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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 “Improving the Medicaid Program for Beneficiaries”**

Thank you, Mr. Chairman, for holding this hearing on four pieces of legislation in the Medicaid program that address issues of great importance.

Three of the bills here today have both bipartisan and bicameral support, and have been passed already by our Senate colleagues.

In particular, one of the bills under consideration—the Special Needs Trust Fairness Act of 2015—would correct a unfair anomaly in federal Medicaid law to allow non-elderly individuals with disabilities to establish a special needs trust on their own behalf. This legislation is a proposal that I have sponsored for many years- and I am happy to see this commonsense policy move forward. There is no reason why we should prevent competent individuals from establishing their own Special Needs Trust and it’s time we fixed this unintended problem that undermines the rights of those with disabilities.

I am also pleased to see a proposal with wide bipartisan support to promote innovation in the PACE program. The Program of All-Inclusive Care for the Elderly (PACE) is an integrated care program that provides comprehensive long-term services and supports to individuals aged 55 and older who require an institutional level of care, many of whom are eligible for both Medicare and Medicaid and are known as dual-eligible beneficiaries. This legislation would allow PACE programs to waive certain requirements, like expanding to the under-55 population, that limit the ability of this successful program to grow. I recently learned that a new PACE program is in my home district, and I look forward to supporting the continued success of this program.

I also look forward to hearing testimony regarding H.R. 209, the “Ensuring Access to Clinical Trials Act”, a bill with 49 bipartisan cosponsors and one that should be of considerable

interest to this Committee, given its rare disease focus. This legislation would permanently remove the sunset clause that was in the original “Improving Clinical Trials Act” that was signed into law in 2009. It also builds on a 2014 GAO report finding clinical trial compensation for travel to rare disease trial location and time away from work actually acts as a deterrent for vulnerable SSI and Medicaid beneficiaries, who are fearful of losing eligibility for their benefits when they need them most. This legislation would make certain that beneficiaries can disregard up to \$2,000 of compensation per year that an individual may receive for participation in a clinical trial investigating a rare disease.

Finally, we have a draft piece of legislation on the agenda that I would like to have more time to review, but that shows great promise as a bipartisan initiative to improve access to care in Medicaid- the draft legislation proposed would require states that participate in fee-for-service Medicaid to publish up to date provider directories. I want to ensure that we go about drafting such a requirement in a way that is streamlined with managed care provider directory requirements in Medicaid, but I feel certain that we all share the same goal with this legislation.

Thank you, again, Mr. Chairman, for holding a hearing on legislative initiatives in Medicaid with broad bipartisan support from our Committee members. I look forward to working with you further as we move these bills through the full Committee process.

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