

Opening Statement
Chairwoman Anna G. Eshoo
Subcommittee on Health
Committee on Energy and Commerce
Hearing on “Investing in America’s Health Care”
June 4, 2019

Today, the Subcommittee will consider 12 bills to extend critical public health programs and invest in Medicare and Medicaid services.

These are programs that Congress has previously authorized, but most will expire on September 30th and Congress must act to ensure their ongoing benefits.

We will hear testimony about the bipartisan bills to extend and invest in the following programs, several that were authored by members of this Subcommittee:

- Community Health Centers;
- National Health Service Corps;
- Teaching Health Centers for Graduate Medical Education;
- The Special Diabetes Program and the Special Diabetes Program for Indians;
- Family to Family Health Information Centers;
- The Patient-Centered Outcomes Research Institute;
- State Health Insurance Programs;
- Area Agencies on Aging;
- Aging and Disability Resource Centers;
- The National Center for Benefits and Outreach Enrollment;
- The National Quality Forum;
- Certified Community Behavioral Health Clinics;
- Disproportionate Share Hospitals; and
- The Medicare Limited Income NET Program.

Many of these programs are stuck in a biennial cycle where they may expire because of Congress’s inaction. Today, we will consider reauthorizing some of these programs for a longer timeframe, giving them the certainty and stability to conduct long-term planning to better serve patients and the American taxpayer.

I want to highlight a few of these important programs.

First, we’re considering expanding several types of health centers that serve our communities in unique ways.

The Community Health Center Fund provides funding to nearly 12,000 health center locations across our country. These health centers provide primary health care to one in 13 Americans, regardless of their ability to pay.

A Community Health Center in my district, the Asian Americans for Community Involvement

Health Center, provides services through a multilingual team of doctors, nurses, and patient navigators. This Health Center's team can speak up to 40 languages to make sure that vulnerable ethnic communities in my District are well served.

Building on the Community Health Center model is the Excellence in Mental Health and Addiction Treatment Expansion Act, authored by Representatives Matsui and Mullin. This important bill expands funding for Certified Community Behavioral Health Centers to 11 more states.

As we face a mental health care shortage, we must do more to expand access. In my state, half of all Californians say their community does not have enough mental health providers to serve local needs.

Another center serving the community are the Family to Family Health Information Centers, or F2F grant program. F2Fs assist families with children who have special health needs to make informed choices about health care. F2Fs are staffed by family members who have firsthand experience in navigating special needs health care services.

Community Health Centers, Certified Community Behavioral Health Centers, and the F2F Health Information Centers provide unique services for the specific populations that benefit greatly from these programs.

We're also considering other programs to improve access to vital primary care, including the Special Diabetes Program and funding for Disproportionate Share Hospitals which goes to hospitals that serve lower-income Americans.

Other programs conduct needed research to make sure we're providing quality care. The Patient-Centered Outcomes Research Institute and the National Quality Forum help our nation's clinicians deliver quality care to more people at a lower cost.

Finally, we're strengthening Medicare through stronger enrollment support and help for low-income beneficiaries.

Today's hearing is critically important to make sure millions of Americans receive quality health care. I stand ready to work with my colleagues to make sure these programs are extended and expanded.