

**Republican Leader Michael C. Burgess, M.D.
Energy and Commerce Health Subcommittee
Investing in America's Health Care
Tuesday, June 4, 2019**

Today we are considering legislation to reauthorize vital public health programs, which expire in the coming months. Community Health Centers, Teaching Health Centers, the Special Diabetes Programs, and Family-to-Family Health Information Centers are bipartisan programs that make a real impact in providing access to quality health care for Americans. The Community Health Center in my district, Health Services of North Texas, conducted more than 50 thousand patient visits for more than 14 thousand patients in 2017.

Community Health Centers are on the front lines of caring for some of the most vulnerable individuals in our communities, and there is bipartisan support for extending this and other public health programs. Reauthorizing these programs can take a substantial amount of time, and I certainly hope that we will be able to accomplish these

reauthorizations prior to the end of the fiscal year. I do remain concerned, however, that these bills have funding increases but include no offsets. Additionally, the language in the Community Health Centers reauthorization bill does not include Hyde protections, which have long been bipartisan and were included in the Alexander-Murray Senate companion bill. By not including these protections, the Majority puts the effort to reauthorize these critical programs at risk, and I worry about the ability to move them all forward if that position does change.

Again, I do hope that we can work in a bipartisan manner to get these reauthorizations across the finish line in a timely manner. In an effort to do so, I introduced H.R. 2700, which would use the \$5 billion in offsets from the drug pricing bills that passed through this Committee with unanimous support to pay for one year of public health extenders. While one year is not a long extension, I thought it was important to show our commitment to reauthorizing these programs in a fiscally

responsible way. In fact, every Republican member of the Energy and Commerce Committee is a cosponsor of H.R. 2700.

The Patient-Centered Outcomes Research Institute is another program up for reauthorization. I am particularly interested in learning from our witnesses what the return on investment has been, and what we have learned from comparative clinical effectiveness research.

Additionally, there are a number of Medicaid deadlines looming, the most significant of which is for mandatory cuts to Disproportionate Share Hospitals. The Majority bill before us today, H.R. 3022, entirely eliminates the DSH cuts. I am supportive of delaying DSH cuts for two years or repealing them for two years as Rep. Olson does in H.R. 3054. However, eliminating the cuts entirely would prove a costly task and preclude us from making any valuable changes - changes DSH payments desperately need if they are to have a meaningful relationship to the level of uncompensated care actually being provided at the state level.

A two-year delay would provide Congress with ample time to revisit DSH and make any changes necessary to improve upon both efficiency and effectiveness. MACPAC recently recommended three policy changes to improve the structure of these DSH allotment reductions, and we should take the time to revisit this topic and engage with stakeholders to pave a smooth path forward.

Another Medicaid topic that is absent from today's conversation is reauthorizing Medicaid for Puerto Rico and our other territories. We must remember that the individuals reliant upon Medicaid in the territories are American citizens, and that they are some of the most vulnerable. Letting Medicaid funding for these individuals lapse would be disappointing and unfair to those living in our territories. And let me be clear, finding enough money to adequately fund the territories will be much more difficult if we are paying for a permanent elimination of the DSH Cuts, etc.

Reauthorizing the public health programs and delaying DSH cuts are important in maintaining access to quality health care for Americans. I hope that we will be able to work in a bipartisan way to ensure that we get legislation to the President's desk prior to the end of the fiscal year. I remain concerned that the total cost of these bills could exceed \$50 billion and that no offsets have been identified to pay for these policies. Additionally, we have another \$8-10 billion at a minimum, we will have to spend on Medicaid funding for the territories. I hope we can work together to resolve these issues before the end of September so that we can keep our promise to the Americans who rely upon these programs and resources.