

**Congresswoman Cathy McMorris Rodgers**  
**Health Subcommittee Hearing 9.19.23**  
**Opening Statement**  
*As Prepared for Delivery*

**INTRO**

Good morning.

We have all heard from patients who are unable to access the medicines or devices they need to improve their lives.

It is because of bureaucratic red tape and a Medicare program that is struggling to keep up with innovation.

In our July hearing, we heard from Sue Wronsky (Ron-Ski), a patient advocate and caretaker, who told her story about her mother, Lynn's, battle with Alzheimer's.

Millions of Alzheimer's patients today stand to benefit from newly approved treatments... treatments that Lynn never had the chance to receive.

Today, we're following up that conversation with doctors, patients, innovators, and caregivers.

We will hear from Dr. Dora Hughes from CMS who can hopefully shed light on CMS's unprecedented coverage policies which are limiting seniors' access to these FDA-approved drugs.

We are also interested in learning more from Dr. Hughes about CMS coverage policies, including the recent TCET [**T-Set**] proposed notice.

This has come more than two and half years after CMS delayed and ultimately repealed the MCIT [*M-Sit*] policy, which would have created a predictable transitional coverage policy for innovative technologies.

## **BIPARTISAN BILLS**

We are all worried about seniors' access to innovative new technologies.

We're going to discuss a lengthy list of bills, of which 16 are bipartisan or led by Democrats.

And I am hopeful that we can build more bipartisan support for many of the remaining bills in the weeks and months to come.

For example, we would welcome Democrats to join legislation that

- allows seniors to continue to access the same technologies that they had access to on commercial insurance....
- permits seniors to upgrade their wheelchairs to increase their mobility and potentially improve their quality of life...
- improves home infusion care safely in their homes...
- and supports a number of Medicare Part D and PBM policies that have received bipartisan support in the Senate.

These are policies that can help patients access innovative drugs and technologies and are distinct from major policies – like the price setting scheme in the IRA – which we disagree on.

I am also glad we are including several bills on the Medicare Part D program, especially following the troubling report from GAO that

found patients are paying more for their drugs than insurance companies.

## **WORK TO COME**

And while I'm glad that so many members on both sides of the aisle have brought forward ideas that we will discuss today, a lot more work will need to be done.

A number of the bills before us would increase what seniors pay, as well as Medicare spending, unless we are able to find reductions elsewhere.

There are a lot of big ideas, and we may need to think through steps to get us to where these bills want to go. Today is focused on taking a first step.

It will take stakeholders and members rolling up their sleeves and working together to start making progress.

Nobody wants to see their family and friends lose access to lifesaving and life-improving care when they age into Medicare.

## **MEDICARE FOR ALL**

Today's hearing, and the number of bills being considered, should also be a warning about dangerous Medicare-for-All proposals.

Imagine if it was up to the federal government to decide what treatment was covered for every American?

Without other options for coverage— and being at the mercy of a health care bureaucracy — you'd have to lobby your congressman to pass legislation if you wanted to change the coverage policy.

## **CLOSING**

Once again, E&C is leading the way on health care issues top of mind for Americans.

From addressing the fentanyl crisis, working together on price transparency and addressing consolidation in health care...

... to making sure seniors have access to innovative medicines and technology...

... I am proud of the work this committee has done and look forward to continuing it today.