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ONE HUNDRED THIRTEENTH CONGRESS
Congress of the United States
House of Representatives
COMMITTEE ON ENERGY AND COMMERCE
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January 13, 2014

The Honorable Kathleen Sebelius
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20101

Dear Madam Secretary:

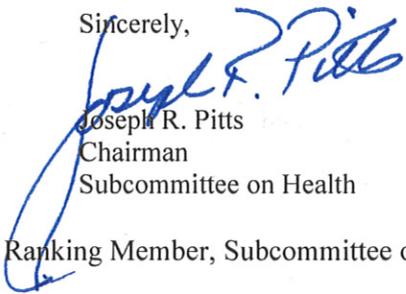
Thank you for appearing before the Subcommittee on Health on Wednesday, December 11, 2013, to testify at the hearing entitled "PPACA Implementation Failures: What's Next."

Pursuant to the Rules of the Committee on Energy and Commerce, the hearing record remains open to permit Members to submit additional questions for the record, which are attached. The format of your responses to these questions should be as follows: (1) the name of the Member whose question you are addressing, (2) the complete text of the question you are addressing in bold, and (3) your answer to that question in plain text.

To facilitate the printing of the hearing record, please respond to these questions with a transmittal letter by the close of business on Tuesday, January 28, 2014. Your responses should be e-mailed in Word format to Sydne.Harwick@mail.house.gov and mailed to Sydne Harwick, Legislative Clerk, Committee on Energy and Commerce, 2125 Rayburn House Office Building, Washington, D.C., 20515.

Thank you again for your time and effort preparing and delivering testimony before the Subcommittee.

Sincerely,


Joseph R. Pitts
Chairman
Subcommittee on Health

cc: The Honorable Frank Pallone, Jr., Ranking Member, Subcommittee on Health

Attachment

Attachment—Additional Questions for the Record

The Honorable Michael C. Burgess

1. On November 27, 2013, CMS published a final rule for CY for physician payments, hospital outpatient and ambulatory surgical center payments. The final rule included a cut to epidural injections: a 36% reduction for physician payment and 58% reduction for procedures performed in an office setting. However hospitals will be reimbursed at \$669.90 for the epidural procedure performed in the hospital setting.

Has CMS assessed how the inconsistent payments across settings could affect beneficiary access to epidural injections, especially interventional pain management services?

Did CMS consider the recommendations in the MedPAC report to Congress in June 2013 entitled, “Medicare and the Health Care Delivery System,” in which they advocate for multiple differences across ambulatory surgery center services with hospital outpatient services and the other office-based services with outpatient prospective payment system (OPPS) schedules?

The Honorable Ed Whitfield

1. CMS posted the CY2014 final rules for physician payments, hospital outpatient and ambulatory surgical center payments on its website on November 27, 2013, for the new rates to be effective January 1, 2014, a day before Thanksgiving. Included in this final rule was a draconian cut to epidural injections with a 36% reduction for physician payment and 58% reduction for procedures performed in an office setting.

What type of evidence was used to determine these payment rates?

Did CMS look at what impact this proposal would have on patient’s access to care?

The Honorable Cathy McMorris Rodgers

1. The Medicare Advantage program provides health insurance to more than 14 million seniors and individuals with disabilities (28 percent of all Medicare beneficiaries). People chose these policies because of the better service and additional benefits which are provided.

Despite people liking their plans, and despite being told that “If you like your plan, you can keep your plan. No matter what. Period.”, Obamacare includes more than \$200 billion cuts to the Medicare Advantage program, with many of the cuts beginning in 2014. The result of these cuts will eliminate some of the plans that patients like. USA Today reported that there will be 5.3 percent fewer Medicare Advantage Plans for beneficiaries to choose from beginning in 2014.

Will you explain to my constituents, who like their Medicare Advantage plans, why they will not be able to keep them?

2. Just days before Thanksgiving, you issued a final rule (CMS-1450F) which reduces Medicare payments under the Home Health Prospective Payment System. As you know, this regulation is to implement a provision in Obamacare—section 3131.

You have previously stated this rule will cause “approximately 40 percent” of all home health agencies nationwide to suffer net losses and face bankruptcy.

In my home state of Washington, it is projected that 34 (of 56, or 61 percent) of home health providers who serve over 24,000 Washington seniors will go bankrupt and 5,581 people will lose their job.

At a time when our nation continues to experience a tenuous economic recovery and the number of homebound seniors continues to increase, will you please provide a justification to my constituents why their access to home healthcare services is being scaled back or eliminated?

The Honorable H. Morgan Griffith

1. The National Academy of Sciences (NAS) peer review committees, that are examining the Report on Carcinogens (RoC), are expected to release their reports in August-September, 2014. U.S. EPA, in responding to the recommendations in the NAS Formaldehyde Report (2011) for significant reforms to its IRIS assessment process, has increased opportunities for public input into both proposed enhancements and how they should be implemented, including a public stakeholder meeting in September 2012 as well as initiating bimonthly meetings on the IRIS process. These initial efforts are helpful as EPA awaits the formal report on the NAS IRIS Process Review. In responding to any reforms to the RoC program recommended by the NAS committees, will you agree to solicit and consider public comment on your Department's response?
2. Will the NTP review the NAS IRIS Process Review Report to consider adoption of the conclusions and recommendations identified by the panel?
3. Will you agree to provide regular reports to this committee regarding the implementation of any RoC reforms made in response to the recommendations of the NAS committees?
4. Because this is the very first review of the Report on Carcinogens ever undertaken by the NAS, will you agree to commission additional NAS expert reviews to provide continuing guidance and feedback on the scientific validity of the RoC and other assessments prepared by the National Toxicology Program?