

Committee on Energy and Commerce
Opening Statement as Prepared for Delivery
of
Full Committee Ranking Member Frank Pallone

Markup of 19 Bills, Subcommittee on Health

March 12, 2024

Today this Subcommittee will reaffirm its commitment to supporting our nation's public health infrastructure by considering bipartisan legislation to strengthen or extend important public health programs.

I'm pleased that we will be considering H.R. 6829, the HEARTS Act, which I introduced in December. This legislation was inspired by two New Jersey families who each tragically lost a child to sudden cardiac arrest during high school sporting events. Sadly, more than 2,000 children and adolescents die this way every single year. The bill aims to prevent future deaths from cardiac arrest by preparing schools to respond to cardiac emergencies when they occur. It directs the Secretary of Health and Human Services to develop guidelines on the placement of automated external defibrillators, or AEDs, in schools, and to provide resources to help schools create and implement a cardiac emergency response plan. The HEARTS Act will raise awareness about the causes of sudden cardiac arrest and ensure schools are more prepared to deal with cardiac emergencies so we can save lives.

We will also consider other legislation to extend key public health priorities. Three bills will support the estimated 6.7 million Americans over the age of 65 who are living with Alzheimer's disease. Two bills will support the continued mission of the National Alzheimer's Project to coordinate federal planning and funding to promote healthy aging. And a third bill reauthorizes the BOLD Infrastructure program to help public health departments implement effective Alzheimer's interventions.

We will also consider a bill to reauthorize the Dr. Lorna Breen Health Care Provider Protection Act, which promotes strategies to reduce and prevent suicide, burnout, and substance use disorders among our health care providers. This reauthorization is essential considering that the Centers for Disease Control and Prevention warns of a mental health crisis among health workers, who routinely face harassment, burnout, and poor mental health related to their jobs. I strongly support this legislation, which reauthorizes the program for five years.

We will also evaluate bills to reauthorize public health programs that strengthen rural Emergency Medical Services, fund Poison Control Centers, improve research into Down syndrome and stillbirths, and provide screening and support to patients with traumatic brain injury and women with life-saving breast and cervical cancer screenings. These public health reauthorization bills should all be advanced to the full Committee.

While I strongly endorse many of the bills being considered today, there are a couple of bills I cannot support. I have significant concerns with H.R. 5074, as I believe the bill would further impede seniors access to necessary medication and raise their health care costs by further

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delaying the inclusion of oral-only drugs to treat end-stage renal disease into Medicare Part B. These drugs are crucial for over 60 percent of patients on dialysis who rely on them for necessary care. Right now, about 20 percent of Medicare patients on dialysis do not have part D coverage.

Congress has acted to delay inclusion of these drugs into the ESRD bundle for a decade, at the expense of some seniors without access to prescription drug coverage. I do not agree with supporters of this legislation that the system is not ready for the transition. It's time for the delays to stop.

I am also disappointed we could not find a bipartisan path forward on H.R. 5526. Congress enacted the Physician Self-Referral Law, also known as the Stark Law, to ensure that physician financial considerations do not influence patient care. Under the Stark Law, physicians are prohibited from making referrals to entities where the physician has a financial stake.

It is critical in ensuring that financial arrangements do not distort physician decision-making or raise health care costs. I share the concerns of the HHS Office of Inspector General and law enforcement agencies that by further broadening the exemptions under the Stark Act, the bill would undermine their ability to protect the integrity of the Medicare program.

I also understand the Congressional Budget Office estimates the bill has significant scoring implications, partly due to increased overutilization. Patients deserve access to treatment that is medically appropriate and necessary for them, and I cannot support a bill that would undermine patient safety and raise health care costs for seniors.

And with that I yield back the balance of my time.