

Opening Statement of Chairman Greg Walden
Subcommittee on Health
Hearing on “Strengthening Medicaid and Prioritizing the Most Vulnerable”
February 1, 2017

This marks the first hearing of the Health Subcommittee in the new Congress. With a physician heading this subcommittee and with other professional physical and mental health care providers in key roles, let there be no mistaking our intention: We will modernize America’s health care laws by putting what’s best for the patient as our top priority.

The days of putting overbearing, unaccountable Washington bureaucrats and their tens of thousands of pages of regulations first...are over.

Today, we embark afresh in our efforts to strengthen, improve, and modernize America’s Medicaid program. We share a common goal of making sure that those most in need in need of medical services in our communities get better quality, affordable care. We are committed to protecting patients and to supporting innovative, patient-centered solutions at the state and local levels.

We recognize the Medicaid program is a critically important safety net for millions of Americans – Americans who are elderly, low-income, or Americans who are blind or have disabilities. Individuals and families served by Medicaid are not just program enrollees, they are our neighbors, and our friends.

Today we begin our work to modernize Medicaid. And we turn to experts who have researched creative strategies to give us guidance on what’s working and what’s not. We should view our states as partners in a common cause to bring a

fresh approach to a big-government program begun a half-century ago when Washington bureaucrats thought they knew what was best.

I want to commend our Health Subcommittee who worked hard last Congress to identify and adopt measures which would improve access to care for patients, empower states with more flexibility and tools, and yield better care for patients, but know that was just scratching the surface.

Our talented and experienced witnesses today offer us a new set of ideas, and counsel on how we can improve our own members' bills. Thank you for your input.

You can sense an eagerness among governors and state Medicaid directors and think tanks who for the first time in a long time realize they have a partner who is serious about hearing from them and working with them to transform the most expensive health care system in the world into the most modern, patient-centered, outcome-based model known around the globe. They are overflowing with better ways to deliver health care to our most needy citizens. And I hope we've only just begun to hear from them.

We have an obligation to improve Medicaid. We can make it more than just our country's safety net that catches people when they are down and out. We can empower states to innovate, to harness savings and enhance the actual health of the patients without having to wait years for a Washington bureaucrat to decide to throw the kill switch on a new idea.

The legislation we will consider today originates from our members listening to their constituents and state leaders back home who believe we have not done enough to root out waste, fraud and abuse. Our committee was reminded yesterday in the Oversight Subcommittee hearing by the GAO and the HHS Office of Inspector General that for 14 years Medicaid has remained on the list of “high risk” programs and that those tasked with identifying and preventing waste, fraud and abuse are frustrated in their jobs by a lack of data and transparency.

Prioritizing the most vulnerable and those in need necessarily requires setting priorities. So, today we consider three proposals which make common-sense changes to close loopholes, root out abuses and target savings to help patients most in need. A portion of the savings from each of the reforms would to help individuals on Medicaid waiting lists for Home and Community Based Services.

These bills improve Medicaid and help patients by scrapping outdated rules or correcting unintended consequences from existing federal policies. Consider this just the start of our work to identify red-tape and outdated requirements which add costs and deny care to those truly in need.

In the weeks and months to come, we will actively work modernize Medicaid by giving our states more choices, more tools, more flexibility—all toward the goal of improving the health care choices and affordability for patients.