

**Opening Statement of The Honorable Brett Guthrie
Subcommittee on Health Hearing
“Empowered by Data: Legislation to Advance Equity and Public Health”
June 24, 2021**

As Prepared for Delivery

Thank you, Chair Eshoo, for holding this important hearing today.

Before us today we have several bills pertaining to social determinants of health (SDOH) as well as collecting health data. I look forward to hearing from the witnesses regarding these bills.

As currently defined by the CDC, social determinants of health are conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of-life-risks and outcomes. I have seen and heard firsthand the benefits that Medicare Advantage can do to help address social determinants of health for seniors.

For example, a recent study showed that Medicare Advantage plans continue to offer supplemental benefits that help Americans with their social determinants of health. Specifically, the study found 27% of MA plans offered in-home services, 57% offered meal delivery, 57% offered transportation services, and 11% offered home-modification. Additionally, they found that 94% of plans now offer

telehealth as a base benefit. These benefits can continue without policy changes or site of service restrictions post-pandemic.

Since 2015, I have led the bipartisan member letter in support of MA. Historically, we have had record numbers of members join these efforts. In fact, in 2020, we had over 300 members sign the annual letter to HHS in support of the program. It has been a bipartisan effort, and I want to take this opportunity to thank Representatives Cardenas, Blumenauer, and Kelly for all their hard work on this letter. Medicare Advantage has demonstrated how successful private insurance plans can be if given the proper flexibilities.

That is, if my colleagues do not force Medicare for All on Americans and take away this choice for the nearly 29 million beneficiaries—nearly half the eligible Medicare population that is estimated to choose MA for 2022. Medicare for All would prevent these 29 million Americans from choosing this option that provides quality health care and supplemental services that help address social determinants of health. Medicare for All will lead to worse care for seniors, longer wait times, and diminish patient control over their own health care.

Today we are also considering several health data bills. Useful health data is important, but some of the bills before us today are too narrow in scope to address future pandemics and are duplicative of current efforts. In addition, it does not seem there is a consensus on who needs to collect what data, how it will be used, and who will have access to it, and how to do that in a way that doesn't add more administrative expense to our costly health care system. COVID-19 shed light on the need for more public health data infrastructure, and we must use lessons learned to prepare for future pandemics rather than continuing to focus on COVID-19 specific authorities and programs.

For example, H.R. 778 would establish new CDC grants to states that choose to develop and use digital contact tracing technology for COVID-19 contact tracing program efforts, which seems duplicative of programs that have already been funded in response to the COVID-19 pandemic. CDC has already received funds to do just that, and we should first evaluate how those funds have been spent.

Additionally, H.R. 791, the Tracking COVID-19 Variants Act includes provisions that would require the CDC to issue guidance regarding collaborations and data-sharing for COVID-19 sequencing, while further enacting a pilot program

by expanding existing data linkages. Data sequencing is already being done on variants today.

Further, H.R. 976, the ETHIC Act would retroactively require states to report specific COVID-19 data to the CDC as a condition of receiving certain COVID-19 funding. Currently, states are already required to report some of this data.

I'm looking forward to examining Mr. Curtis' bipartisan legislation, H.R. 3969, which would allow spending on social determinants of health to be included in health insurance plans' medical loss ratio calculation. I'm also interested in hearing how we can build on ideas like H.R. 3969 to encourage other insurance plans, like Medicare Advantage and Medicaid Managed Care Organizations, to take further actions to support social determinants of health.

I'm also looking forward to discussing Dr. Burgess' bill, the Social Determinants of Health Data Analysis Act, which would require the GAO to report on the actions taken by the Secretary of HHS to address social determinants of health.

In closing, I look forward to working in a bipartisan way to help improve America's public health infrastructure, so we are better prepared and ready to address the next pandemic. As we work on this, we need to ensure Americans' hard-earned taxpayer dollars are being used efficiently and not on duplicate efforts. I look forward to having a productive discussion today on how to have better health care data and address social determinants of health.