



Chairman Hal Rogers

House Committee on Appropriations

Fiscal Year 2017 Budget Hearing: Health and Human Services

February 25, 2016

Opening Statement As Prepared

Mr. Chairman, thank you for yielding. Secretary Burwell, welcome. I appreciate you being with us today to discuss the Fiscal Year 2017 budget request for the Department of Health and Human Services.

As you know, Congress and the Administration set discretionary budget caps for Fiscal Year 2016 and 2017 in the Bipartisan Budget Act. I am proud to say that the 2016 Omnibus stayed within the agreed-upon cap.

The budget proposal put forth by the Administration for the Department of Health and Human Services is also touted as adhering to these spending caps, but this is just an illusion. This year, the Department of Health and Human Services requested \$75.68 billion, but that number does not include an estimated \$3.8 billion you proposed in mandatory funds to support what are traditionally discretionary programs. While I very much enjoy our collaboration on a host of issues, I am disappointed that the important goals that we share for your department are undermined by the partisan nature of this request. We both know that these figures and budget gimmicks are unrealistic, and frankly, it makes the already very difficult job of this Committee even more challenging.

There are two areas, in particular, that see astronomical growth in mandatory spending under your request. First, NIH. The National Institutes of Health play an important role in groundbreaking medical research. NIH projects often result in life-saving medical treatments that impact people all over the world. This Committee understands the importance of NIH and demonstrated that support through an increase of \$2 billion over Fiscal Year 2015 enacted levels in the Omnibus. This was a bipartisan achievement, and for the Administration to propose its well-publicized \$1 billion cancer “moonshot” through mandatory funding, outside the terms of the BBA and outside the scope of this committee’s jurisdiction, is simply disingenuous. We are all committed to cancer research – and all forms of medical research – but we still have to operate within the law and make tough choices about how and where to spend taxpayer dollars.

The same can be said for the \$1 billion proposal to address our nation’s raging opioid epidemic. Madam Secretary, I sincerely appreciate your efforts to keep the national spotlight on prescription drug and heroin abuse. I know your roots in neighboring West Virginia, where this battle has been waged for a decade or longer, has been a source of personal motivation – and you have indeed taken strong, decisive action to eradicate abusive prescribing practices, educate our communities about the dangers these drugs pose, and treat those suffering from the grips of addiction. We undoubtedly share those goals, and I believe we have made some real progress together. But I also believe this request exposes our diverging paths to the Promised Land. We must continue to provide states the support they need to defeat this epidemic, but we must do so within the reasonable confines of our budget. Supplementing existing funding with mandatory dollars to fight substance abuse only hurts our ability to address the problem in the near and distant future. While the ideas behind his request merit consideration, the President’s request is

simply not feasible as written. I hope we can work together to address my concerns because the stakes here are far too high.

Before I close, I would be remiss if I did not mention that rural hospitals across the country are struggling financially. Many are on the brink of having to shut their doors, leaving those small communities without a dependable source of emergency and hospital care. Instead of working with these hospitals to make sure rural Americans have affordable, reliable care close to home, some of the proposals in the President's budget will compound their financial troubles. These harmful proposals range from adding a user fee for hospitals that utilize the 340B drug pricing program to cutting the reimbursement levels for critical hospitals that oftentimes serve the chronically ill and the elderly. While to most, it may seem like a few dollars here, and a few dollars there, each proposal chips away at the sustainability of rural hospitals.

Madam Secretary, I look forward to hearing your testimony. Thank you, Mr. Chairman, and I yield back.

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