Committee on Energy and Commerce
Opening Statement as Prepared for Delivery
of
Subcommittee on Health Ranking Member Anna Eshoo

Markup of 23 Bills, Subcommittee on Health

May 16, 2024

Good morning, colleagues. Today, we will consider 23 bills, with most being bipartisan. These important bills will help the oldest and youngest among us receive high quality care. First, we'll consider several bills to extend Medicare coverage for telehealth, cardiac rehabilitation, and remote patient monitoring.

Second, we'll consider the Accelerating Kids' Access to Care Act, sponsored by Reps. Trahan and Miller-Meeks. This bill needs to become law because it will allow children with Medicaid coverage to receive lifesaving specialized care across state lines.

Third, we'll consider three bills to improve access to lifesaving treatments for people with a rare disease, especially children.

Earlier this Congress, I, along with the chair of the Childhood Cancer Caucus, Rep. Michael McCaul, introduced a package of bipartisan bills to make sure that children with rare diseases receive safe and effective treatment. First, we introduced the Give Kids a Chance Act to authorize the FDA to direct clinical trials of combination therapies in children. Currently, the FDA can direct trials of combination therapies for adults, but not for children. Our bill gives FDA that authority.

Today, more than half of the House – 232 bipartisan members – has cosponsored the bill and every member of this Committee voted for it as part of user fees last Congress. Give Kids a Chance will be marked up today and I look forward to this bill becoming law this year.

Second, we introduced the "carrot" of the Creating Hope Reauthorization Act to continue incentives for pediatric research by granting valuable priority review vouchers to drug makers who market treatments for rare pediatric disease. Creating Hope will also be marked up today. Third, we introduced the "stick" of the Innovation in Pediatric Drugs Act. This legislation requires drugs for rare diseases to be studied in children after being approved for adults. The legislation also puts kids on an equal playing field with adults by allowing FDA to enforce post-market pediatric studies the same way the FDA enforces required post-market studies for adults.

Unfortunately, we haven't reached a bipartisan agreement yet on this bill and it was not included in the markup. I plan to offer it as an amendment and to continue bipartisan negotiations so a complete package of bills can be brought to the Full Committee. The package should preserve the delicate balance between ensuring pediatric research is conducted on drugs approved for adults, while also providing financial incentives for the companies who do the hard work of creating new pediatric products.

This is the model that Congress has used successfully for pediatric research for over 20 years since the passage of the Pediatric Research Equity Act and the Best Pharmaceuticals for Children Act. Over 1,110 drug labels have been updated to reflect new pediatric information since BPCA and PREA took effect. We should use the same model and approach today. I look forward to a productive markup and I yield back.