

**The Honorable Brett Guthrie**  
**Subcommittee on Health Hearing**  
“Enhancing Public Health: Legislation to Protect Children and Families”  
October 20, 2021  
*As Prepared for Delivery*

Chair Eshoo, thank you for holding this important hearing.

Before us today we have several public health bills pertaining to critical prevention and early detection efforts for children and families. Before I get into those bills, I would like to draw attention to the partisan health policies currently being drafted by Democrats behind closed doors in Washington.

My colleagues on the other side of the aisle are trying to pass a reckless tax and spending spree package that would get the government more involved in Americans’ lives, including in their health care. The Democrats’ bill would cost an estimated \$4.3 trillion and, according to a Congressional Budget Office letter received yesterday, this bill will lead to 2.8 million Americans losing their employer-based health insurance. **Further**, this spending bill is a stepping-stone for a government-run, one-size-fits all health care system that could lead to millions more losing their employer or union sponsored health insurance, along with their doctors.

I have been a longtime supporter of increasing health care access for patients and allowing patients to keep the doctor of their choice. I believe we need to modernize, personalize, and improve health care – not let the government take it over. That would lead to worse care, longer waits, and fewer choices.

**Further**, including H.R. 3 in the Democrats’ reckless spending bill would stifle innovation for finding new cures and result in fewer new treatments. I strongly believe in investing in biomedical research to discover innovative solutions to prevent, detect, and treat disease. Innovation improves health outcomes and saves lives. The Democrats’ drug pricing scheme would do the opposite and destroy innovation.

Today we are taking a step in the right direction by examining several important bipartisan public health initiatives.

Since 2015, I have been proud to lead along with my colleague, Representative Doris Matsui, **the Early Hearing Detection and Intervention Reauthorization Act**, or EHDI (ed-ee). This bipartisan bill would provide early diagnosis, intervention, and treatment for children with hearing loss.

Nearly 3 out of every 1,000 children in the U.S. are born with a detectable level of hearing loss in one or both ears.

Before the EHDI program began two decades ago, only 46.5% of infants were screened for hearing loss. Thankfully, due to the success of the program, 98% of infants are now screened.

However, follow up treatments continue to be a concern with only 67% of infants receiving early intervention treatment.

It is essential that infants are screened early for hearing loss and receive necessary intervention services in a timely manner so families can get the appropriate care needed.

**Additionally**, I am honored to cosponsor H.R. 1193, the Cardiovascular Advances in Research and Opportunities Legacy Act or CAROL Act.

Despite having long been a supporter of legislation that promotes health research, these efforts became much more personal for Rep. Andy Barr when he tragically lost his wife Carol to sudden cardiac arrest in June 2020.

Inspired her extraordinary life, he introduced H.R. 1193, the Cardiovascular Advances in Research and Opportunities Legacy Act (CAROL Act).

The CAROL Act will address the gaps in understanding about valvular heart disease by authorizing a grant program, administered by the National Heart, Lung, and Blood Institute, to support research on valvular heart disease, including MVP.

The bill has garnered the support of 167 bipartisan Members of Congress, including many on this Committee. Companion legislation was introduced in the Senate by Minority Leader Mitch McConnell and Senator Krysten Sinema.

This legislation would help other families avoid the tragedy that has so profoundly impacted Andy's family and so many others throughout the country.

**In closing**, we do have bipartisan and successful public health programs that should continue. Before Congress authorizes new programs, we need to ensure that current programs are impactful, funds are spent appropriately, and reform or improvements to a program are evaluated. We've learned time and time again that throwing money at a problem is not an effective way to solve issues or a good use of taxpayer dollars.

I yield back.