Opening Statement
Health Subcommittee Hearing: "Examining Potential Ways to Improve the Medicare Program"
Rep. Gene Green
October 1, 2015

Good morning and thank you all for being here today.

This hearing is titled "Examining Potential Ways to Improve the Medicare Program."

I want to thank the Chairman for having this hearing. Before we get in to the legislative proposals we will be discussing, I think it is important to reflect on the Medicare program at large.

This year marks the 50th Anniversary of Medicare.

Since 1965, this landmark program has provided affordable health insurance coverage and access to care for our nation's seniors.

Few programs have improved the lives of Americans as significantly as Medicare.

Fifty years ago, almost half of elderly Americans lacked health insurance.

Today, Medicare provides lifesaving insurance to nearly 100 percent of adults over 65.

54 million elderly and individuals with disabilities have health insurance through Medicare.

At the anniversary of this historic law, we celebrate the successes of the Medicare program.

We must also renew our commitment to further strengthening it, so that it remains available in perpetuity for generations to come.

Today we are considering three pieces of legislation.

The first is H.R. 556, the Prevent Interruptions in Physical Therapy Act.

This bill will allow physical therapists to employ locum tenens in their practices.

Under current Medicare law, a variety of health care providers are permitted to employ other licensed professionals under their provider number to care for their patients if they are temporarily unable to do so.

H.R.556 will add physical therapists to the list of providers who can enter into these agreements, known as "locum tenens arrangements," so their patients do not see a disruption in care.

H.R. 1934, the Cancer Care Payment Reform Act, will establish a national Oncology Medical Home Demonstration Project to examine changing the structure of Medicare payments for cancer care.

The intent of this bill is to test the potential of alternative payment models in oncology.

Research has identified a disconnect between the costs and the quality of cancer care for Medicare beneficiaries.

Many have suggested that the fee-for-service model is inappropriate, and have suggested that Congress explore the potential of alternate models, including oncology patient-centered medical homes, ACOs and bundled payments for oncology services.

Recently, the Center for Medicare and Medicaid Innovation (CMMI) announced the launch of a five-year Oncology Care Model starting next spring.

The demonstration project proposed by H.R. 1934 shares many characteristics of the CMMI demo.

It is important we do not waste resources by duplicating efforts, or undermine ongoing demonstrations without good reason, but I thank the bill sponsors for their commitment to improving oncology care for Medicare beneficiaries.

I look forward to furthering the discussion on how we can continue to build on the promise of the new provider delivery model advanced in the Medicare Access and CHIP Reauthorization Act.

The final piece of legislation we will discuss is a draft bill to amend the Medicare home health face-to-face documentation requirements.

Home health care is critically important to Medicare beneficiaries who are confined to their homes.

While we must ensure that this service is available to individuals in need of care, substantial concerns about spending growth and quality within the home health benefit have been identified by the OIG, GAO and independent researchers.

Since 2001, Medicare spending on home health services has doubled.

In 2013, the cost of home health services reached almost $18 billion.

In order to address concerns about the appropriateness of some services and vulnerability to fraud and waste, the Affordable Care Act included Medicare home health integrity provisions.

The ACA mandated that physicians or another provider have a face-to-face encounter with the patient to attest to their eligibly for the home health benefit.

CMS has implemented this requirement and simplified the certification and documentation process.

However, many home health agencies have expressed concern that the mandate is overly burdensome.

The intent of the draft bill is to address some of these documentation concerns.

I look forward to hearing more about the implementation of the face-to-face requirement, ways the process can be improved, and how we can build on program integrity provisions of the Affordable Care Act.

It would be difficult to overstate the importance of Medicare to our nation's seniors – both today and future generations.

I want to thank our witnesses for being here today and look forward to exploring the proposal, and other ways we can strength this vital safety net program.

Thank you and I yield back.