

**Opening Statement of Chairman Walden
Subcommittee on Health**

**“Subcommittee Vote on H.R. 3325, H.R. 3891, H.R. 5306, H.R. ___,
Strengthening the Health Care Fraud Prevention Task Force Act of 2018,
H.R. ___, To amend title XXVII of the Public Health Service Act and title
XVIII of the Social Security Act, and H.R. ___, To amend title XIX of the
Social Security Act”
September 7, 2018**

Earlier this week, we held a hearing on five bills to improve health care. Today we will take another step forward and markup those bills, plus one more.

We’ll consider a bill to prohibit the so-called “gag clauses” that have limited a pharmacist’s ability to inform a customer about the lower cost, out-of-pocket price of a prescription.

This was first brought to my attention by Michele, a pharmacist from Grants Pass, Oregon. She told me that as a pharmacist she was precluded – under certain insurance contracts – from sharing such information with consumers. Michele told me that she once even received a cease and desist letter for trying to help a child with a terminal disease access his medication. That is unacceptable.

Banning these gag clauses has bipartisan support – in both chambers – and I hope we can act on this to help lower the cost of some drugs patients rely on.

We’ll take a look at an important bill that will give the administration additional authority to better detect and stop fraud and abuse in the health care system.

We will also consider three bills in the Medicaid space that will help ensure that beneficiaries are receiving the support and care they deserve in the setting that works best for them.

Mr. Guthrie and Ms. Dingell's bill, H.R. 5306 for example, will extend funding for the Money Follows the Person Demonstration Program (MFP demonstration) in Medicaid – a popular initiative which has been very successful.

We will also consider a bill authored by Mr. Walberg and Mr. Welch, H.R. 3891, that will improve the authority of state Medicaid Fraud Control Units. This legislation would broaden the authority of these units to investigate and prosecute abuse and neglect of Medicaid beneficiaries in non-institutional or other settings, improving their ability to help protect vulnerable Medicaid patients.

We will also consider an Amendment in the Nature of a Substitute to a familiar bill authored by our full committee Vice Chairman Barton and Rep. Castor bill, H.R. 3325, the ACE Kids Act. Under current law, a Health Home state plan amendment cannot target by age or be limited to individuals in specific age range. This bill seeks to address that challenge by giving states a new option through the existing Health Home model to coordinate care for children with medically complex conditions.

Lastly, we will review a discussion draft that would allow MedPAC and MACPAC to access certain drug rebate data from CMS. The commissions contacted the committee explaining that a technical issue in law has prevented them from receiving such information and we have worked in a bipartisan fashion to correct this oversight. I believe allowing them access to such information will

only better equip them to advise Congress on drug spending under these programs and potential policy avenues to consider.

I'd like to thank both subcommittee staffs for their swift work on bringing these bills to a markup, and I look forward to advancing them to the full committee.