



COMMITTEE ON DEMOCRATS
ENERGY & COMMERCE
RANKING MEMBER FRANK PALLONE, JR.

FOR IMMEDIATE RELEASE

October 1, 2015

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**Statement of Ranking Member Frank Pallone, Jr., as prepared for delivery
House Energy and Commerce Committee
Subcommittee on Health
Hearing on “Examining Potential Ways to Improve the Medicare Program”**

Mr. Chairman, thank you for holding this hearing today. I am always happy to come together to examine bipartisan ways to improve the Medicare program and beneficiary access. I would be remiss in not mentioning that a witness from the administration would have made this hearing more informative. The administration would have been able to speak to whether these bills are implementable and what we could do to improve them.

The first bill under discussion today is an example of why the administration’s input would help inform our decision-making. The bill would set up a national oncology medical home demonstration project in the Medicare program through care coordination management fees based on performance and shared savings arrangements with oncology practices. We laid the foundation for these types of payment reform demonstrations in the Affordable Care Act through the establishment of Accountable Care Organizations, Medical Homes, and demonstrations within the Centers for Medicare & Medicaid Innovation (CMMI).

If someone from the administration were here, they would be able to tell us about the Oncology Care Model, a demonstration project that the Center for Medicare and Medicaid Innovation has initiated. The Oncology Care Model would also pay coordination management fees to practices and require performance and financial accountability. I think this type of model is worthwhile—we should absolutely be looking at ways to improve oncology care in our country, but I am interested in learning why legislation is necessary when CMMI is already implementing a similar model.

The second bill we are considering today is H.R. 556, the Prevent Interruptions in Physical Therapy Act, which would expand the “locum tenens” designation to include physical therapists. Currently, Medicare allows physicians who are absent from their practices for extended periods for reasons such as illness, pregnancy, vacation, or continuing medical

education to retain substitute physicians to take over their practices until they return. The ability to bring in a substitute physician is called locums tenens, and this bill would allow physical therapists to enter into these arrangements. When there are limited options in rural or medically underserved areas, I understand the concerns for patient access when a physical therapist needs to be absent from his or her practice. I look forward to working with my colleagues on this legislation to ensure it helps those who need it most.

Last, the committee is considering a discussion draft of a bill that would change the Medicare home health face-to-face requirement. I understand that this bill is a discussion draft that has not yet been introduced, but I have concerns with further walking back the face-to-face requirement that we put in place in the Affordable Care Act. This requirement was a result of both Inspector General and MedPAC recommendations to root out waste and fraud in the Medicare system. CMS has been listening to industry's concerns about the requirement and worked with them to make it more streamlined and easy to comply with. In fact, over the last few years, my staff and I have advocated for these actions. However, we must be extremely careful when removing requirements that shore up program integrity.

Again thank you, Mr. Chairman, for holding this hearing, and I yield the rest of my time to the Democratic sponsor of the Prevent Interruptions in Physical Therapy Act, Congressman Lujan.

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