

**Opening Statement of Chairman Walden  
Subcommittee on Health  
“MACRA and Alternative Payment Models: Developing Options for Value-  
based Care”  
November 8, 2017**

I thank Chairman Burgess for his continued leadership on MACRA, as well as Ranking Member Pallone, for the bipartisan slate of witnesses we have before us today.

Today marks our third hearing since the passage of MACRA. Just as this committee led the effort to find a solution to SGR and other issues then, we continue our oversight over the bipartisan law and remain committed to its successful implementation.

As my colleagues know well, we worked over many years to address the problems associated with the SGR and impending yearly payment cuts to doctors that inevitably were avoided thanks to short-term, temporary patches – 17 in all. It seems like this was so long ago, but we must not lose perspective of what we have accomplished. Particularly now as we continue to move forward on the implementation of this important law.

MACRA is up and running and today we will hear about the most forward looking aspect of the law – Alternative Payment Models (APMs). Today, they are already delivering better outcomes for Medicare beneficiaries and returning savings to the Medicare program. This is not a hypothetical – the transition to value is real, and very much underway and delivering results.

MACRA has already proved to be a success. It has acted as an accelerant on doctors being able to enter into new team based arrangements, to think about their patient populations through payments that reward outcomes, and to take what they knew worked in the private sector and carry it over to the Medicare program.

Most importantly, APMs finally reward providers for all the things they have always wanted to engage with patients on, but instead were forced to simply “do more” to be able to afford to stay in the Medicare program. MACRA delivered that change.

Physicians in qualified APMs will receive a five percent bonus from 2019-2024. Technical support is provided for smaller practices to help them participate in APMs. We will hear from the Physician Technical Advisory Committee (PTAC), another successfully implemented element of MACRA, that is further helping physicians create models that are data driven with physicians in the driver’s seat.

We are still in the early stages of moving away from traditional fee for service, but these efforts continue to be embraced by the physician community who are eager to assume the risk if it means being put back in the charge within an APM to best direct care for their patients and to be judged on outcomes.

We expect to hear today from our witnesses who come from diverse backgrounds. They train and practice across the country, in rural and urban settings. Each are practicing physicians, in different arrangements and all have

worked with their organizations to provide tools and best practices that other physicians can utilize and learn from to be better positioned to succeed under MACRA.

This committee stands with the physician community in our united goal of a successfully implemented MACRA and we will continue to work with you in a bipartisan fashion to see that the law delivers on its promises.

That said, I think we should all be very excited by the work already underway by our witnesses to make tangible differences to the care delivered to the country's Medicare beneficiaries. I look forward to hearing more about their efforts and continuing to work toward a successful implementation of MACRA.