

POLICY BRIEF ON REP. TOM PRICE M.D.

Nominee for Secretary of Health and Human Services

December 21, 2016

This briefing on U.S. Rep. Tom Price M.D., the nominee for secretary of health and human services, provides an overview of his professional expertise, political record, and potential actions he may take on key issues in the future if confirmed by the Senate.

Dr. Price was first elected to represent Georgia's 6th district in November 2004. Prior to going to Washington, he served four terms in the Georgia State Senate. For nearly 20 years, Dr. Price worked in private practice as an orthopedic surgeon. Price serves as Chairman of the House Committee on the Budget. He is also a member of the House Committee on Ways and Means, the Congressional Health Care Caucus, the Doctors Caucus, the Republican Study Committee, the Prayer Caucus, and the Tea Party Caucus.

The [New York Times](#) says: "Mr. Price is no bomb thrower. He works within the system..."

Senator Schumer (D-N.Y.) says: "Nominating Congressman Price to be the HHS secretary is akin to asking the fox to guard the henhouse."

The [Kaiser Family Foundation](#) says: "Young, healthy and wealthy people may do quite well under this vision of health care reform."

Price's Repeal and Replace Plan

Price has introduced bills proposing to repeal and replace the Affordable Care Act (ACA) since 2009. His proposal, the Empowering Patients First Act, would repeal the ACA and promote the following:

1. Age-adjusted tax credit system
2. Coverage for people with existing medical conditions will not be denied as long as they have continuous insurance for 18 months prior to selecting a new policy
3. Promotion of health savings accounts (HSAs)
4. A cap on the amount of money companies can deduct from their taxes for employee health insurance
5. Prohibition of abortion funding
6. Employer defined pre-tax contribution for health insurance
7. State health insurance pools (high risk re-insurance pools at the state level)
8. Independent Health Pools (individuals pooling together)
9. Association Health Plans (groups of small businesses)
10. Enrollee Protections
11. Interstate health insurance markets
12. Medical Liability Measures
13. Promotion of wellness programs
14. Health Insurance Transparency, Quality, and Choice Measures



Seattle Indian Health Board
For the Love of Native People



Urban Indian
Health Institute
A Division of the Seattle Indian Health Board



Photo: @RepTomPrice



REP. TOM PRICE M.D.

Public Health

- Often aligned with the positions of the American Medical Association. Price has introduced legislation that would make it easier for doctors to defend themselves against medical malpractice lawsuits.
- Wants to raise the eligibility age of Medicare from 65 to 67. Opposes GOP plans to provide vouchers for future Medicare beneficiaries.
- Proposes “long-term debt limits” that would trigger automatic cuts to almost all federal programs—including Social Security, Medicare, and Medicaid.

Diversified efforts to repeal the ACA:

- Sponsored - HR 3762 - To provide for reconciliation pursuant to section 2002 of the concurrent resolution on the budget for fiscal year 2016. (Republicans attempted to use the budget reconciliation process to repeal the ACA.)
- Sponsored - HR 2650 - RESCUE America’s Health Care Act of 2015.
- Voted Yea (Override of Veto) - HR 3762 - Restoring Americans’ Healthcare Freedom Reconciliation Act of 2015 (repeals certain provisions of the ACA and rescinds funds from abortion providers).

Other Health Bill Activity:

- Sponsored - HR 6226 - PUSH Act of 2016: To delay the Medicare demonstration for pre-claim review of home health services, and for other purposes.
- Voted Nay (Passage) - HR 5501 - Funding to Combat AIDS, Malaria, and Tuberculosis (2008).
- Voted Nay (Passage) - HR 3963 - CHIP Reauthorization Act of 2007.
- Sponsored - HR 5210 - PADME Act and - HR 4185 - PACT Act of 2015: Durable medical equipment for Medicare beneficiaries (targeted to rural).
- Voted Yea (Passage) - HR 954 - CO-OP Consumer Protection Act of 2016 Vote: To exempt Consumer Operated and Oriented Plan (CO-OP) health insurance plans from the requirement to maintain minimum essential health care coverage.

Tribal Health

Price’s Empowering Patients First Act only mentions Indian health in Section 119, which allows individuals who are eligible for IHS, Tribal, and urban Indian health services (I/T/U) to be eligible for HSAs. Section 118 makes the same change for Veterans.

- Voted Nay (Passage) - S 47 - Violence Against Women Reauthorization Act of 2013.
- Voted Yea (Passage) - HR 4970 - Violence Against Women Reauthorization Act of 2012.
- Voted Yea (Passage) - HR 4893 - Restricting Indian Gaming to Homelands of Tribes Act.
- Voted Yea (Passage) - HR 511 - Tribal Labor Sovereignty Act of 2015 Vote: To exempt a Native American business from certain labor law provisions.
- Voted Yea (Passage) - HR 538 - Native American Energy Act Vote: To reduce regulations for the development of energy on Native American land.
- Voted Nay (Passage) - HR 2176 - Bay Mills Indian Community Land Claim Bill.

Women’s Health

- Cosponsored - HR 3134 - Defund Planned Parenthood Act of 2015.
- Voted Nay (Passage) - HR 3470 - Infant Mortality Pilot Programs (2010).
- Voted Yea (Passage) - S 1701 - Extension of Funding for Transitional Medical Assistance and Abstinence Education (2007).

Medicaid

- The Empowering Patients First Act would eliminate the ACA’s Medicaid expansion.
- Price will likely move Medicaid to a block grant system, the growth rate is unclear.
- The Congressional Budget Office estimates that the block grant in the House 2017 budget, which Price oversaw as Budget Chair, would cut Medicaid spending by \$1 trillion over a decade reducing the program’s budget by about 23 percent.
- Cuts will result in a shift of the burden of cost to states, and result in reduced eligibility, and provider payments.
- Voted Nay (Passage) - HR 3043 - Appropriations for the Departments of Labor, Health and Human Services, Education, and Related Agencies (2007).
- Released letter expressing concern about Medicare Access and CHIP Reauthorization Act.