



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

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CONTACT
[CJ Young](#) (202) 225-5735

Green Remarks at Health Subcommittee Legislative Hearing

Washington, D.C. – *Energy and Commerce Health Subcommittee Ranking Member Gene Green (D-TX) delivered the following remarks today at a Health Subcommittee hearing on “Opportunities to Improve Health Care.”*

Thank you, Mr. Chairman, for holding today’s hearing on bipartisan legislation to improve the delivery and cost of health care in our country.

In particular, I am happy to see that our committee will be considering H.R. 3325, the Advancing Care for Exception Kids or “ACE” Kids Act.

I am grateful to Representatives Barton and Castor for their commitment to children with complex medical needs and their quest to improve the system of care provided to our nation’s most vulnerable population.

I am a proud original co-sponsor of the ACE Kids Act.

The ACE Kids Act aims to improve the delivery of care for children with complex medical conditions served by Medicaid.

It presents a great opportunity for us to implement better care delivery and payment models to support children and their families.

The current discussion draft would establish a Medicaid health home state option specifically targeted for children with medically complex conditions and require the Department of Health and Human Services to issue guidance regarding best practices for using out-of-state providers for children with medically complex conditions.

States that accept this new home health option for children with medically complex conditions will receive an enhanced 90 percent Federal Medical Assistance Percentage (FMAP) for the first eight fiscal year quarters after the option is adopted.

The discussion draft seeks to achieve three primary goals:

- Improve the coordination of care for children;
- Address problems with fragmented access, especially when the necessary care is only available out-of-state;
- Gather national data to help researchers improve services and treatments for children with complex medical conditions.

I want to thank our stakeholders, Texas Children's Hospital in particular, and my colleagues for moving this important legislation forward.

Children with medically complex conditions require a lot of health care and generate significant costs. One study found that children with complex medical conditions, who count for just over five percent of all children in Medicaid, account for 34 percent of all Medicaid spending for children.

While the data is compelling, it is important not to reduce these children and their families to statistics.

We must do a better job to ensure that all of these exceptional kids get the care they need.

Children with medically complex conditions often have multiple illness and disabilities, and commonly need to see a number of specialists and physicians. The necessary care often requires these special children to travel across state lines to see one of the small number of pediatric specialists for their conditions.

Under the current system, parents of kids with complex conditions struggle to coordinate the intricate, multi-state care of their children.

We need this legislation to make this care more coordinate and seamless for families.

This discuss draft is an important step forward.

We must ensure that the final legislation is robust and meaningful to accomplish our shared goals of improving care and removing barriers for children with complex medical conditions.

The ACE Kids Act now has 99 cosponsors, evidence that the health of our children is an issue that is above partisanship and brings us all together.

I look forward to working with my colleagues to move this legislation forward and give our children the bright futures they deserve.

I support the other four bills and discussion drafts being considered today.

Many of these bills, including H.R. 3891, which would expand the authority of state Medicaid Fraud Control Units to investigate and prosecute Medicaid fraud and abuse in non-institutional settings, and the discussion draft to codify the Health Fraud Prevention Partnership (HFPP), are commonsense changes to current law and should receive wide bipartisan support.

I also support the discussion draft to prohibit the use of so-called “Gag Clauses” in Medicare and private health insurance plans that prohibit pharmacists from informing consumers that their prescription can be purchased for a lower price out-of-pocket.

While I support the “gag clause” discussion draft, I hope that the committee will consider a deeper examination on the rising costs of prescription drugs and consider what Congress can do to help seniors struggling to afford their medication.

This is a major issue for seniors in my district in Houston and Harris County.

I thank our witnesses for joining us today and look forward to hearing their testimony.

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

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