**Committee on Energy and Commerce**

**Opening Statement as Prepared for Delivery**
**of**
**Ranking Member Frank Pallone, Jr.**

***Hearing on "MACRA Checkup: Assessing Implementation and Challenges that Remain for Patients and Doctors"***

**June 22, 2023**

Today, we are examining the impact of the Medicare Access and CHIP Reauthorization Act, or MACRA. When MACRA was passed on a bipartisan basis eight years ago, there was hope that it would create a system for reliable Medicare payments to health care providers based on the quality of care that patients received.

Before its passage, Congress consistently needed to intervene to adjust ever-decreasing payment rates for providers. The goal of MACRA was to stop that roller coaster of payment cuts and encourage new approaches for payment systems. It also includes additional incentives for better care for Medicare beneficiaries, and a reliable system that did not require constant Congressional intervention. These are all worthy goals, but it is fair to say that we have not seen the results that many of us hoped for.

A fundamental portion of MACRA was the Merit-based Incentive Payment System. This system was intended to provide better pay for health care providers who provided better care. This was and is a laudable goal. We want doctors and other providers to always have patient well-being at the core of their practice, but in reality this system has appeared to create additional administrative burdens for providers without producing significant improvements in patient care. Examinations from both the Medicare Payment Advisory Commission and the Government Accountability Office (GAO) have come to this same conclusion.

However, there are other avenues for improvement of the Medicare physician payment system. The Centers for Medicare & Medicaid Services (CMS) is working to increase participation in Alternative Payment Models that can provide bonuses to physicians who take on a certain amount of financial risk for the quality of patient care.

I look forward to hearing from our witnesses today about how these Alternative Payment Models have affected experiences and outcomes for both physicians and patients. I also want to hear how they can provide the greatest benefits going forward.

Establishing a system that increases accountability and efficiency while maintaining quality patient care is a vision we must continue to pursue.

The challenge before this Committee and Congress is ensuring that Medicare remains viable while ensuring that patients receive quality care and doctors receive fair compensation. And we need to make sure that any changes we make help us better evaluate the quality of care

that patients are receiving without overwhelming physicians with administrative requirements. At the end of the day, any discussion on changes to Medicare physician payment systems must prioritize access to high-quality care for all Medicare beneficiaries when and where they need it.

It's now been eight years since MACRA was enacted and this is a good opportunity for us to examine what we have learned from the experiences of both patients and physicians in the Medicare program.

I appreciate the witnesses for testifying today and providing their thoughts as to how we can ensure sustainable, quality care for America's seniors. I hope that today's hearing can give us a bipartisan path forward to improve the system, and I look forward to working with my colleagues on that going forward.

Thank you, Mr. Chairman, and I yield back.