

**Opening Statement**

**Health Subcommittee Hearing: “Examining Legislation to Improve Medicare and Medicaid”**

**Rep. Gene Green**

**November 3, 2015**

Good morning and thank you all for being here today. We are here to examine five legislative proposals. One impacts the Medicare Part B program and the others affect the Medicaid program.

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

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, and 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.

The Quality Care for Moms and Babies Act, a discussion draft put forth by Representatives Eliot Engel and Steve Stivers, would improve health outcomes for the women and children who depend on Medicaid.

This bipartisan legislation builds on the Pediatric Quality Measures Program, which is the only program targeting quality performance measurement reporting in the Medicaid and CHIP programs.

Remarkably, it does not currently include a maternal and infant quality core set.

This legislation will authorize funding for HHS to develop quality measures for maternal and infant health, and award grants related to care quality. I support this important legislation.

I am concerned about other legislation we are considering, such as the Medicaid REPORTS Act and proposals requiring additional auditing on states that are overly burdensome, prescriptive, and likely intended to further chip away at the Medicaid program.

Additional transparency on Medicaid payments is a goal we all share.

My priorities have always included ensuring Medicaid beneficiaries have access to the care that they need by supporting providers that serve beneficiaries, who would otherwise have nowhere else to go for necessary care.

However, the way these bills are structured will not achieve our goal of a full understanding of Medicaid payments, and whether those payments are adequate to guarantee equal access for beneficiaries within the Medicaid program.

My state of Texas uses supplemental and Medicaid DSH payments in unique way.

These sources of funding are an incredibly important revenue stream for hospitals and providers that serve a large portion of Medicaid beneficiaries and the uninsured.

For example in Texas, supplemental payments are used for the DISRIP (“dis-rip”), and I want to be sure we maintain that flexibility so CMS and states can deliver each Medicaid program in the best way for each unique patient base.

Providers in the Medicaid program must be payed fair rate.

Given the complexities and the 56 distinct Medicaid programs, there is a nuanced way to address these issues.

The question we need to be asking is, “is the full payment that a provider receives for treating a Medicaid enrollee fair and sufficient to ensure equal access?”

Unfortunately, legislation like the Medicaid REPORTS Act and H.R. 2125 won’t get us the information we need to see the full picture and may actually put *more* burdens on states.

And, they are not in line with actions CMS has taken to improve in this area.

I look forward to learning more about this complex issue.

Reforms done for the right reasons, in a nuanced and intelligent way, can truly improve how CMS ensures that payments to Medicaid providers are sufficient and enforce equal access for Medicaid beneficiaries.

Such proposals should be a priority for this committee, and I look forward to a comprehensive discussion on ways to improve transparency, strengthen coverage, expand access to providers, and increase the quality of care.

Thank you Mr. Chairman, and I yield [*one minute/the remainder of my time*] to my colleague from New York and a sponsor of the “Quality Care for Moms and Babies Act”, Congressman Eliot Engel.