



# Chairman Hal Rogers

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## House Committee on Appropriations

**Fiscal Year 2016 Budget Hearing – Department of Health and Human Services  
February 25, 2015  
Opening Statement As Prepared**

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Mr. Chairman, thank you for yielding, and congratulations on your first hearing at the helm of the Labor-HHS subcommittee. Secretary Burwell, welcome. I appreciate you being with us today to discuss the Fiscal Year 2016 budget request for the Department of Health and Human Services. Undoubtedly, you have taken the reins of this agency during a tumultuous time in its history:

- The rollout of the President's health care law has been undeniably underwhelming. Our health care costs remain among the highest in the developed world, and despite ObamaCare's broad reach and unfathomable price tag, many still remain without access to basic health services - particularly in rural areas.
- In the face of numerous public health challenges -- from the Ebola outbreak abroad to the epidemic of prescription drug abuse here at home -- we're facing a budget crunch that requires tough decisions in order to maintain continued investment in life-saving and breakthrough medical research, as well as prevention and treatment initiatives.
- Unquestionably, much of this crunch is driven by unsustainable growth in mandatory spending - which hamstrings all of us as we seek to make these tough calls. Unfortunately, we've seen no leadership from the White House or your agency to address the billion-dollar elephant in the room.

All of that to say - your challenges are many, and I look forward to hearing how you plan to tackle these issues, which play so prominent a role in the lives of every American.

In particular, I would like to thank you for your attention to the issue of prescription drug abuse – which has been designated by CDC as a national epidemic. You have personally spoken about the need to address this crisis, and I know many are anxiously awaiting your comments at this year's Rx Drug Abuse Summit in Atlanta. Your budget request reflects your commitment to doing your part in a holistic, multi-pronged federal response. I have long advocated that treatment and education need to play a critical role in this unique public health challenge, and CDC, SAMSHA, ONC and AHRQ – along with the research branches of your agency – all have a part to play. I am also pleased that HHS is focusing on leveraging our existing state-run prescription drug monitoring programs with new e-health technologies to make PDMPs more user-friendly for the medical community, and encouraging the development of evidence-based opioid prescribing guidelines to ensure that these powerful, addictive medications are being

appropriately and safely prescribed. I look forward to hearing more about this \$99 million interagency initiative, and working with you on this shared goal.

Of course, we also want to hear about ObamaCare. As predicted, since its passage, there have been many hiccups and issues with its implementation. Many of my constituents who were promised by President Obama that they could “keep their plan” and “keep their doctor” are upset because their plans have been canceled and they no longer have access to their doctor of choice. Premiums have also increased dramatically, and my constituents are paying more for less health insurance coverage. Hospitals in my area are starting to see more and more bad debt: because patients can’t afford the incredibly high deductibles required by their new health insurance plans, hospital bills are going unpaid. I fear, unfortunately, that this situation is not unique to Southern and Eastern Kentucky. While issues like these continue to unfold around the country, this year’s budget requests more money to feed this monster. For the Centers for Medicare and Medicaid Services Program Management, the 2016 budget requests \$4.2 billion, an increase of \$270 million. This type of growth is simply unsustainable.

In addition, your request included several added user fees that will wreak havoc on health care providers -- especially those in rural communities. One example is the Administration’s proposal to collect a user fee for each purchase of 340B drugs from entities participating in the Drug Pricing Program. The budget claims this money will be used to enhance the program’s integrity efforts, and yet the FY15 Omnibus provided \$10 million in discretionary funding for this very purpose. Trying to collect this fee from doctors and hospitals that are providing health care services to disadvantaged and rural communities just doesn’t make sense.

Finally, the budget also proposes changes to Critical Access Hospitals that could have a very adverse impact in rural communities. These hospitals provide care in areas with very limited health care access. Many rural people depend on the 24-hour emergency services offered by these facilities. In my District, sparsely populated and full of dangerous mountain roads, we have several Critical Access Hospitals that are doing a great job providing necessary health services to their communities. In many situations, if hospitals were not available, patients in life-threatening situations would have to drive 30 minutes to an hour to the closest medical facility with emergency services. This might mean life or death for someone experiencing a fatal heart attack or stroke. Reducing the rate at which these hospitals are reimbursed and reducing the distance requirement to maintain a Critical Access Hospital designation will have a very detrimental impact on these health care facilities and the people who depend on their services.

Madame Secretary, I look forward to hearing your testimony. Thank you, Mr. Chairman, and I yield back.

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