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ONE HUNDRED EIGHTEENTH CONGRESS
Congress of the United States
House of Representatives
COMMITTEE ON ENERGY AND COMMERCE
2125 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-6115
Majority (202) 225-3641
Minority (202) 225-2927

March 1, 2024

Ms. Katie Martin, MPA
President and CEO
Health Care Cost Institute
1100 G Street, NW, Suite 600
Washington, DC 20005

Dear Ms. Martin:

Thank you for appearing before the Subcommittee on Health on Wednesday, January 31, 2024, to testify at the hearing entitled “Health Care Spending in the United States: Unsustainable for Patients, Employers, and Taxpayers.”

Pursuant to the Rules of the Committee on Energy and Commerce, the hearing record remains open for ten business days to permit Members to submit additional questions for the record, which are attached. The format of your responses to these questions should be as follows: (1) the name of the Member whose question you are addressing, (2) the complete text of the question you are addressing in bold, and (3) your answer to that question in plain text.

To facilitate the printing of the hearing record, please respond to these questions with a transmittal letter by the close of business on Friday, March 15, 2024. Your responses should be mailed to Emma Schultheis, Legislative Clerk, Committee on Energy and Commerce, 2125 Rayburn House Office Building, Washington, DC 20515 and e-mailed in Word format to Emma.Schultheis@mail.house.gov.

Thank you again for your time and effort preparing and delivering testimony before the Subcommittee.

Sincerely,



Brett Guthrie
Chair
Subcommittee on Health

cc: Anna Eshoo, Ranking Member, Subcommittee on Health

Attachment

Attachment — Additional Questions for the Record

The Honorable Dan Crenshaw

1. Ms. Martin, would you agree with Dr. Ippolito's assessment that cost efficiency should be an important point of evaluation for services like primary care?
 - a. Do you have any data about whether the availability of lower cost services (like primary care), drive more utilization? What are the other factors that have to be considered?
 - i. *See Comparing Price and Use Indices, Updated June 2023:*
<https://healthcostinstitute.org/hcci-originals/hmi-interactive#HMI-Price-and-Use> "Variation in use levels could result from underlying differences in the health characteristics of the population, the supply of providers, provider practice patterns, or some combination of these factors. And while relatively high prices likely contribute to higher spending in both areas, examining the different drivers of use in these two areas could give stakeholders a deeper understanding of what causes differences in their spending levels."
 - ii. *See Healthy Market Index, Health Care Spending:*
<https://healthcostinstitute.org/hcci-originals/hmi-interactive#HMI-Spending-Price-Index> "4. Compared to 2017, prices in 2021 were higher in nearly all metro areas. On average, prices increased by 9% between 2017 and 2021. In 18 metro areas (10%), prices grew more than 15% during this period....We found that the amount of price growth in a metro area was not consistently related to whether or not the area had high or low prices in 2021. Of the 183 metro areas we studied, 48% experienced above-average price growth throughout the study period. The relationship between price in 2021 and cumulative price growth between 2017 to 2021 is shown in the scatterplot on your right."