

"An effort to repeal the health care law failed in a Senate vote, but a second ruling that the measure is unconstitutional sent the signal last week that something will have to give. We cannot preserve this law which costs too much, expands government too far, and places too much unnecessary strain on employers in our American economy.

In the past year, the health care law has been both attacked and defended as a tax measure, which administration officials agree that it both is and is not. Small businesses have wondered that this law can promise health insurance for all, but cause them to drop insurance coverage for their workers. And Americans have watched the U.S. court system closely as it attempts to stop the federal government from penalizing them for choosing to not engage in the economic activity of purchasing an insurance plan.

It is apparent that the premise and the approach of the health care law were flawed, which is why we are now wrestling in Congress with this imperfect product. By limiting choices in the private market, adding costs and using the tax code for enforcement, the federal government cannot create a system of health care that coexists with a free society and free markets.

By reforming the law, however, I think we can create a free market system which emphasizes access, cost-effectiveness and fairness. We can promote affordable private insurance and prescription drugs, expand coverage, and keep our status as the world's leading innovator in new health care strategies and technologies.

How do we accomplish this? There are some things we must have, and some things we must not have. First, instead of an individual mandate to carry health insurance through heavily-subsidized government-controlled policies, we should have a system of truly competitive insurance which is flexible, portable and fair. Part of the approach should be incentives for regular checkups and preventative medicine - practices that detect problems early when they are most treatable (saving the patient's health and saving the public's money on expensive, less-effective late stage treatments). The fairness in private insurance comes from reasonable requirements for policies to cover the dependents of their customers up to a certain age, to write policies for individuals even if they have pre-existing conditions, and to maintain coverage even if their customers change jobs, move to a new state, or retire early.

Second, instead of providing special deals to boost profits in the name-brand pharmaceutical industry, our health care system should promote competition and generic alternatives to costly treatments. The approval of a generic drug should not take longer at FDA than the approval of the original name-brand product years before, and patent protections should not be extended simply because the pill is a different shape or color. Even more important, where the health law encourages Medicare Part D beneficiaries to buy name-brands instead of generics in order to get their drug costs covered, we should instead have incentives for Americans who conscientiously attempt to keep their drug costs down, just as they would if they paying were the full cost for their own medicines.

Finally, in order to assure future generations of American retirees have access to health care,

we must prevent fiscal shortfalls in the Medicare program without reducing benefits. Accomplishing savings this way will not be easy, but we must address the impending crisis in Medicare which could leave millions of future American seniors without adequate insurance when they will need it most.

With these outcomes in mind, Congress should start making commonsense changes today to a health care law that has broken trust with the American people and will not pass the tests applied to it in U.S. courts of law."