

THE ASPEN INSTITUTE

ASPEN IDEAS FESTIVAL 2017

HEALTH LEGISLATION IN THE 115TH CONGRESS: INTERVIEW WITH  
SENATOR CHRISTOPHER COONS (D-DE)

Hotel Jerome Ballroom  
Aspen, Colorado

Saturday, June 24, 2017

LIST OF PARTICIPANTS

CHRISTOPHER COONS  
US Senator, State of Delaware (D)

MARGOT SANGER-KATZ  
Health Care Correspondent, *The Upshot*, *The New York Times*

\* \* \* \* \*

HEALTH LEGISLATION IN THE 115TH CONGRESS: INTERVIEW WITH  
SENATOR CHRISTOPHER COONS (D-DE)

(12:00 p.m.)

MS. BOONE: Is this on? Okay. Hi, everybody. My name is Kitty Boone. I work for the Aspen Institute. I work very hard on Aspen Ideas Festival, which starts tomorrow evening. And most of you are here to attend Spotlight Health, which my colleagues, Ruth Katz and Peggy Clark, policy program directors at the Aspen Institute really put together. And I can't thank you all for coming.

First of all, doesn't this set look awesome? I'm so happy about it, very festive. It's my pleasure to have you here and thank you for coming to the Jerome. I wanted to ask a couple of questions while we get ready. How many in this audience have health insurance? Okay. How many are part of any part of Obamacare? Okay, a few back there. How many knows -- I just want the -- I want our wonderful speakers to understand who is in the audience, is why I'm asking. And how many of you know somebody who is on Medicaid? Okay. Because clearly that is one of the big issues of the day.

It's my real pleasure to introduce Margot Sanger-Katz, who is a health correspondent with *The New York Times*, and of course Senator Christopher Coons from Delaware. And one of the wonderful things about Senator Coons that you should all know is that he is considered among the top three of the most productive bipartisan working Senators on Capitol Hill, and for that, I think he gets a round of applause in itself.

(Applause)

MS. BOONE: I just overheard him saying that after he speaks tomorrow night, which will be on the economy once we open the Ideas Festival, he's going to go back and face long nights as a Democrat working through the legislation that's just been proposed and come out. But with no further ado on a very important topic about the future of health care policy in the country, I

introduce Margot and Chris. Thank you so much.

(Applause)

MS. SANGER-KATZ: So thank you so much for coming to talk with us. I just want to tell people a little bit more about you, which I think is interesting. So Senator Coons has an unusual background for a Senator. He was trained as a chemist and a lawyer and has a divinity degree.

MR. COONS: Yeah.

MS. SANGER-KATZ: And as this debate has unfolded, this very partisan debate about the future of Obamacare and Medicaid, he has been quietly introducing bipartisan legislation on patents. So I want to come back to bipartisanship and the prospects for it in this current environment, but I think we should start with the Health Reform Bill, because it's sort of the hot issue now and, you know, pretty important and I'm sure is what's consuming most of your time right now.

So it's helpful to see that people in the audience have connection to these programs and I'm sure they probably also have opinions about the best direction for them. But can you just tell us a little bit about this Senate bill that was introduced this week and how you think about it and what you think its prospects are?

MR. COONS: Well, Margot, thanks for being here with me and for facilitating and my thanks to Aspen and for all of you for taking time to engage in a conversation about something that is foundational to our society. If you don't have health, it almost doesn't matter what else you have. If you have good health you can do almost anything and the absence of access to high quality, affordable, reliable health care in our country has been a challenging -- both moral and economic and political -- issue for generations.

We will be voting I believe Thursday of this coming week on a bill that has been crafted largely in secret by the Republican leadership and a few aides that

was just made public on Thursday. I don't believe, Adam (phonetic), that we yet have the CBO score.

MS. SANGER-KATZ: We do not.

MR. COONS: We're waiting for a CBO score. So compared to the process that produced the Affordable Care Act, where there were dozens of hearings across two major committees, the Finance Committee and the Health Committee, and there were days of debate and more than 150 amendments, this will be a fairly rushed process, where I'm literally just now getting summaries of the bill, opinions and input.

MS. SANGER-KATZ: I mean, you haven't read the 142 pages of the text?

MR. COONS: I have not heard the 142 pages of the bill yet. My Health LA sent me a summary of it. We had a debate among Democratic Senators Thursday, where it was clear that we all still don't know what's in this bill yet. We have a weekend to grind through it and to get a whole lot of input on it and then we're off and running as soon as we're back. We'll be back in session Monday evening.

It's obscure, but this is part of a budget reconciliation process, which is the only time that we have unlimited amendments. The only limit to the number of amendments on this bill will be exhaustion. So the way that typically works --

MS. SANGER-KATZ: But you're going to be getting a lot of sleep this weekend too as you're reviewing --

MR. COONS: I'm hoping to get a little extra sleep. Because the way that typically works in the budget process is we'll consider -- we'll have 150, 200 amendments filed and we'll only actually vote on 30 or 40 and we won't start until 6:00 o'clock at night. So that by the time we get to 3:00 or 4:00 a.m., we're not exactly doing thorough and rigorous examinations of every single amendment. We're just trying to get them done, get them up or down and then get us all home. This is no way to

pass a bill that will affect a sixth of our economy, that will change access to health care for tens of millions of Americans, that will affect the quality of health care for more than a hundred million Americans and that will change the trajectory of Medicaid.

To be as gracious as I can, I will try and give a fair characterization of the bill. It reverses a great deal of what the Affordable Care Act tried to do, in particular the expansion of Medicaid, the funding of expansion of Medicaid for states. It changes the rate of growth of Medicaid into the future. It repeals many of the taxes that funded the Affordable Care Act. It removes the consumer protections through a state by state waiver process. And it essentially makes a lot of what the Affordable Care Act attempted to accomplish less expensive, less effective, less available.

So my view it will make health care harder to access, harder to afford and harder to deliver for millions of Americans, in particular those with disabilities, those who have addiction challenges, those who are seniors, particularly in residential care, and those who are low income.

One of our biggest failure as the Democratic Party in terms of helping folks understand the Affordable Care Act -- first, I think it's that all Senators get their health care through the Affordable Care Act. Some of you sort of laughed when I raised my hand in response to the question do you have anything to do with Obamacare. Yeah. Like my family's health care, we have to buy it through the D.C. Obamacare exchange.

MS. SANGER-KATZ: And that was one of the many amendments to the Affordable Care Act that you mentioned.

MR. COONS: It was one of the many amendments.

MS. SANGER-KATZ: So a Republican Senator, Senator Grassley, sort of felt like --

MR. COONS: Yeah.

MS. SANGER-KATZ: -- members of Congress should kind of put their money where their mouths were and if they were going to ask ordinary Americans to be part of the program they thought that members of Congress and their staff should be too.

MR. COONS: Yeah. Which I have no quarrel with. And it's not yet clear what this bill will do with regards to our health care. It seems to me we ought to end up having the same access to health care as the average American. But we are making a sweeping change in a way that doesn't show the best of our ability to legislate together in a thoughtful way.

When I get asked sort of what's your view on the bill that came out of the House -- and the Senate bill looks to me to be largely architected similarly to the bill that came out of the House -- my simple response is this: when I try to understand health care, I may have trained as a chemist, I may have worked for a medical device company that manufactures many things, but part of what it makes is medical devices, so I have a little tiny window maybe into a corner of this very complicated system. But I've never been a professional in health care. I'm not a nurse. I'm not a doctor. I've never run a hospital. I've never discovered a cure for anything. But I'm on the Appropriations Committee.

(Laughter)

MR. COONS: So I guess I'm supposed to have an opinion.

MS. SANGER-KATZ: So those people come and talk to you.

MR. COONS: A lot of people come and talk to me. Who takes care of us more than anyone else? Nurses and doctors. Four groups came out unequivocally against the House Repeal Bill, the AHCA, the American Nursing Association, the American Medical Association, the American -- the hospitals, the American Health Care Association and AARP, of which I'm a member, which advocates for America's seniors. If the folks who care

for us and who advocate for us in our later years are uniformly against this bill, maybe we ought to take a step back and try and find some way to address the flaws of the Affordable Care Act.

And let's be blunt, it has flaws. It has cost more than expected. It has delivered less of the benefits promised than expected and there are things that have to be changed about it to make it work. Let's try and do that on a bipartisan basis rather than continuing to careen from one party's vision to another.

MS. SANGER-KATZ: So --

MR. COONS: At the beginning of this Congress, every Senate Democrats signed a letter to the Republican majority saying we want to work with you to address the flaws in the Affordable Care Act.

MS. SANGER-KATZ: So you've just outlined two sets of criticisms of the bill --

MR. COONS: Yeah.

MS. SANGER-KATZ: -- or two categories of criticisms. One has to do with the process by which this bill has been developed and is going to be passed, that it has been somewhat secretive, that it has been somewhat rushed, that there has not been as open and long a process as you would ordinarily hope to have for a piece of legislation of this impact.

Can you just give people a sense of what it's like -- you know, you're in the minority. You were not in those rooms negotiating over those provisions. You're waiting just like everyone else for the 142 pages to come out to find out what's in the bill. You know, what's your week been like? How do you feel like you can be effective? Is there a way that you feel like you have the ability to influence the process when it's happening, you know, so far outside of your ordinary circle of influence?

MR. COONS: What a great question.

(Laughter)

MS. SANGER-KATZ: A day in the life of a Senator, you know.

MR. COONS: Yeah. So, first, the question that was asked: "Do you know anybody who is on Medicaid?" The first e-mail I got this morning was from an immediate family member, an uncle, saying, "Just in case you don't remember this, your cousin" -- name -- "her life depends on Medicaid. If it weren't for Medicaid, we never could have afforded it." My cousin in Georgia reminded me last night on Facebook about Douceur (phonetic) -- who I wouldn't have forgotten, but it's good to be reminded -- who is a quadriplegic and has been since he was 18 and whose care is made possible by Medicaid.

These are immediate family members for whom this isn't academic. The ability of their families to afford their care is made possible only by Medicaid and so a bill that purports to cut \$800 billion out of Medicaid over a decade scares the daylights out of them. Obviously, I hear from hundreds of Delawareans. The last count I think in my weekly report was 240 -- excuse me, 24,150 calls to my office against and about 140 in favor. That's just Delaware. But I keep track of --

MS. SANGER-KATZ: Well, can you compare that to --

MR. COONS: -- how that all works.

MS. SANGER-KATZ: Like how many calls do you get about a typical piece of legislation that's coming up for a vote? Is that a lot or little?

MR. COONS: Twenty, thirty.

MS. SANGER-KATZ: Okay.

MR. COONS: Yeah.

MS. SANGER-KATZ: So 24,000 is a lot?

MR. COONS: That's a lot. Sorry, I'm from a very small state.

(Laughter)

MR. COONS: I mean, that's an appreciable percentage of our population.

(Laughter)

MR. COONS: And, you know, more importantly is the folks who buttonhole me, you know, outside the grocery store as I'm waiting for the train to commute down to Washington after church on Sunday -- I mean, people who literally are like, "I got to talk to you about this." And one of the good things about commuting from Delaware to Washington is folks see me on the train or in our community regularly and have a chance to just come up and say, "Chris, I'm really upset and worried about this."

So your question: "What was the last week like?" It is maddening to have something this important that will have this much impact and that I think has the moral consequences of this bill moving in to have no role, no idea what's in it, no ability to affect the outcome. This is really entirely a Republican caucus issue at the moment.

And I refuse to accept the idea that I have no role to play and no input. So on the one hand, I'm trying to make sure that my constituents understand as much as possible what the bill is about, what the consequences might be, whether it's for drug treatment, for the opioid crisis or residential treatment and care for seniors or for those with disabilities. We were trying to get that information out so that my constituents have a sense of why I would be voting on this and why this matters.

I'm also talking to my colleagues in the Republican Party because I want them to have a sense that if this bill fails this week -- and it may by one or two votes or it may pass by one or two votes. This is going to be a high wire act, where Mitch McConnell will demonstrate his skill as leader, because it will not be

known exactly what deals got cut on exactly what side with what amendment right up until the final vote. And you've got four announced against it on the conservative side and one announced against it on the "I need it to be less punishing on Medicaid side." But there's another three below here and two below here. So there's -- he's dealing with 10 Senators who are in play. And in order to amend it in ways that address these concerns -- cut more -- you're aggravating this side. And then in order to deal with this side, you're aggravating this side.

You've heard of a guy named John Boehner who used to be speaker of the House --

(Laughter)

MR. COONS: -- a job no one should wish on any decent person.

(Laughter)

MR. COONS: So Dr. Barrasso and Dr. Cassidy are two Republican Senators who are also physicians and who I've made an effort to develop a relationship with, to get to know, through traveling together. Senator McCain, Senator Barrasso and I just traveled to Vietnam and Singapore to a regional security conference. That's important just on its own, advocating for America's ongoing engagement with our allies and partners in the Asia-Pacific. But there's also value in spending time with John on the 20-hour flight or the 20-hour flight back -- I may have bothered him more than he wanted -- just talking about health care and listening to his views.

Senator Cassidy and I have introduced a bipartisan bill to deal with end-of-life care, and I'm trying to persuade Senator Barrasso -- and I just found out last week successfully -- to join us as a co-sponsor. There's two reasons for doing that. One, is because I think it's a substantively good bipartisan bill that has been endorsed by a number of groups right and left. It's the first end-of-life related bill that the National Right to Life Committee has ever endorsed. But it has also got support from organizations that I cited before that are

typically more inclined towards my party's positions.

It's also important for them to hear from me: "If this bill fails by one or two or three votes, I want to come sit down with you and talk through what's next, how do we fix this, because I feel a responsibility to be involved in solving it." We're going to have a country of freaked out health care providers, patients, family members, hospital administrators if this bill fails and if this bill passes. And I've had, you know, CEOs in my office from the largest children's hospital in my state, from different associations like the AARP, from the major insurance provider in our region asking questions: "What's going on?" And I'm asking questions of them: "What possible solutions do you think are out there?"

But it is a hard time to not have an active role. And let me -- one other thing. This isn't just about this health care bill. What's also at risk in our overall health care conversation in the budget process this year is two other things: our engagement in global health, our investment in helping treat and address and cure things from Zika and Ebola to HIV AIDS, to malaria, to TB in the developing world. That budget is proposed to be cut between 20 and 30 percent. And our investment in the research that makes the next generation of pharmaceuticals and treatments and medical devices possible, so NIH and CDC, the investments in the FDA -- the funding for these critical federal research agencies is also slated to be cut by modest or dramatic amounts depending on which agency. So --

MS. SANGER-KATZ: All right, let's come back to the budget, because I want to talk about those agencies and the future of the agencies. But I want to talk a little bit more about this bill because it's -- you know, it's going to happen really fast. So can you give us a feel -- you know, as you said, you're not in the room, you're not -- your vote is not in play, but there are a number of Republican Senators, you know, some of whom you know and some of whom you're less close with who have concerns about the bill and who probably have to be wrangled in order for this bill to win over a majority of

Senators.

Can you speak from your own experience about what it's like? You know, has there been a situation in which your vote has been in play and the majority leader has come to you and, you know, asked for your support? What -- you know, you identified, you know, there's a number of -- there's four Senators on the conservative side who have said publicly they have concerns about the bill. There's, you know, Senator Heller, who is on a more moderate side, who, you know, wants to move in the other direction. And then others, as you say, who are sort of less vocal. Like what are their lives like right now? Like what kind of phone calls are they getting? What kind of deals are they trying to cut? What's the process of negotiating with the leadership to get to yes on a bill?

MR. COONS: It's Johnson, Paul, Cruz, Lee on the conservative side, who with varying degrees of forcefulness have said, "I am opposed to this bill, but I'm open to revision."

MS. SANGER-KATZ: They like to say: "I'm not ready to vote for this bill at this time."

MR. COONS: At this time.

MS. SANGER-KATZ: At this time.

MR. COONS: Not one of them has made the public statement: "I am opposed to this bill, period. There is nothing he can do that will revise it that will make me support for it" -- "make me change my vote to being in support." And those are four Senators who have demonstrated that when they don't feel like working with the majority and they don't feel like getting along, they know how to do that.

MS. SANGER-KATZ: And so do you think that like at this time --

MR. COONS: They are in play.

MS. SANGER-KATZ: -- that it's actually

meaningful, means they are in play.

MR. COONS: Everybody is in play. And they've said the things privately and publicly that communicate to their caucus and the rest of us that everybody is in play. There is no firm no on the Republican side. And along with Heller, Capito, as well as Collins, as well as Murkowski have conveyed significant concern about the opioid crisis and how these cuts in Medicaid would impact public health in their states and access to treatment and planned parenthood. So if they accommodate the concerns of Collins and Murkowski that relate to planned parenthood funding, they lose conservative votes.

And this whole thing, by the way, has got to go back to the House and pass the House and it barely got out of the House, you may remember, I mean by a very few votes.

MS. SANGER-KATZ: Yeah. I would have liked to have seen some of the conversations that were taking place before that vote as well.

MR. COONS: Let's go back to that moment. So I'm a Republican House member -- this is fiction, right? This is a --

(Laughter)

MR. COONS: Do, do, do, doo, the TV screen used to go like this, right? I'm a Republican House member. I'm relatively new. I'm from a conservative district. I'm one of the -- right. And we're going to, you know, tear up Obamacare, right. And I don't really want to work with this president, but I've been persuaded, harangued, pressured by my leadership and I end up becoming a yes vote. Or I'm from one of the states that expanded Medicaid and I'm really concerned about the impact on my state and my immediate community of these cuts and I just got yelled at at a whole lot of town halls and I got talked into voting for this bill by the president. We pass the bill and a couple of weeks later President Trump is on TV calling the bill mean.

MS. SANGER-KATZ: I don't think he called it mean on TV. I think he called it mean behind --

MR. COONS: I think he may have called it mean on a tweet.

MS. SANGER-KATZ: He called it mean behind closed doors.

MR. COONS: He hasn't denied that he called it mean.

MS. SANGER-KATZ: He said that it should be kinder on TV.

MR. COONS: Let me put it this way: you now bring the bill back to me and say, "We've changed it a lot to accommodate those Senators. Vote for it again." That experience will make those swing Republican House members even less inclined to stick their necks out far because they are not clear how it's going to be characterized, how it's going to affect them. So this is not a foregone conclusion in the House.

But the Republicans spent seven years saying we will repeal Obamacare. If you ask the average American what do the Republicans stand for in the last election, we're going to cut your taxes and we're going to repeal Obamacare is the one thing absolutely everybody could agree on. So those are the two things they are determined to get done this year.

You may have seen Speaker Ryan talking about a once in a generation opportunity for tax cuts. This bill includes --

MS. SANGER-KATZ: For tax reform.

MR. COONS: -- significant tax cuts. He'd like tax reform. I think his caucus would like tax cuts.

MS. SANGER-KATZ: That's fair. I'm just -- that's what he said. He said once in a generation --

MR. COONS: That is what he said.

(Laughter)

MS. SANGER-KATZ: -- opportunity for a tax reform.

MR. COONS: She is a good reporter, isn't she?

(Laughter)

MS. SANGER-KATZ: On the substance, clearly you've identified, you know, several parts of this bill that you don't like, that you don't think are good policy or well aligned with your values. But you also mentioned that Obamacare is a bill that you believe to be imperfect and in need of changes and that, you know, you had a hope that perhaps there will be a bipartisan opportunity to try to fix the bill and address the things that you think are problematic about it.

Let's like fast forward a month from now and assume that this bill does not become law -- which I think we should not do, I think it's hard to predict and there are plenty of reasons, as you've said, that it may become law. But like let's sort of game that out. If we don't have the Better Health Care Act -- is that what it is -- Reconciliation Act. That's the wrong name.

MR. COONS: Better Reconciliation Care Act, something like that.

MS. SANGER-KATZ: I think it's Better Care Reconciliation Act.

MR. COONS: The BRCA. You've got the AHCA, the BRCA and the ACA, which I think we ought to call --

MS. SANGER-KATZ: I think we need like new --

MR. COONS: -- Obamacare, that House mess and that McConnell thing.

(Laughter)

MS. SANGER-KATZ: I want new branding. What -- like what you --

MR. COONS: If I could get everyone to start calling it McConnell Care, I'd be very happy.

(Laughter)

MS. SANGER-KATZ: If we're done with this particular round of health reform, what should be the next thing? You know, even the president himself has said, you know, I would really prefer it if Democrats will come to the table and we had a bipartisan process. I think he's being somewhat disingenuous because he's not been particularly welcoming of Democratic ideas so far. But --

MR. COONS: She said that. I didn't.

(Laughter)

MS. SANGER-KATZ: But -- I guess I have two versions of this questions I want to ask you. One, is, you know, if you had a magic wand and you got to change Obamacare tomorrow and you didn't have to worry about the politics or building a coalition, what are the changes that you would make? What are the problems that you think need to be solved and can be solved with public policy? And then if there is this opportunity for a more bipartisan approach, what are the things that you think could be achieved that would be helpful? What does that kind of health reform look like?

MR. COONS: So part of my window into this is obviously from Delaware. Delaware is a small state. Delaware is one of the states that has had the most adverse impacts because of a lack of competition. We have a very highly concentrated health provider community. We have one provider that does 75 percent of the health care in our state and we have one health insurance provider, Blue Cross Blue Shield, now Highmark. Because of that, the annual rate increases have been unusually high and the affordability for small business has been particularly bad.

So I gave a speech that was the beginning of my working relationship with Senator Cassidy. He was a brand new Republican Senator. The first half of my speech was talking about three specific individuals in Delaware whose lives were saved by early and preventive care identifying an unknown cancer by getting access to treatment they otherwise couldn't afford, three lives saved. And then three businesses whose owners have complained bitterly to me that they stopped providing health care -- you know, multi-generational family owned small businesses -- because they just couldn't afford it.

I've introduced a bill that would have expanded the small business tax credit, made it more accessible, made it more workable. That to me is the simplest first thing we should have been able to get done, is to say we want employers to provide health insurance particularly in smaller states without as much competition as we might like. So making that tax credit accessible, workable, valuable. I think there's logistical things to do there.

Second, I introduced with a number of Senators a reporting burden bill that heard some of the complaints of medium and small employers in terms of the frequency of reporting and the reporting burdens that the ACA was already imposing, where -- because I have a number of friends who do payroll and who do accounting for small companies. There were things we could do that would reduce some of the reporting and regulatory burden.

MS. SANGER-KATZ: So this is because the health law requires employers with more than five -- 50 workers --

MR. COONS: Fifty, right.

MS. SANGER-KATZ: -- to provide health insurance to their full-time workers. So in order for that to be administered, the government has to know how many workers they have at any time and that's a lot of paperwork.

MR. COONS: And there's ways that you can take existing reporting and simply overlap it on to this and

make them a little more streamlined. If you're -- if you employ 2,000 people, you've got a big professional HR department, you've got some of the staff and resources to do this. If you've got a hundred employees, you're less likely to -- that relatively minor thing.

Competition, I don't really understand why selling insurance across state lines hasn't materialized. It is one of the things that the ACA made possible, facilitated multistate compacts, but they have not been taken advantage of. In my region the answer I get all the time is: "You all are too sick." The state of Delaware is not an appealing pool to go after. Aetna withdrew from our marketplace because their experience in Delaware was not positive in terms of our relative wellness. We didn't keep our commitment through the ACA for risk corridors.

So we were asking insurance companies to go into providing insurance to people, many of whom had never had insurance -- so the 38,000 Delawareans who got coverage for the first time through the exchange. Let's just remember, some of these were folks -- and that's why I had those stories to tell of people whose lives were saved -- they never had insurance, they had never gone to a doctor, they never had preventive care, they were in their late 30s, 40s -- ignored a troubling symptom, and what do you know, produced a \$250,000 bill as they had lifesaving surgery or treatment. So we got to figure out a way that competition actually works to benefit the consumer.

We did achieve many of the objectives of reducing the rate of growth in overall health system costs, but we did not achieve our objectives in terms of the co-pays and the deductibles and the caliber and quality of the plans made available.

MS. SANGER-KATZ: It sounds like a lot of the things that you've just described with the exception of paperwork, which seems like maybe kind of a technocratic fix --

MR. COONS: Sorry.

MS. SANGER-KATZ: -- those are things that are

going to cost money, though, right?

MR. COONS: Yes.

MS. SANGER-KATZ: I mean, you've got to -- if you're going to help small businesses, give bigger tax credits, that's going to cost money. If you're going to try to bring down people's deductibles, probably that's going to cost money --

MR. COONS: Yes.

MS. SANGER-KATZ: -- and more generous subsidies. Are those really places where there's opportunities for bipartisan cooperation? I feel like a big goal of this Republican repeal effort is to try to reduce the amount of federal spending on health insurance and in direct, you know, provision of health care to people.

MR. COONS: There are -- yes, is the short answer. The generational objective of many Republicans is to reduce the rate of growth in entitlement costs. And so their bill really is to do three things. One is to directly address the structure of the ACA and to get rid of the individual mandate, for example, or to get rid of some of the consumer protections that are embodied in saying "these are the minimum health benefits you will provide." But there's also just tax reduction. The tax burden on the wealthiest Americans comes down in a non-trivial way if the ACA is repealed. But the other is long-term change to Medicaid.

MS. SANGER-KATZ: And that was -- that's a repeal of the tax increase --

MR. COONS: Yes.

MS. SANGER-KATZ: -- that was part of the ACA.

MR. COONS: That's right.

MS. SANGER-KATZ: So the ACA included both spending to help people who couldn't get health insurance get it --

MR. COONS: Right.

MS. SANGER-KATZ: -- and then it included higher taxes on investment income and high income --

MR. COONS: Right -- to fund it.

MS. SANGER-KATZ: -- payroll to fund it.

MR. COONS: Right. So it repeals some, but not all of the taxes. And these are taxes -- some of them are on individuals, some of them are on industry sectors like medical devices, for example. But the long-term change to the rate of growth in Medicaid, in particular capitating Medicaid, saying to states, "We're going to give you no more than this per Medicaid beneficiary, whatever is above that, that's on you," is a basic change in the trajectory of Medicaid and should make governors and state legislators terrified because it means: "Great, it's all on you." That's a debatable proposition.

You know, I'm someone who would like to see us keep our entitlement programs the way they currently run and have a different discussion about how to reduce their costs and increase their effectiveness and keep them as a federal guarantee. But -- I mean I think you can debate whether or not this ought to be a state responsibility or a federal responsibility. My concern is that it will simply lead to a loss or a reduction of coverage.

If you look at the budget as a whole -- and I'm on the Appropriations Committee -- there's program after program all over the federal government from manufacturing supporting programs to national service to, you know, NIH that I mentioned before, to foreign aid, where the answer from the Trump administration as to what's going to happen if we slash a billion here, two billion here, seven billion here, the answer is states and localities are going to pick it up.

I don't know about the General Assembly in your state. My state is struggling with a deficit, has no idea with just a few days left in this legislative session how

they are going to close that gap. We hand them another \$180 million Medicaid bill, which is what's coming their way, they don't have an answer to that. So I'm worried that the solution will simply be to withdraw care from tens of millions of Americans.

Last -- I'll just go back to what I think was my first important point. Democrats failed to successfully engage the average American in the idea that what the ACA did was make the insurance you get through your employer worth a lot more, because the vast majority of Americans who have health insurance get it through their employer. And we spent a lot of time talking about the 38,000 Delawareans who got health insurance through the exchange for the first time. In very little time talking about the hundreds of thousands of Delawareans who get their insurance through DuPont or AstraZeneca or Bank of America or whatever else, and those are the folks who frankly are engaged and who vote and they think the ACA is about raising their taxes to provide health insurance access for a small group of poor people.

Instead, in addition to that, it is also about making sure that you don't have lifetime caps so that if you have a child born with a disability your insurer says to you after two years, "Sorry, we're done. Every cost after this is on you." You can't discriminate against women in terms of the pricing of health care. There can't be a multiplier exceeded in terms of the pricing difference between seniors and healthy younger folks. Your kids get to stay on your health insurance till they are 26. And the most important one: no preexisting condition discrimination. That is life changing for the millions of Americans who have preexisting conditions and stay in particular jobs because they were terrified of losing their health insurance.

We I don't think succeeded in socializing the idea that that was the major accomplishment of the ACA. What I think is coming for the Republicans should they succeed in repealing it fully is that folks relying on President Trump's comments during the campaign "we're going to have better insurance at lower cost" --

MS. SANGER-KATZ: For everyone.

MS. SANGER-KATZ: -- for everyone -- will pretty quickly realize that the insurance provided through their employer in their state no longer contains those guarantees. And I think the consequences of that will be significant, the human consequences of that will be significant.

MS. SANGER-KATZ: We've talked a little bit about how this has been a very partisan process and I think the Affordable Care Act just by the kind of length and openness of its process in the end was passed as a partisan bill. It was -- you know, Democrats passed it alone. And now we're looking at a bill that, you know, if it passes, Republicans will pass alone. And I know you have a great interest in bipartisan work and, you know, you have this great record of being both -- introducing a lot of bills but also being productive in passing them on a bipartisan basis. What are your overall, you know, sort of feelings about the prospect for that kind of legislation on big important matters. You know, not like a little small -- I mean, not to talk it down, but, you know, a little small business tax credit here, a little reporting requirement there. But, you know, big things: tax reform, the future of health care, you know, the appropriations process and budgeting. You know, the big things that we really count on Congress to do.

MR. COONS: Right.

MS. SANGER-KATZ: Is it -- what is it like to work in this very polarized environment and what is your level of optimism that, you know, there's going to be opportunities to work together on those things in the future?

MR. COONS: You only do big things by starting with small things. And I have to be an optimist. If I weren't an optimist getting on a 6:25 a.m. train every morning and going to Washington and spending 12 hours wrangling with folks who disagree with me would be an even more unpleasant experience.

(Laughter)

MR. COONS: It is today more --

MS. SANGER-KATZ: Just sit in the quiet car.

(Laughter)\_

MR. COONS: Yes, I have stories about that. I've had several folks come up, sit down next to me in the quiet car while I've got headphones in and I'm trying to - - and literally pull the earphone out --

(Laughter)\_

MR. COONS: -- and say, "You know, I pay your salary and I need to talk to you." I love constituent contact.

(Laughter)\_

MR. COONS: It is a great chance to talk to your boss. And as I say to folks running for office for the first time: "If that annoys you, this is not the right line of work for you. If you want to go to the grocery store and be left alone, if you want to go for a walk with your dog and be left alone, this is not the line of work for you. You got to remember that's your boss talking."

MS. SANGER-KATZ: All right. So you remain optimistic?

MR. COONS: It is the triumph of hope over experience --

(Laughter)\_

MR. COONS: -- to paraphrase. You know -- but look, I don't see any other path forward. Am I enjoying the experience of serving in the current Senate? No, not at all. As someone who wants to solve big problems, as someone who sees I think clearly how much we are failing the American people, it is a very hard experience day to day. But there is not one bill that I've introduced

became law without a Republican co-sponsor. That's how it works. So even though I might be maddened, frustrated or even enraged at the fundamental disagreement -- the whole year that they were denying Merrick Garland a hearing, I'm still going across the aisle and saying, you know, "Hey, could we work on this bill together on how we do criminal justice reform? Could we work on this background check bill? Could we work on this" -- because honestly without that what are you paying me for, to give angry speeches? We've got lots of other folks to do that.

But if we are ever going to solve our biggest problems we have to find our way towards each other. Without that, we just turn into a debating club.

MS. SANGER-KATZ: So I lied to you in saying that we're going to have time to come back to other parts of the budget, but we do have time for audience questions. So if there are people who want to ask about that subject, you could bail me out.

(Laughter)

MS. SANGER-KATZ: And there are microphones coming around. I'm having a little trouble seeing hands just because of the lights, so I'm counting on my microphone holders to find people. Thank you.

SPEAKER: I think your comments were quite fair even though there's no Republican up there. As a Democrat I thought -- you know, I'm a fairly critical listener of these things, so I thank you for your fairness in that regard. Having negotiated health insurance programs in organizations of about 5,000 employees, I like to be thinking of myself as knowing not too much but a little bit and yet I'm a little bit troubled that a lot of the debate isn't on how to ratchet down the costs overall within the health system as opposed to shifting the costs from the federal government to the state governments.

Can you talk about that for a moment and who in Congress or in the executive office is concerned about ratcheting down costs in general? Thank you.

MR. COONS: There was a great deal of discussion about delivery system reform. And the first couple of years that I was in the Senate, you know, the Affordable Care Act was law and was being implemented. Many of the more constructive, exciting conversations we had were about the progress that was being made. At that point it was all administrative. And there were --

MS. SANGER-KATZ: Those programs -- even if this bill becomes law, those programs are largely untouched. Obviously, the Trump administration is going to administer them differently than --

MR. COONS: Yes.

MS. SANGER-KATZ: -- the Obama administration did, but there are a lot of opportunities in Medicare at least for the federal government to be thinking about how to change payment incentives and bring down the cost of care in that way, right?

MR. COONS: And I'll give you one quick story, if I might, that is encouraging. So my best friend from high school is a pediatric orthopedic surgeon who practices at CHAP. And he called me up one day and he said, "I just want to share something with you." "What?" He said, "I've been here" -- however many years at that point, you know, 12 years or something. He said, "Our entire practice group got called together, physicians, nurses, administrators to do a white boarding session for half a day on how we can reduce waste in our entire process from when a patient first comes in to, you know, assessment, treatment, surgery, post-op and then recovery. And just spending half a day, we identified like 20 different things we're going to do where we're doing repeat tests or where we're taking too much people's time or where we're being" -- and he said I've never seen that happen in a medical practice in my career.

That wasn't ordered by the ACA. That wasn't something that they were compelled to do. But as a practice group, they had gone to enough things about moving, you know, to ACOs and to an approach to health care that is outcome and cost effectiveness oriented.

That they were taking the initiative. Because they said, "This is coming at us anyway. We should get ahead of it."

We have not gone anywhere near far enough, but the complete disaggregation of price signals and decision makers in health care is something that we are -- we'll really be deviled by and it is the biggest piece of our federal budget that we don't currently have an answer for. It is growing out of control long-term. It is the biggest driver of Medicare and Medicaid. And having just gone through end-of-life experience with my father, a guy who never spent a day in his life in the hospital, ended up spending -- there was a significant amount spent on his care in his last three months, for which I'm grateful. But it also is -- I'm now trying to reflect on that experience and just how much world-class care we provide without any regard to cost and sadly, in this case, without any impact on outcome.

It is a really hard conversation. Those are really hard things to talk about. Which is why I'm excited about working with colleagues who are physicians and with my community to try and begin to have a more healthy conversation about how much we spend. Because if we can shift more to preventive and more to earlier care, earlier stages of life and address some of the enormous interventional costs at late stages, we can make sense. But those are -- there's a lot of values challenges in those conversations.

SPEAKER: Two questions. One, could you consider moving to Arizona? We need help.

(Laughter)

SPEAKER: The second question is: Can you give us some idea how the Republicans are going to spin this to try and convince us that what they're doing is a good idea?

MR. COONS: Oh, yeah. This is about freedom. This is about letting people make their own choices. You're going to have access. This is about access to health care. To which one of my snarkier colleagues -- I

think it was Dick Durbin -- said, "I've got access to a Rolls Royce.

(Laughter)

MR. COONS: There is a showroom in downtown Chicago. I know right where it is. I just can't afford it." And it is important to keep in mind that at the intersection of access, affordability and quality is where we get health. Access, although important, is not alone outcome determinative. And you will get told a lot that: "We are reducing regulatory burdens. We're reducing the tax burden. We're reducing federal intervention in your life and you're now going to be free. You're not being compelled to buy health insurance you don't want. You're not being compelled to have health insurance for pre and post-natal care because you're a guy and you're probably not having a baby soon."

I mean, that's the stuff I hear on the floor all the time. And that --

MS. SANGER-KATZ: I think there's another set of arguments that I hear a lot, which is that Obamacare is a deeply flawed law, that it has created a lot of problems, that you have states like Delaware where people actually don't have a choice of insurers --

MR. COONS: Right.

MS. SANGER-KATZ: -- and that we need to shake it up and try something different in order to try to solve the problems --

MR. COONS: Correct.

MS. SANGER-KATZ: -- that the American people want solved.

MR. COONS: Well put. And if you want some encouraging stories about your two Arizona Senators, I'm happy to -- they are --

SPEAKER: They are awesome. You're right.

MR. COONS: They do some really good stuff.

SPEAKER: Hello. Hi.

MS. SANGER-KATZ: This is on?

SPEAKER: Hi. Thank you so much. This has been great so far. I'm a pediatrician from Washington, D.C., so east-coaster like you and I have a question just about the impact of the proposed bill on children. I think we hear a lot about how Medicaid covers the disabled and the elderly, but not enough about the fact that it's the single largest insurer for children and about four out of ten Medicaid recipients are children. So what do you see as the impact of children -- on children of this bill on the essential health benefits and do you see that as a potential point of bipartisan discussion in this bill?

MR. COONS: We have to reauthorize CHIP, the Children's Health Insurance Program I think before the end of this calendar year, if I'm not mistaken. I insist on being hopeful that if this bill passes there will be a renewed conversation about CHIP as a vehicle for providing access to health care for children. CHIP came about pre-ACA as a way to ensure better access to health care particularly for children who had no other access.

The impact on pediatric care and care for children will be dramatic and will be negative and will be sweeping. The head of AI Children's Hospital was in a meeting [with] me this week and was close to tears in frustration over meetings he'd had with other Senators trying to convey to them just how much of an impact this will have on their ability to provide high quality care for children across the several states where they operate.

I think it's hard for folks who are professionals in this field to see clearly what this is going to mean and what's coming and to understand the impact on children and their families.

MS. SANGER-KATZ: It will probably be highly variable by state too. I mean, a big part of the way --

MR. COONS: Yes.

MS. SANGER-KATZ: -- that this bill is changing Medicaid is, as you say, it's giving over time less money to states to provide this program. And so some states might raise taxes or cut other parts of their budget in order to prioritize filling that gap and other states might decide to cut back.

MR. COONS: That's right.

SPEAKER: Hi. So you mentioned earlier that, you know, we have plenty of people giving angry speeches and what have you. But one opinion I have is that at least on the broad left a lot of the people giving those speeches are the types of people who are easy to not listen to by the types of people in this room, for example, and we don't have too many guys like yourself giving angry speeches. And so my basic question is, you know, maybe sell me -- I'm a millennial with very typical views that many people in here might assume I hold -- on the idea that we are in a good faith debate right now. Because if you look at the map of where the ACA is not doing well, it overlaps very tightly with where Republican governors refuse to take the Medicaid expansion. Right now over the last few months, the Trump administration has sent out conflicting letters to health insurance officials about what they will continue or won't continue. And I mean on a very basic level, many people seemed shocked that Obamacare was in fact the ACA. And so I have a hard time fundamentally accepting that this is a good faith debate.

MR. COONS: Could you define good faith debate for me? Just give me a one sentence.

SPEAKER: It doesn't seem like -- for the past eight years the GOP position was: "We don't like the ACA, but, boy, of course we hope it works." And it doesn't seem like right now the goal is really to produce a working system so much as it is to do anything for the tax cut.

MR. COONS: I could just say I agree and move on.

MS. SANGER-KATZ: Then we'll get more questions.

MR. COONS: Look, there is a tension in everything that we work on in the Senate between what I call the above the line and the below the line motivations, the things that really are public spirited and responding to our calling and doing what's in the best interest of the nation and things that are more venal, short-term, partisan, you know, hoping that this bill passes so that lots of people suffer so that Republicans lose seats so that my party takes back the House. That's a ethically very questionable line of reasoning and not uncommon.

And the same -- the opposite is also true. I mean, there were lots of Republicans who wanted Obama to fail because they wanted the electoral benefit and who then worked really hard to make sure he was unsuccessful by blocking lots and lots of things he tried to do. That is the sort of partisanship that makes your average American crazy, makes them mad at us. And what's striking to me is how few of my colleagues seem to have really heard that.

I think there is good reason to keep trying to figure out bills that we can move forward so that you all don't just give up on all of us and throw up your hands and say throw out the bums even more than you just did in 2016.

MS. SANGER-KATZ: So can I just have the moderator's prerogative here?

MR. COONS: Yes, please.

MS. SANGER-KATZ: I do get the sense, though, that the left is extremely energized in this moment, you know, that Trump has been this extremely upsetting and polarizing figure for a lot of activists on the left and that there's just a kind of energy, you know, and a sort of resistance there. There is -- you know, they take it

the resistance movement, right, to sort of try to undermine Trump's priorities, prevent him from doing what he wants, be opposed to everything that the Republicans and Congress want to achieve.

MR. COONS: Right.

MS. SANGER-KATZ: Like -- you know, when people are pulling the earphone out of your ear on the train, is this the message that they're delivering to you? Like what does it feel like to you? Do you feel pulled to become more partisan, to become, you know, more short-term and political in your thinking because you have constituents who are saying to you the sky is falling, you have to do everything you can to resist this agenda?

MR. COONS: Yeah. Yeah, so of course I get a fair amount of input. I try to go on *Fox* every week -- I go on *MSNBC* and *CNN* every week, but I try to go on *Fox* pretty regularly, mostly *Fox & Friends*, Neil Cavuto. And I try to listen to folks from Delaware who voted for Trump, didn't like Hillary, don't support Democrats, that are ticked off at me and don't like our direction to the extent I can manage that. And I also get a lot of input from folks who want me to just resist, resist, oppose, oppose.

Our problem is hearing each other. The outcome in the Georgia 6th special election ought to teach something. We've got --

MS. SANGER-KATZ: So say what the outcome was.

MR. COONS: Oh, I'm sorry.

MS. SANGER-KATZ: So that was a very heavily Republican seat.

MR. COONS: Heavily Republican seat that very narrowly went for Trump, where it's the most expensive special election in American history. And I have a cousin who lives in the district and was very excited about Jon Ossoff. It's pretty tough to unsettle long setting existing patterns in terms of people's voting. If you run

a candidate who doesn't reflect the district or live in the district, no matter how inspiring and energetic and young and positive they are, we're not going to repeal the laws of political gravity.

And so I think my party has a lot to hear from the folks who voted for Trump. One of the first things a group of us did after the election was go to West Virginia for what was a very unpleasant morning, listening to seven lifelong Democrats who all voted for Trump. It was unpleasant only because it was "you suck," was basically their message. And better understanding what was in their mind, why they cast that vote, what were they upset about. And what is it about how we have talked and legislated and acted that made them feel disrespected, that made them feel like we -- it's not just that we didn't pass the right programs or that the Affordable Care Act had, you know, out-of-pocket expenses that were too high.

It's that they felt disrespected, that they felt somehow like -- this is a state that was deeply Democrat from FDR on and is now voting for Trump by, you know, whatever it was, 25, 30 points. There's one statewide Democrat left, Joe Manchin, and he's up in 2018. And understanding why this state went from being, you know, working white class solid Democrats to being solidly Republican. There's an important lesson embedded in that.

Trump and Clinton were both complicated flawed candidates -- can we just -- as all of us are complicated flawed people.

(Laughter)

MR. COONS: Lots of opportunities for personal growth.

(Laughter)

MR. COONS: But something -- you can't do my job if you don't believe the American people in the end get it right, that they see clearly and that their votes matter. If you don't believe that, you shouldn't be doing this. So about every 40 years the American people pick us up and

punch us in the nose, everybody who is elected, and they say, "You're paying attention to me, and they change the direction of our country.

Andrew Jackson with utterly "baaam," right, to the existing established order. The American people have a message for us that is hard to hear and is shouted more than it is spoken and is disaggregated. But if the election of President Trump meant anything, it meant: "Listen to us. You're not solving our problems. We don't feel included and we're not part of this country somehow." And we've got a lot of hard work to address that. There are strains in that election that I utterly reject, that are nativist that reflect the worst in some aspects of America. But there are strains in the folks who voted for Trump that deserve to be heard and that need to be addressed.

And what we're doing with health care reform will deeply affect exactly those people who feel most vulnerable and who feel most at the margins and whether it's children or seniors, whether it's working folks, whether it's, you know, people who are struggling, whether it's new immigrants or whether it's people who've been here for generations. Like figuring out how we work together to address something as human and powerful and simple as health care, we'll show them whether our democracy is still really a democracy or whether, to his point, it's not on the level and the whole thing is about temporary partisan advantage.

MS. SANGER-KATZ: So we have five minutes left, which hopefully maybe we can get a couple of more questions. And I would really encourage if you have a question about the NIH, now is your moment.

(Laughter)

SPEAKER: Hi.

MR. COONS: Just suggesting and as if on cue.

SPEAKER: Thanks. Last week I was in D.C. I met with some of your colleagues. Actually, I tried to

get an appointment with you, but your schedule was full.

MR. COONS: Conveniently, we can talk now here.

(Laughter)

SPEAKER: So I bought a plane ticket to come here to Aspen.

(Laughter)

SPEAKER: So my name is Dan Dias (phonetic).

MR. COONS: It's okay. Take your time.

SPEAKER: This happens every time.

MR. COONS: Yeah.

SPEAKER: This is my wife. Her name is Brittany Menard (phonetic). Two years ago, I was on that stage on a panel talking about end-of-life options. So Brittany died two years ago. We're Californians, but we had to move to Oregon so that she would have --

MR. COONS: Choice.

SPEAKER: Every time -- so that we would have access to their Death with Dignity law.

MR. COONS: Yeah.

SPEAKER: So after Brittany died, I continued working on passing this legislation and we passed a law in my home state of California. And I don't know why this is so hard every time. I continued working on the legislation and passed it here in Colorado and then most recently we passed the legislation in D.C. as well.

So mine gets back to the budget. This is not a health care issue. This is -- since you are the ranking member on the Senate Appropriations Financial Services Subcommittee --

MR. COONS: Yeah.

SPEAKER: -- I wanted to make sure I had that right. The Trump budget that came from the White House, we passed the legislation in D.C. with a vote of eleven to two. We received the mayor signature. And Congress has a way where they can meddle with the laws of D.C. They attempted that earlier with a disapproval resolution that didn't move forward. But now Trump through the Trump administration budget there's a line in there that says that no funds from the fiscal 2018 budget shall be used for the implementation of D.C.'s Death with Dignity law, which of course that affects the 650,000 citizens of D.C., that through their elected officials put this law into effect.

So the reason for me being in D.C. last week was keeping the promise to Brittany to work on moving this legislation forward. My own Senator, Senator Feinstein, who is a very big supporter of medical aid in dying, she is also on the Appropriations Committee.

So my question is -- and just kind of showing how these things work in D.C., because I've now in the past two-and-a-half years in meeting with state representatives across the country have kind of seen how the sausage is made and it is kind of scary. But my question to you is that that language from the Trump budget that would deny the citizenry of D.C., those 650,000 people, which is not too much smaller than the population of your state --

MR. COONS: Yeah.

SPEAKER: -- my question is what can be done to remove that language so that the citizenry of D.C. can have the laws that they have put into place for themselves and not be tinkered with by the Trump administration. Thank you.

(Applause)

MR. COONS: First, I'd love it if we get to sit down over here for 10 minutes and talk about this in more

detail when we finish. Thank you. I got me doing -- thank you for being passionate about Brittany and for demonstrating your affection for her by continuing to advocate for end-of-life options for people that give them control, the ability to choose their own path in life.

The folks may not get the impact of my being ranking on that subcommittee; we control D.C.'s federal appropriations. And I look forward to talking to you about it, but notionally I'll oppose that rider. But the process by which the -- I mean, there's going to be a hundred riders in our subcommittee, attempts to repeal Dodd-Frank, attempts to reorganize the CFPB, attempts to lay off thousands of people from Treasury. I mean, every year it's a list this long. And we get into very tough negotiations that are often done above me, usually by the majority leader about exactly which ones at the end of the day get accepted and which don't. And I'd welcome a chance to talk with you more about that.

I think broadly as we look at end-of-life, it's important for us to respect individual choice and autonomy and to make sure that people have the opportunity to make well informed choices with their family, with medical professionals, with their faith tradition, if that's relevant, and figuring out ways that make that work in our democracy, but that also protect the vulnerable, protect those who can't express their choices and do it in a way that respects the very wide range of religious views and different traditions on these points. That is a very tricky thing to navigate.

Partly why we spend so much in end-of-life care is because of these deep and difficult differences. Having just come through an experience around this myself, I have a sense of how much there are these drivers, you know, "We're going to try one more time, we're going to do one more thing, why not do this, why not do that," even when you've got a competent conscious patient saying, "I'm ready to be done." It is altogether too easy for us to medicalize what should be a different experience.

So let me in closing simply say how grateful I am to all of you for your attention and your engagement

and your interest. If you haven't reached out to your Senator to express your views -- although I know where a few of you are from, I didn't get names and addresses and I won't be able to convey it to all of your Senators.

The thing we didn't touch on is the \$5.8 billion cut to NIH proposed in the budget -- the \$5.8 billion cut to NIH proposed in the budget. The cuts to FDA are 31 percent, to NIH is 18 percent, to CDC is 17 percent, to global health funding is 26 percent, so we can spend a lot more on defense.

Here's the good news. You know, this budget reflects an administration that doesn't share the same core beliefs we've seen out of the last several Republican administrations, right? President Bush launched PEPFAR, which has saved millions of lives in Africa. Republican legislators have joined with Democrats to celebrate and fund and advance all of these.

So the good news I think is that just over a month ago despite a proposal from the president to make a comparable cut to the NIH, we didn't cut it all. Therefore, '17 budget added \$2 billion to NIH with a particular focus on research around fighting Alzheimer's, fighting multiple sclerosis, fighting Parkinson's, fighting cancer. Because at the end of the day I'm convinced that the way the American people are going to get ahead of the curve on the costs, the human cost and the fiscal costs of these and other chronic conditions is by inventing, innovating, discovering, solving our way through it.

Alzheimer's alone is projected to cost a trillion dollars to the federal budget in 2050, Alzheimer's alone. That's our entire discretionary budget. So there's two ways we go about it: rationing care, cutting off access, sticking families with the bill or investing in research and solving it the way Americans solve things, together with entrepreneurship and innovation and through creation and discovery. That's the path I would prefer. And I hope you're going to be part of the voices that are urging Republicans and Democrats to work together to solve the biggest challenges we face as a

country in health care. Thank you.

(Applause)

\* \* \* \* \*