

**Opening Statement of Republican Leader Greg Walden
Subcommittee on Oversight and Investigations
“Sabotage: The Trump Administration’s Attack on Health Care”
October 23, 2019**

As Prepared for Delivery

Thank you. I’d like to welcome the witness for today’s hearing—
Seema Verma, Administrator of the Centers for Medicare and Medicaid
Services (CMS). We are pleased that you are here today to discuss the
operations of CMS.

CMS is the largest administrator of health benefit programs in the
United States. It is estimated that in Fiscal Year 2020, over 145 million
Americans will receive benefits from programs administered by CMS—
including Medicare, Medicaid, the Children’s Health Insurance
Program, also known as CHIP, and the Exchanges. CMS’ budget
request for Fiscal Year 2020 was nearly \$1.7 trillion, and two of the
programs administered by CMS—Medicare and Medicaid—are
estimated to account for 86 percent of all projected spending in 2020 for
the U.S. Department of Health and Human Services (HHS).

Given the breadth of programs administered by CMS, and that these programs represent a substantial financial obligation for the federal government and the states, it is important that this committee conduct oversight of the agency that administers those programs. Last Congress, under my leadership as Chairman, we conducted oversight on a range of issues that fall under CMS' purview. It was this subcommittee that conducted the necessary oversight to help ensure that programs operate effectively, tax dollars are spent appropriately, and that Americans who benefit from these programs receive the quality of care that they deserve.

Specifically, the committee conducted oversight over programs such as Medicaid, looking at data integrity and innovation; the 340B Drug Pricing Program; hospital accrediting organizations; and, nursing homes, to name a few. The oversight of these programs consisted of letters, document requests, hearings, briefings, roundtables, meetings with stakeholders, and in some cases, reports with recommendations on ways to improve the administration and oversight of these programs.

But oversight hasn't been our only focus. Last Congress, this committee worked tirelessly on legislation to improve some of the programs and services administered by CMS. For example, we led the effort to pass the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment – or SUPPORT – for Patients and Communities Act.

Everyone knows someone impacted by the opioid crisis. Everyone pictures a different face when they think of it. There are many people who come to mind for me from stories shared at roundtables I held across Oregon - like a mother I met earlier this month in La Pine who shared a poem about the son she had recently lost to an overdose. Whether it be parents, physicians, or law enforcement officials – everyone I've talked to has a story to tell and everyone has urgency in their eyes to stop this epidemic.

Tomorrow marks the one-year anniversary of the SUPPORT Act becoming law, which is a point of pride for this committee and the Administration. But we must also remain vigilant in our efforts to

combat the opioid crisis and continue to help patients and communities move “forward with support.”

Among other things, the SUPPORT Act included provisions to strengthen law enforcement, public health, and health care financing and coverage, including under the Medicare and Medicaid programs. For example, under Section 1003, CMS, in consultation with another division within HHS, is conducting a 54-month demonstration project to increase the treatment and capacity of Medicaid providers to deliver substance use disorder treatments and recovery services. CMS’ first step to implement this section just occurred in June, when the agency announced a Notice of Funding Opportunity that provides State Medicaid agencies with information to apply for planning grants that will aid in the treatment and recovery of substance use disorders.

In addition, the 21st Century Cures Act (Cures), signed into law in December 2016, made numerous changes to Medicare and Medicaid policies, including, but not limited to, provisions impacting infusion drug reimbursement, durable medical equipment policies, telehealth,

hospital readmissions, long-term care hospitals, and reimbursement policies for hospital outpatient departments.

It is critical that we continue to have a dialogue and conduct oversight of CMS to ensure that the implementation of the SUPPORT Act, Cures, and other legislation passed by this committee are implemented and administered as intended, and on schedule. It is also important to continue our work to ensure proper administration and oversight of other programs administered by CMS.

I, again, welcome Administrator Verma and thank you for being here today. I look forward to listening to your testimony.