Committee on Energy and Commerce

Opening Statement as Prepared for Delivery
of
Full Committee Ranking Member Frank Pallone, Jr.

Hearing on " Examining Legislative Proposals to Reform Medicare Provider Payment and Bolster Health Care Cybersecurity "

September 15, 2026

This is our last Health Subcommittee Hearing before House Republicans send us back to our districts until after the election. It's important as we discuss these legislative proposals today that we NOT forget that Republicans' Big Ugly Bill cut Americans' health care by more than $1 trillion – the largest cut in our nation's history. These massive cuts will result in 15 million people losing their health care. Insurance premiums spiked for 20 million people at the beginning of this year because Republicans refused to extend the ACA tax credits.

While Republicans are holding a hearing to discuss the challenges that providers face in the Medicare physician fee schedule, hospitals and clinics are closing in record numbers across the nation because of Republicans' health care cuts. Approximately 10,000 health care workers have already been laid off and another 300 hospitals, clinics, and home care providers are closing down altogether or reducing services.

So that's the health care environment that we face today. Let me get to the bills we are considering. We will discuss a number of bills that would reform and modernize the Medicare physician fee schedule. When Congress passed the Medicare Access and CHIP Reauthorization Act or MACRA, there was hope that it would stop that roller coaster of payment cuts and create a system for reliable Medicare payments to health care providers based on the quality of care that patients received.

A fundamental portion of MACRA was the Merit-based Incentive Payment System. This system was intended to provide better pay for health care providers who provide better care. In reality this system has appeared to create additional administrative burdens for providers without producing significant improvements in patient care.

I believe any reforms to the Medicare physician payment system needs to ensure that Medicare remains viable while ensuring that patients receive quality care and doctors receive fair compensation. Any changes to the payment system should also improve how we evaluate the quality of care seniors receive without imposing burdensome administrative requirements on physicians. At the end of the day, Congress must prioritize access to high-quality care for all Medicare beneficiaries when and where they need it, and we must ensure any changes we are considering today do not result in increases in Medicare beneficiaries' premiums or out-of-pocket costs.

We will also consider legislation that would require Medicare coverage of Alzheimer's disease early detection screening tests. These tests have the potential to offer a transformative approach to early Alzheimer's screening. Any further changes to this bill must ensure it does not hinder the Centers for Medicare & Medicaid Services' ability to collect data and real-word evidence to inform coverage determinations and must also treat all Medicare beneficiaries equitably.

We are also considering two health care cybersecurity bills intended to enhance health care privacy and better protect our health care infrastructure from cyber attacks and intrusions. I continue to believe that we should address online privacy holistically, of which health care privacy is an integral and essential aspect of these efforts, but I am looking forward to the discussion today and believe we must find bipartisan solutions on this issue.

I also believe that Medicare beneficiaries should have access to routine services they need in the most accessible locations, including their local pharmacies, and I believe H.R. 3164 can help to do that.

Turning to public health, we will consider a bill that would help prepare rural providers to handle obstetric emergencies, and another bill that would help develop a comprehensive strategy to prevent, diagnose, treat, and cure epilepsy, one of the most common neurological conditions in the United States.

I look forward to the discussion today, and I yield back.