

ONE HUNDRED THIRTEENTH CONGRESS
Congress of the United States
House of Representatives
COMMITTEE ON ENERGY AND COMMERCE
2125 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-6115
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June 11, 2014

Mr. Peter Thomas
Principal
Powers Pyles Sutter & Verville
1501 M Street, N.W., 7th Floor
Washington, D.C. 20005

Dear Mr. Thomas:

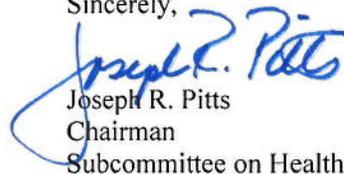
Thank you for appearing before the Subcommittee on Health on Wednesday, May 21, 2014, to testify at the hearing entitled "Keeping the Promise: Site of Service Medicare Payment Reforms."

Pursuant to the Rules of the Committee on Energy and Commerce, the hearing record remains open for ten business days 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 Wednesday, June 25, 2014. Your responses should be mailed to Sydne Harwick, Legislative Clerk, Committee on Energy and Commerce, 2125 Rayburn House Office Building, Washington, D.C., 20515 and emailed in Word format to Sydne.Harwick@mail.house.gov.

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 Joseph R. Pitts

1. In your testimony, you state that data collection from all Post-Acute Care reform sites is an integral step toward balanced and appropriate bundling of services in the Medicare program. I agree that data collection is important but understand that sometimes data collection from different sectors can be impeded by different industries using different proprietary tools that may not all measure the same. In your opinion, how important would the use of a standardized tool by the Medicare program be in our efforts to collect standardized data from the various Post-Acute Care settings?
2. You state in your testimony that you do not support Congressional efforts to reform Post-Acute reform at this time until data collection and quality metrics are in place “to achieve good patient outcomes” and until such time, would support the Secretary of Health and Human Services to implement a skeletal PAC bundling plan. What in your opinion would a “skeletal PAC bundling plan” look like?
3. CMS in recent months has taken steps to drastically alter the landscape of the Medicare Part D program by removing protections for critically ill patients as it relates to mental illness drugs and personalized drug plans. It was only bipartisan Congressional and public pushback that stalled the effort this month but CMS has insisted that despite such outcry, it plans to go forward with such policies in the future. How can we ensure that CMS or HHS puts in place a system that takes into account your concerns when they have lately appeared so tone-deaf to the concerns of Medicare beneficiaries?
4. Medicare is facing insolvency, which would jeopardize care for millions of seniors that depend on the program. What policies or payment reforms would you recommend Congress consider to help keep the promise to seniors by saving Medicare from insolvency?
5. What do you think about the possible savings to beneficiaries if Congress were to combine the A/B cost-sharing and adopt a catastrophic cap? This reform has been recommend by MedPAC, former Sen. Lieberman, and the President’s Fiscal Commission.