

Committee on Energy and Commerce
Opening Statement as Prepared for Delivery
of
Chairman Frank Pallone, Jr.

Markup of Five Bills

September 14, 2022

Today, the Committee continues its critical work to improve our health care delivery systems, advance access to care, and protect the health and well-being of our country.

This markup comes after a very productive Congress on the health care front, some of which has been accomplished in strong, bipartisan fashion. But there is more work to do and today the Subcommittee will be marking up five bills.

We will begin by considering bipartisan legislation that would improve care for seniors. This legislation would improve access to treatment and ensure that seniors are receiving the health care that they are entitled to, by streamlining and shortening the timeframe for prior authorization in the Medicare Advantage program. The legislation would also increase transparency of Medicare Advantage plans and modernize the prior authorization process. We have worked closely with our counterparts at the Ways and Means Committee, and I support this important bipartisan legislation that will help ensure that our seniors are not facing unwanted barriers to accessing timely, medically necessary care.

We will also consider legislation that would provide updates and improvements to the Vaccine Injury Compensation Program. While serious vaccine injuries are incredibly rare, some individuals still experience adverse events after receiving a vaccine. For those who are injured, Congress created the Vaccine Injury Compensation Program, a no-fault system which provides financial compensation in cases of injury caused by covered vaccines. Unfortunately, the program currently faces a backlog of two years, due to an outdated and arbitrary cap on the number of special masters who oversee the program.

HR 3655, introduced by Representatives Doggett and Upton, would help clear the existing backlog of claims and improve the program's capacity to ensure claims are paid in a timely manner going forward. Patients and their families should not have to wait to have a fair and timely hearing for their claims.

We will also mark up a number of bills that seek to improve health care in rural and underserved areas. The MOBILE Health Care Act, introduced by Representatives Susie Lee, Hudson, Ruiz, and Herrera Beutler, would allow Community Health Centers to use New Access Point grants for establishing mobile health units in order to increase access to health care in these areas.

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The Improving Trauma Systems and Emergency Care Act, introduced by Representative O'Halleran, reauthorizes grants for trauma care to support the improvement of emergency medical services and trauma care readiness and coordination, particularly in rural areas. Both of these bills provide important improvements to health care delivery in underserved areas.

Finally, we will consider the Flint Registry Reauthorization Act, introduced by Representative Kildee and the entire Michigan delegation, which reauthorizes the Lead Exposure Registry. Preventing lead exposure and helping those who have experienced lead exposure must remain a high priority. Continuing this program will allow health professionals to collect robust data, monitor lead exposure, and improve care coordination for people exposed to lead.

This is a bipartisan proposal, and I am disappointed that some of my Republican colleagues are seeking changes to this reauthorization in a way that would undermine the important work underway in Flint. Their efforts would also threaten the ability for the Registry to continue supporting eligible participants and help inform other communities in the future. It is my hope that my colleagues will recognize the importance of reauthorizing this program to support children and individuals exposed to lead and withdraw any amendments that would weaken this bill.

I look forward to advancing all five of these bills to the full Committee.