

Rep. Joseph R. Pitts
Opening Statement
Energy and Commerce Subcommittee on Health Hearing
“Examining Legislation to Improve Medicare and Medicaid”
Tuesday, November 3, 2015 (10:15 AM)

The Subcommittee will come to order.

The Chairman will recognize himself for an opening statement.

Today’s hearing will examine five bipartisan legislative bills designed to make common-sense improvements to the Medicare and Medicaid programs.

First, the committee is happy to have with us one of our own colleagues, Representative Lynn Jenkins from Kansas. Representative Jenkins will be testifying on our first panel about a bill she is sponsoring, H.R. 2878. This bill would simply prohibit Medicare contractors from enforcing supervision requirements for outpatient therapeutic services in critical access and small rural hospitals for another year. The Senate companion to this bill was approved by the Senate Finance Committee in June, so we are pleased to be able to review the bill today.

For our second panel, we will hear from representatives of the Government Accountability Office (GAO) and the Medicaid and CHIP Payment and Access Commission (MACPAC). GAO and MACPAC will help us in our review of four bipartisan bills to improve Medicaid.

The first Medicaid bill is an updated version of H.R. 1362, the Medicaid REPORTS Act, by Vice Chairman Guthrie. This bill seeks to address GAO and MACPAC findings that the Centers for Medicare and Medicaid Services (CMS) does not collect accurate and complete data from all States on the various sources of funds to finance the non-federal share. This bill requires States to submit a report at least once a year on sources of funds used to finance the non-Federal share of expenditures in the Medicaid program. This issue is important policy because State financing approaches affect Medicaid payment methodologies and payment amounts, which may affect enrollees’ access to services.

The next Medicaid bill is H.R. 2151, sponsored by our colleague, Rep. Chris Collins. The “Improving Oversight and Accountability in Medicaid Non-DSH Supplemental Payments Act” would improve the calculation, oversight, and accountability of non-DSH supplemental payments under the Medicaid program. This is important because GAO found gaps in federal oversight of high-risk supplemental payments, including a lack of information on the providers receiving them, inaccurate payment calculation method, and a lack of assurances the payments were used for Medicaid purposes. In 2014, MACPAC recommended that the HHS collect and make publicly available provider-level non-DSH supplemental payment data in a standard format that enables analysis.

Thirdly, the updated version of H.R. 1361, Medicaid HOME Improvement Act — sponsored by Rep. Guthrie—would establish a federal cap on the home equity allowance consistent with the current Federal default of \$552,000. This bill would preserve existing beneficiary protections, but help protect taxpayers by updating the limit of allowable equity interest a beneficiary can have in their home. This is a common-sense step to prevent cost-shifting from the private to the public sector.

Finally, the Quality Care for Moms and Babies Act, sponsored Reps. Engel (NY) and Stivers (OH) seeks to improve the quality, health outcomes, and value of maternity care under the Medicaid and CHIP programs by developing maternity care quality measures. This bill would authorize the appropriation of \$16 million for HHS to identify and publish quality measures for maternal and infant health.

Together these five bills continue the commitment this Congress has to strengthen the Medicare and Medicaid programs to help sustain these important safety net programs for those most relying on them.

I want to thank our witnesses for agreeing to testify today. I will yield to anyone on my side seeking time.