

Committee on Energy and Commerce
Opening Statement as Prepared for Delivery
of
Full Committee Ranking Member Frank Pallone

Markup of 23 Bills, Subcommittee on Health

May 16, 2024

Today the Subcommittee will mark up 23 bills – many that I will support and others that I will unfortunately have to oppose.

We will begin by considering bipartisan telehealth legislation that would expand access to telehealth services for two additional years. The expansion of telehealth flexibilities has allowed Medicare beneficiaries to continue to receive telehealth services and help advance health equity by providing critical services to hard-to-reach populations and underserved communities.

The bipartisan legislation we are considering today would extend key telehealth flexibilities for two additional years until the end of 2026. As Congress continues to extend these flexibilities, it is critical that we assess and monitor the quality of telehealth services to ensure that Medicare beneficiaries are receiving high-value, high quality care. I am pleased the legislation we are considering today gives the Centers for Medicare & Medicaid Services (CMS) the tools necessary to do this important work. I am also pleased that the legislation will help strengthen program integrity by requiring CMS to collect additional data elements.

Expanding access to telehealth is important but we also need to make sure that patients can access these services. And that's why I'm deeply concerned that the House Republican leadership has refused to extend the Affordable Connectivity Program, which makes internet access more affordable for more than 24 million American households. It's time for my Republican colleagues to join Democrats and renew funding for this critical program.

We are also considering several Medicare bills that are likely to have scoring implications, and we still don't have feedback from the Congressional Budget Office. While we will advance these proposals on a bipartisan basis today, it is critical these policies do not increase seniors' cost-sharing and premiums or result in cuts to the Medicare program. I will not be able to support them going forward unless we can ensure that Medicare beneficiaries are fully protected from any cost increases.

I am also pleased that we will mark up H.R. 4758, the Accelerating Kids' Access to Care Act. This common sense, bipartisan legislation will help children receive the care they need and give their parents and caretakers one less challenge to navigate. I look forward to working with Chair Rodgers and the sponsors, Representatives Trahan and Miller-Meeks, to get this bill signed into law.

Next, we will consider several bills that amend the Food and Drug Administration's authorities. Some of these bills, like the RARE Act, have been the result of significant bipartisan efforts to come to an agreement on meaningful policies. However, the overall package of legislation included here does not appropriately balance incentives for drug companies and their responsibilities to ensure the needs of pediatric patients are met. My Republican colleagues have included H.R. 7384, which reauthorizes the Rare Pediatric Disease Priority Review Voucher program without having concrete evidence that the program has been effective in stimulating development or providing expedited patient access to these drugs. We have said since the last reauthorization that we would need to carefully scrutinize whether this program achieved the impact Congress intended, but I don't think that has been done.

We nonetheless tried to work to get to a bipartisan agreement, but unfortunately, my Republican colleagues have refused to work with us. Republicans should have included Ranking Member Eshoo's bill, the Innovation in Pediatric Drugs Act, which requires drugs for rare diseases to be studied in children, and provides FDA with the authority to penalize companies that do not complete their required pediatric studies on time. If we are talking about getting more innovative pediatric drugs to market, we need to address the barriers in current law to this drug development. Including this legislation in our markup today would have provided the appropriate balance needed in this discussion. Unfortunately, our Republican colleagues were unwilling to work with us to come to an agreement on any of the pieces of Ranking Member Eshoo's bill. That is disappointing, and for this reason I will not support H.R. 7384 today.

It is also disappointing that we are marking up two bills that would have a negative effect on nursing home quality of care. H.R. 3227 and H.R. 468 would unwind basic but important protections for training and employing nurse aides in nursing homes. Doing away with these protections does not solve nursing home staffing challenges, it just creates a race to the bottom. It leaves nurse aides to work in increasingly unsafe and understaffed settings, and elderly and disabled Americans without the quality care they deserve.

And with that I yield back the balance of my time.