trading was legal, because in your view, it complied with House rules. I think there are debatable legal questions, but there are other matters.

Innate Immunotherapeutics is an obscure Australian company -- develops a treatment for immune system disorders and plans to seek FDA approval. Innate's fortunes are affected by congressional action. Today, the total value of your shares exceeds $500,000. Yet, on the Office of Government Ethics Disclosure Form you filed, as a nominee, you significantly undervalued the stock. You failed to include the value of more than 400,000 shares you bought at a significant discount during a private stock sale made available to specially chosen investors around Labor Day.

You also significantly underreported the value of this purchase to the committee. It's worth more than twice what you reported. You heard about the stock from a House colleague who is a board director of this Australian drug company and the largest shareholder. You got in on private placements not available to the public. In these private placements, you bought over 400,000 shares at discounts that were as much as 40 percent cheaper than the price on the Australian stock

exchange. And you were sitting, at the time, on committees that have jurisdiction over major health care programs and trade policy.

Yes or no, doesn't this show bad judgment?

PRICE:

Well, if what you said was true, it -- it -- it...

WYDEN:

You have a paper trail...

(CROSSTALK)

WYDEN:

Congressman, we have a paper trail for every comment I've made. Yes or no, doesn't this show bad judgment?

PRICE:

No.

WYDEN:

Well...

HATCH:

Well, let him answer the question too. I mean, you've kind of indicated he did something wrong. Let him explain why it wasn't wrong.

WYDEN:

It was -- it was a yes or no.

HATCH:

No, I want to have him be able to -- to -- to handle that problem.

PRICE:

Maybe it would be helpful if you - - if you laid out the accusation, sir.

WYDEN:

Well, you purchased stock in an Australian company through private offerings at discounts not available to the public.

PRICE:

If I may, those -- they were available to every single individual that was an investor at the time.

WYDEN:

Well, that is not what we learned from company filings. Company filings with the Australia Stock Exchange state that this specific private placement would be made at below market rates. The Treasury Department says it's only offered to sophisticated investors in a non-public manner.

We have a paper trail for every one of the statements that I have gone -- gone into. And trading in stocks while you sit on two committees, introducing legislation that directly impacts the value of the stocks...

PRICE:

What legislation would that be, Senator?

WYDEN:

We will take you through the various bills, but the reality is this has been cited on a number of occasions.

PRICE:

The reality is that everything that I did was ethical, above board, legal and transparent. The reason that you know about these things is because we have made that information available in real time as required by the House Ethics Committee. So there isn't anything that -- that -- that you have -- that you have divulged here that hasn't been public knowledge.

WYDEN:

Your stake in Innate is more than five times larger than the figure you reported to ethics officials when you became a nominee.

PRICE:

And if you had listened to your committee staff, I believe you would know that our -- our belief is that that was a clerical error at the time that the 278E was filed. We don't know where it happened, whether it was on our end, whether it was on the end of the individuals of OEG. But there was not any -- any malicious...

WYDEN:

Congressman, you also reported it in the questionnaire to the committee and you had to revise it yesterday because it was wrong.

PRICE:

And the reason for that is because I -- when asked about the value, I thought it meant the value at the time that I purchased the stock, not the value at some nebulous time when we supposedly made a...

WYDEN:

I want to get in one other question, if I might. This weekend, the president issued an executive order instructing the department and other agencies to do everything possible to roll back the Affordable Care Act. If confirmed, you'll be the captain of the health team and in charge of implementing the order.

Yes or no, under the executive order, will you commit that no one will be worse off?

PRICE:

What I commit to, Senator, is working with you and every single member of Congress to make certain that we have the highest quality health care and that every single American has access to affordable coverage.

WYDEN:

That is not what I asked. I asked will you commit that no one will be worse off under the executive order. You ducked the question. Will you guarantee that no one will lose coverage under the executive order?

PRICE:

I guarantee you that the individual's that lost coverage under the Affordable Care Act, we will commit to making certain that they don't lose coverage under whatever replacement plan comes forward. That's the commitment that I provide to you.

WYDEN:

The question again is, will anyone lose coverage and you answered to something I didn't ask. I'll wrap up this round by saying, will you commit to not implementing the order until the replacement plan is in place?

PRICE:

As I mentioned Senator, what I commit to you, and what I commit to the American people, is to keep patients at the center of health care. And what that means to me is making certain that every single American has access to affordable health coverage that will provide the highest quality health care that the world can provide.

WYDEN:

I'm going to close by way of saying that what the Congressman is saying is that the order could go into effect before there's a replacement plan. And independent experts say, that this is gonna destroy the market on which millions of working families buy health coverage. And on the questions that I ask, will the Congressman commit that nobody will be worse off, nobody will lose coverage, we didn't get an answer.

Thank you Mr. Chairman.

HATCH:

Well, how can anybody commit to that?

Let me just say, Dr. Price, you've been accused here of vesting in securities that had a direct effect over in the Congress and you disclosed the wrong value of shares you owned in -- in Innate Immunotherapuetics. Now Dr. Price, let me just say this has a diversified portfolio with Morgan Stanley and a broker directed account.

Correct me if I'm wrong on any of this, Doctor, the portfolio includes both health care and non-health care stocks. His financial adviser designed the portfolio and directed all trades in the account. The adviser's, and not Dr. Price, has the discretion to decide which securities to buy and sell.

On March 17th, 2016, in a periodic rebalancing of the portfolio, the financial adviser directed the purchase of 26 shares in Zimmer Biomet, worth under $3,000. The adviser notified Dr. Price of the purchase on April 4th 2016. And Dr. Price disclosed them on his House periodic transaction report on April 15th.

Now Dr. Price began his legislative effort related to the comprehensive joint replacement demonstration project in 2015. With one exception, all of Dr. Price's stocks are held in three broker- directed accounts. Neither he nor his wife direct -- direct or provide input regarding investments in these accounts. Innate Immunotherapeutics is the one exception.

Now, Dr. Price decided to invest in -- I'll just call it out -- hell, based on public information regarding his work on multiple sclerosis treatments as a disease. He has been intimately involved in treating for years. He directed the investments based on his own research in to the company. He invested $10,000 in the company in January 2015 and reported the investments to House ethics in February of that year.

He made an additional investment in September 2016 and also disclosed that investment; he has corrected his styling regarding the value of his shares. He's agreed to divest all shares in the company. I don't know -- is that a correct -- Senator (inaudible).

PRICE:

Your information is -- is correct, sir. I -- I -- I just point out that anybody who knows me well, knows that I would never violate their trust. And -- and I know -- I know the -- the environment that we're in here, you mentioned it in your opening statement. But I appreciate you correcting the record.

HATCH:

Well, thank you. Let's see...

(UNKNOWN)

Mr. Chairman, I've -- just an inquiry. You just consumed about two minutes beyond your opening statement. And in the interest of fair play, is it -- is it appropriate for someone to note that two minutes is also owed to Senator Wyden or somebody on our side?

HATCH:

Well, he already did go over two minutes, so that's no...

(CROSSTALK)

(UNKNOWN)

OK. But in the -- as we go forward in this -- in this process, I'll just ask you to keep that...

HATCH:

I'm -- I'm not gonna relinquish my -- my role as chairman.

(UNKNOWN)

No, I understand.

HATCH:

The correct errors, that are promulgated here, and -- but -- I've always -- I've always been good about giving time that you need. So I will try to do that, but...

(UNKNOWN)

Thank you.

HATCH:

... but I'm also not gonna allow things that are not fault -- that things that are false, to go forward without some sort of comment.

(UNKNOWN)

All right.

HATCH:

We just can't allow this to happen.

(UNKNOWN)

Mr. Chairman, just a unanimous consent request.

HATCH:

Yes.

(UNKNOWN)

Bipartisan disclosure memo I'd like to ask be made a part of the record because it will document what I've stated.

HATCH:

Without objection.

Senator Roberts.

ROBERTS:

Did you really wink at me and smile? Bless your heart. Thank you.

(LAUGHTER)

Good doctor, thank you for coming. I think it's important to make clear right off the bat that even if Congress and the incoming administration were to do nothing, absolutely nothing, amending or repealing parts of the Affordable Care Act, the law's not working.

PRICE:

Right.

ROBERTS:

It's collapsing. The prices are not affordable, the market's nearly not existent, few options to several states and counties. This year, one out of every three counties in this country only has one insurer offering coverage on the exchange.

What tools do you have, or will you have when you're confirmed, which could be utilized over the next couple of months to provide stability and improve the individual insurance markets, make them more appealing so that insurance carriers will want to come back and provide more coverage options as we transition away from the Affordable Healthcare Act?

PRICE:

Well, thank you, Senator.

I think it's incredibly important for us to admit here what the American people know, and that -- that is that this law isn't working. Certainly isn't working for the folks in the individual and small group market. You've got premiums that are up significantly. They were supposed to go down by $2,500. Now they're up more than $2,500 on average. You've got deductibles that have escalated to $6,000 to $12,000.

You've got, as you mentioned, states where there -- there's only one provider -- insurance provider, carrier. You've got one third of the counties in this country where there's only one insurance carrier. This is -- may be -- may be working for government, it may be working for insurance companies, but it's not working for patients. And so what we need to do is an effort to try to reconstitute the individual and small group market.

And that begins, I believe, by providing stability in our conversation and in our tone. And one of the goals that I have is to lower the temperature in this debate, is to say to -- to those providing the insurance products across this country. We understand, we hear the challenges that you have.

They're already exiting the market. What we need to do is to say there's -- there's -- there's help on the way to allow us to reconstitute the individual and small group market that allows for folks to gain the kind of coverage that they want for themselves and for their family, not that the government forces them to buy.

That allows them to purchase coverage at a reasonable amount. That makes it so that they don't have deductibles that are out of the -- through the roof, where they don't have the ability to pay the premiums and the deductible as well. So, there's so many things that we ought to be focusing on to make certain, again, that the American people have access to the highest quality care that's affordable for them.

ROBERTS:

Doctor, I have 84 critical access hospitals in my state. It's all part of the rural health care delivery system, which is under great stress.

As we have seen when I visit with hospital administrators all throughout Kansas, there was a time when I knew every one of them, but they're scratching their heads over regulations coming out of HHS, CMS, it used to be HEW and HICVA (ph) and the story goes on and on. And all the other agencies that you all oversee when you are confirmed.

I mention the meaningful use program for electronic health care records. Doctors used to spend, what, 10 to 15 minutes with patients. It's now down to about two or three and then they have to report immediately on what was going on. The 96 hour rule for critical access hospitals, numerous other documentation requirements. Seems to me there's a lack of understanding of our provider shortages in our rural areas.

We're just hanging on by a thread. And how these one size regulations from Washington simply do not translate to rural Kansas or any other rural area with sparse population. My question is how will you work to ensure an effective but smarter, less burdensome rulemaking process?

PRICE:

Well, this is really critical, Senator, because as you mentioned in the rural areas, Georgia's the largest state geographically east of the Mississippi and we've got a large rural population. And critical access hospitals are -- are so important to communities around our state and -- and truly around this nation.

But the regulatory scheme that's been put in place is choking the individuals that are actually trying to provide the care. So much so that you've got physicians and other providers who are leaving the practice, who are leaving the care -- caring for patients not because they've forgotten how to do it or they've grown tired of it, but because of the onerous nature of the regulatory scheme coming out of Washington, D.C.

The meaningful use -- a project that you mentioned -- makes it that much more difficult. We've turned physicians into data entry clerks. You just have to ask them what they're doing. And if you talk to patients, what they recognize is when they go into see their doctor, they see the top of his or her head as they're punching the information, the data into a computer, as opposed to that sharing of information that's so vital and necessary between the physician and the patient for quality health care.

So, one, a recognition of the problem is incredibly important; a recognition of the importance of rural health care in our nation and how it needs to be bolstered up. And then looking at the consequences of what we do as a government.

As I mentioned earlier, oftentimes, I don't think we look at the consequences. We pass the rule. We pass the regulation. We institute it. We think it's the greatest thing since sliced bread. But in

fact what it's doing is harming the very individuals that are trying to provide the care. You don't get that information unless you ask.

ROBERTS:

I appreciate that. My time is up.

Thank you, Mr. Chairman.

HATCH:

Senator Nelson?

NELSON:

Thank you, Mr. Chairman.

Congressman, I enjoyed our visit yesterday. We had a discussion when you were kind enough to come visit me, about the fact that I have in the state of Florida 4 million-plus seniors on Medicare. And they are petrified of the idea of privatized Medicare. And I talked to you about this. And you talked about the premium support system that you're advocating.

And you pointed to a study that was done by CBO. You mentioned that you would send me a copy and we haven't gotten it. So what I did, I went and got the copy myself. And it is September of 2013. And what it concludes is opposite of what you said with regard to high-cost states like Florida.

Medicare is going to be spending four percent lower under the proposal that you were talking about in this CBO report, lower than current law, and beneficiary cost will decrease by six percent on the average, which is what you said yesterday.

But in high-cost regions like Florida, you're going to have the higher beneficiary cost than current law, under your premium support proposal. Annual premiums in Florida would increase 125 percent, according to the CBO chart on page 71. CBO says that the annual premium in a high-cost region like Florida would be $3,600 compared to the current law of $1,600. That's the 125 percent increase.

So, please help clarify what you were saying yesterday as it applies to Florida.

PRICE:

Yes, thanks, Senator. And I enjoyed our time together as well.

When we talk about Medicare, it's important for everybody to appreciate, as I know that you and your colleagues do, that the Medicare trustees, Republicans or Democrats, the Medicare trustees have told all of us that Medicare in a very short period of time, less than 10 years, is going to be

out of the kind of resources that will allow us as a society to keep the promise to beneficiaries in the Medicare program.

What that means -- it's important to appreciate what that means. It means that we will not be able to provide the services to Medicare patients at that time, which is very, very close, if nothing is done. So my goal is to work with each and every one of you to make certain that we save and strengthen and secure Medicare.

I think it's irresponsible of us as policy makers to allow a program to continue knowing -- knowing that in a few short years, it's not going to be able to cover the services that we're providing. So that's the first point, and that is the current Medicare program, if nothing is done, as some have described it, goes broke.

Second point is that my role -- if I'm able to be -- if I'm confirmed and have the privilege of serving as the secretary of health and human services, my role will be one of carrying out the law that you all in Congress pass. It's not the role of the legislator, which I had when I was working to try to formulate ideas to hopefully generate discussion and get to a solution...

NELSON:

OK. Let me -- let me be so rude as to stop, because I'm running out of time.

Remember that Donald Trump in the campaign said that he was not going to cut Medicare spending. And I would also point to you, in a legislative solution, one of the greatest examples is -- on Medicare -- is 1983, when we were just about to go bust. And it took two old Irishmen, Reagan and O'Neill, to agree to come to an agreement that made Medicare -- in this case, it was not Medicare, it was Social Security -- actuarily sound for the next half-century.

Let me ask you, Representative Price, you had made a statement that it was a terrible idea of people who had preexisting conditions, that they would have the protection of insurance against those preexisting conditions. And what I'd like to ask you is, can you please, in light of President Trump expressing his desire to retain this basic protection, do you think his proposal to continue the ban on discriminating against people with preexisting conditions is a terrible idea?

PRICE:

No, I'm not certain where you're getting that quote from. What I have always...

NELSON:

It came from Politico, talking points memo, May 1st, 2012.

PRICE:

Oh, well, now there's a reliable source.

(LAUGHTER)

What I've always said, Senator, is that nobody -- nobody...

NELSON:

So you didn't say it's a terrible idea?

PRICE:

I -- I don't believe I ever made that statement. What I've always said about preexisting conditions is that nobody, in a system that pays attention to patients, nobody ought to be priced out of the market for having a bad diagnosis. Nobody. That's a system, again, that may work for insurance companies; may work for government, but it doesn't work for patients.

So I believe firmly that what we need is a system that recognizes that preexisting conditions do indeed exist and that we need to accommodate it and make certain that nobody loses their insurance or is unable to gain insurance because of a preexisting condition.

NELSON:

Mr. Chairman, as I close, I would like to insert in the record the September 2013 Congressional Budget Office analysis of premium support system for Medicare.

And I would invite you, Congressman, to please respond with the CBO report that you said yesterday that supports your position, because this one does not.

PRICE:

Look forward to that. Thank you, sir.

HATCH:

Senator Menendez?

MENENDEZ:

Thank you, Mr. Chairman.

Congratulations, Congressman Price.

Let me ask you a series of questions. Given your medical training and time spent as a practicing physician, I have a couple of simple yes or no questions to start off with.

In your medical opinion, does HIV cause AIDS?

PRICE:

I think that the scientific evidence is clear that HIV and AIDS are clinically directed.

MENENDEZ:

And in your medical opinion, have immigrants led to outbreaks of leprosy in the United States?

PRICE:

I don't know what you're referring to, but I suspect that there are instances where individuals have an infectious disease and they come to the United States and that that...

MENENDEZ:

I'm not asking about an infectious disease. I'm asking specifically about immigrants in the United States causing leprosy in the United States -- in your medical opinion and scientific background?

PRICE:

Again, I don't know the incident to which you refer. Are you referring to a specific incident?

MENENDEZ:

There are statements that have been made in the public domain that immigrants have led to outbreaks of leprosy in the United States. As a person who's going to be designated as the director of Health and Human Services, that is not only the national but the world's health epicenter, I want to know, in your medical opinion, is there such a causation?

PRICE:

The -- any time you get two individuals together for -- in -- in any relationship whatsoever, whether it's an immigrant or a visitor, and -- and one individual has an infectious disease, then it is possible that individuals transmits that infectious disease.

MENENDEZ:

Including...

PRICE:

Whether it's the flu or a cold...

MENENDEZ:

Including leprosy?

PRICE:

In -- in any infectious disease whatsoever.

MENENDEZ:

In your medical opinion, do abortions cause breast cancer?

PRICE:

I think the science is -- is a -- is relatively clear that's not the case.

MENENDEZ:

In your medical opinion, do vaccines cause autism?

PRICE:

Again the science, in that instance, is -- is -- is that it does not, but there are individuals across our country who are...

MENENDEZ:

I'm not asking about individuals. I'm talking about science because you're going to head a department in which science, not alternate universes of people's views, is going to be central to a trillion-dollar budget and the health of the nation.

Can you commit to this committee and the American people today, that should you be confirmed, you will swiftly and unequivocally debunk false claims to protect the public health?

PRICE:

What I'll commit to doing is doing the due diligence that the department is -- is known for and must do to make certain that the factual information is conveyed to...

(CROSSTALK)

MENENDEZ:

And that factual information will be dictated by science, I would hope?

PRICE:

Without a doubt.

MENENDEZ:

OK.

So, let me ask you about Medicaid specifically. Let me just say, I'm a little taken back about your answer on the question of immigrants and leprosy. I think the science has pretty well dictated in that regard too.

Let me ask you this. One of the most beneficial components of the Affordable Care Act was the expansion of the Medicaid program that resulted in 11 million people nationwide and over half a million in New Jersey gaining coverage, many for the first time. It's one of the biggest programs on the Republican chopping block, with proposals to not only repeal the Affordable Care's Medicaid expansion, but going further in gutting billions in federal funding to the states.

There's no doubt that this would result in catastrophic loss of coverage for tens of millions of low income families and lead to tens of billions in losses to safety net and other health care providers. Do you recognize Medicaid to be a valuable program and consider the coverage it provides to 74 million Americans to be comprehensive?

PRICE:

Medicaid is a vital program for health care many individuals in this country, but one that has significant challenges. There are one out of every three physicians who should be seeing Medicaid patients who's not taking -- who are not taking any Medicaid patients. There's a reason for that. If we're honest with ourselves, we'd be asking the question why?

(CROSSTALK)

MENENDEZ:

Well, if that's the case, that one in three don't treat Medicaid, you have to ask yourself, is that because Medicaid reimbursements are so low? And since provider reimbursements are set at a state level, won't cutting federal funding and hitting states with higher costs only lead to lower provider rates? And how many doctors would actually treat former Medicaid beneficiaries when they no longer have any coverage or ability to pay?

So even if there's only one of three, there's still two of three that are providing the services. Imagine if you don't have coverage, which goes to my next question. You have advocated (ph) to, in essence, block grant Medicaid. Now, the essence of Medicaid is an entitlement, which under the law it means if I meet these criteria I have the right to have that coverage under the law, when you move to a block grant, you remove the right and you make it a possibility subject to whatever funding there is going to be.

Do you recognize that in doing so, you risk the potential of millions of Americans who presently enjoy health care coverage through Medicaid no longer having that right?

PRICE:

I -- I think that it's important to appreciate that -- that no system that any that -- that the president is -- has supported or that I have supported would leave anybody without the opportunity to gain coverage. Nobody.

MENENDEZ:

That's not my question. So let me reiterate my question. Medicaid, under the law as it exists today, is a right, is that not the case? Yes or no.

PRICE:

It's an entitlement program.

MENENDEZ:

And as an entitlement, doesn't that mean you have the right if you meet the criteria that you are entitled to the services...

(CROSSTALK)

PRICE:

One is eligible. That is correct.

MENENDEZ:

One is eligible, meaning you have a right. When you move to a block grant, do you still have the right?

PRICE:

No. I think it would be determined by how that was set up. If, in fact, that was what Congress did. Again, the role of the Department of Health and Human Services is to administer the laws that you pass, not to make the law.

MENENDEZ:

Yes. But I would just simply say to you, I -- I know in our private conversation -- I appreciate you coming by to visit me -- you suggested that your role is that of an administrator of a large department.

Well, that's not even what the vice president said when you were nominated. He said he expected your experience, both medically and legislatively, to help drive policy. And even beyond the expectations of the vice president in that regard, when we have regulatory abilities of the secretary to dictate regulation, that is policy.

So please don't say to me that I am here just to do what Congress says. I respect that you will follow the law and do whatever Congress says, but you will have an enormous impact. And based upon your previous opinions as it relates to Medicaid, ultimately, block granting means a loss of a right. And then it's just a question of funding and then we'll have a bigger problem with a number of providers willing provided.

So, I hope we can get to better understanding, of your commitment to Medicaid as it is an entitlement as a right.

Thank you sir.

HATCH:

Senator, your time is up.

We'll go to Senator Carper now.

CARPER:

Congressman Price, welcome to you and to your -- to your wife. I -- there's a verse of scripture -- you mentioned earlier that you're active in your church. There's a verse of scripture in the New Testament, in Matthew 25, which speaks to the least of these. When I was hungry, did you feed me? When I was naked, did you clothe me? When I was thirsty, did you get to drink? When I was sick and imprisoned, did you visit me? When I was a stranger in you land, did you take me in?

It says nothing about; when my only access to health care coverage was going into the emergency room of a hospital, did you do anything about it?

PRICE:

What we sought to do with the ACA, is to do something about it. And we didn't -- in this room invent the Affordable Care Act. The genesis of the Affordable Care Act, goes back to 1993 when Hillary Clinton, first lady, was working on what was called Hillary Care.

And a group of Senator's lead by Senator John Chaffee, a Republican from Rhode Island, developed legislation co-sponsored by, I think 23 senators including, as I recall, Senator Orrin Hatch and Senator Grassley. And what he did in his legislation, what he proposed in his legislation, was to use really five major concepts.

One, to create large purchasing pools for folks who otherwise may not have access to health care coverage. He called them exchanges or market places. He also proposed that there be a sliding

scale tax credit to buy down the cost of people getting coverage in those exchanges within the different states.

Third thing he proposed was the notion that there should be an individual mandate, he wanted to make sure that people got covered and he realized that if they didn't mandate coverage for people getting coverage, then -- then you would end up with insurance pools that health insurance companies that could not begin to coverage (inaudible) it would be workable.

He proposed as well, employer mandates and he proposed as well, the notion that people shouldn't lose their coverage because of pre- existing conditions. Those are not Democrat ideas. Those were proposed by Republican leadership, actually in the Congress at the time. And when Governor Romney developed his own plan in Massachusetts, I don't know a decade or so later. He borrowed liberally from those ideas.

When he instituted it, as you may recall, they instituted what I call -- what others call Romney care. They had found that they were doing a pretty good job on covering people, but not such a good job on affordability. And what took place over time is you found out they had insurance pools, where a lot of the people were not young, they were not very healthy and they were older and they needed more health care. And as a result, the insurance companies, in order find -- be able to stay in business had to raise the -- the premiums.

I don't know if any of this sounds familiar to you, but it sure sounds familiar to what we've seen in the last six years or so with the -- with the Affordable Care Act. To the ideas of Senator Chaffee and the ideas of Govenor Romney, we've have added some things. We have made -- we've encouraged states to increase the number of people they cover under Medicaid by raising to about 135 percent, the primary level in at which people can receive -- can receive health care.

PRICE:

We've encouraged to focus on prevention and wellness. Not just treating people when they're sick, but also trying to make sure that people stay healthy in the first place. We provide funding for contraception, we provide funding for programs that are inclined or intended to reduce obesity. We have programs that they're intended to reduce the -- reduce smoking, the use of tobacco.. This is a -- this is not a yes-or-no question. What was wrong with that approach? What is wrong with that approach?

And last thing I'll say is this, before you answer, the health insurance companies found it difficult to stay in business in the state groups -- the group exchanges across the country. One of the reasons why they were unable to is because, I think, really we learned this from Massachusetts, we didn't raise the fine, or if you will, we didn't have the incentive high enough to get young healthy people like my sons into the -- the -- the -- the exchanges across the country.

S&P, I'm told, has just put out, about a month ago, an update looking at the financial health of the health insurance companies in this country as they have tried to figure out how to price this product. And it seems like, according to S&P, believe it or not, they seem to have sort of figured it out

because the health -- financial health of the -- the health insurance companies has begun to stabilize. Your reaction to this, please.

PRICE:

Well, as I mentioned in -- either in my opening or in response to -- to a question, the principles of health care that all of us hold dear, affordability and accessibility and quality and choices for patients, I think are the things that we all embrace. The next step, how we get to accomplish and -- and meet those goals and those principles, is where it takes work together to do so.

The program that you outline has much merit, whether it's making certain that individuals with pre-existing illness and disease are able to access coverage, whether it's the pooling mechanisms which I've actively and aggressively supported for years, there's a lot of merit there. So I'm -- again, what I'm hopeful that we're able to do is to, in a collegial, bipartisan way, work together to solve the remarkable challenges that we have.

One of my -- one of my physician colleagues used to tell me that he never operated on a Democrat patient or a Republican patient, he operated on a patient. And -- and that's the way that I view this system. It's not a Republican system, it's not a Democrat system. It's a system that hopefully we're focusing on the patients to, again, make certain that they have access to the highest quality care possible.

CARPER:

Thank you for that.

Let me conclude, Mr. Chairman, by saying -- I'll use an analogy. If there is a large building and there are people in the large building and there was a fire in the large building but for some reason they could not use the stairways or they could not use the elevators, and they looked out the windows and there's fire fighters down in the streets saying go ahead and jump, we'll save you, but they don't have any safety nets.

And my fear is if we repeal what I've described, the -- the system that I described that we put in place of the Affordable Care Act, largely founded on Republican ideas, which I think were good ideas, and we don't have something at least as good in place to catch those people as they fall from the building, we will have done a disservice to them and to our country. Thank you.

HATCH:

Thanks, Senator. Your time is up.

Senator Burr?

BURR:

Thank you, Mr. Chairman, and a quick reminder that the Affordable Care Act was not passed with one Republican vote in the House or in the Senate.

So Dr. Price, a couple of questions just to cut to the chase. Are all of your assets currently disclosed publicly?

PRICE:

They are now and they always have been.

BURR:

OK. Are you covered by the Stock Act legislation passed by Congress that requires you and every other member to publicly disclose all sales and purchases of assets within 30 days?

PRICE:

Yes, sir.

BURR:

Now, you have been accused of not providing the committee of information related to your tax and financial records that were required of you. Are there any records you have been asked to provide that you have refused to provide?

PRICE:

None whatsoever.

BURR:

So all of your records are in?

PRICE:

Absolutely.

BURR:

Now, I got to ask you. Does it trouble you at all that you're -- as a -- as a nominee to serve in this administration, that someone will hold you to a different standard than you as a member of Congress? And I might say, the same standard that they currently buy and sell and trade assets on. Does it burn you that they want to hold you to a different standard now that you're a nominee than they are as a member?

PRICE:

Well, I -- I -- I -- we know what's going on here.

BURR:

Well, we do. We do.

PRICE:

I mean, that -- it's -- and I understand. And -- and as my wife tells me, I volunteered for this. So...

BURR:

So let's go to substance.

BURR:

You and I have a lot in common. We both spoke out in opposition to Obamacare early. We predicted massive premiums increases. When the president promised if you like your doctors, you can keep them, if you like your plan, you can keep it, we both said these promises would be broken and in fact they were.

Over the last seven years, you and I, Senator Hatch, Congressman Upton and others have actually written our own health care plans because we were, I think, brave enough to say that if you're gonna be critical of something, then put your ideas on the table. In your opinion, was it clear to the American people that repeal of Obamacare was a promise that Donald Trump made before he was elected president?

PRICE:

Well, I have no doubt that it played a very prominent role in this past election and that the president is committed to fulfilling that promise.

BURR:

And as the nominee, and hopefully, and I think you will be the secretary of HHS, what are the main goals of an Obamacare replacement plan?

PRICE:

Main goals, as I mentioned, are outlined in those principals. That is imperative that we have a system that accessible for every single American, that's affordable for every single American, that is -- incentivizes and provides the highest quality health care that the world knows and provides choices to patients so that they're the ones selecting who's treating them, when, where and the like.

So, it's complicated to do, but it's pretty simple stuff.

BURR:

I want to thank you for not only testifying here but testifying in front of the Health Committee where Johnny and I both had you over there. You're brave to go through this, but the country will be much better off with your guidance and your knowledge in this slot.

Mr. Chairman, I yield back.

PRICE:

Thank you, sir.

HATCH:

Well, thank you.

Senator Cardin?

CARDIN:

Thank you, Mr. Chairman.

Dr. Price, again, thank you for your willingness to serve in this and we also thank your family for being willing to put up with your voluntary choices.

I want to talk about a few issues in the time I have. One, yesterday the president, by executive order, reinstituted the Global Gag Rule, but he also did it in a way that is more comprehensive than the previous. The new policy would prohibit any federal aid to foreign organizations that provide or promote abortion. In the past, the policy only applied to organizations to cut family planning funding, now it will apply to organizations that get global health money, potentially, including maternal help programs, anti-Zika efforts and expansion of PEPFAR to stop HIV/AIDS.

My question to you is this. If confirmed, how will you make sure that the U.S. can fully participate in these global health efforts to help with maternal health, to help stopping the spread and ending HIV/AIDS, to deal (ph) -- to make sure that the next Zika virus that we be able to contain it so it doesn't cause the catastrophic effects if the Global Gag Rule is enforced in a way that prevents us from participating in international health organizations?

PRICE:

Yeah, this is really important, Senator. I appreciate the question.

The department is full of all sorts of heroes, as you well know, and incredibly talented individuals, and my goal, if I'm given the privilege and if confirmed and given the privilege of serving as the

secretary of Health and Human Services, is to gather the best minds and the best talent that we have within the department and without -- and determine what is wisest policy for this nation to have it relates to, in this instance, infectious disease.

Germs know no geographic boundaries. And we do incredible work, the work that the CDC does and the work that's done by others in our nation that try to prevent -- work to prevent infectious disease, work to detect the spread of infectious disease and then provide a logical and methodical and aggressive response to the outbreak of any infectious disease is absolutely vital to protect the American people and we're committed to doing so.

CARDIN:

Now, I agree with that, I just hope that you will look at perhaps unintended consequences from these executive orders that could compromise our ability to be as effective as we need to using all tools at our disposal.

I want to get to tobacco regulation for one moment, an area that I think is now clear within the medical community the impact that tobacco has. The fact that the Family Smoking Prevention Tobacco Control Act of 2009 authorizes the HHS secretary through FDA to regulate tobacco products, including restricting tobacco sale to minors. It also has been expanded to include the selling of e- cigarettes, et cetera. I know initially you did not support that legislation.

If confirmed, can you commit to us that you would rigorously enforce that act to make sure particularly our children are not subjected to the new forms of tobacco products?

PRICE:

Yeah, the response -- if -- if I'm confirmed, the responsibility that we will have is to enforce the law of the land and we'll do so.

CARDIN:

What it also requires, the keeping up with new technologies that are being used by the industry that may require modifications, as we see with e-cigarettes. Are you prepared to not only enforce the law, but to enforce our intent to make sure our children are protected?

PRICE:

I look forward to working with you Senator on just that.

CARDIN:

I want to -- I was listening to some of the exchanges as it relates to the Affordable Care Act and we'll continue to debate the merits of the Affordable Care Act. I am a strong supporter of it. I think the millions of people who have coverage that didn't have it before, the quality of coverage that

Americans now have that they didn't have before and the rate of growth of our health care premiums are far lower than it would have been, but for the act, we'll debate that later.

The question is what do we -- what do we -- what's coming along? We've heard you say several times the principles that the president has articulated, as to what would be in place of the Affordable Care Act.

I'd like to drill down, a little bit if I could, on the central health benefits. We've talked about preventive care now being available. We know that we have now mental health and addiction services that are available. We also know we have oral health -- pediatric dental, that's now available, which is particularly important in my state because of the tragic loss of the Deamonte Driver in 2007.

Can you assure us that, as you look at what will be the health care system moving forward. That you're prepared to make sure that Americans have quality insurance coverage to deal with issues such as preventive care, mental health services, addiction services and pediatric dental?

PRICE:

What I can commit to you, Senator, is -- is that we will do all that we can within the department with the -- the incredible knowledge and expertise that is there, to define whether or not the program is -- is actually working as intended or not. If coverage equals care, in many instances I would suggest that -- that folks -- many individuals right now have -- have coverage; they've have a card, but don't have any care because they can't afford the deductible that allows them to get the care.

So we're committed to making certain the system works, not just for government, not just for the insurance companies, but for the patients.

CARDIN:

And as you know, we eliminated any co-pays on preventive care, but we can talk about the specifics going forward. I look forward to those discussions.

Thank you Mr. Chairman.

PRICE:

Thank you.

HATCH:

Thank you Senator.

Senator Isakson.

ISAKSON:

Thank you Mr. Chairman.

Tom, secretary to be, Tom, let me ask you a few yes or no questions. You have been asked a lot of them with the intent of trying to get you to say yes that you're gonna cut Medicaid when you're not gonna cut Medicare, you're gonna try to improve it and reform. But yes or no to these questions.

Question number one, we've been hearing about the joint replacement problem that Secretary Burwell launched in 2015. You and many others have raised concerns about this program saving money, that it could actually harm the quality of patient care. So in other words, wasn't this an administrative action by HHS that actually cut Medicare benefits?

PRICE:

Potentially, yes.

ISAKSON:

Second, last year, HHS proposed a new way of paying for cancer drug, so as to reduce Medicare spending on these drugs. Many of us oppose this from our side of the aisle as well as the other. We were concerned it would cut cancer patients benefits and more often, it would be a cut to the Medicare benefits to seniors; is that correct?

PRICE:

I believe that's correct, yes.

ISAKSON:

Last one, what about all the recent changes HHS has made to cut Medicare payments to Medicare Advantage. Nearly one-third of all Medicare beneficiaries are on Medicare advantage. Wouldn't these cuts also break the pledge of not cutting Medicare?

PRICE:

I believe so.

ISAKSON:

My point being, any one of us can sit at this dais and say give me yes or no answers and demonstrate the point we want to make, but did all of us -- Republican and Democrat alike who are interested in saving social security for our seniors, making Medicare work and saving taxpayers money in the United States of America. Isn't that true?

PRICE:

Absolutely.

ISAKSON:

One other point, any one of us can take a financial disclosure. Something called desperate impact, where you take two facts, one over here and one over there to make a wrong. Any one of us could do it to disrupt or misdirect people's thoughts on somebody -- its been happening to you a lot because you've taken -- people have taken things that you've disclosed and trying to extrapolate some evil that would keep you from being secretary of HHS, when it fact it shouldn't be sure.

For example, if you go to Senator Wyden's annual report, he owns an interest in BlackRock Floating Rate Income Fund. The major holding of that fund is Valeant Pharmaceuticals. They're the people we jumped all over for 2,700 percent increases last year in pharmaceutical products. But we're not accusing the Ranking Member of being for raising pharmaceutical prices, but you could take that extrapolation out of that and then indict somebody and accuse them.

Is that not true?

PRICE:

I think that's correct, yes, sir.

ISAKSON:

So in the point of that, we ought to in the end -- in the end, be looking for the best person, man, or woman for the job and not trying to trick them into agreeing to something that's wrong, but in fact letting them ask you the programs that improve Medicare for the American people?

PRICE:

Yes, sir.

ISAKSON:

I thank you for your time and I reserve the rest of my time.

WYDEN:

Point of personal privilege, Mr. Chairman.

HATCH:

Senator Wyden.

WYDEN:

I do not trade in health care stocks.

HATCH:

OK. Senator, would you care to...

ISAKSON:

My only point to -- to the senator from Oregon is you do have mutual funds like most of us have. The mutual funds have holdings in pharmaceuticals, many of one of them -- one of them (ph) you did. But nobody should accuse somebody of being -- holding pharmaceutical stocks if they have a mutual fund by pulling that...

WYDEN:

Mr. Chairman, to continue on this point of personal privilege, mutual funds in particular, by independent experts, ethics experts are considered in a completely different category than personal trading in stocks. Even past Republican ethics experts make that same point and they have never seen anything like the congressman has engaged in.

Thank you, Mr. Chairman.

HATCH:

Senator Brown.

BROWN:

Thanks, Mr. Chairman.

And welcome, Congressman Price.

PRICE:

Thank you, Senator.

BROWN:

I was troubled by your response to Senator Wyden when he asked the question, will you commit -- if you repeal the Affordable Care Act, will you commit that no one will lose insurance, that's 22 million Americans, almost one million in my state. He asked, will you commit that no one who loses -- will lose their insurance. And you ignored the question and responded that no one who lost their insurance under the Affordable Care Act, and to my knowledge that's two to four million

people and almost all of them ended up getting reinsured. You said that no one who lost their insurance on the Affordable Care Act will basically lose it after they've been reinstated.

So you pretty much ignored the 22 million, and that's -- that's the problem we all face. But I want to ask you about something else. I -- if you're confirmed, I -- I -- obviously, you'll play a role in the repeal of the Affordable Care Act. I'd like to ask you yes or no questions and they really are yes or no questions. They're not meant as a trap.

Margarite (ph) is from Lyndhurst, Ohio. She suffers from a chronic condition. She was turned down by insurance companies for 25 years before the ACA. She'll lose her insurance if the ban against discrimination based on existing conditions is weakened. My question is, if you're confirmed, will you maintain the current scope of the law and continue to vigorously enforce the law's ban against discriminating against individuals with pre-existing conditions? Yes or no?

PRICE:

I commit to you that we will -- we will not -- we will not abandon individuals with pre-existing illness or disease.

BROWN:

Thank you. Victoria's from Buckeye Lake, Ohio. As a senior on Medicare, she relies on free preventive services provided by the ACA. Will you commit to insuring seniors like Victoria, who rely on Medicare, continue to get their preventive care, no co-pays, no deductibles, continue to get preventive care with no out of pocket costs? Yes or no?

PRICE:

Preventive care is and -- and wellness care is absolutely vital for -- for so many members of our population.

BROWN:

That's part of ACA; you'll commit to that?

PRICE:

And I believe it's a part of health care and health coverage...

BROWN:

And we did that -- I don't mean to be rude. We did that under the ACA.

Grace is from Westlake, Ohio, she's 24. She is diagnosed with stage four metastatic melanoma. In 2015, she's still on her parent's health insurance, which was purchased through the ACA marketplace and benefits from the ACA's ban on annual lifetime coverage maximums. Her first

three months of treatment cost $800,000. As secretary of HHS, if an insurer asks you for an exception to the current ban on out of pocket maximums as provided in Friday's executive order, will you commit to stand up for patients like Grace and refuse to grant any insurer this exception?

PRICE:

I -- as I mentioned, I think patients ought to be at the center and our goal is to make sure that every single patient has access to the highest...

BROWN:

I don't want it as your goal. I want you to commit that you will stand firm, as the ACA does, on this provision of -- of canceling care -- canceling insurance because they're too expensive.

PRICE:

As I said, nobody ought to lose their insurance because they get a bad diagnosis.

BROWN:

Alice is from Bethel, Ohio. Prior to the ACA, she could not afford a preferred method of birth control. Now thanks to the law, she benefits from covered contraceptive coverage. Are you able to set aside any personal political views and protect the doctor- patient relationship by committing to ensure every woman's right to access the form of contraception deemed best for her by her doctor at no cost as currently provided in the ACA?

PRICE:

I -- I think that women -- that contraception is absolutely imperative for many, many women and the system that -- that we ought to have in place is one that allows women to be able to purchase the kind of contraception that they desire between their...

BROWN:

As -- as the law is now with the ACA. Thank you.

President Trump said he's working with you on a replacement plan for the ACA, which is nearly finished and will be revealed after your confirmation. Is that true?

PRICE:

It's true that he said that. Yes.

(LAUGHTER)

BROWN:

So did -- not that he's ever done this before, but did the president lie? Did the president lie about this, that he's not working with you? He said he's working with you, is that, I know we don't use the word lie here, because we're polite when presidents say statements that aren't true, but did he lie to the public about working with you?

PRICE:

I've had conversations with the president about health care, yes.

BROWN:

Which wasn't quite the answer.

So -- do you -- will you commit with this president's plan? Do you commit to maintain the protections for those Ohioan's you just committed to in the replacement plan?

PRICE:

Our -- our commitment is -- is to make certain that every single American has access to the highest quality coverage and care possible.

BROWN:

I'm still not sure if the president lied -- not to you, but to us, the public, about whether he's actually working with you. It sounds like he did.

Last series of questions, briefly Mr. Chairman. I want to -- I want to find out about the Children's Health Insurance Program.

You said last week to staff that it's been a remarkably successful program. You once earlier had said, it sounds like socialized medicine to you. I don't quite know what that means.

Ninety-five percent of children in America are currently insured. I know the Chairman's interest in the -- in CHIP, the Children's Health Insurance Program. Ninety-five percent of American's insured, now partly because of Medicaid expansion, partly because of CHIP. You discussed the importance of using the right metrics.

So here's -- my question is this, funding for CHIP, I think you know, it is set to expire in September. If -- if confirmed, would you advise the president to support an extension of CHIP and the Pediatric Quality Measures Program beyond September of this year?

PRICE:

This is a -- absolutely, but I want to expand a little bit because after last week's hearing in the Health Committee, the same question was asked about whether -- about me quoting me on -- on saying that CHIP was socialized medicine. And so I went back and looked at that article and as so often happens as you well know -- this may have never happened to you, but it was a characterization in the article by the author of the article to push a political point of view.

And I knew that was the case because I rarely if ever use that word. I talk about patients as being the focus, I don't talk about government being...

BROWN:

I -- I -- I that's fine. I want to ask you specifically on CHIP. Are you willing -- last week MACPAC submitted a report to Congress, advising we extend the current CHIP program and the quality measures program for five more years, do you agree with this?

PRICE:

I think that CHIP -- the CHIP program with -- with policy makers has to be looked at and I believe it ought to be extended.

BROWN:

For five years?

PRICE:

Well, if we could extend it for eight, probably be better than five.

BROWN:

OK.

Thank you Mr. Chairman.

HATCH:

Well, thank you Senator.

Let's -- let's go to Senator Portman.

PORTMAN:

Thank you Mr. Chairman. I have a lot of questions, so I'm glad you're letting people go a couple minutes over because I may need that time.

(UNKNOWN)

Have not.

HATCH:

We've been letting the other side go a couple minutes over. We're not gonna let our side go a couple of minutes over.

PORTMAN:

OK. Well, I'd like that time back.

(LAUGHTER)

First of all Dr. Price, thank you very much for your willingness to serve, we need you. As you know, a couple of weeks ago Congress passed a budget resolution to set a process that gives us a possibility of replacing the Affordable Care Act with policies that work better. strictly to reduce skyrocketing health care costs that have affected my constituency in Ohio, it's not just premiums, it is deductibles and co-pays and also to give people more choices in health care.

I did join with four of my colleagues, as you know, we talked about this and introducing an amendment that would have insured we had enough time for the next step in the process and I believe we've got assurances for that, to insure that we have time to work with you frankly. We need somebody at HHS in place who can work with us to be sure that the legislative and administrative policies are working together and that this is done carefully.

Prior to the Affordable Care Act, we had a very competitive insurance market in Ohio. Now we don't. In fact, if you look at what's happened due to the increased regulations and mandates, we have a dramatically decreased competitive market. We went from having 17 insurers offering plans last year on the exchanges to 11 now. We've got 20 counties now in Ohio, were one-quarter of our counties that only have one health care insurance company offering plans.

We used to have no counties in that situation. I know we're doing better than the rest of the country actually, because about a third of the counties only have one insurer. And some only have one insurer in the entire state.

Now that we've begun this process of replacement and the president's issued his executive order. What can we do, briefly, what actions can you take through your authority of secretary to ensure that my constituents in Ohio have access to affordable health care coverage with a healthy insurance market?

PRICE:

Well, I -- what -- what you laid out is the challenge that we have all across the nation. And Ohio is doing better than other states, as -- as you noted.

But the -- the -- it's important to appreciate that things have gotten worse for the individual and small group market. And -- and we believe -- I believe, that it's a direct result of policies that have come from Washington D.C., directly from -- from the Affordable Care Act.

So if we're -- if we're honest with ourselves and honest with our constituents about trying to solve the challenges that they have to gain access to coverage that they want, then we ought to look at that and say, how do we fix that? And -- and the way that you fix that is make it so that individuals have the choices.

As I mentioned, one of the principles that -- that we allow for pooling mechanisms that -- that provide for individuals to have opportunity to recreate and reconstitute that individual and -- and small group market. Which now doesn't exist, so...

PORTMAN:

And, by the way, I appreciate your response to my colleague from Ohio about protecting people who have pre-existing conditions. And one way you do that, obviously, is through those -- those risk pools. Which, again, many states had good risk pools who were working before the Affordable Care Act to help in that regard.

As you know, Congress recently passed legislation and offered (ph) with Senator Whitehouse called CARA; a Comprehensive Addiction and Recovery Act. And it is meant to address this opioid crisis we face; heroin, prescription drugs.

We are now working to both fully fund -- and funding is there, in place for this new program and now to implement it. And a lot of the implementation goes through SAMHSA -- almost half of the funding on the new grant programs go through HHS and SAMHSA.

PRICE:

Yeah.

PORTMAN:

What should be done to ensure access to addiction treatment for those individuals currently getting insurance coverage through the exchanges or Medicaid expansion? And do you commit for -- to us today to fully implement and implement promptly the new legislation.

PRICE:

Yeah, without a doubt. As you know, Senator, this is a scourge that is -- that has gone all across the country and it's in communities large and small; destroying lives, destroying families, harming -- harming communities. And it's -- and it's growing.

And so what we must do is -- absolutely, we commit to -- to carrying out the law as it -- as it was passed. But also, as I talked about with some other challenges, making certain that we've got the right metrics in place. Are we actually helping with what we're doing?

There may be better things to do, there may be things that we think we ought to do that in fact don't help. And we ought to be identifying those in -- as much in real time as possible, so that we can bring about a program that is actually making the -- it work for the patients, for the individuals that are actually being harmed.

PORTMAN:

One example of that, quickly; you're aware, I think, of the IMD rule that says if you have an in-patient treatment center it has to be limited to 16 beds. Would you be willing to look at that rule to see if we can get that number up to be able to provide more of this treatment?

PRICE:

I think that's one of the rules that has to be looked at. I think the -- the -- the three-day stay rule in -- in -- in facilities that -- where it's often times many of these individuals have some mental illness as well.

And -- and the -- the imitation on being able to keep folks in an in-patient basis when the -- all of the health care professionals involve in their care say they ought to, but in fact that's not what's covered. And therefore, they're put back out on the street and the challenge it -- we just get into this revolving door.

PORTMAN:

Final question, and maybe if you could respond to this in writing because my -- my time is expiring based on the allocation here. With regard to the waivers; you know, Ohio applied for a waiver. And this was a 1115 waiver for Medicaid, to be able to better cover people under Medicaid. We were rejected by CMS.

I know you've got Seema Verma coming in who's worked on these over -- over time. Do you believe that during this replacement time we should be covering people under Medicaid expansion? But then we could move to a program that is more flexible to provide better care under Medicaid?

PRICE:

I -- I think there have to be better ways to provide care to the Medicaid population because there are huge challenges right now, as I mentioned before. And the people that we need to be listening to are the governors and the state insurance commissioners and the folks on the ground actually providing the care. And if we listen to them, I think they will guide is in the right direction in terms of policy.

HATCH:

Senator, your time is up.

PORTMAN:

OK.

HATCH:

Senator Bennet.

BENNET:

Thank you, Mr. Chairman.

I want to thank my colleague from Ohio for his graciousness in not going too over.

Congressman Price, you've said a couple of times -- I may have miss-quote you a little, I hope not, but that -- that the goal here is access to the highest quality coverage and the highest quality health care for all Americans.

Is that roughly where we're -- where you'd like to head? And I think that is a worthy goal...

PRICE:

Yeah.

BENNET:

... and just piggybacking on -- on what Senator Portman was asking you about. I am worried today; whether it's Affordable Care Act or not the Affordable Care Act, whether it's insurance market. That people, especially in rural parts of this country -- in rural parts of my state, are not getting the access they need to high quality health care. Are not getting the access they need to high- quality choices in terms of insurance.

BENNET:

I worry a little bit about -- and I -- I think it's incumbent on all of this, whether we are trying to repeal the affordable health care or we're trying to fix the affordable health care. I think it is incumbent on all of us not to make matters worse for rural America in doing what we're doing. And I know you share that goal.

PRICE:

Absolutely.

BENNET:

And you talked about pooling as one thing. I wanted to talk a little bit, or ask you a little bit about your projected quality of insurance in these markets. Because one answer that I've heard from folks, including yourself over the weeks, has been making sure that people have the opportunity to buy coverage for catastrophic care.

I wonder whether -- whether you also believe that it's essential that there be a floor for insurance providers. You know, some of the things that the Affordable Care Act require include, for coverage, include outpatient care, emergency services, hospitalization, maternity and newborn care, prescription drugs, rehab services, lab services, preventive care such a birth control and mammograms, pediatric services like vaccines, routine dental exams for children younger than 19.

I'm not going to ask you to go through each one of those, but directionally, are we headed to a world where people in rural America have to settle for coverage for catastrophic care? Are we headed to a place where there is regulation of insurance providers that say if you are going to be in an insurance market, particularly if were in a world where you're selling across state lines, there has to be a floor of the -- of the services you're willing to pay for?

PRICE:

I think there has to be absolutely credible coverage and I think that it's important that the coverage that individuals ought to be able to purchase is coverage that they want.

BENNET:

I -- I just don't want us to get to a place where people in America have to settle for something that no one else in the industrialized world has to settle for. Why should they have to pay out of pocket month after month after month for something that's not going to cover something as basic as a hospitalization or maternity services or, you know, the rest of this list?

There may be certain things on the list we disagree with. But I'm worried that we're heading toward a world where somehow that choice is accepting a world that no one else in the industrialized world has to accept. And I accept your goal, and I hope we can work together to make it so.

You mentioned that we should listen to the governors, which brings me to my second question, in your answer to Senator Portman. In Colorado, you may have heard of this, we have something called the Accountable Care Collaborative that is a unique approach to Medicaid. It connects members with coordinated primary care providers, while reducing barriers to access.

It also provides coordinated care for those with dual eligibility for Medicare and Medicaid. I don't have it today, but I could show you that the cost curve there is really starting to turn around because of the coordinated care that's happening out there.

When asked about the need for more state flexibility, which is an argument that's made to carry out innovative programs like the one in Colorado, our governor said that, quote, "Greater flexibility cannot make up for the lack of funding. Should the federal government pull back its financial commitments, we simply cannot afford to make up the difference."

So I'd ask you whether you agree with our governor's assessment that while flexibility is helpful, it isn't a replacement for critical funding needs.

PRICE:

I think some of that decision -- the decision for funding obviously is a legislative decision.

BENNET:

So what do you think the plan -- but that's a -- that's a very fundamental component of the Affordable Care Act, is the expansion of Medicaid. Wouldn't you agree?

PRICE:

And that -- and that decision whether or not to change that is a decision that you and every member of the committee and Congress will be involved in. And if I'm fortunate to serve as the secretary of health and human services, we'll carry out the law that you pass.

BENNET:

So -- I appreciate that. In your mind, though, does the repeal of the Affordable Care Act include a repeal of the expansion of Medicaid that was part of the passage of the Affordable Care Act?

PRICE:

Any reform or improvement that I would envision for any portion of the Affordable Care Act would be one that would include an opportunity for individuals to gain coverage, the kind of coverage, again, that they want to the highest quality health care.

BENNET:

But that's not the question I asked. I'm sorry, Mr. Chairman, I realize I'm at the end of my time.

Do you believe that a repeal -- I mean, this is what the president ran on -- repeal of the Affordable Care Act, includes the repeal of the expansion of Medicaid that was a fundamental part of the Affordable Care Act?

PRICE:

Again, that's a decision that you all would take.

BENNET:

That's true.

PRICE:

What -- what I believe is that any -- any reform or improvement must include a coverage option and opportunity for every single American, including those that are either currently or close to Medicaid population in a given state, which changes depending on the state.

BENNET:

OK. Thank you, Mr. Chairman.

HATCH:

Thank you, Senator Bennet.

Senator Wyden?

WYDEN:

No, I...

HATCH:

Are you OK?

WYDEN:

Yes.

HATCH:

All right, then let's go to -- let's go to Senator Toomey.

TOOMEY:

Thank you, Mr. Chairman.

Congressman Price, thank you for joining us.

PRICE:

Thank you.

TOOMEY:

Thanks for the great work you've done in the House and your willingness to serve in this extremely important post. I appreciate it. I enjoyed the conversation that we had a little while back.

I do think it bears reminding everyone as we talk about Obamacare that certainly the individual market is in a classic death spiral. The adverse selection is destroying that market. It is in a free fall. In Pennsylvania, 40 percent of all Pennsylvanians in the Obamacare exchanges have a grand total of one choice. And that very typically does not include whatever they had before and were promised they could keep, which of course was never true.

So -- so we've got a system that is in collapse. And what we're trying to do is figure out what's a better way to go forward.

Now, when we talk about repeal, sometimes I hear people say, "Well, we've got to keep coverage of preexisting conditions because, you know, we've go to keep that." And when I hear that, I think that we're missing something here. And here's what I'm getting at.

There's obviously a number of Americans who suffer from chronic, expensive health care needs. They've had these conditions sometimes all their lives; sometimes for some other period of time. And for many of them, the proper care for those conditions is unaffordable.

I think we agree that we want to make sure those people get the health care they need. Now, one way to force it is to force insurance companies to provide health insurance coverage for someone as soon as they show up, regardless of what condition they have, which is kind of like asking the property casualty company to rebuild the house after it's burned down.

But that's only one way to deal with this. And so, am I correct, is it your view that there are other perhaps more effective ways, since after all Obamacare is in a collapse, to make sure that people with these preexisting, chronic conditions get the health care that they need at an affordable price, without necessarily having the guaranteed-issue mandate in the general population?

PRICE:

I think there are other options. And I think it's important, again, to appreciate that the position that we currently find ourselves in with policy in this nation is that those folks are, in a very short period of time, are going to have nothing, because of the collapse of the market.

TOOMEY:

Right. Second topic is, I think you and I share a goal of having health care that is much, much more driven by individuals -- families, patients, consumers, consumer-centric rather than bureaucratic-centric, which is what Obamacare is.

Do you agree with me that to get there, we need to do more about the transparency of health care outcomes, so that informed consumers can evaluate among different physicians, different hospitals, who really gets the best outcomes? Do we need to do more there?

PRICE:

Absolutely. And this is an incredibly important point. And it's not just in outcomes. Outcomes are important and we need to be measuring what actually makes sense from a quality standpoint, and allow patients and others to see what those outcomes are.

But it's transparency and pricing as well. And right now, we don't have that. So if you're an individual out there and you in fact want to know what something costs, it's virtually impossible to find out what that is. There are all sorts of reasons for that, but if we're honest with ourselves as policy-makers, and we want to make the system patient-friendly, not insurance-friendly or government- friendly, but patient-friendly, then we would make that a priority.

And if I'm confirmed, I hope to do so.

TOOMEY:

I think Medicare and Medicaid can play -- CMS can play a big role in advancing that. Ultimately, I think the more we diminish dependence on third-party payers, and allow the evolution of a market that responds to individuals, individuals will demand that information the way they do in every other market.

Last point I want to touch on, if I could, is -- has to do with NIH research, and specifically Alzheimer's. It is my view that we ought to think of Alzheimer's as a disease in a category of its own. And I say that because there is no disease like it that we know of that afflicts Americans today. There are 5.2 million Americans with the disease right now. It's 100 percent fatal. It's the sixth leading cause of death. There's no cure. There's no treatment. There's nothing.

And yet for fiscal year 2016, NIH spending is a grand total of $168 per diagnosed patient. It seems to me that the expenditures are wildly out of line with the severity and the breadth and the scope of this disease. And I wonder if you would commit to working with me and others who share this view to ensure that we have a better proportionality in terms of the allocation of resources and the breadth and severity of illnesses.

PRICE:

I think it's absolutely imperative, Senator, and I look forward to working with you.

TOOMEY:

Thank you, Mr. Chairman.

HATCH:

Thank you, Senator.

Senator Thune.

THUNE:

Thank you, Mr. Chairman.

Dr. Price, welcome and thank you for your willingness to serve in this very important capacity. We've got a lot of challenges ahead that we need to take on. As I met with you a couple of weeks ago, one of the issues that's of particular interest to me, which I conveyed to you, is this issue of Indian Health Service. In 2010, there were some systemic problems that were uncovered in South Dakota and an administrative action plan was set in motion to help remedy many of these findings.

Similar issues popped up again throughout South Dakota in 2015 and they continue to this day, and after oversight hearings, it became abundantly clear that time and again there was a lack of follow- through by the agency. My question is will you commit to follow up with me in writing that you will designate someone at HHS to be the point person that my staff and I can contact to ensure, one, that reforms are being implemented and two, that we continue to collaborate on reforming the IHS?

PRICE:

Absolutely, Senator. This is an area that is of significant concern because it appears to me, as I know you -- you shared with me, that in the Indian Health Service, there are so many areas where we're not meeting the goal of the highest quality care to be provided to individuals accessing that system. And so we're not -- we're not doing what we ought to do in that system and I'm committed to making certain, should I be confirmed, to -- to turning that system around.

THUNE:

And as I shared with you, Senator Barrasso and I introduced a bill last year called the IHS Accountability Act which we believe will bring about a lot of structural changes within the IHS. And as I've said many times, that act, although we think it addresses a lot of the problems that have cropped up and is based upon consultation that we received from the tribes, really is merely a first step in the process that's necessary to improve that agency.

If confirmed, what types of reforms could you see yourself supporting when it comes to the IHS and obviously starting perhaps with our legislation (inaudible) probably haven't had a chance to look carefully at that yet. But I won't ask you to comment specifically to it. But are there thoughts that you have with respect to the IHS that, when it comes to reforms, that you could work with us on?

PRICE:

Yeah. I appreciate that. I've had the privilege of visiting some IHS facilities in the state of Wisconsin and in -- in a couple facilities that were doing remarkable work.

And it appears to me that what we haven't done, and I look forward to getting -- if I'm confirmed, getting into this area within the department itself, that what we haven't done is identified best practices within the IHS system itself and shared those and incentivized the ability to move that kind of activity that is providing high quality care for -- for individuals in that system in certain areas and making certain that we're able to extend that across the country and the IHS.

THUNE:

Well, we look forward to working with you on that. I think best practices is a good place to start and -- and obviously those have not been employed in a lot of facilities in -- in our state.

In 2009, CMS issued a final rule that required all outpatient therapeutic services to be provided under direct supervision. Every year since then, the rule has been delayed either administratively or legislatively for critical access in small and rural hospitals.

And I've shared with you -- with you this as well. In my state, obviously, we have a lot of critical access hospitals, a lot of very rural areas, big geography to cover. And sometimes, difficult to get providers out to these areas. So, the question is, if confirmed, will you work to permanently extend the non-enforcement of this regulation in these hospitals in order to remove this regulatory burden?

PRICE:

I look forward to working with you on it, Senator. I think there are areas from a technological standpoint that we are missing the boat, especially in our rural areas and the critical access hospitals. There's -- in every other industry out there, the -- the information technology age has arrived and is -- and is moving across the land with -- with rapid speed and has done so.

However, it seems that in health care, we put roadblocks up to the expansion of technology, especially into the rural areas. And we ought to be incentivizing that so that, again, the patients are able to receive the highest quality care. It's possible now, for example, in our state, if -- if you're an individual who's suspected of having a stroke, you go to a critical access hospital in a rural area, it's possible by tele-medicine to be able to access one of the -- one of the world's foremost specialists in stroke treatment by tele-medicine at the University Health Center.

So, that -- that's improving the lives and care of patients across our state and I think there's so many things that we can do that would mirror that kind of technological expansion.

THUNE:

Thank you.

One final point I'll make, because my time's expiring, but I know you probably have been questioned already a good amount about what happens next with respect to replacing Obamacare.

I would simply say that I hope that we can work with you in -- in beginning to shift a lot of the -- giving the states, I guess I would say, more flexibility when it comes to designing plans that work in -- in our states. I think one of the problems that -- that we've had with this, is there's just too much dictation from Washington D.C. and too much one size fits all. And that's something I think that most -- most states would probably agree with, and certainly I think most providers would agree with as well.

So, we look forward to working with you and designing programs that get that flexibility to our states, and put them more in charge of -- of -- of some of these issues in a way the removes that power from Washington D.C., where I think too many of the problems have been happening.

Thank you Mr. Chairman.

PRICE:

Looking forward to it.

HATCH:

Senator Casey.

CASEY:

Thank you Mr. Chairman.

Dr. Price, good to be with you again, thank you.

PRICE:

Thank you.

CASEY:

I wanted to ask you a couple of questions that center, principally on children and individuals with disabilities.

First, with regard to children, I think if we're doing the right thing, as not only as a government, but as a -- as a society, if we're really about the business of justice and if we're really about the business of growing the economy, we should invest a lot and spend a lot of time making sure that every child has health care.

The good news -- despite a lot of years of not getting to that point, not moving in the right direction -- the good news is we've -- we've made a lot of progress.

The Urban Institute in a April 2016 report -- I won't ask to -- I won't ask the report to be made part of the record, but I'll -- I'll read a line from this Urban Institute report, uninsurance among children, 1997 to 2015, dated April 2016, said as follows on page three, it said that the "Decline in children's uninsurance rate occurred at a relatively steady pace and includes a significant drop following implementation of the Affordable Care Act's key coverage provisions from 7.1 percent in 2013 to 4.8 percent in 2015," unquote.

So that's a -- that's a significant drop, 7.1 to 4.8 is millions of kids have health insurance today that would not have it, absent the Affordable Care Act and including the Medicaid provisions as well. That 4.8 percent uninsured rate for kids is an all time low. That means we're at a 95 percent insured rate across the country for children.

Kaiser Foundation, a separate authority tells us that even with that -- even with all that progress in the last couple of years, and even -- even some progress before that, we still have more than 4.1 million children uninsured. Would you agree with me, first of all, that we should get that number down -- the number of uninsured children?

PRICE:

I think that throughout our population, we ought to identify individuals who are uninsured and strive to make certain that they gain coverage.

CASEY:

And you'd agree with me with regard to children, especially.

PRICE:

Everybody in the population, but are children are -- are -- are precious and are our future.

CASEY:

Great. And just with regard to children, now that we have that number -- we know the number that we've arrived at, we know the percentage, will you commit -- if you're successful in your confirmation -- to maintain or to even reduce that uninsured number even further. In other words, that you will be able to commit to us today that that -- the number of uninsured children will not increase under your -- during your time as secretary, were you to be confirmed. And the percentage of uninsured will not increase while you're secretary?

PRICE:

Our -- our goal is to decrease the number of uninsured individuals in -- in -- in the population age under 18 and over 18.

CASEY:

Well, I hope you maintain that because that's -- I think that's going to be critically important. The reason I ask that -- that question is not just to validate that as a -- as a critically important goal for the nation, but it's -- your answer seems to be contrary or in conflict what -- with what you have advocated for as a member of the house of Representatives, not only in your individual capacity, but as chairman of the Budget Committee.

CASEY:

We -- looking at now for reference, a -- an op-ed by Gene Sperling. You know who Gene Sperling is? He was head of the Council of Economic Advisors to two presidents, both President Clinton and Obama. Chair of that National Economic Council -- I should say is the proper title.

In a -- in an op-ed on Christmas Day, the fifth paragraph, here's what he said in pertinent part, referencing you and your budget proposals. He said, quote, "together," meaning the two -- the two areas of policy that you've have a -- have a long record on, full repeal of ACA and block granting of Medicaid, which we now know is Trump administrations policy, quote "Would cut Medicaid and the Children's Health Insurance Program funding by about $2.1 trillion over the next 10 years, a 40 percent cut," unquote.

How can you answer the questions that I just asked you about, making sure that that number of uninsured children doesn't get worse under your tenure? If that is the case with -- with regard to your policies -- the effect of what your policies would be, and now apparently contrary to what was said during the campaign. That's now the policy of the Trump administration to block grant Medicaid.

PRICE:

Yeah, with -- with respect to both you and to Mr. Sperling, it's because you all are looking at this in a silo. We don't look at it in a silo. We believe that it is possible, to imagine, and in fact put in place a system that allows for greater coverage for individuals. In fact coverage that actually equals care.

Right now many of those individuals -- the ACA actually increased coverage in this country. It's one of the things that it actually did. The problem is that a lot of folks have coverage, but they don't have care. So they've got the insurance card, they go to the doctor, the doctor says this is what we believe you need and they say I'm sorry I...

CASEY:

A cut of a trillion dollars -- a combined cut of a trillion dollars that would adversely impact the Children's Health Insurance Program and the Medicaid Program is totally unacceptable I think to most Americans, Democrat, Republican or otherwise.

PRICE:

And you're looking at that in a silo. You're not looking at what the reform and improvement would be.

CASEY:

We'll -- we'll see the rebuttal to what, not only Gene Sperling has -- has said, but a whole long line of -- of public policy advocates and experts. And I think the burden for you sir, is to make sure that you fulfill your commitment to make sure that no children will lose health insurance coverage while you're a secretary.

PRICE:

I Look forward to working with you.

HATCH:

OK. Senator Heller.

HELLER:

Thank you Mr. Chairman.

And Dr. Price thank you for being here today and thanks for your patience in working with us throughout this confirmation process.

HATCH:

If you put your mic on, is it on?

HELLER:

It is on. I'll lean a little forward.

Mr. Chairman, as you can imagine, I committed to ensuring that all Nevadan's have access to high quality and affordable health insurance. I have a letter here that came to my attention, January 10th from the Nevada legislature. The letter comes directly from our majority leader of the State Senate and our speaker of the Assembly. And they're good questions, five questions obviously they want to get the same answers that all of us want here.

We have in about 88,000 Nevadans who have health insurance through the health exchange, 77,000 Nevadans who are eligible for federal tax credits, 217,000 Nevadans receive health care coverage under Medicaid expansion, basic questions.

Mr -- Mr. Chairman, if I may, can I submit these questions to the record, on the record and also if I may, ask Dr. Price if he would respond to this particular letter, to these legislators. Again I think they're very good questions.

HATCH:

Without objection.

HELLER:

Also if I may add, if you could CC the governor also, I think the governor also would like answers to these questions and I think you're in a great position to answer these particular questions.

PRICE:

Thank you sir.

HELLER:

Thank you. If I may, can I get your opinion on the Cadillac Tax?

PRICE:

I think the Cadillac Tax is -- is one that has made it such that individuals who are gaining their coverage through their employer may be -- there may be a better way to -- to make it so that individual's getting their coverage through their employer are able to gain access to the kind of coverage that they desire.

HELLER:

The Cadillac Tax would affect about $1.3 million Nevadans; school teachers, union members, senior citizens and there's some disagreement as to whether or not these individual's are wealthy or not. There's some of this committee that believe that the $1.1 trillion tax increase in Obamacare does not affect the middle class. Do you agree with that?

PRICE:

I think it does affect the middle class.

HELLER:

I do too. Do you believe that school teachers are wealthy?

PRICE:

Everybody has their own metric of what wealthy is and everybody -- and some people use things to determine what wealth that aren't the greenbacks and...

HELLER:

I would argue that most school teachers don't think they're wealthy. Do you think most union members are wealthy?

PRICE:

I doubt that they think they're wealthy.

HELLER:

Yeah, I would -- I would agree with that.

Do you think that most senior citizens are wealthy?

PRICE:

Most senior citizens are on a fixed income.

HELLER:

They would argue that they're not wealthy. And that's my argument on this particular tax. In fact, Obamacare as a whole, as it -- it's just another middle class tax increase of $1.1 trillion. I guess my request and question for you is, is that if I can get your commitment to work with this committee, work with myself to -- and -- and the Treasury Secretary to repeal the Cadillac Tax?

PRICE:

Well, we'll certainly work to make certain that that those who gain their coverage through their employer have the access to the highest quality care and coverage -- coverage possible. In -- in a way that makes the most sense for individuals from a financial stand point, as well.

HELLER:

Does the Cadillac Tax make the most sense?

PRICE:

As I mentioned, I think there are other options that may work better.

HELLER:

And do you believe that it is an increase -- a health insurance increase to middle class America?

PRICE:

I do.

HELLER:

OK, OK.

I want to go to Medicaid expansion for just a minute. Nevada was one of the 36 states that chose to expand eligibility for Medicaid. We went from, I think, the enrollment went from 350,000 to over 600,000. And, I guess, the concern and I think it's part of the letter that I gave to the Chairman as whether or not that will have an impact, and what we're going to do to see that those individuals are impacted.

I -- probably the biggest question that we have for you today is what are we gonna do about those that are part of the Medicaid expansion and how that's gonna impact them.

PRICE:

Yeah, again, as I mentioned to -- to a question on the other side, I believe this a policy question that needs to worked out through -- through both the House and the Senate. We look forward to working with you and others if I'm able to be confirmed.

And -- and making certain that individuals that are currently covered through Medicaid expansion, either retain that coverage, or in some way have coverage through a different vehicle, but every single individual ought to be able to have access to coverage.

HELLER:

Dr. Price, thank you. Thank you for being here. Mr. Chairman, thank you.

PRICE:

Thanks, Senator.

HATCH:

Thank you. Senator Warner?

WARNER:

Thank you, Mr. Chairman.

Good to see you again, Dr. Price.

PRICE:

Thank you.

WARNER:

Let me start out on a -- something we discussed in my office. One of the issues I've been working on since I've been governor, I've been working very closely with your friend, Senator Isakson on, is the issue of, how we as Americans address the end of life and sort through those issues. I think, we both shared personal stories on that subject.

Senator Isakson and I have legislation that is -- we call it the Care of Planning Act that does not remove anyone's choices. It simply allows families to have those discussions with their health care provider and religiously faith leader if needed -- are desired in a way to prepare for that stage of life.

This year CMS, took a step by introducing a payment into the fee schedule to provide initial reimbursement for providers to have these conversations with them, as again I mentioned a multi-disciplinary case team. Yet also ran a pilot program that allowed hospice type benefits to be given to individuals who are still receiving some level of curative services call the Medicare Care Choices.

I believe it's very important that we don't go backwards on these issues and I think, we talked about we may be the only industrial nation in the world that hasn't had this kind of adult conversation about this part of life -- again and not about limiting anyone's choices. But would you, if you're confirmed, would you continue work with Senator Isakson and I and others on this very important issue?

PRICE:

I look forward to doing so.

WARNER:

And not be part of any effort to, kind of, roll back those efforts that CMS have already taken?

PRICE:

I think it's important to look at the broad array of issues here. And one of the issues is liability, and I can't remember whether we discussed that in your office, but the whole issue of liability surrounding these conversations is real. We need to be talking about it openly and honestly and -- and working together to try to find a solution to just that.

WARNER:

I would concur with that, but I also think that this is something that more families need to take advantage of. On Friday January 20th, the president -- President Trump issued an executive order that says federal agencies, especially HHS should do everything they can to quote, "Eliminate any fiscal burden of any state, on any state or any cost, fee, tax, penalty or regulatory burden on individuals and providers".

Dr. Price, if -- if you're confirmed in this position, will you use this executive order in any way to try to cut back on implementation or -- or following the individual mandate before there is a replacement plan in place?

PRICE:

I think that, if I'm -- if I'm confirmed, then -- then -- it -- I'm humble enough to appreciate and understand that I don't have all the answers and that the people at the department have incredible knowledge and an expertise.

And that the -- my first action within -- within the department itself, as it relates to this, is to gain that insight, gain that information so that I -- so that whatever decisions we could make with you and with governors and -- and -- and others can be the most informed and intelligent decision possible.

WARNER:

I'm not sure you answered my question.

I just -- what I would not want to see happen as we take (inaudible) -- I understand your concerns with the Cadillac Tax. I know there are concerns about -- you and others have raised about the individual mandate. There are some that are concerned about the income tax surcharges. It's just remarkable to me, and this is one of the reasons why I think so many of us are anxious to see your replacement plan, that the president has said we want insurance for everybody. He wants to keep the (inaudible) of pre-existing condition. He wants to keep on their policies until 26.

And it seems like there's at the same time a rush to eliminate all the things that pay for the ability to have -- for Americans to have those kind of services. And I would just want your assurance that you wouldn't use this executive order, prior to a legal replacement, to eliminate the individual mandate, which I would believe helps actually shore up the cost coverage and the shifting of costs that are required in an insurance system.

PRICE:

Yeah. No, I -- I -- a replacement, a reform, an improvement of the program, I -- I believe is imperative to be instituted simultaneously or at -- at a time...

WARNER:

But you will not use this executive order as a reason to kind of, in effect, bypass the law prior to a replacement in place?

PRICE:

Our commitment is to carry out the law of the land.

WARNER:

I want to use the last of my minutes to go on. I know you've been, in the past, a strong critic of the Center for Medicare and Medicaid Innovations, CMMI. I believe in your testimony last week, you saw great promise in it. To me, if we're going to move towards a system that emphasizes quality of care rather than simply quantity of care, we've got to have this kind of experimentation.

There is one such program, the Diabetes Prevention Program, that last year CMS certified that it saved money on a per beneficiary basis. And I know my time's running out, so let me just ask these questions. I think they can probably be answered yes or no. Do you support CMMI delivery system reform demonstrations that have the potential to reduce spending without harming the quality of care?

PRICE:

The second clause is the most important one. I support making certain that we deliver money -- that we deliver care in a cost effective manner, but we absolutely must not do things that harms the quality of care being provided by patients.

WARNER:

But if part of that quality of care, and I'd agree with you, would mean bundled and episodic payment models that actually move us towards quality over volume, would you support those efforts?

PRICE:

For certain patient populations, bundle payments make a lot of sense.

WARNER:

And if these experiments are successful, would you allow the expansion of these across the whole system?

PRICE:

I -- I think that -- that what we ought to do is -- is -- is allow for all sorts of innovation, not just in -- in -- in this area. There are -- there are things I'm certain that haven't been thought up yet that --

that would actually improve quality and delivery of health care in our country and we ought to be incentivizing that kind of innovation.

WARNER:

Well, I would simply say, Mr. Chairman, that CMMI seems to be one of the areas where I'd like to have seen more but I think it's a -- it's a model and a tool we ought to not discard. Thank you.

HATCH:

Thank you, Senator.

Senator Scott.

SCOTT:

Thank you, Mr. Chairman.

Dr. Price, good to see you again. South Carolina (ph) launched the nation's first statewide pay for success project with Nurse Family Partnership with the use of Medicaid funds. Twenty percent of the babies born in South Carolina are born to first time, low-income mothers. We also have a much higher than average infant mortality rate. Nurse Family Partnership is an evidence-based and has already shown real results, both in the health of the mother and the babies, but also in other aspects of the mother's life, such as high school graduation rates for teen moms and unemployment rates.

What are your thoughts on incorporating a pay for success model to achieve success metrics?

PRICE:

Well, it sounds like a great program that is -- actually has the right metric, and that is the quality of care and the improvement of -- of lives. And -- and as you state, if it's having that kind of success, it -- it probably ought to be put out there again as a best practice for other states to look at and try to model.

SCOTT:

Yes, sir. Thank you.

I believe you were the director of the Orthopedic Clinic at Grady Memorial Hospital in Atlanta?

PRICE:

I was.

SCOTT:

You just mentioned something that I think is very important. I believe Grady Hospital had the highest level of uninsured Georgians. You talked about having coverage, but really not access. Can you elaborate on how your experience at Grady may help inform you and direct you as it relates to the uninsured population?

PRICE:

Well, I -- it was an incredible privilege to -- to work at Grady for the number of years that I did. And we saw patients from all walks of life and many, many uninsured individuals and they come with -- with the same kinds of concerns, the same kinds of challenges that every other individual has and there's -- and one of the big -- they have an additional concern and that is, is somebody going to be caring for me? Is somebody gonna be able to help me?

And that's why it was so incredibly fulfilling to be able to have the privilege of working at -- at Grady and -- and assisting people at a time when they -- when they were not only challenged from a health care standpoint, but challenge from a concern about whether or not people were gonna be there to help them.

SCOTT:

Yes, sir. I know that you're aware of the Title 1 of The Every Student Succeeds Act. It's -- allows for the population of head start to have access to resources. It seems to me that would be imperative for the secretary of HHS and the secretary of Education to look at ways to synergize your efforts to helping the underprivileged student -- underprivileged child.

Can I get your commitment that you'll look for ways to work with the secretary of Education where it makes sense to help serve those students? Do we have head start under you and other programs under ESA. It'd be wonderful for us to take the taxpayer in one hand, the child in the other hand and look for ways to make sure they both win.

PRICE:

Yes, you've identified an area that is a pet peeve of many ours, and that is that we don't seem to collaborate across jurisdictional lines, not just in Congress, but certainly in -- in -- in the administrative side. So I look -- I look forward to doing just that and -- and having as a metric, how -- how are the kids doing?

SCOTT:

Yes.

PRICE:

Are they actually getting the -- the kind of one service and education that they need? Are they improving, are we just being custodians, are we just parking kids in a spot? Or are we actually

assisting and improving their lives and -- and -- and able to demonstrate that? And if we're not asking the right questions, if we're not looking at the right metrics, then we won't get the right answer that allows us to either expand what's actually working or to modify it and move it in a better direction.

SCOTT:

I think that's one of the more important parts of -- of your opportunity in this position, is looking at those kids. And you know, as well as anyone, as a doctor, that those ages -- before you ever get into before, you know, pre-K, pre-kindergarten, the development of the child through those first three or four years are powerful opportunities for us to direct one's potential so that they maximize it and sometimes we're missing those opportunities.

We think that somehow the education system will help that child catch up, but there are things that have to happen before they ever get in the education system. So I thank you for your willingness to work in that direction.

My last question has to do with the employer sponsored health care system that we're so accustomed in this country, that provides about 175 million Americans with their insurance.

In my home state of South Carolina, of course, we have about 2.5 million people covered by their employer coverage. If confirmed as HHS secretary, how would you support American employers in their effort to provide effective family health coverage in a consistent and affordable manner? Said differently, there's been some conversation about looking for ways to decouple having health insurance through your employer.

PRICE:

I -- I -- I think the employer system has been absolutely a remarkable success in allowing individuals to gain coverage that they otherwise might not -- not gain. I think that preserving the employer system is -- is imperative.

That being said, I think that there are -- there may be ways in which individual employers -- I've heard from employers who say if you just give me an opportunity to provide my employee the kind of resources, so that he or she is able to select the coverage that they want, then that makes more sense to them. And if that works from a voluntary standpoint for employers and for employees, then it may be something to look at.

SCOTT:

That would be more like an HRA approach where...

PRICE:

Exactly.

SCOTT:

... employer funds an account and the employee chooses the health insurance, not necessarily under the umbrella of the employer specifically.

PRICE:

Exactly. And gains the same tax benefit.

SCOTT:

Yeah.

Thank you, Mr. Chairman.

HATCH:

Thank you, Senator.

Senator McCaskill.

MCCASKILL:

At the risk, Mr. Chairman, of being way, way away from you and you being someone I have worked with and respected greatly, I do want to gently correct something in your opening statement.

The first nominee of President Trump that this Senate considered was confirmed by a vote of 98 to 1. I would not consider that a partisan vote. The second nominee of President Trump was confirmed by a vote of 88 to 11. Once again, I would not consider that a partisan vote.

MCCASKILL:

So I really do think we are all trying to look at each nominee individually. And I have had a chance to review Congressman Price's questioning of Secretary Sebelius and I can assure you, Mr. Chairman, it was no beanbag. It was tough stuff.

So I think all of this looks different depending on where we're sitting and I wanted to make that point. And as to passing Obamacare without one Democratic vote, we're about to repeal Obamacare without one Democratic vote. This will be a partisan exercise under reconciliation; it will not be a bipartisan effort. And what we have after the repeal is Trumpcare.

Whatever is left after the dust settles, is Trumpcare. Now I know the president likes to pay close attention to what he puts his name on, and I have a feeling Congressman, that even though you keep saying today that Congress will decide, you're not really believing are you, that your new

boss is going to not weigh in on what we -- what he wants Congress to pass? We're not gonna have a plan from him?

PRICE:

Well, I think we look forward to working with you and other members of the...

MCCASKILL:

No, my question is, are we gonna have a plan from the president? Will he have a plan?

PRICE:

If -- if -- if I have the privilege to be confirmed, I look forward to working with the president and bringing a plan to you.

MCCASKILL:

Great.

So the plan will come from President Trump and you will have the most important role in shaping that plan as his secretary of Health and Human Services, correct?

PRICE:

I hope I have input, yes ma'am.

MCCASKILL:

Yes, OK. So whatever Trumpcare ends up being, you will have a role in it, and I think it's really important to get that on the record.

Now, when we repeal Obamacare, we're gonna do a tax cut. Does anybody in America who makes less than $200,000, are any of them gonna benefit from that tax cut?

PRICE:

That's a hypothetical and -- and you all are...

MCCASKILL:

No, no, no, it's not a hypothetical. When we repeal Obamacare, there are taxes in Obamacare, and when it is repealed, there's no question the taxes are gonna be repealed. I promise you the taxes are gonna be repealed. When those taxes are repealed, will anyone in America who makes less than $200,000 benefit from the repeal of those taxes.

PRICE:

I look forward to working with you on that plan and -- and hopefully that'll be the case.

MCCASKILL:

No, no, no, no I'm asking, the taxes that are in there now, does anybody who makes less than $200,000 pay those taxes now?

PRICE:

It depends how you define the taxes. There are many individuals who are -- who are paying much more than they did prior to that point. This...

MCCASKILL:

No, I'm talking about taxes -- taxes. The Cadillac Tax has not been implemented, so that doesn't affect anybody. I'm trying to get -- it's a very simple question, and I don't think that you want to answer it, that in fact, when Obamacare is repealed, no one in America who makes less than $200,000 is gonna enjoy the benefit of that.

PRICE:

As I said, I look forward -- if I'm confirmed, I look forward to working with you to make certain that that's the case.

MCCASKILL:

That's not an answer, but we'll go on.

OK, we talked in my office. Ending Medicare as we know it, your plan, and that you have worked on for years, is converting Medicare to private insurance markets with government subsidies, correct?

PRICE:

Not correct.

MCCASKILL:

Well, we talked yesterday and we kind of went through this in my office and by the end of our conversation, you admitted to me and I'm going to quote you that your plan for Medicare, in terms of people getting either tax credits or subsidies or whatever -- however you're gonna pay for the Medicare recipients, would be them having choices on a private market. And you said yes it was pretty similar to Obamacare, with the exception of the mandate. Didn't you say that to me yesterday?

PRICE:

That's a fairly significant exception.

MCCASKILL:

Well -- but these people are old. They don't need to be mandated to get insurance. It's not like a 27-year-old who doesn't think he's gonna get sick. You don't need a mandate for people who are elderly; they have to have health insurance. So the mandate is not as relevant, but didn't you admit to me that Obamacare and the private market is very similar to what you're envisioning for Medicare. Didn't you use the phrase pretty similar?

PRICE:

There are some similarities. I think what I said though, was that the mandate was significant.

MCCASKILL:

Well, the mandate's significant, I get in Obamacare, but we don't need a mandate for seniors. Would you agree with that? That you don't have to tell seniors they need health insurance?

PRICE:

What I hope is that we don't need a mandate for anybody so that they're able to purchase the kind of coverage that they want, not that the government forces them to buy.

MCCASKILL:

OK.

Finally you want to block great -- block grant Medicaid for state flexibility and efficiency, correct?

PRICE:

I believe the Medicaid is a system that is now not responding necessarily to the needs of the recipients, and consequently it's incumbent upon all of us as policy makers to look for a better way to solve that challenge.

MCCASKILL:

Are you in favor of block granting Medicaid?

PRICE:

I'm in favor of a system that is more responsive to patients in the Medicaid system.

MCCASKILL:

Are you in favor of block-granting Medicaid? It's a really simple question, Congressman. I -- I mean, you're at your confirmation hearing for the most powerful job in health care in the country. I don't know why you won't be willing to answer whether or not you're in favor of block-granting Medicaid? That's not complicated.

PRICE:

I'm in favor of making certain that Medicaid is a system that responds to patients, not the government.

MCCASKILL:

OK. I don't understand why you won't answer that. I -- and I don't have time. I know I'm over. I will probably -- I don't know if we're going to get another round, Mr. Chairman? Should I ask my last question? Or are we going to get another chance?

HATCH:

I'm going to allow additional questions.

MCCASKILL:

OK.

HATCH:

I hope that not everybody will take the opportunity.

(LAUGHTER)

MCCASKILL:

I will disappoint you. I'm sorry, but not...

(CROSSTALK)

HATCH:

I would not call it a second round, however.

(LAUGHTER)

MCCASKILL:

OK.

HATCH:

Let me just, on that point, say that Obamacare raised taxes on millions of American families across income levels. The nonpartisan Joint Committee on Taxation in a May 2010 analysis identified significant, widespread tax increases on taxpayers earning under $200,000 contained in the ACA. And then, for example, for 2017, 13.8 million taxpayers with incomes below $200,000 will be hit with more than $3.7 billion -- with a "B" -- in Obamacare tax hikes from an increase in the income floor for the medical expense deductions.

Obamacare has led to middle-class tax hikes without question. It's led to fewer insurance options, higher deductibles, and higher premiums. So, I think -- I think those are facts that can't be denied.

MCCASKILL:

I'll look forward to looking at those facts because somewhere in this mix, we're got alternative facts.

WYDEN:

Well, and just -- just on that...

HATCH:

I think these are right. I can tell you that.

MCCASKILL:

Well, I think mine are right.

WYDEN:

Mr. Chairman, just a point of privilege to respond?

HATCH:

Yes, sir?

WYDEN:

On this point, no alternative facts. The Republicans in last year's reconciliation bill cut taxes for one group of people. They cut taxes for the most fortunate in the country. That's a matter of public

record. It's not an alternative fact or universe. People making $200,000 and up got their taxes cut. That was in the reconciliation bill of Republicans last year.

HATCH:

Well, let's -- let's see who's next here. I don't agree with that, but we'll see who's next.

Senator Grassley?

Oh, Cassidy. Oh, I didn't see you.

Senator Cassidy, then Senator Grassley.

CASSIDY:

Thank you, Mr. Chairman.

Dr. Price, how are you, man?

PRICE:

I'm well, Senator.

CASSIDY:

Let's talk a little bit about Medicaid, because we're getting this kind of rosy scenario of Obamacare, and of the Republican attempt to replace it. It does seem a little bit kind of odd.

First, I want to note for the record that President Trump has said in various ways that he doesn't want people to lose coverage. He actually would like to cover as many people as under Obamacare; wishes to take care of those with preexisting conditions; and to do it without mandates and to lower costs.

Those will be your marching orders. Fair statement?

PRICE:

Absolutely.

CASSIDY:

Now -- now let's go to -- you and I, we talked at a previous meeting. We've both worked in public hospitals with the uninsured and for the poorly insured, folks like Medicaid. Now, let's just talk a little bit about Medicaid. Why would we see patients on Medicaid at a hospital for the uninsured?

If they wanted to see an orthopedic -- an orthopedist in private practice, does Medicaid pay a provider well enough to cover costs of seeing an orthopedic patient?

PRICE:

Oftentimes, it does not. And in fact, as you well know, and as mentioned before, one out of three physicians who ought to be able to see Medicaid patients in this nation do not take any Medicaid patients. And there's a reason for that, whether it's reimbursement or whether it's the hassle-factor, or whether it's regulations or the like.

But that's a system that isn't working for those patients. And we ought to be honest about that and look at that and answer the question why, and then address that.

CASSIDY:

I will note that when the House version of the ACA passed, Robert Pear (ph) in the New York Times wrote an article about a Michigan physician who -- an oncologist -- who had so many Medicaid patients from Michigan Medicare -- Medicaid that she was going bankrupt. And she had to discharge patients from her practice.

Now, the ranking member said we can't have alternative facts. I agree with that. We also know that a New England Journal of Medicine article speaking about Medicaid expansion in Oregon, about how when they expanded Medicaid in Oregon, outcomes did not improve. So I suppose that kind of informs you as we see, as you say, we need to make Medicaid something that works better for patients.

PRICE:

Absolutely. And we need to look at the right metrics. Just being in coverage for individuals is an admirable goal, but it ought not be the only goal. And we must have a goal in health care especially to have -- keep the patient at the center and realize what kind of care and coverage we're providing for people on the ground; for real people in real lives, and whether or not we're affecting them in a positive way or a negative way.

If we're affecting them in a negative way, then again, we need to be honest with ourselves and say how can we improve that.

CASSIDY:

Now, a lot of times, there's this kind of conflation of -- of per-beneficiary payments to the state per-Medicaid enrollee and block grants, which to me is a conflation.

I'll note that Bill Clinton on the left and Phil Gramm and Rick Santorum on the right proposed per-beneficiary payments some time ago. And that's actually how the -- would you agree with this? -- how the Federal Employees Health Benefit Program pays for these federal employees. They pay a per-beneficiary payment to an insurer. Fair statement?

PRICE:

Correct.

CASSIDY:

Wouldn't it be great if Medicaid worked as well as the Federal Employees Health Benefit Program in terms of improved outcomes?

PRICE:

It would indeed. In fact, when you talk about the Medicaid population, it's not a monolithic population, as you well know. There's are four different demographic groups within it -- seniors and disabled and then healthy moms and kids, by and large. And we treat each one of those folks exactly the same from the Medicaid rules...

CASSIDY:

So when you're pressed on whether, by golly, you believe in block grants, is there any nuance? I don't hear any of the nuances that we're discussing offered in that question.

But frankly, you can't address that. Are you speaking about a per-beneficiary payment? Are you speaking about each of those four? One of those four? How do you dice that? New York is an older state demographically. Utah is a very young state. Fair statement?

PRICE:

Absolutely. And those are the things that I think we -- we tend not to look at because they're more difficult to measure. They're more difficult to look at. But when we're talking about people's lives, when we're talking about people's health care, then it's imperative that we do the extra work that needs to be done to determine whether or not yes, indeed, the public policy that we're putting forward is going to help you and not harm you.

CASSIDY:

Now, let me ask, because there's also some criticism of your proposal about health savings accounts. I love them because they activate the patient. I think we're both familiar with the Healthy Indiana plan, where on a waiver, they gave folks of lower income health savings accounts. And had better outcomes, decreased E.R. usage. Any comment on that?

PRICE:

Just that when people do engage in their health care, they tend to -- they tend to demand more. They tend to demand better services. And individuals that have greater opportunity for choices of

who they see, where they're treated, when they're treated and the like, have greater opportunity to gain better health care.

CASSIDY:

So going back to not wanting to have alternative facts, if we contrast the experience in Healthy Indiana with the experience in Oregon, where a National Bureau of Economic Research, I think if I get that acronym correct, published in the New England Journal of Medicine; found no difference in outcomes in those who are fulfilled through a Medicaid expansion program in Oregon.

Contrast that absence of good effect, if you will, in outcomes with that in which Indiana attempted to engage patients to become activated in their own care. E.R. usage actually fell, but outcomes improved. I think in our world of standard facts, I kind of like your position.

Thanks for bringing a nuanced, informed view to the health care reform debate, Dr. Price.

PRICE:

Thank you.

HATCH:

Thanks, Senator.

Senator Grassley?

GRASSLEY:

I've got two statements before I ask a couple of questions.

One is it's kind of a welcome relief to have somebody of your profession in this very important role, particularly knowing the importance of the doctor-patient relationship. Because in my dealing with CMS and HHS over a long period of time, I think that the bureaucracy has been short of a lot of that hands-on information that people ought to have.

And secondly, when you were in my office, we discussed the necessity of your responding to congressional inquiries. And you very definitely said you would. Tongue-in-cheek said maybe you ought to say maybe, because a lot of times they don't do it. But since you said you would, I will hold you to that and appreciating anything you can do to help us do our oversight.

As a result of oversight, I got legislation passed a few years ago called the Physicians Payment Sunshine Act. And the only reason I bring this up is because it took Senator Wyden and me last December, working hard to stop the House of Representatives from gutting that legislation in the Cures Act that passed.

GRASSLEY:

And I want to make very clear that the -- that the legislation I'm talking about doesn't prohibit anything. It only has reporting requirements because it makes it very, very -- well, it brings about the principle of transparency, brings accountability. And I've got some studies here that we did, and some newspaper reports on them, particularly one about a psychiatrist at Emery University that was -- was not reporting everything that they should report. And even the president of Emery University came to my office and said thank you for making us aware of this stuff. I want to put those in the record.

But since you're administering this legislation and since Senator Blumenthal and I will think about expanding this legislation to include nords (ph) practioners and physicians assistance. I hope that I could get your commitment that you will enforce this act the way it was intended to be enforced. Because even under the Obama Administration after we got it passed, it was three years getting this regulations, to get it carried out.

So effectively, it's only been working for about two or maybe two and a half years. So I would like to, if you're confirmed, would you and the Department of Human -- Health and Human Services work with me to insure that this transparency initiative is not weakened?

PRICE:

We look forward to working with you sir. I think a transparency in this area and so many others is vital. Again, not just in -- not just in outcomes or in pricing, but in so many areas so that patients are able to understand what's going on in the healthcare system.

GRASSLEY:

Thank you.

Now last one deals with vaccine safety. You're a physician. I believe that you would agree that immunization is very important for modern medicine and that we've been able to get rid of smallpox way back in '77, worldwide polio, I think in 1991, at least in the western hemisphere and all that.

So as a physician, would you recommend that families follow the recommended vaccine schedule that has been established by experts and is constantly reviewed?

PRICE:

I think that -- that science and healthcare has -- has identified a very important aspect of public health and that is the role of vaccinations.

GRASSLEY:

Thank you very much. I yield back my time.

HATCH:

Thank you Senator.

Senator Stabenow.

STABENOW:

Thank you Mr. Chairman.

First I would ask unanimous consent that a series of stories from individuals at a public forum that was held last week with my colleagues, people concerned about policies that the nominee has authored and about issues we're talking about today, that that be included in the record.

HATCH:

Without objection.

STABENOW:

Thank you very much.

Welcome Congressman Price...

PRICE:

(inaudible) Senator.

STABENOW:

... and I -- I appreciate our private discuss as well as the discussion this morning. I want to start right out, lots of questions, think we can move through some things quickly.

You said this morning that you would not abandon people with pre- existing conditions. Is -- is that basically what -- what you're talking about as high risk pools? Is that one of the strategies that your thinking about? I've heard that talked about this morning.

PRICE:

I think high risk pools can be incredibly helpful in making certain that individuals who have pre-existing illness are able to be cared for in the highest quality manner possible, but I think there are other methods as well.

We've -- we've talked about other pooling mechanisms, the destruction of the individual small group market has made it such that folks can't -- can't find coverage that's affordable for them. And

one of the ways to solve that challenge is to allow folks in the individual small group market to pull together. In fact, I think we talked about this in your office, with the -- with the Bill Blue Shield Model...

STABENOW:

Yeah.

PRICE:

... being the -- the template for it...

STABENOW:

Right.

PRICE:

... for individuals who aren't economically aligned, are able to pool together their resources, solely for the purpose of purchasing coverage.

STABENOW:

But let -- let me just stress, that for about 35 years we have tried high risk pools, 35 states have them -- had them before the Affordable Care Act and frankly it didn't produce great results.

In 2011, 0.2 percent of the people with pre-existing conditions, 0.2 percent were actually in a high risk pool and the premiums were 150 to 200 percent higher than standard rates for healthy individuals and they had lifetime and annual limits on coverage and cost states money. So, that was the reality before we passed the Affordable Care Act.

So let me also ask you, when President Trump said last weekend that insurance was going to be much better. Do you think that insurance without protections for those pre-existing conditions, who are without maternity coverage, or without mental health coverage, or an insurance that would reinstate tax on cancer treatments, is better?

PRICE:

Well, I don't -- I don't know that that's what he was referring to, I think...

STABENOW:

We said it would be better, and if we, in fact, took away, if we went to high risk pools instead of covering people with pre-existing conditions, or if we stopped the other coverage we have now. I'm just wondering if you define that as better?

PRICE:

Well, you -- you'd have to give me a specific...

STABENOW:

Let me give you an example...

PRICE:

... what's better for you, might not be better for me or somebody else, and that's the important thing that I'm trying to get across, and that is that, patients need to be at the center of this, not government. Should government be deciding these things or should patients be deciding these things?

STABENOW:

Prior to the Affordable Care Act, about 70 percent of the private plans that a woman could purchase, in a market place, did not cover basic maternity care. Do you think that that's better not to cover basic maternity care?

PRICE:

And I -- I -- I presume that she wouldn't purchase that coverage if she needed it.

STABENOW:

She would have to pay more, just as in general. For many women, just being a woman is a pre-existing condition. That is the reason why we have a basic set of services covered under healthcare. So it's just a different way of looking at this. This is something where, sure, if a woman wanted to pay a premium, wanted to pay more, she could find maternity care.

We said, in the Affordable Care Act, that's pretty basic and for over half the population who are women, maternity care ought to be covered. Let me go to another one. Do you believe that mental health services should be a guaranteed benefit in all health insurance plans?

PRICE:

I've -- I've been a supporter of mental health parody inclusion, yes.

STABENOW:

So mental health should be a defined benefit under health insurance plans.

PRICE:

I think that mental health illnesses ought to be treated on the same -- same model as other physical illnesses.

STABENOW:

I agree with you.

On Medicare, and where there's been a lot of discussion -- and I have to say also, with the -- the nominee for Office Management and Budget also talking today about Medicare and Social Security. I personally believe people on Medicare should be very worried right now, in terms of what overall we're hearing.

But, I did want -- my time is up -- I did want Congressman, just indicate a message from my mom who's 90 years old, who said, she doesn't want more choices, she just wants to be able to see her doctor and get the medical care that she needs. She is not at all supportive of the idea of Medicare, in some way, being changed into premium support, into a voucher.

So, I'm -- I'm conveying to you somebody who's getting great care right now and she's not interested in more choices, she just wants to keep her care.

Thank you.

PRICE:

If I may...

HATCH:

Thank you Senator.

PRICE:

If I may Mr. Chairman, I would just convey to the Medicare population in this nation that they -- that they don't have reason to be concerned. We look forward to assisting them and gaining the care and coverage that they need.

STABENOW:

Thank you.

HATCH:

Thank you.

Senator Cantwell.

CANTWELL:

Thank you Mr. Chairman.

Congressman Price, sorry we haven't had a chance to talk.

PRICE:

I apologize.

CANTWELL:

I think -- no -- I think both of us have tried and it's just a mired of consequences.

PRICE:

Weather.

CANTWELL:

But, I wanted to ask you, broadly, I know a lot of my colleagues have been asking you about Medicaid, but what do you think is the rise in Medicaid costs? What does it due to?

PRICE:

Oh, I think it's multi-factorial. I think that we've -- we've got a -- a system that has many, many controls that are providing greater costs to the provision of the care that is -- that -- that -- that's being provided. I think that, often times, we're not identifying the best practices in the Medicaid system, so that patients move through the system in a way that's much more economical and much more efficient and effective, not just from a cost standpoint, but from a patient standpoint.

There are so many things that -- that -- that could be done for especially, the sickest of the sick in the Medicaid population, where we could put greater resources and greater individual attention to individual patients.

As you know, in a -- in a -- in a bell curve of -- of -- of patients in -- in any population, there are those who are the outliers on the high side, where they're -- they -- the resources spent to -- to be able to provide their -- their care is significant.

And if you focus on those individuals, then you often times -- specifically, then you often times can provide a higher level of care and a higher level of quality of care for those folks and a more responsive care for those folks at a -- at a lower cost and move them down into the mainstream of the bell curve.

STABENOW:

OK. Well, you -- you brought up a couple of interesting points and I want to follow up on that. But, specifically, if I started that conversation I would start with two big phenomenons.

One, people living longer, because the longer they live, the more Medicaid they're going to consume. If you're living, you know, 10 or 12 years longer than we've had in the past, they're going to consume more healthcare, and second, the baby boomer population reaching retirement age. Those two things are ballooning the cost of healthcare in general, and specifically for the Medicaid population. And I want to make sure I understand where you are, because I feel like the administration is creating a war on Medicaid.

You're saying that you want to cap and control the cost. And what we've already established in the Affordable Care Act are those things that are best practice incentives and ways to give the Medicaid population leverage in getting affordable healthcare.

So, I want to understand if you are for these things. For example, we provided resources in the Affordable Care Act for too rebalance off of -- for Medicaid patients off of nursing home care on to community-based care. Why? Because it's more affordable. So do you support that rebalancing effort?

PRICE:

I would respectfully, Senator, take issue with -- with your description of a war on Medicaid. What we -- what we desire and want to do, is to make certain that Medicaid population is able to receive the highest quality care. I've cared for thousands of Medicaid patients. The last thing we want is to decrease the quality of care that they have access to. And -- and clearly the system isn't working right now.

CANTWELL:

Well, I...

PRICE:

So moving toward home based care is -- is -- is something that is -- that is -- if it's right for the patient, it's a wonderful thing to be able to do and we ought to incentivize that.

CANTWELL:

Well, we -- we...

PRICE:

There are so many things we could do in Medicaid that would provide greater quality of care that we don't incentivize right now.

CANTWELL:

We did incentivize it in the Affordable Care Act in your state and about 20 other states actually did it. They took the money from the Affordable Care Act. In fact, Georgia received $57 million in transition to make sure Medicaid beneficiaries got care in community-based care, and it's been able to ship 10 percent of their long term costs, basically to that community-based care.

So huge savings. It's working. So are you for repealing that part of the Affordable Care Act?

PRICE:

What I'm for is making certain, again, that the Medicaid population has access to the highest quality care possible and we'll do everything to improve that. Because right now, so many in the Medicaid population don't have access to the highest quality care.

CANTWELL:

I would hope you would look at this model and you would also look at the basic health plan model, which is, again -- what I think you're proposing and what the administration is refusing to refute, when the president said I'm gonna protect these things, and my colleague Senator Sanders brought this up and said are you gonna protect this. And then the White House chief of staff is now saying, no, no, no, we're going to basically cap Medicaid spending, it's a problem.

What we want to do is we want to give them leverage in the marketplace. That's what the basic health plan does. That's what the community-based care plan does. It gives them the ability to get more affordable care at better outcomes and is saving us money. So if you could give us a response -- I see my time has expired. Look at those two programs and tell me whether you support those delivery system reforms in the Affordable Care Act.

PRICE:

I'd be happy to.

CANTWELL:

Thank you.

HATCH:

Thank you, Senator. That would end our first round. I'd like to not go through full second round, but we have some additional senators here who would like to ask some more.

So, I guess we'll start with Senator Wyden.

WYDEN:

Thank you, Mr. Chairman.

Congressman, I have several ideas on how -- on how to lower the price of medicine, but I'd like to set those aside and start with the president's idea. Lower drug prices through bidding or negotiation. If confirmed, you're gonna be the captain of the president's health team. And you're going to have to persuade Republicans to change the law so that the president can fulfill his pledge. More affordable prices for medicines through bidding.

As captain of the health team, will you do that?

PRICE:

As you know, Senator, we're committed to making certain that drug prices are -- are able to be afforded by individuals, and so they can have access to the high quality care. Right now that negotiation from a Part B standpoint, which I would remind folks, is a real success story.

The cost for -- for medications for seniors is about half of what it was projected to be when Part B passed. The PBMs are doing that negotiation right now. I think it's important to have a conversation about whether or not...

WYDEN:

Congressman, I'm asking about a specific idea and it's not mine, it's the president's.

PRICE:

I was going...

WYDEN:

And the question is, will you advocate to Republicans for authority to negotiate. It's yes or no.

PRICE:

What I was going to respond, Senator, if you will allow me, is to say right now, the PBMs are doing that negotiation. I think it's important to have the conversation and look at whether or not there's a better way to do that. And, if there is, then I'm certainly open to it.

WYDEN:

On Saturday, hundreds of thousands of women of all ages and backgrounds came to Washington to speak out against policies that you've opposed. This includes the Violence Against Women Act, provisions in the Affordable Care Act to prevent insurance companies from charging them more because they're woman, access to no-cost contraceptive coverage and the choice to see the provider that they trust.

Now the -- Speaker Ryan has publicly stated that no one will be worse off if the Affordable Care Act is repealed. But, the Nonpartisan Congressional Budget Office doesn't share that view. They have indicated nearly 400,000 woman would loose access to care, including life saving cancer screenings in the first year if Planned Parenthood is defunded and cut off from Medicaid.

So, again Congressman, this not my opinion, the Democrats, Republicans. This is the Nonpartisan Congressional Budget Office. You're gonna be the point person for health. Will you advise the President to reject any proposal that cuts coverage for, or otherwise limits a womans ability to see the provider that she trusts.

PRICE:

Well, there were multiple inaccuracies in your premise Senator and I would take significant issue with the Congressional Budge Office conclusion because again as I mentioned to a question over here, it looks at it in a silo. It looks at it as saying, this is what you're doing without doing anything else to provide coverage for individuals. And that's simply -- that's -- that's not anybody's plan.

WYDEN:

Well, again, this is the -- what's in the bill you wrote. And these -- these silos, you know, we keep hearing all kinds of sort of happy talk about silos and -- and dreams and the like. What we want to know is one thing above everything else, is there going to be a replacement before there is repeal? And you've been asked this now by a whole host of members.

We haven't been able to get any answers on it. It seems to me that your own bill is out of step with what the new president has said. The new president said the two were going to be intertwined. Your own bill was repeal and run, repeal it now, come back some other time.

So, I want to let my other colleagues to have a chance to ask their questions, but when you talk about silos, that's the view of someone, I respect your right to state it, but like to be confirmed, the Nonpartisan Congressional Budget Office says woman who are speaking out in communities across this country. Woman are gonna loose access to those vital cancer screens. That's not a partisan statement. That's from a nonpartisan agency -- and I hope you'll reconsider your position.

(CROSSTALK)

PRICE:

And I respectfully disagree with the conclusion.

HATCH:

So -- hopefully we can finish in the next 20 minutes.

Senator Cardin?

CARDIN:

A thank you Mr. Chairman.

And again thank you Dr. Price for your response to our questions.

One of the major objectives of the Affordable Care Act, was the deal with the historic discrimination against minority communities in our healthcare system. And, we could give you chapter and verse, that the medical research that was done was very much not directed towards the priorities in the minority community. The -- the access to a providers was always challenged in minority communities. The affordability and quality of insurance products were not the same in minority communities.

So, there were various provisions included in the Affordable Care Act to deal with that. One was an amendment that I offered, that elevated the National Institute for Minority Health and Health Disparities to a full institute. As well, as creating offices for minority health and health disparities within the health related agencies.

Are you committed to continuing those a -- progress that we have, a focal point, so that we draw attention to needs of minority communities?

(CROSSTALK)

PRICE:

Senator, this a really important question because there are many in our society that a -- in -- in the minority community who -- who -- if -- if you look at the right metrics, are not having the same outcomes or same quality of health that others in the society are. And - and I believe that it's imperative upon us as individuals administering these programs to ask the question, why? Why is that? And then reach a plan. A strategic plan to be able to help correct that. Whether that's through the current offices or a different mechanism, you have my commitment to look at that (inaudible).

CARDIN:

I appreciate that. The National Institute for Minority Health and Health Disparities funded a program in Maryland, in Baltimore to show disparities that's been extremely helpful and I just encourage you to look at the - that institute as a real valuable resource to you to carry out that commitment.

The Affordable Care Act also increased dramatically the funding for qualified health centers that allowed access to care in minority communities. Are you committed to maintaining the support for qualified health centers?

PRICE:

Qualified health centers play a vital role in our nation's healthcare delivery system right now. And - and - so I think it's imperative that we retain them or improve the delivery of care in that area.

CARDIN:

So, now we get to the subject that's been talked about by many members, Medicaid. And the reason I mention Medicaid, and I appreciate your response that you don't want to disadvantage anyone who is currently on the Medicaid system. Blacks, Latinos, American Indian, the Native Alaskans are almost twice as likely to be on Medicaid than the white population. In my state, seventy percent of our Medicaid population are people of color. So, it is by far, the dominate population that relies on Medicaid.

So, I hope you understand our concern. That when we talk about changing Medicaid, talk about not block (ph) granting Medicaid, talk about new approaches to Medicaid, it send a signal that what we're gonna do is cut the federal governments commitment to access of minorities. And it's a major of area of concern. We've seen in budget rounds where cuts to Medicaid dollar for dollar or whatever (ph) reduce access to minority communities for their healthcare needs. We know states have challenged budgets and the more you put on the state, the more likely it is that many states will not be able to meet their full commitments to the Medicaid population. Can you just share with me just a little bit more, your vision as to whether, when you look at the resources we're putting in to healthcare, everybody wants to do it more efficiently, but if you just look at the Medicaid population what you're doing is taking resources away from minority communities and making the problem even worse? How can you give me a comfort level (ph) that you are committed to the minority communities that depend so heavily on the Medicaid program?

PRICE:

Well, Senator, let me try to assuage your concerns. I think, of the individuals (inaudible) I'm the only one who's ever treated a patient in the Medicaid system. I've treated thousands of patients in the Medicaid system. And when we as a society use as the only major metric for determining whether or not we're providing care for individual in the Medicaid system. The amount of money that we're putting into the system, instead of the outcome, whether or not people are getting covered. Whether or not they're able to see the doctor they want to see. Whether they're able to get the kind of care ...

CARDIN:

And I agree with that. I agree with what you're saying ...

PRICE:

... and we're measuring the wrong thing. So my commitment to you, is to make certain that we measure the right things.

CARDIN:

I agree with you, but if you look at the relative resources that are going in to the Medicaid population versus the general population, you find in many cases, its less resources. And as we said on quality education, money isn't the only thing but its part of the problem. I just really urge us to recognize, yes we want a better outcome. We all want a better outcome in our healthcare system. But you don't do that by taking money away from our most vulnerable. Thank you, Mr. Chariman.

HATCH:

Senator Nelson?

NELSON:

Thank you Mr. Chairman, Congressmen. Just to follow up our last conversation, you said that you did not recall having said it's a terrible idea, I quoted the source, Politico and that was in most republicans support and I'm quoting from the article of 2002 April 30. "Most republicans" ...

PRICE:

2002?

NELSON:

2012. April 30. "Most republicans support the health laws requirement that insurance companies accept all applicants but the replacement plan on preexisting conditions" Put - put forth by the most prominent republican ignores the idea. Talking about preexisting conditions.

PRICE:

Yeah, I would disagree.

NELSON:

Quote, "it's a terrible idea, representative Tom Price, the sponsor of the plan, told Politico." So Mr. Chairman, I'd like to insert that Politico article into the record.

HATCH:

Without objection.

NELSON:

For clarification.

HATCH:

Without objection.

NELSON:

You and I had the opportunity yesterday to talk about Puerto Rico. Because the origin -- we don't know where from -- but they are not treated like the states. Where the poorer the population THAT you have, the more federal assistance for Medicaid that you get. And it's a block grant and the block grant is going to run out this year. And they are in a heck of a problem, not only financially on the island, but now with a third of the population according to the CDC being infected with the zika virus. You want to comment on what you might do going forward?

PRICE:

Well as we talked about in your office yesterday, senator, we - we -- we absolutely need to find the resources to be able to make certain that they have access to the care that they need. These are American citizens. And it's incumbent upon us to take that responsibility seriously.

NELSON:

I mentioned earlier and I did so yesterday that senior citizens -- we have 4 million in Florida on Medicare, but there are almost 2 million people in Florida that now get their health care through the ACA. And on Medicare, Part d, the drugs, what we have tried to do, is close the amount of money that seniors have to pull out of their own pocket. Otherwise known as the doughnut hole. You want to comment, congressman, about whether or not seniors should have retained that federal ability to purchase their drugs?

PRICE:

Well, in view of the fact that two of those senior citizens in your state are my mother-in-law and my father-in-law, I need to tread very carefully here. It's -- the concern I have about - about -- one of the concerns I have about drugs for -- being available for seniors is the accessibility of the drugs that they need and desire. And so we need to make certain that formularies aren't limited, that we aren't decreasing the access and availability of medications that seniors have available to them for the care they receive.

NELSON:

And so the part of the ACA that closed that doughnut hole for senior citizens, you would support that part?

PRICE:

As I say, I think it is imperative we provide the greatest amount of opportunity for individual seniors to be able to gain access to the drugs that they need. So often times in these discussions, we think whatever we're doing right now is the only solution that's possible. And I just -- again, I'm humble enough to believe there are better ideas out there. And if we find a better idea that

actually provides greater coverage at a lower cost, more efficiently, and more responsive to patients, then we ought to say - we ought to be able to admit to ourselves that we would embrace that if it were to come along.

NELSON:

Congressman, as their senator and as their protector of senior citizens in Florida, I can't get away with an answer like that. I've got to tell them that I am going to support your right to get drugs under Medicare Part D just like you're getting it now and not take it away from you.

PRICE:

And - and -- and I understand that. And I would respectfully suggest that if - if - if you use -- if we used as a society the line we're going to maintain the kind of quality coverage that we have right now unless we're able to improve it, and then we just might be able to do that for you.

NELSON:

And if I gave them that answer, I would get run out of the room with a group of senior citizens. Thank you, Mr. Chairman. Thank you.

HATCH:

Senator Menendez.

MENDEZ:

Thank you, Mr. Chairman. Congressman Price, one of the main policy priorities that you share with Speaker Ryan is to radically reform -- or alter I should say -- Medicare from its current structure to one where seniors would in essence receive a coupon to buy coverage. Now, despite the fact that President Trump has made repeat promises throughout the campaign that he won't touch Medicare, it seems that it is still one of your top agenda items. I've heard serious concerns about privatizing Medicare, not only from seniors worried about increased costs and decreased coverage, but also from providers in my state concerned about the serious negative impact such underfunding will have on their ability to continuing caring for Medicare seniors.

So, if the stated goal of Medicare privatization is to reduce federal expenditures on health care for seniors, then doesn't it stand to reason that every dollar the federal government saves is going to have to come out of the pocket of seniors on Medicare?

PRICE:

Well, I disagree with the characterization of the program, as you -- as you described it. I think it's inaccurate.

MENENDEZ:

OK, so, let's go through the specifics. Do you not -- do you not seek to privatize Medicare?

PRICE:

No.

MENENDEZ:

Do you not seek to ultimately offer a voucher as your way of creating greater affordability?

PRICE:

No.

MENENDEZ:

Well, it's interesting you say that because the studies that have been done on your and Speaker Ryan's Medicare privatization plans have shown that an average 65-year-old will pay more than twice what they pay now, since the vouchers that you would give out are by design far short what the current Medicare program covers.

PRICE:

Well, that -- that... Senator, with respect, I have no reason to believe that the President in this statement that -- that -- that he's not interested in modifying Medicare, that that -- that that position of the President has changed. If you want to talk about what my role as legislator was in -- in -- in fashioning legislation and trying to solve the challenges in Medicare, I'm happy to do that.

But that's not the role that I would play if I'm given the privilege of being confirmed to serve as the Secretary of Health and Human Services. That role would be to administer the changes that you all come up with in the Congress of the United States, and the programs that are (inaudible) in the United States.

MENENDEZ:

Well, let me -- let me respond to that because I know I've heard you at various times, both here and before the HELP (ph) committee, say that you're going to have more of an administrative role, not a legislative role. And I said to you privately, I think, that that's a little disingenuous. I noticed last week, the day of the hearing before the HELP (ph) committee, Vice President Pence was on TV. And he said, quote, I could not be more enthusiastic that someone with his background, referring to yourself, in medicine, but also his understanding of the President-Elect's vision for healthcare reform and his ability to help us shape what that replace bill looks like, once we repeal Obamacare.

Clearly, they think, the President and Vice President, that you're going to be playing a policy development role, not just simply the administration of whatever the Congress decides. So in your advocacy with the President as he deals with his desire to replace Obamacare, the reality is you're going to have more than an administrative role; you're going to have a policy role. And, if past is prologue, then your views as a legislator as to what you thought is the best for the American people is of concern to me because that in essence is a plan towards privatizing Medicare.

So, if -- if that's not the case, would you commit to ensuring that under your watch Medicare won't increase costs or limit the coverage to current or future beneficiaries as a result of a change in the plan?

PRICE:

Senator, a couple things. One, the -- the comments that you referenced I think were related to the ACA, not to Medicare. Second, as -- as I mentioned to you yesterday in our conversation in your office, and as I've said before, here I'm humble enough to understand and appreciate that the work that I did as a legislator is -- is not necessarily the work that -- that I would promote as Secretary of Health and Human Services.

The -- the work that's been done within the department, the experts within the department, have significant knowledge and expertise in the work that they've done (inaudible).

MENENDEZ:

Well, I appreciate that, but the essence of my question then, if you dispute that your past views are going to be your future views, that your past views and legislative activity are not going to be your advocacy with the presidency, then I'd ask you to go to the core of my question. Are you willing to commit that we won't see increased costs or less coverage for seniors under a revision of Medicare as you might advocate or the President might pursue?

PRICE:

What I can commit to you, and will commit to you, and have committed to you, sir. and others on this committee and in other conversations, is that our goal is to make certain that seniors have access to the highest quality healthcare possible at an affordable price.

MENENDEZ:

Well, access without the ability to afford it -- and I'll end on this --

PRICE:

That's what I said, affordable price.

MENENDEZ:

Well, affordability still questions -- it's not just an affordable price, it's your ability to have the wherewithal even to access an affordable price. Medicare guarantees as a right that guarantees seniors like my late mother, who worked in the factories of New Jersey as a seamstress. Wasn't in a unionized factory, didn't have private insurance. After working a lifetime of hard work to help her family achieve what they did, she faced enormous struggle with Alzheimer's that ultimately took her life.

For her, her healthcare security was Medicare, and without it she would not have lived with the dignity that she deserved in the twilight of her life. So, changing Medicare from a commitment and entitlement to vouchers that may hope to create affordability, but doesn't guarantee that, is a fundamental shift in the nature of how we take care of seniors in this country. And that's why I'm so passionate about it. I said this to you privately, and I just want to explore with you publicly, but you answer doesn't assuage me that in fact you are committed to Medicare as we know it today in terms of the guarantee.

Can we improve it? I'm always open to improving it. But the guarantee is what I'm concerned about.

PRICE:

I share those concerns as well, but disagree with your characterization, and can also share with you a story of my mom who, in the twilight of her years, had a -- had an illness that took her from us. And she enjoyed the -- the benefits of Medicare, and without that would not have been able to have the care that she received.

MENENDEZ:

Well, I hope that will be compelling to you in the days ahead, that it will instruct you as to how we should pursue Medicare. Thank you, Mr. Chairman.

HATCH:

Senator Brown.

BROWN:

Mr. Chairman, I begin by -- the comments of Mr. -- of Congressman Price about not using the word socialized medicine, the term. Two thousand seven Congressional record debating CHIP (ph), he said, talked about (inaudible) for government-run socialized medicine. So. referring to CHIP (ph), but I don't want to debate that, I just wanted to point that out that... You may have forgotten, it's been 10 years. I certainly understand that.

I want to follow up on what Senator Menendez said about Medicare, with a slightly different twist. In December you said you expect lawmakers to push forward an overhaul of Medicare, and I quote, the first six to eight months of the Trump presidency. Today, Congressman Mulvaney, the budget

director designee, was -- said that he would -- he would support raising the eligibility age for Social Security. He seemed to be open to raising the eligibility age for Medicare too in his comments.

And, like you, he supported efforts to raise it in legislation in the so-called Ryan's Better Way plan. That's in exact contradiction I understand to what President Trump has said. He said he opposes both cuts and raising the eligibility age. I'd like you to -- I asked you to clarify your position in a letter. I have received a response yet. I know you're busy. But my question is this. If Congress passes legislation to raise the eligibility age for Medicare, as laid out in Speaker Ryan's Better Way plan, will you advise President Trump to veto that legislation?

PRICE:

I don't anticipate a single piece of legislation related to just that, so we'd have to look at the -- the constellation (inaudible) firm to be able to...

BROWN:

So, if something else is part of it, you would consider -- you would consider supporting raising eligibility? If you're not willing to say no matter what else is in it, you stand firm on that.

PRICE:

What -- what -- if I'm confirmed, it would be my responsibility to talk with the President about the various aspects of any piece of legislation, lay out the pros and cons, and the consequences of -- of the decisions that would be made by the Congress of the United States, and make a recommendation.

BROWN:

But when I -- when I think about a barber in Warren, Ohio, or a factory worker in Logan, Ohio, or a woman that works in a diner in Mansfield, Ohio, or someone working construction in Troy, Ohio, and saying to them, you know, I know that you think Medicare is eligible at the age of 65. You can -- you worked all your life, you don't have these jobs here where we can work till older ages. You and I are close to the same age, unfortunately I'm a bit older.

But I -- I -- I don't -- I just can't imagine the morality of telling these people who have worked all their lives and their bodies are broken down more than ours do in these jobs, that we would even consider the possibility, as you all did in Congressman Ryan's bill. You did, budget director Mulvaney did, raising the eligibility age for Medicare. It's just stunning to me.

Let me talk about...

PRICE:

Senator, if I may, I -- I struggle with the morality of a system...

BROWN:

Yes, yes, I know, I know what you're going to say. You said that already.

PRICE:

...that is broken.

BROWN:

I -- I don't agree with that. I don't agree that Medicare is broken the way you say. Let me -- let me talk about something. You said good things about innovation. I want to bring up one real quick issue and ask you to continue to work with us on it. The -- the -- last summer Secretary Burwell visited my home town of Mansfield, Ohio, to witness firsthand the effective and cost efficient rule of community health workers and reduce (inaudible) rates.

I will talk to you more privately and thank you for trying to get together in the last few days -- about working to ensure that community health workers are recognized and included in new payment (ph) and delivery system reforms. They have been very effective in bringing down the low birth weight baby rate and cutting back the rate of infant mortality. My state is unfortunately, maybe last in black infant mortality and pretty bad overall infant mortality. I just wanted a commitment to you to at least sit (ph) -- work with us on what Secretary Burwell and I began on dealing with community health workers. OK, thank you.

(CROSSTALK)

Last question, do you -- and thank you for your indulgences Mr. Chairman, on this second round. Do you support guarantee health care for our nation's veterans?

PRICE:

I think the commitment that's been made by this nation is that veterans a -- a should receive health care. Yes.

BROWN:

But, we don't. I mean, not all veterans qualify for care through the V.A. of TRICARE (ph) they do. And, there are a lot of them in your state as in my state, but, because of these gaps, additional coverage options like those provided through the ACA, are critical to insure that -- that they are covered. So, what's -- what's the answer? V.A . doesn't do it alone. The ACA compliments the V.A. so it does. So, if repeal -- if we repeal the ACA, how do you guarantee health care for our -- for our -- my state's thousand, your state's thousands of veterans served their countries don't health -- don't have real health care.

PRICE:

Currently, as you know Senator, there are real challenges in the V.A. system. Again, I think I am the only individual on the (inaudible) whose ever taken care of a patient in a V.A. hospital. And, I know the challenges. And -- and I....

(CROSSTALK)

BROWN:

But -- but, you wanna repeal -- thank you -- but you wanna repeal the Affordable Care Act, and we have -- we have made the Affordable Care Act in a way that these veterans now have guaranteed health care. Most -- almost all veterans have guaranteed healthcare, yet you're gonna repeal the Affordable Care Act with no -- no plans that anybody has seen yet to make sure these veterans have guaranteed health care.

PRICE:

I understand and appreciate the promise that has been made to veterans, and it sadly, in many instances, we're not keeping that promise right now.

BROWN:

So, is this part of your -- your...

(CROSSTALK)

PRICE:

...working with you to put together a better system that will allow us to care for veterans...

(CROSSTALK)

BROWN:

I appreciate that comment. You -- you had said when I asked you if -- when President Trump said he's been working with you on this repeal and replace plan, you said he hasn't really been working with you, so, I mean you didn't call the president a liar, but you don't have -- put -- putting two and two together is pretty easy, that adds up to four. What does that mean, if you and he are working together, are you going to suggest to him that we find a way in repeal and replace to make sure there is guaranteed health care for our nations veterans?

PRICE:

Well, I -- I -- I think it's vital, again, as I have mentioned before, that every single American have access to affordable coverage and its of high quality and that's our goal and that's our commitment.

BROWN:

And, so, when we replace the Affordable Care Act after you're party repeals it in this congress, you will find a way for all 22 million Americans, including a lot of those are veterans, that they have health insurance that they don't loose it with the replace part of repeal and replace.

PRICE:

Or to working with you to make that happen, sir.

BROWN:

That's not quite a yes, Mr. Congressman.

PRICE:

That's my answer.

BROWN:

OK. Inadequate, but thank you.

HATCH:

OK, thank you, Senator Casey?

CASEY:

Thank you, Mr. Chairman, thanks for the additional round of questioning, questioning. Representative Price, I wanted to move to the topic I hoped I would have gotten to in the first round, which is, individuals with disabilities, many of whom, I don't the exact number, but many of whom rely upon Medicaid. One of them is actually a -- a young man -- a child that I just got a letter from his mother about, Pam Simpson, she's from Coatesville, Pennsylvania, that's in southeastern Pennsylvania, talking about her son Rowan. Rowan Simpson, who -- was diagnosed in 2015 with -- with autism. And, among other things she said about the great care they get, that he gets and their family benefits from is Medicaid and she says without Medicaid quote "We would be bankrupt or my son would go without the therapy -- therapies he sincerely needs." Can you guarantee today that he's going to have that kind of -- his family is going to benefit from and he, Rowan Simpson, will have that kind of coverage and protection that Medicaid provides, that he'll have that if you're Secretary of Health and Human Services?

PRICE:

I -- I -- we are absolutely committed to making certain that -- that -- that child and -- and every other child and every other individual in this nation has access to the highest quality care possible.

CASEY:

Good, so -- not access. They will -- he will have the medical care that he has right now, or better. If you can come up with a better -- better level of care, that's fine. But he will have at least the coverage of Medicaid, and all that that entails, that he has right now.

PRICE:

(inaudible)

CASEY:

And that's -- that's either a yes or a no. That's not ...

PRICE:

No, that's not a yes or no. Because the -- the -- the fact of the matter is that in order for the current law to change, you all have to change it.

(CROSSTALK)

CASEY:

No, but here's ... yes.

PRICE:

If I'm given the privilege of leading at the Department of Health and Human Services, I have a responsibility ...

CASEY:

Here's what I'd say. Look, we should -- we should stop talking around this. You have led the fight in the House, backed up by Speaker Ryan, for years ...

(CROSSTALK)

PRICE:

To improve Medicaid.

CASEY:

To block granting of Medicaid.

PRICE:

To improve Medicaid.

CASEY:

To block granting of Medicaid. What that means is states will have to decide whether or not this -- this child gets the Medicaid that he -- that he deserves. That's what happens. So you push it back to the states and hope it works out.

One -- one estimate by senator and budget policy priorities long before you were named said that ... Here's the -- the -- the headline of a -- of a chart: House Budget Shares' Plan Would Slash Medicaid by One Third by 2026. This wasn't developed because you're now in front of this committee. That's what they're saying, that -- that -- that Medicaid would be cut by -- by a third, and by -- by way of the number, a trillion dollars.

So let me ask you this question:

PRICE:

May I respond?

CASEY:

Can you -- can -- Let me just get this question in. Can you commit to us right now that no person with a disability who is currently covered by Medicaid -- so that's everyone -- that's Rowan (sp), and that's everyone else -- that no person with a disability who is currently covered by Medicaid will lose health care coverage -- not access, coverage -- under the block-granting plan that the administration now embraces as of Sunday?

PRICE:

What -- what -- what I can commit to you is that -- that in a Medicaid system, that if I'm given the privilege of serving and working with CMS administrators, that the metrics that we will use for Rowan (ph) and every single other patient is the quality of care that they're receiving ...

(CROSSTALK)

CASEY:

That's fine.

PRICE:

... and whether or not they're receiving that care. The metric that you want to use --

CASEY:

Metrics are fine. What I'm asking you again is will you commit to ensure that Rowan (ph) and every other person in the country that has disability -- has a disability that benefit from Medicaid today, will they have that same coverage, the same -- the same coverage and the same health care and -- and coverage they have today?

PRICE:

Our commitment is to make it so that they have that coverage or greater.

CASEY:

That's a that's a commitment you're making.

PRICE:

That's a commitment.

CASEY:

For every person that benefits from Medicaid, that has a disability.

PRICE:

The -- the -- as I say, the goal is, and our desire is... But our -- our desire is to make certain the people have better health care, not less health car.

CASEY:

Well, here's -- here's ...

PRICE:

And it's astounding to me ...

CASEY:

Here's the problem with that. Here's the problem with your answer. Until Sunday there was a question as to whether or not President Trump or his administration would fully embrace block granting of Medicaid. Because he said when he was campaigning that he would not cut Medicare, Medicaid and Social Security.

As of Sunday, the administration has said on the record, in at least one, and maybe two interviews, that they are going to pursue a -- a block granting policy with regard to Medicaid. What flows from that are the following: He has a majority in both houses. So what you've been working on the house for years that you could vote for now may become the law of the land.

So this is a live issue. This isn't theory, or some policy among House Republicans. This is -- this is a potential enactment of law to block grant of Medicaid, and I hope you can keep your promise to make sure that no one with a disability suffers any diminution of care or coverage. That's the -- that's the promise you just made, and I hope you can make that in light of a trillion dollar cut in -- in Medicaid pursuant to block granting.

HATCH:

Senator McCaskill, you're the last one.

MCCASKILL:

Thank you, and thank you for your patience in letting us have another round of questions, Mr. Chairman. We sincerely appreciate it.

I would like to put in the record a table prepared by the tax policy center.org on December 15th, 2016, that lays out what happens with a repeal of all ACA taxes, including premium credits, based on income level. If I could make that part of the record.

HATCH:

Not objection. It will be placed in the record.

MCCASKILL:

You were chairman of the budget committee. I'm going to try not be -- I get frustrated when people won't answer, especially when your record is so clear on this, Congressman. I -- I -- I don't really understand why you want to divorce yourself from your record. You were the chairman of the budget committee, correct?

PRICE:

Yes.

MCCASKILL:

And in that role you had the most important -- we all know the power of the chairman around here. You had incredible power to influence what was in that document, correct?

PRICE:

Which document do you ... ?

MCCASKILL:

The budget that you prepared for 2017.

PRICE:

Absolutely, along with my colleagues.

MCCASKILL:

Along with your colleagues. Was there anything in that document that you disagreed with on principle when you supported it?

PRICE:

Oh, absolutely.

MCCASKILL:

OK, what was in the document you disagree with on principle when you supported it?

PRICE:

I'd -- I'd have -- I'd have to go back and look, but it was --

MCCASKILL:

All right.

PRICE:

-- it was a combined effort. But again, you know, as I -- as I mentioned before, if I'm given the privilege of serving as Secretary of Health and Human Services, I appreciate and understand that that's a completely different role --

MCCASKILL:

I know it's a completely different role.

PRICE:

than -- than as a legislator.

MCCASKILL:

That's not what I'm asking you Congressman. I'm not asking you --

PRICE:

Each of your questions referred to that role.

MCCASKILL:

I'm not asking you about the difference in your roles. What I'm asking you is what do you believe in? What do you believe in? You have been respected around these halls for a man of integrity because you believed in certain principles. And one of those was the principle that you embraced as Chairman of the Budget Committee to block grant Medicaid.

PRICE:

No, on the contrary. What I believe in is this great country and the people of this great country, and the principles of healthcare that I defined earlier. And those are the principles that -- that we all share, I believe. And that is that we need a system that's affordable for everybody, we need a system that's accessible for everybody --

MCCASKILL:

I get that.

PRICE:

-- we need a system that's of the highest quality --

MCCASKILL:

I said that over and over again.

PRICE:

-- that's responsive to patients --

MCCASKILL:

I'm just trying to figure out --

PRICE:

-- not to insurance companies and to government. We need assistance --

MCCASKILL:

I understand.

PRICE:

We need a system that incentivizes innovation and a system that provides choices to patients. That's what --

MCCASKILL:

I understand the aspirational goal you have. But there is a record, Congressman. There is a record and the record is as Chairman of the Budget Committee, controlled by your party, you put out budget document and you said over and over again that you favored block granting Medicaid.

In fact, your budget in 2017 -- that you were the chairman of, that you want to run away from today as if it never happened. And that's what I can't figure out why. You're going to be influential. What you really believes matters and you want to run away from that. You cut Medicaid by a trillion dollars in your 2017 budget.

And yet, today, you want to stand on some notion that whatever you guys do is fine. And that's just not reality, Congressman. What's reality is you've been chosen because of your beliefs. And your beliefs are reflected in your budget that you wrote as Chairman of the Budget Committee.

PRICE:

But I --

MCCASKILL:

And that's all the point I'm trying to make.

PRICE:

May I respond?

MCCASKILL:

And I have a hard time understanding why you won't say, listen, it may not turn out the way I believe but, yes, I favor block grants to Medicaid.

PRICE:

But, what I believe in is a Medicaid system that is responsive to the patients and provides the highest, best quality care possible. And -- and I would respectfully suggest to you that that's not the Medicaid system that we currently have.

MCCASKILL:

I --

PRICE:

So it's encumbent on you, it's encumbent upon me if I'm given the privilege of serving in this capacity to work together to find the solution so that we provide the highest quality care for Medicaid patients and everybody else in this country.

MCCASKILL:

And I understand -- and by the way, the argument being made in favor of block grants is it gives more flexibility and efficiency to the states. That's the argument that you've made before, that's the argument that was made around the budget that you crafted is that when you block grant things to states, it gives them more efficiency.

So I want to turn to a block grant that we have now, which is the social services block grant, which you have voted repeatedly to repeal. You have said that you -- you wanted to zero it out. And you have voted that way as a member of Congress.

And I want to make sure that you understand that that efficiency and effectiveness that you say you get with a block grant of Medicaid is what is happening in my state with the social services block grant -- which, by the way, came about with Ronald Reagan. They are deciding where to use that money.

And right now, just so you know where it's being used, in case you want to advise the president the same way you voted, it is being used for residential treatment for detoxing of heroine. It's being used for daycare for seniors to keep them in their home so we're not paying the bill on Medicaid in a nursing home.

It's being used for adoption services. And it's being used for case management to save money so that the cases are being managed effectively and efficiently in terms of accessing federal safety net programs. Will you continue to advocate, as you have in Congress, for a repealing of the social services block grants?

PRICE:

Senator, with respect, I think there's -- there's likely a better way to provide those services in a much more efficient, effective and economical way for the individuals receiving the care. And I would also respectfully suggest to you that -- that another state flexibility model that -- that is held up by many is the Tanif(ph) program that is extremely -- has been extremely successful.

And so there -- there are different ways to do things. And again, it ought to be -- you know, it ought to be a collegial conversation that we have to lay out what the challenges are before us and working together to solve those challenges. And that's what I'd like to do.

McCASKILL: I -- I -- I'm just was trying to point out the inconsistency of saying block grants to Medicaid are good because of flexibility and efficiency, and block grants to states on social services are bad. And that has been your record in Congress, Congressman, and that's why I brought it up.

PRICE:

With respect, they're -- for individuals to say that state flexibility for Medicaid is bad, but state flexibility for TANF is fine, again, is -- is a little bit inconsistent as well.

McCASKILL: I understand. Thank you, Mr. Chairman.

HATCH:

Well, thank you. Now we're going to close this, Senator Wyden and myself. So we'll just ask Senator Wyden to make his closing remarks, and then I'll make mine.

WYDEN:

Thank you very much, Mr. Chairman. As we wrap up another quiet, subdued hearing in the Finance Committee, let's have a couple of thoughts. And the first for you, Congressman, despite our policy differences, I want you to know I very much respect your willingness to serve. As you know, we've talked about it. You and I have a lot of mutual friends, and I know they're very supportive of your career, and I want you to know I respect your willingness to serve.

Here's where we are in terms of the substance. Several hours ago I asked you, with respect to the executive order on the Affordable Care Act, I said, will you commit that no one will be worse off? And you ducked it. I asked you, will you guarantee that no one will lose coverage. You ducked that. I asked you would there be a replacement before all of this that would hurt working families would go into effect. And that was ducked as well.

And it just seems to me there's a big gap between the answers you've given on the executive order with respect to repealing the Affordable Care Act and what the new President said all through the campaign. Everybody was going to be OK, nobody would be worse off, there'd be no gap between repeal and replace.

My colleagues have gone through at great length the debate about the Medicaid block grant. Prediction? I think some of your biggest critics are going to be Republican governors on this because I think Republican governors, and they'll probably be diplomatic than me, are going to see this as a Trojan Horse to cut spending. And that's why a lot of us are concerned about shredding the safety net.

I asked you about women's healthcare. And here the concern is women all across the country are concerned that they're going to lose a choice of providers that they want and they have today and coverage. And you just said, hey, I disagree with the Congressional Budget Office. I asked about drugs, and how we're going to lower these pharmaceutical prices. And you told me about pharmaceutical benefit managers. You told me about Part D, I voted for Part D, one of the relatively few Democrats who did. But you didn't answer the question about whether you would get Republicans to help you fulfil the President's pledge on bargaining. So that's what concerns me about all this.

On the ethics questions, we want to correct one key point. It was said earlier in the hearing that the Congressman doesn't have control over his brokered accounts. First, the Congressman has not provided copies of the agreements that would clarify his level of control. Second, last week the Congressman told Senator Murray regarding the purchase (inate), quote, I did it through a broker. I directed the broker to purchase the stock, but I did it through a broker.

And, third, on this point, these are not blind trusts. I just want the record to reflect that. I'm also going to put articles in the record, Mr. President (sic), ran this morning about investments and other healthcare stocks, specifically in four companies that manufacture products in Puerto Rico.

HATCH:

Without objection.

WYDEN:

And so, Mr. Chairman, I'll wrap up with just one last point. Ever since I was director of the Gray Panthers, the Oregon Gray Panthers -- did it for almost seven years -- I was interested in one thing, changing a system that was largely for the healthy and the wealthy. And as you and I talked about, I had eight Democrats and eight Republicans on a bipartisan bill that would do that.

I didn't get my way. (If) the Affordable Care Act had many, many good features, and one of them was it made clear all across this country we weren't going to go back to the days when health care was for the healthy and wealthy. And I'm especially troubled as we wrap up this morning -- we've been at it close to four hours -- that when you take all of these policies together that you have described this morning, that's really where we're headed. That's where we're going to be. And that's why I'm so strongly opposed to these positions.

My hope is we still have some additional questions to look at on the ethics, you know, issues. I can just tell the Congressman on that, George Bush's -- George W. Bush's ethics lawyer was in the paper this morning talking about your stock trades and said, I haven't seen anything like this before, and I've been practicing and teaching about securities law for 30 years. So, I think there are very troubling questions that remain, Mr. Chairman, with respect to this.

I know that we're being told that members have to get any written questions in by this evening. But with respect to what we have heard this morning, the lodestar that I see that America will end up healthcare that works for the healthy and wealthy, I'm going to oppose it. I'm very troubled by what we have heard today, and I appreciate the chance to make these closing remarks.

HATCH:

Well, thank you, Senator. If we keep going the way we're going, there won't be any healthcare for anybody. We won't be able to afford it, we won't be able to provide for it. There are so many things that are wrong with the current system that it's just pathetic. And it's gradually eating up the whole doggone federal budget.

Now I've been around here only 40 years, but I tell you, I've never had a witness for any position in government who has performed as well as you have. Who has an impeccable reputation in -- in medicine, and in the Congress. And to be treated like, you know, if you don't agree with some concepts of some of my colleagues do, but like there's something wrong with you, is -- is just beyond the pale.

Like I say, you not only have a great deal of experience in medicine, but you've been a great Congressman, and you've been assigned trying to get things under control around here. And you found that it's almost impossible because we have all these people saying we've got to do everything in the world. (They) don't care what the costs are. That's why this country's broke. We've got to find some way of delivering all these healthcare benefits to people without totally ruining the country so nobody gets any healthcare benefits, which is where we're headed.

I don't know how in the world we can continue to buy on -- buy off on this liberal claptrap that you don't have to pay the pipe. What you've said is, we're going to try within this current system to make it work, and to cover everybody, and to help people, whether they be poor or whether they be rich. Now I don't know if you can say much more than that. But I get a kick out of how many of these people are constantly blathering about we got to do everything for everybody when we know we're $20 trillion in debt.

And this money doesn't grow on trees. Yet every one of us wants to make sure healthcare works. Every one of us wants to make sure every deserving person in our society is cared for. Now I saw that as a person who over the last 40 years almost every healthcare bill that works has my name on it, starting with the Orphan Drug bill. How about Hatch-Waxman that created the modern generic drug industry. And name it all.

The fact of the matter is that you've been very forthright, very honest, and you've indicated that, in spite of all the problems of trying to find to fund healthcare, and all the problems around healthcare, you're going to do your doggone level best to make sure healthcare's delivered to our American people.

You know, I wonder how many of my colleagues on the other side are going to vote for you. And if they don't, it kind of says something about what's happening in this country. I want to thank you for being here today. You know, I don't think you ducked any questions. You answered them forthrightly. It might not have pleased the individuals Senators, but you did.

And I look forward to Dr. Price being confirmed and assuming his position so he can begin working with us here in Congress to improve the nation's health and the whole healthcare system, and to ensure that taxpayer dollars are used efficiently and effectively. Now we owe that to the dedicated taxpayers and citizens of this great country.

And to that end, several groups and individuals have submitted letters of support for Dr. Price, and I would like to ask that those be entered into the record at this point without objection. In closing, this committee takes its responsibilities very seriously. And as you can see, this is a very intelligent

committee. We have a lot of really great people on both sides on this committee, and they're serious about what goes on.

But that's why we have such a thorough review process for nominees. This is why the committee is following and will continue following our longstanding process in the future. Now I would ask that any written questions for the record be submitted by 8:00 pm tonight, which is two hours more than what the Democrats gave us. This is a timeline that is consistent with the -- with the committee's consideration of previous nominees for HHS Secretary.

Now, and that's a direct quote, by the way. Now, I want to thank you and your family for sitting through this and for answering these questions. I think it's the best I've ever heard them answered. And understanding that there aren't some answers to some of these problems. And I just want to personally thank you. My gosh, you could have such a great life without doing this kind of stuff. And you're willing to give your life in working for the American people in trying to do what really needs to be done in the area of healthcare. And I want to commend you for it because I just don't think there's a justifiable reason to vote against you.

PRICE:

Thank you, sir.

HATCH:

Well, with that...

WYDEN:

Chairman, just a unanimous consent request.

HATCH:

Yes, sir.

WYDEN:

I would just like to put in a statement by me under this unanimous consent request on how important it is that Congressman Price respond to the questions he's been asked by the HELP committee. It's a different committee, but it is something of great importance to me. I'd appreciate it.

HATCH:

Well, that's fine. But I'd say in my estimation, the House committee should have held a hearing to begin with. This is the committee of jurisdiction. This committee's going to stand up and vote on whether or not our congressional friend is going to serve this country in this great capacity. And I believe we'll vote for him and get him out of here.

And I hope that -- by get him out of here, I don't mean out of this room. Get him out of the Congress and get him up there where he can really help with all of this medical expertise that you have. And it's apparent that you have it. I mean there's no question about that in my mind, and it's hard for me to understand why anybody would give you a rough time. It's good to ask tough questions, it's good to -- and we've had a lot of tough questions here today.

But you've answered them very, very well, as far as I'm concerned. Much better than a lot of other people who have held this position. Many of the other, even recently, could not answer these questions that you've been asked. And it's wonderful that we have a doctor who has had a long life in medical practice willing to give up that life, give up the freedoms that you have, to have to repeatedly come up here and justify everything you do down there.

I think it's a wonderful thing and I just would personally want to congratulate you and your wife and family for giving so much to this country. With that, we'll recess and we will reconvene again to vote on you promptly.

PRICE:

Thank you, sir.