

Committee on Energy and Commerce
Opening Statement as Prepared for Delivery
of
Full Committee Ranking Member Frank Pallone, Jr.

Markup of 13 Bills, Full Committee

June 12, 2024

Today the Committee will mark up 13 bills – all of which I am glad to say have bipartisan support. We will begin by considering a few bills to strengthen our public health programs. I am pleased we are advancing legislation championed by Rep. Boyle, which will allow HHS to evaluate existing research on women and underserved populations and correlations to lung cancer. This important bill will allow scientists and policy makers to identify opportunities to accelerate research in this area and develop a public awareness campaign on lung cancer screening to better reach underserved populations.

I am also pleased we are advancing the SHINE for Autumn Act led by Representative Castor. This legislation, spearheaded by my constituent Debbie Haines to give meaning and purpose to the tragic loss of her daughter Autumn, will put a needed focus on preventing stillbirths through enhanced data collection, research, education, and awareness. This bill is the beginning of a longer-term solution to reducing stillbirth rates that tragically affect many families.

Next, we will consider legislation to strengthen the Medicaid program. I am pleased we will consider H.R. 4758, the Accelerating Kids' Access to Care Act. This bipartisan bill streamlines the process for out-of-state pediatric providers to enroll in Medicaid, so that children who need specialized treatment outside of their home state can access that care in a timely manner. I thank Rep. Trahan for her leadership on this bill, and I hope that it will bring some peace of mind to the families of children who face unnecessary and devastating delays in getting the care they need.

We will consider a bipartisan amendment to the Accelerating Kids' Access to Care Act that includes a prohibition on spread pricing in Medicaid. Spread pricing occurs when pharmacy benefit managers keep a portion of the amount paid to them for prescription drugs, instead of passing those payments on to pharmacies. This practice unnecessarily drives up pharmaceutical spending. Banning spread pricing in Medicaid was part of the bipartisan Lower Costs, More Transparency Act passed by the House in December, and I hope that it can soon become law.

I am also pleased that we will consider four bipartisan Medicaid program integrity bills, including H.R. 8111, which will require states to collect beneficiary address information from Medicaid managed care plans. This simple policy will help state Medicaid agencies stay in better contact with beneficiaries to renew their eligibility, while ensuring that beneficiaries who

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no longer live in the state do not remain enrolled in the program. H.R. 8084, the LIVE Beneficiaries Act, will require states to more regularly check Social Security Administration death records, ensuring Medicaid is not making monthly payments to managed care plans for beneficiaries who have passed away.

Turning to Medicare, I am glad we found a bipartisan path forward on H.R. 5526. Congress enacted the Physician Self-Referral Law, also known as the Stark Law, to ensure that physician financial considerations do not influence patient care. Under the Stark Law, physicians are prohibited from making referrals to entities in which the physician has a financial stake. Medicare beneficiaries deserve the independent judgement of their physicians and access to treatment that is medically appropriate and necessary for them. The Stark Law is critical in ensuring that financial arrangements do not distort physician decision-making or raise health care costs.

While I have strong concerns with weakening the Stark Law, I believe there are limited instances in which it may be necessary for a caregiver or a family member to pick up prescription drugs for patients or for prescription drugs to be mailed, which is currently prohibited under the Stark Law. I believe this narrow Stark exception would help patients receive necessary medications but still protect Medicare beneficiaries by ensuring that provider decisions are made on the basis of clinical criteria. I am pleased we were able to include additional guardrails to ensure that patients have access to treatment and care that is based on medical necessity.

I am concerned that some technical assistance provided by CMS has not yet been incorporated, but I understand that Chair Rodgers has committed to working with me to address the agency's feedback before the bill is considered on the House floor.

I would like to thank the Chair for this truly bipartisan process and for only moving forward on bills with bipartisan support today. There are other health priorities, including telehealth, that just were not ready for today. I look forward to continuing to work together on those outstanding bills.

And with that, I yield back the balance of my time