

Committee on Energy and Commerce
Opening Statement
of
Subcommittee on Health Ranking Member Gene Green
September 7, 2018

Health Subcommittee Markup

Thank you, Mr. Chairman, for holding today's markup on six bills and discussion drafts to improve the delivery and cost of health care.

I am happy to see that all six measures have bipartisan support and are expected to move to full committee.

In particular, I am happy to see the ACE Kids Act, H.R. 3325, being considered this morning. This legislation, introduced by Representatives Barton and Castor, will improve the delivery of care for children with complex medical conditions served by Medicaid.

I am a proud original cosponsor of ACE Kids Act.

The Amendment in the Nature of a Substitute we'll be considering today seeks to achieve three primary goals:

- Improve the coordination of care for children;
- Address problems with fragmented access, especially when the necessary care is only available out-of-state;
- Gather national data to help researchers improve services and treatments for children with complex medical conditions.

Rick Merrill with the Cook Children's Health Care System testified earlier this week that this legislation would improve health outcomes for children with complex medical conditions while decreasing costs on the overall health system.

This is smart legislation that will greatly help children with complex medical conditions, our most vulnerable population, have access to the pediatric specialists and medical care they need.

As of this morning, the ACE Kids Act now has 102 cosponsors, evidence that the health of our children is an issue that is above partisanship and brings us all together.

I look forward to the ACE Kids Act clearing our subcommittee this morning and receive strong support before the full subcommittee in the coming weeks.

I will be voting in support of the Ensuring Medicaid Provides Opportunities for Widespread Equity, Resources, and Care Act or EMPOWER Care Act, H.R. 5306, introduced by Representatives Guthrie and Dingell.

The AINS to the EMPOWER Care Act will reauthorize the successful Money Follows the Person (MFP) Rebalancing Demonstration grant program for one year at \$450 million dollars.

The MFP Program provides funding to states to help Medicaid beneficiaries receiving treatment in institutions to transition to home and community-based care

This program expired in 2016 and states have only two more years to expend existing funds.

I agree with our panelists who testified earlier this week that while it would be best to pass a multi-year reauthorization for the MFP Program, given budgetary restraints, a one-year reauthorization is far better than no reauthorization at all.

I will also be supporting the discussion draft to prohibit the use of so-called “Gag Clauses” in Medicare and private health insurance plans that prohibit pharmacists from informing consumers that their prescription can be purchased for a lower price out-of-pocket.

I thank Representative Carter and Representative Doggett, who has introduced two bills on this issue in the Ways & Means Committee, for their leadership on removing these artificial barriers between patients and their local pharmacists.

This is a major issue for seniors in my district in Houston and Harris County and I hope our committee will consider further investigations into the rising price of prescription drugs.

Thank you again, Mr. Chairman, and I yield the remainder of my time.