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

***Hearing on "Checking-In on CMMI: Assessing the Transition to Value-Based Care"***

**June 13, 2024**

We begin today with good news: the Supreme Court has unanimously upheld women's access to the mifepristone abortion pill and kept intact the FDA's authority to approve and regulate drugs based on *science*. This is a victory for women and families across our nation.

Now, we'll discuss the Center for Medicare and Medicaid Innovation, also known as CMMI.

Welcome to our distinguished witness Dr. Liz Fowler, Deputy Administrator and Director of CMMI, who is testifying before our Subcommittee for the first time.

Medicare is the bedrock of our nation's social safety net. It serves 65 million Americans, with approximately 10,000 Americans enrolling every day.

It's our Subcommittee's mission to strengthen and improve Medicare without compromising the quality health care patients rely on and deserve.

I've seen first-hand what Medicare provided for my mother and father and the peace of mind they had with that card in their wallet.

All Medicare patients deserve to have the same peace of mind my parents did.

The Center for Medicare and Medicaid Innovation was created with that aim. The Affordable Care Act (ACA) gave Medicare and Medicaid the ability to create new payment models focused on improving the quality of health care by paying for better patient outcomes, rather than volume of care.

Before the ACA, Medicare and Medicaid paid for health care in a way that encouraged more services, whether they improved health or not.

CMS was also reliant on Congress to pass new laws each time it wanted to test a new payment model, constraining the federal government's ability to be nimble and find better ways to deliver care.

Today, more than 41.5 million patients with health coverage through Medicare, Medicaid, and private health insurance have received care from one of the 314,000 physicians and plans that participate in CMMI's programs.

CMMI has also tested over 50 new ways to improve health care and lower costs, many of which generated savings for taxpayers.

One successful model stemming from CMMI is Accountable Care Organizations or ACOs. ACOs allow physicians, hospitals, and other entities in the health care system to coordinate care for a patient to prevent complications or unnecessary hospitalizations. If they provide high quality care to their patients at a lower cost, then they get to keep some of the savings.

Another example is the $35 insulin cap that all Medicare patients now enjoy thanks to the Inflation Reduction Act. The insulin cap is rooted in successful, voluntary CMMI models established in 2020 that lowered insulin costs for patients with Medicare Part D. About half of Medicare Part D and Medicare Advantage plans participated in this model.

Much of today's hearing will focus on the recent CBO finding that CMMI cost the government $5.4 billion more than it saved in its first ten years. While these costs deserve critical discussion, it's also important to discuss what has worked for CMMI, including how it has been shielded from political winds and the annual budget process through its mandatory funding and statutory mandate to experiment.

I look forward to hearing from Dr. Fowler today on how we can continue our bipartisan work to ensure CMMI reaches its full potential, because patients are counting on us.

Thank you and I yield back.