

**Opening Statement of the Honorable Michael C. Burgess, M.D.
Subcommittee on Health
Hearing on “Examining Bipartisan Legislation to Improve the
Medicare Program”
July 20, 2017**

(As approved for delivery)

Today we will be discussing eleven bipartisan policies led by members of this Committee. Each of these policies exemplifies our shared commitment to strengthening the Medicare program for current beneficiaries, and improving it for future generations. I would like to thank Representative Dingell for working with me on two of the bills we will be considering today—H.R. 3120, and H.R. 3263.

I have made it a top priority to improve the value of electronic health records for providers and patients, and I believe we have made great progress through policies enacted in the Medicare Access and CHIP Reauthorization Act of 2015 as well as the 21st Century Cures Act of 2016. However, there is still more to be done and H.R. 3120 will continue to move us in the right direction.

Meaningful use requirements for physicians and hospitals in the Social Security Act demand that the Secretary “seek to improve the use of electronic health records and health care quality over time by requiring more stringent measures of meaningful use.” Time has shown that simply increasing the rigor of standards does not improve the use of electronic health records or the quality of health care. As the Secretary is mandated to continue to raise the stringency of standards over time, more and more providers are likely to fall behind. Therefore, the only clear result of increasingly stringent standards for meaningful use has been an increasing need for HHS to grant more hardship waivers. H.R. 3120 will simply remove the mandate that meaningful use standards become more stringent over time and allow the Department to be

deliberative in determining how meaningful use can improve the use of EHRs and the quality of care.

Over the past five years, the Independence at Home Demonstration Program has provided Medicare beneficiaries with a unique opportunity to receive home health services that they would not otherwise be able to access. Designed in a manner that requires home care providers to improve outcomes for patients while reducing the overall cost of care, the program continues to be a standard bearer for bipartisan collaboration in improving the delivery of care for our seniors. H.R. 3263 would both extend the program for an additional two years, and allow for providers currently participating in the program to increase the number of patients that they manage under it.

I want to take a moment and speak to the two discussion drafts the subcommittee will also review today. I hope both show that the committee is open to ideas on ways to reform the Medicare program, and is willing to put in the long-term, bipartisan work necessary to fully develop these important policies. For example, reforming the payment system for the mobile collection of lab samples offers an opportunity to reduce spending, protect against program integrity vulnerabilities, and move to an episodic payment.

I hope the committee will see each of these bills offer commonsense improvements to the Medicare program, but there is one draft before us that I hope we will not have to act on and that is the discussion draft of another simple extender of the therapy caps exception process. Much like the SGR we have a policy inherent to the therapy cap that no one supports and each year we must find offsets in the Medicare program to simply protect beneficiaries from a policy harmful to their access to treatment. Also, like the SGR, this year-by-year approach is not cost effective nor does it provide needed stability for providers and their patients. As we did with the SGR, it is my hope that we can find a permanent policy solution to this issue—that work should start and be led by this Committee.

I hope members will examine these policies and provide feedback to the Committee staff.

Thank you to all of our witnesses for being here today, I look forward to hearing how each of the bills we are considering can improve the Medicare program today and into the future.