

ONE HUNDRED FOURTEENTH CONGRESS
Congress of the United States
House of Representatives

COMMITTEE ON ENERGY AND COMMERCE

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Majority (202) 225-2927
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July 21, 2015

Mr. Matt Salo
Executive Director
National Association of Medicaid Directors
444 North Capitol Street
Washington, D.C. 20001

Dear Mr. Salo:

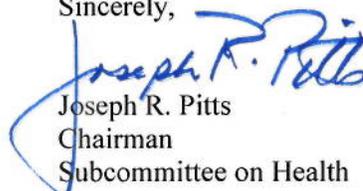
Thank you for appearing before the Subcommittee on Health on June 24, 2015, to testify at the hearing entitled "Examining the Administration's Approval of Medicaid Demonstration Projects."

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 August 4, 2015. Your responses should be mailed to Graham Pittman, Legislative Clerk, Committee on Energy and Commerce, 2125 Rayburn House Office Building, Washington, D.C. 20515 and e-mailed in Word format to graham.pittman@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 Gene Green, Ranking Member, Subcommittee on Health

Attachment

Attachment — Additional Questions for the Record

The Honorable Representative Pitts

1. In your testimony, you talk about a “path to permanency” for states that have been operating under an 1115 waiver for decades. I think this is a common-sense idea the Committee should explore. Have you given thought to what criteria would be needed for determining what states could be “grandfathered” in this manner?
2. Today, Medicaid is the world’s largest health insurance program and at a federal level the spending is on autopilot. Yet, you say in your testimony that simple accounting for Medicaid is extremely difficult, if not impossible. While I understand the shared federal-state nature of the program is challenging, surely you’re not suggesting that benefits cannot be quantified, dollars cannot be tracked effectively, or that accountability is not needed. Can you please clarify and expound upon your point?
3. One frustration often voiced by State officials is the time it takes to negotiate and secure an 1115 waiver. For example, in Indiana, it took the governor 2 years to negotiate the waiver for HIP 2.0. What thoughts do you have about parameters Congress could put around the process to provide some certainty for states? What policy factors would we need to think through?