

**Opening Statement of Republican Leader Greg Walden
Subcommittee on Health
“Investing in America’s Health Care”
June 04, 2019**

As Prepared for Delivery

Today marks an important step forward in this committee’s work to examine legislation that strengthens our health care safety net by extending critical public health programs.

These programs, which have long enjoyed strong bipartisan support, include Community Health Centers, Teaching Health Centers, the National Health Service Corps, and the Special Diabetes Programs. Each program plays a significant role in our nation’s safety net for millions of Americans, especially the medically underserved who face barriers to care. In my rural district in Oregon, we have 12 community health centers that serve more than 240,000 Oregonians across 63 delivery sites, so we need to work together to strengthen this program and the others we are examining today. I led the effort in the last Congress to provide record funding for America’s community health centers...and we did it in a bipartisan effort.

We are also reviewing legislation that extends the Patient-Centered Outcomes Research Institute, the Excellence in Mental Health

Demonstration Program, and legislation that repeals the part of ObamaCare that requires cuts to Disproportionate Share Hospital (DSH) payments.

I want to raise a couple of concerns for my colleagues as we begin this reauthorization process. I am concerned that language in the teaching health center reauthorization bill may have some unintended consequences for the program, and the legislation reauthorizing the community health centers does not include Hyde language, which Congress has consistently supported and renewed annually on a bipartisan basis, multiple times, for decades.

In addition, I'm concerned that most of the bills we are reviewing significantly increased the authorized funding levels, but don't identify payfors to keep the promise of higher funding levels. And while we are the authorizing committee, we all know it's a false promise to set a high reauthorization level without doing the heavy lift of figuring out how to pay the bill.

Of significant concern is H.R. 3022, the Democratic bill to eliminate the DSH cuts – giving hospitals relief from cuts established under Obamacare. Let me be clear, Republicans have never supported the DSH cuts and worked successfully to prevent them, but we should

not surrender our ability to reform and modernize the program to ensure that funding is directed to those that need it.

In March of this year, MACPAC report's own report points out, and I quote: "The Commission has long held that DSH payments should be better targeted to hospitals that serve a high share of Medicaid-enrolled and low-income uninsured patients and have higher levels of uncompensated care, consistent with the original statutory intent of the law establishing DSH payments." We should make sure the law is working as intended.

I am pleased to see the bipartisan commitment to continue funding for the Excellence in Mental Health Demonstration. As one of the eight states to be awarded funding, Oregon has seen significant, positive results that have truly helped Oregonians. I recently met providers at a certified community behavioral health clinic in southern Oregon that is involved in this demonstration. The initial findings show they're achieving good results in the community.

So, count me as a fan. But demonstrations are created to determine if new programs actually work. We need to get the results of this demonstration before we dramatically expand it, as the legislation we're reviewing today would do by adding 11 states to the program.

My legislation, H.R. 3074, the Continuing Access to Mental and Behavioral Health Care Act, would extend funding for the original eight states for an additional two years so we can complete the demonstration project and get the data taxpayers deserve, rather than prejudge the outcome.

I'm disappointed that the committee did not include in this hearing H.R. 2700, the Lowering Prescription Drug Costs and Extending Community Health Centers and Other Public Health Priorities Act. Republicans are serious about our commitment to responsibly extend these critical public health programs with bipartisan offsets. I'm not sure why our legislation was excluded from the discussion today. We need to work together to avoid an unnecessary shutdown of these programs in September when their authorizations expire.