#### **Committee on Energy and Commerce**

### **Opening Statement as Prepared for Delivery**

of

### Subcommittee on Health Ranking Member Anna Eshoo

# Markup of 17 Bills, Subcommittee on Health

## July 13, 2023

Good morning. Today we're marking up 17 health bills. Eight of the bills are bipartisan policies that continue successful programs, including my PREEMIE Act which aims to reduce premature births. We also are voting on a bipartisan reauthorization of the SUPPORT Act to continue addressing the deadly scourge of the opioid epidemic by increasing access to prevention, treatment, and recovery for patients with substance use disorder. Urgent action is needed since about 300 Americans die every day from a drug overdose.

Today's SUPPORT Act reauthorization is a good start, but more needs to be done to address overdoses, including passing Mr. Tonko's Medicaid Reentry Act to help connect people who are leaving incarceration with treatment. People who are released from jail and prisons are 12 times more likely to die of an overdose than the general public.

I'm really, and it's a dramatic word but I'm going to use it, shattered that we missed a critical, bipartisan opportunity to craft a comprehensive Pandemic and All Hazards Preparedness Act (PAHPA) reauthorization. Since November, I've worked with Representative Hudson and Chair Guthrie and McMorris Rodgers on drafting PAHPA. Together we issued a bipartisan RFI that received over 250 responses, showing the clear demand from stakeholders for improvements to the legislation. But despite that positive start, the process has turned increasingly partisan. The resulting product is a disjointed package of underfunded health programs that do not in my view meet our nation's needs and will leave us unprepared for the next public health emergency. Instead of a single, comprehensive PAHPA bill with the typical ASPR, CDC, and FDA policies, the bills we're voting on today are mere fragments of what's needed.

First, we'll consider a bill reauthorizing ASPR programs that includes partisan policy tying the hands of BARDA and ASPR that will keep them from nimbly responding to an emergency. Second, we'll consider a CDC bill that does the bare minimum and locks the CDC programs at low funding levels for five years. The Republican CDC bill does nothing to address our public health data needs or reduce the public health workforce shortage. Third, the Republican bills completely ignore FDA policy. PAHPA has always had an FDA section, but because of the majority's opposition to FDA policy to address drug shortages, they dropped everything related to the FDA. This is not good policy making.

We'll also vote on 3 partisan bills that inject politics into public health. Instead of working with Democrats on a bipartisan PAHPA bill, Republicans crafted hyper-partisan bills

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that will be subjected to what I think will be chaotic floor fights. It didn't need to be this way – we still have time between this Subcommittee markup and the full Committee. When you look at what this Committee did previously on PAHPA reauthorizations, it passed with voice votes and on suspension, obviously suspension is passing with two-thirds of members of the full House supporting it.

Finally, we are also voting today on legislation that will damage the Children's Hospitals Graduate Medical Education program irreparably by making hospitals choose between providing the standard of care for children experiencing gender dysphoria or losing funding that keeps them afloat. For nearly 25 years, the CHGME Program has been the gold standard in our country and has trained half of general pediatricians and a majority of pediatric specialists. It's difficult for me to comprehend why my Republican colleagues are subjecting children's hospitals to what I think is a manufactured culture war that puts politics in between parents, children, and their pediatricians.

I joined the Energy and Commerce Committee in 1995 and have always taken great pride in our ability to pass bipartisan legislation. Some of the bills today make me question whether we'll be able to continue that important legacy. Thank you and I yield back.