

**Rep. Joseph R. Pitts**  
**Opening Statement**  
**Energy and Commerce Subcommittee on Health**  
**Hearing on “Making Medicaid Work for the Most Vulnerable”**  
**July 8, 2013**

The Subcommittee will come to order.

The Chair will recognize himself for an opening statement.

Today’s hearing is the third in a series examining the current Medicaid system and ideas for reform. It builds on the Subcommittee’s March 18 hearing, “Saving Seniors and Our Most Vulnerable Citizens from an Entitlement Crisis,” and our hearing of June 12, “The Need for Medicaid Reform: A State Perspective.”

It also complements the Energy and Commerce Committee’s “Medicaid Check Up” report from March, Rep. Upton and Sen. Hatch’s May report, “Making Medicaid Work,” and the Committee’s recent Idea Lab on the program.

Medicaid was designed to protect the most vulnerable Americans, including pregnant women, dependent children, the blind, and the disabled. Nearly 1 in 4 Americans was enrolled in the Medicaid program at some point in 2012, making Medicaid the largest government health care program, surpassing Medicare.

We have an obligation to ensure that the program provides quality health care to beneficiaries and has the flexibility to innovate to better serve this population.

As we have seen, we are failing on both counts.

Only 70% of physicians are accepting Medicaid patients, leading to problems with accessing care and scheduling follow-up visits after initially seeing a provider. Medicaid beneficiaries often lack access to primary care and preventive services, and are twice as likely to visit the emergency room.

In some cases, outcomes for Medicaid patients are worse than the outcomes of those who have *no insurance at all*.

Regarding flexibility, instead of encouraging states to pursue new and innovative models of care, we have locked them in a one-size-fits-all program dictated by

Washington. When states do try to modernize and tailor their programs to the individual populations they serve, they often spend years waiting for the Centers for Medicare and Medicaid Services (CMS) to approve their waivers.

Before we implement a Medicaid expansion, which, if fully adopted, would add another 26 million Americans to the program, we must first address these issues in the current program.

I look forward to hearing from our witnesses about ideas to strengthen this vital safety net, and I welcome all of them to the Subcommittee.

Thank you.