Thank you, Chair DeGette, for holding this hearing with the Centers for Medicare and Medicaid Services today. I would like to welcome Administrator Verma to her first appearance before the Energy and Commerce Committee.

CMS oversees the two largest federal health care programs, Medicare and Medicaid, as well as numerous other federal programs. CMS programs will impact over 145 million Americans in Fiscal Year 2020, and CMS’ budget of over $1 trillion represents more than 25 percent of the entire federal budget.

I share this information about CMS not only to emphasize the critical role that the agency plays in the nation’s health care system, but also to illustrate how we cannot possibly cover all of CMS’ work in a single hearing.

Thank you, Administrator Verma, for your commitment to promoting competition and innovation for Americans health care, and for the work that you have accomplished in your role thus far.
Just yesterday, I was pleased to see CMS’ announcement that premiums for mid-level “silver” plans will decrease four percent for 2020—a far cry from the double-digit premium increases we’ve seen in years past.

I’ve also heard from my constituents on how CMS’ “Patients over Paperwork” initiative will help providers spend more time focusing on the quality of care provided to patients rather than on overly burdensome administrative tasks.

I am also glad that CMS is strengthening the agency’s oversight of nursing homes in recent months. Last Congress, this Subcommittee examined CMS’ oversight of the quality and safety of care in nursing homes after numerous reports described instances of abuse, neglect, and substandard care occurring at nursing homes across the country.

Another critical issue affecting Americans that CMS has made a top priority is the opioid epidemic. This Committee has been at the forefront of the fight to combat the opioid crisis. Last Congress our investigative and legislative work led to the SUPPORT for Patients and Communities Act—which was signed into law one year ago tomorrow. While there is still much to be done, both legislatively and through investigations, the SUPPORT Act included important provisions relating to CMS’ role and responsibility in helping to address the opioid epidemic.
Many of the initiatives I just described share bipartisan support, which is why the title for this hearing: “Sabotage: The Trump Administration’s Attack on Health Care” is so over the top. I don’t think that anyone can reasonably categorize CMS’ efforts to protect vulnerable populations in nursing homes and assist states in fighting the opioid epidemic, as “sabotage.” Moreover, the Democrats are likely going to spend a lot of time today criticizing CMS’ recent actions relating to Medicaid demonstration projects and Section 1332 State Innovation waivers. I find it disingenuous, however, to label CMS’ commitment to strengthen its partnership with states and promote innovation as “sabotage.”

I do, however, want to take some time to discuss areas where I hope CMS will take additional action in the near future.

We are at the beginning of a flu season that will potentially be one of the worst flu seasons that we have experienced in recent years. This Subcommittee held a hearing in 2018 examining HHS’ efforts to respond to the seasonal influenza, and while CMS was not a witness at the hearing, we did learn that FDA was working with CMS to use Medicare data to compare the effectiveness of different types of flu vaccines. I have some questions for CMS today about the status of this work, and I also hope that we can hold another hearing on seasonal flu preparedness as soon as possible.
I also have questions for CMS about how the agency’s efforts to improve the interoperability of health care records will also take into consideration the sensitive nature of health care data. We appreciate the work that CMS has done to implement the 21st Century Cures Act. But, as I said in my letter to CMS with Congressman Schrader this summer, I am concerned that a recent proposed rule issued by CMS does not adequately protect consumers’ sensitive health care data.

Thank you again for being here today, and I look forward to your testimony.