

Opening Statement of Republican Leader Rep. Greg Walden
Subcommittee on Health
“Legislation to Improve Americans’ Health Care Coverage and Outcomes.”
January 8, 2020

As Prepared for Delivery

At today’s hearing, we will have the opportunity to review initiatives intended to advance public health and wellness in children as well as other proposals affecting the Medicare and Medicaid programs

H.R. 2271, the Scarlett’s Sunshine on Sudden Unexpected Death Act, works to improve current efforts to further understand both sudden unexplained infant death (SUID) and sudden unexplained death in childhood (SUDC). I’d like to thank Stephanie Zarecky, the mother of Scarlett Pauley, who the bill is named after, for being here today to share Scarlett’s story. The circumstances surrounding these unfortunate tragedies are oftentimes not fully understood, which makes determining the causes of sudden deaths of infants and children very challenging. H.R. 2271 would improve the comprehensiveness and standardization of child and infant death investigations. As someone who has lost a child, I can’t imagine the added heartache of a child’s death being without any explanation. My hope is this legislation will help us find those answers and prevent those deaths in the future.

In addition to H.R. 2271, we will review H.R. 4801, the Healthy Start Reauthorization Act, which reauthorizes grants to state and local organizations to provide services and supports that reduce infant mortality and improve pregnancy outcomes.

We will also review H.R. 2468, the School-Based Allergies and Asthma Management Program Act. This bill authorizes the Department of Health and Human Services in making asthma-related grants to give preference to a state with comprehensive school-based allergy and asthma management programs that include on-site personnel trained in the administration of allergy and asthma rescue medications.

We will also review H.R.1379, the Ensuring Lasting Smiles Act, which would ensure children with congenital anomalies have their medically necessary treatment covered by private health insurance. Last year I met with Dr. Keith Krueger, a surgeon in central Oregon, about this issue and heard the frustrations of his patients—and their parents—who had to fight too hard just to get their treatment covered. I think my colleagues on both sides of the aisle would agree that the language in this bill could be improved to avoid any unintended consequences, but I do believe we should fix this issue and give patients the peace of mind that their care will be covered.

We will also review H.R. 3935, the Protecting Patients Transportation to Care Act, which codifies in statute the Nonemergency Medical Transportation benefit for States, which has the odd distinction of being a mandatory benefit that is not in the statute but instead established through regulation. I am glad that we are having a hearing on this bill as it is critical that we hear from states and the communities served by the this benefit as to how it is working and what value it brings to the Medicaid program.

Next, there is H.R. 2477, the BENES Act, which seeks to better align enrollment under Medicare Part B. The bill also seeks to provide more outreach to those eligible for Medicare Part B to sign up as soon as an individual is eligible and attempts to mitigate enrollment penalties for those who do not sign up in time. The version of the bill we are considering today and what has been reported out of Ways and Means are both improvements over previously introduced versions and I look forward to negotiating the language if the majority chooses to proceed to a markup.

Finally, we will review H.R. 5534, which Dr. Burgess has championed for years and is a great example of how Medicare rules can be nonsensical. Individuals who have received a kidney transplant require immunosuppressive drugs for the rest of their life in order to

minimize the risk of their immune system rejecting the kidney.

Unfortunately, Medicare currently only provides payment for immunosuppressive drugs for three years while providing coverage for a lifetime of dialysis treatments. So, Medicare will currently pay for dialysis, pay for a transplant, pay for the drugs for three years and then stop paying so patients are more likely to lose their transplanted kidney and then guess what? Medicare goes back to paying for dialysis, will pay for a new transplant and then three more years of drug coverage.

Extending immunosuppressive drug coverage for the lifetime of kidney patients is a cost-effective way for the federal government to improve clinical outcomes for those with End-Stage Renal Disease. Despite decades of legislative efforts and supporting clinical data, extending coverage for immunosuppressive drugs has not been passed into law. But I am pleased we are reviewing this bill today and hopefully we can change that this year.

Taken together these bills demonstrate this committee's commitment to addressing improved health outcomes in children and Medicare beneficiaries, and I look forward to hearing from our witnesses on these initiatives.