

**Opening Statement of Chairman Greg Walden**  
**Subcommittee on Health**  
**Hearing on “Examining the Extension of Safety Net Health**  
**Programs”**  
**June 23, 2017**

Today marks an important step forward in this committee’s work to strengthen our health care safety net by examining the extension of two popular safety net programs. Both the Children’s Health Insurance Program (CHIP) and the Community Health Center Program have enjoyed strong bipartisan support for many years. However, under current law, Congress needs to provide additional funding for these programs since current funding streams will soon expire.

We recognize that CHIP and community health centers play a significant role in our nation’s safety net for millions of Americans – children and pregnant women who are largely low-to-moderate income, and millions of individuals who may be medically underserved or face other barriers to care.

Individuals and families served by these programs are not just program enrollees – they are our neighbors, and friends. In my district alone, there are 12 federally-qualified health center organizations, with 63 delivery sites leveraging over \$41 million in federal dollars in order to serve over 240,000 patients. In many parts of rural Eastern Oregon, a

health center can serve as the main primary care provider in the communities that face a shortage of private practice doctors. The student loan repayment incentives offered through the National Health Service Corps also help staff those Centers and ensure patients in those communities can see a doctor in a timely manner.

So I am glad to be here and join my colleagues on both sides of the aisle in moving this process forward. We are united in the effort to protect patients and to support innovative, patient-centered solutions at the state and local levels.

As a result, there is strong bipartisan recognition that CHIP and the Health Center Program play key roles in our nation's health care delivery system by providing health coverage and medical care for millions of low-income Americans. Both programs have demonstrated successes in helping reduce costs for patients and families, improve health outcomes, and deliver cost-effective care.

We view our state and local partners in these programs as key allies in the common cause of putting patients first. In Oregon, our health centers partner with the local providers, health systems, and the patient community through Coordinated Care Organizations that strive to provide comprehensive services focusing on prevention, chronic

disease management, and locally controlled, patient-centered care. So we want to start our funding extension discussion by hearing from these experts who have first-hand experience running a CHIP program and a health center. We want to better understand if these programs face barriers to innovation, we want to hear creative strategies to deliver quality care, and we seek guidance on what's working and what's not.

As we move forward, this committee also faces important considerations regarding extending funding for these programs. There are decisions to be made regarding how much funding should be provided, for how long, and how Congress should pay for it so as not to add to the burden of federal debt that Americans already face.

Particularly, the committee should closely examine the question of whether the 23 percent bump for a state's match for CHIP is appropriate to continue as we look at a funding question. I have concerns that the 23 percent bump upends the traditional financial federal-state partnership.

As we embark on this effort, I know we all share the goals of reducing costs and ensuring patients served by these important programs have the peace of mind that they can continue to access timely, high quality care.