



COMMITTEE ON DEMOCRATS  
**ENERGY & COMMERCE**  
RANKING MEMBER FRANK PALLONE, JR.

**FOR IMMEDIATE RELEASE**

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**Statement of Ranking Member Frank Pallone, Jr., submitted for the record  
House Energy and Commerce Committee  
Subcommittee on Health  
Hearing on “Examining Legislation to Improve Medicare and Medicaid”**

Good morning, thank you Mr. Chairman for holding this hearing to discuss a variety of bills related to healthcare in our Medicare and Medicaid program.

I'm pleased that we will be discussing draft legislation today on the Quality Care for Moms and Babies Act. Given that Medicaid finances roughly half of all births in this country, it is critical that we continue to advance the quality of care our Medicaid beneficiaries receive. This bill not only develops quality of care metrics for pregnancy and infancy, but would also develop maternity care quality collaboratives. I look forward to working in a bipartisan manner to advance this important bill.

I do have some concerns over several of the other bills under discussion today. H.R. 1362 and H.R. 2151 work in tandem to increase reporting and auditing requirements on states' Medicaid payments relating to non-DSH supplemental payments and the non-federal share of state Medicaid spending. I agree that transparency in these areas is important to ensure that payments to providers are sufficient in Medicaid. But these bills are duplicative of ongoing CMS initiatives and add a burdensome layer of administrative bureaucracy. We need a more nuanced approach here, and rather than improving our ability to ensure that Medicaid dollars go towards Medicaid beneficiaries, I fear these bills will instead do the very opposite of that.

H.R. 1361, the Medicaid HOME Improvement Act eliminates state flexibility in determining home equity levels for the determination of long-term care assistance. Unfortunately, our country has yet to provide a meaningful solution to our country's long-term care crisis. Yet this bill limits state flexibility to determine the right eligibility threshold for long term care in their own Medicaid programs. In short, the bill does not address the underlying issues in our long term care system, but only serves to restrict access to critical services.

Finally, H.R. 2878 provides an extension on CMS' decision to temporarily suspend the enforcement of supervision requirements for outpatient health services in critical access and small rural hospitals through the end of the calendar year. While these hospitals certainly face different workforce staffing issues than those in urban areas, I hope my colleagues will work to address concerns that this bill may not adequately balance patient safety and access to care. I hope that we can work in a bipartisan fashion to address this issue.

Thank you Mr. Chairman and I yield back the remainder of my time.

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