

ONE HUNDRED FOURTEENTH CONGRESS  
**Congress of the United States**  
**House of Representatives**  
COMMITTEE ON ENERGY AND COMMERCE  
2125 RAYBURN HOUSE OFFICE BUILDING  
WASHINGTON, DC 20515-6115  
Majority (202) 225-2927  
Minority (202) 225-3641

July 28, 2015

Dr. Anne L. Schwartz  
Executive Director  
Medicaid and CHIP Payment and Access Commission  
1800 M Street, N.W., Suite 650 South  
Washington, D.C. 20036

Dear Dr. Schwartz:

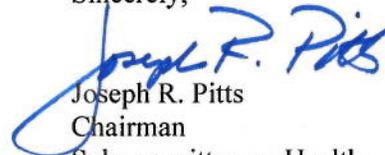
Thank you for appearing before the Subcommittee on Health on July 8, 2015, to testify at the hearing entitled "Medicaid at 50: Strengthening and Sustaining the Program."

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 11, 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](mailto: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. Recently, the nonpartisan Congressional Budget Office formalized a policy to protect against conflicts of interests from their outside advisors (see: [https://www.cbo.gov/about/objectivity/employee\\_policy](https://www.cbo.gov/about/objectivity/employee_policy)). Obviously, MACPAC Commissioners are appointed because of their Medicaid and CHIP expertise and their experience representing stakeholder groups. However, given MACPAC's role as an independent source of information for Congress, similar protections against material or perceived financial or advocacy conflicts of interest may also be important for your Commissioners. In addition to the steps that GAO takes steps to assess potential conflicts of interest when appointing Commissioners, does MACPAC have other policies or standards for its Commissioners related to disclosing and preventing potential conflicts of interests?
  - a. If so, please describe the policies or standards, including those related to the appropriate role of Commissioners in doing related, but outside work or advocacy regarding Medicaid?
  - b. If not, has MACPAC considered adopting conflict of interest standards? If this has been considered, please describe the Commission's plans.
2. MACPAC's work has reviewed some of the literature between low reimbursement rates and poor access for patients in Medicaid. Do you worry that, if left unchecked, the easiest thing for legislatures to do to rein in Medicaid spending would be to cut reimbursement rates--- which would have a direct negative impact on our most vulnerable patients?
3. The Commission was created five years ago. What is most recent funding level MACPAC received, and how many staff are currently employed there?
  - a. To my knowledge, the Commission does not produce annual reports that list its staff, budget, travel expenditures, overhead, research contracts, and other spending. So, in the interest of helping the Committee better understand how MACPAC is spending taxpayer dollars, would you please make some of that data available to the Committee?

### The Honorable Representative Bilirakis

1. When this Committee receives a policy recommendation from MedPAC, we routinely receive the Commission's best recommendation on accompanying policies to offset the recommendation. Does MACPAC have any timeframe to adopt a similar process, providing the Committee both with a recommended policy AND a recommended offset?

**The Honorable Representative Ellmers**

1. I'm concerned that lack of access to appropriate care often times leads to more significant costs to beneficiaries and the program, especially those with chronic conditions such as diabetes. Have you examined the impact of access to care on cost, care needs and mortality?
2. Have you examined the published evidence of Medicaid patient access barriers to podiatrists and the experience of state Medicaid programs that have ensured access to podiatrists?