

Opening Statement

Rep. Gene Green

Health Subcommittee Hearing “Medicaid at 50: Strengthening and Sustaining the Program”

July 8, 2015

Thank you Mr. Chairman for holding this hearing.

The Medicaid program has served as a critical safety net for the American public since its creation in 1965, 50 years ago this month.

Today, over 70 million low-income Americans rely on Medicaid for comprehensive, affordable health insurance.

It is a lifeline for millions of children, pregnant women, people with disabilities, seniors, and low-income adults.

Medicaid covers more than 1 in 3 children, pays for nearly half of all births, and accounts for more than 40 percent of the nation’s total costs for long-term care.

One in 7 Medicare beneficiaries is also a Medicaid beneficiary, and Medicaid accounts for a quarter of all behavioral health services.

The Affordable Care Act expanded coverage, made improvements to promote program integrity and transparency, and advanced delivery system reform.

Since the enactment of the Affordable Care Act, the overall rate of health care spending growth has slowed, reducing projected growth in the Medicaid programs by hundreds of billions of dollars according to the Congressional Budget Office.

This is primarily due of lower than expected growth in costs per Medicaid enrollee.

The need to address the growth of health care spending is an issue on which we all agree.

We must remain committed to building on the progress made by the ACA, ensuring patients have access to quality, affordable care, and that we are getting the best value for our health care dollars.

Medicaid is an extremely efficient program, covering the average enrollee at a lower cost with more comprehensive benefits and significantly lower cost-sharing than private insurance.

95 percent of Medicaid beneficiaries report having a regular source of health care, which they consistently rate as highly as private insurance.

As we examine ways to further strength and improve the program, we need to advance policies that better leverage

dollars to pay for value, promote efficacy and transparency, advance delivery system reforms, and extend innovative strategies within Medicaid and across the health care system.

For example, one improvement would be for the Centers for Medicare and Medicaid Services (CMS) to finalize the agency's proposed regulation that would better enforce the Medicaid's equal access provision.

This provision ensures that care and services are available to Medicaid enrollees, and that providers are paid a fair Medicaid reimbursement rate.

Another would be to require 12-month continuous enrollment for eligible Medicaid and CHIP beneficiaries to address the issue of "churn", a concept MACPAC (Mac-Pac) has supported in several reports to Congress.

Churn is bad for patients, providers and health plans, and wastes taxpayer dollars.

I have worked with my colleague, Joe Barton, for several Congresses on legislation on this issue, and I thank him for his leadership on behalf of low-income Americans.

Today, we will take a broad look at the Medicaid system: its past, present and future.

Throughout its 50 year history, Medicaid has served as an adaptable, efficient program that meets the health care needs of millions of Americans.

I want to thank our witnesses for their on-going efforts and recommendations for additional ways to advance of the program.

I look forward to working with my colleagues on the Committee to strengthen the program in key areas, including the enrollment process, delivery system reforms and managed care, data collection, and behavioral health.

Thank you, and I yield the balance of my time to my colleague from California, Congresswoman Matsui.