

Opening Statement

Health Subcommittee Legislative Hearing: “Examining Public Health Legislation to Help Patients and Local Communities”

Rep. Gene Green

January 27, 2015

Good morning and thank you all for being here. This hearing was called to examine six proposals that will strength public health, each of which is the product of bipartisan effort.

I thank the Chairman for having this hearing. It is not only an opportunity to further these important pieces of legislation, but it also serves as a reminder of the great work this committee can accomplish when we work together to advance our health care system.

The “Veteran Emergency Medical Technician Support Act” is led by Representatives Kinzinger and Capps. This legislation will help States utilize the skills of our nation’s veterans and address Emergency Medical Technician shortages by streamlining the certification and licensure requirements for returning veterans who have completed military EMT training.

The “Improving Regulatory Transparency for New Medical Therapies Act” provides a solution to current delays experienced by patients in need. The amount of time the DEA has taken before acting on FDA recommendations has lengthened in recent years, delaying the availability of new therapies. Led by Chairman Pitts and Ranking Member Pallone, this legislation will improve patient access by bringing clarity and transparency to the process of scheduling a new FDA-approved therapy.

Representatives Marino, Welch, Blackburn and Chu introduced the “Ensuring Patient Access and Effective Drug Enforcement Act.” This legislation will promote patient access to medically-necessary controlled substances, and protects DEA’s authority to suspend a DEA registrant acting in a manner that puts public health and safety at risk.

The “National All Schedules Prescription Electronic Reporting, or ‘NASPER’ Reauthorization Act”, led by Ranking Member Pallone and Representative Whitfield, will reauthorize and improve Prescription Drug Monitoring Programs. PDMPs are an essential part of our nation’s effort to combat the epidemic of prescription drug abuse and opioid overdose. The reauthorization of NASPER will help States implement and improve their PDMPs, which improve clinical-decision making and reduce diversion.

The final two bills being considered today are the “Trauma Systems and Regionalization of Emergency Care Reauthorization Act” and the “Access to Life-Saving Trauma Care for All Americans Act.” My good friend and fellow Texan Dr. Mike Burgess and I have led these legislative efforts. I thank him and his staff for their continued dedication and hard work.

Both bills will reauthorize important programs that are designed to ensure the availability and effective use of trauma care. Trauma is the leading cause of death under age 44. Federal investments in trauma centers and systems will save lives, improve patient outcomes, and provide downstream cost savings to the health care system. Thank you again to Dr. Burgess for your partnership on this issue, and to Mr. Chairman for bringing these legislative proposals before the committee today.

I thank all of my colleagues from both sides of the aisle for putting forward these thoughtful and worthy proposals, and for their commitment to improving access and delivery of health care.

I look forward to continuing to work in a bipartisan manner on the many issues before our Subcommittee, including on a solution the expiration of the Health Centers Fund in

September. Unless we take action, community health centers will experience an immediate 60-70 percent funding cut.

Health centers have a long history of bipartisan support, and letting the fund expire without a solution in place will severely limit patient access to the cost-effective primary and preventive care they provide to millions of Americans.

Thank you and I yield the remainder of my time to the Congresswoman from California, Lois Capps.