

Opening Statement
Chairman Frank Pallone, Jr.
Energy and Commerce Committee
Subcommittee on Health
Hearing on “Legislation to Improve Americans’ Health Care Coverage and Outcomes”
January 8, 2020

Today, the Health Subcommittee continues its bipartisan work to improve health outcomes and health care coverage.

Our first panel will examine three bills to improve health outcomes for babies and children. The first bill, H.R. 2271, the Scarlett’s Sunshine on Sudden Unexpected Death Act, will improve investigations, data collection, surveillance, and research into sudden unexpected infant death and sudden unexpected death in childhood. It also includes critical support for families who face these unimaginable tragedies. As the author of the Sudden Unexpected Death Data Enhancement and Awareness Act, which was signed into law by President Obama in 2014, I have long supported this cause, and I am glad we are taking further steps today.

The Subcommittee will also examine H.R. 4801, the Healthy Start Reauthorization Act, which will enhance programs that support perinatal health, reduce infant mortality, and improve long-term health outcomes. Despite serving communities that have had much higher rates of infant mortality, Healthy Start grantees have shown their ability to bring their communities’ overall infant mortality rate below the national average, demonstrating the program’s success and the need to expand and strengthen it.

Rounding out the first panel, the subcommittee will review H.R. 2468, the School-Based Allergies and Asthma Management Program Act, a bill that will provide incentives for schools to help prevent and treat asthma- and allergy-related emergencies.

On our second panel we will examine four bills that improve health insurance coverage.

H.R. 2477, the BENES Act, will provide individuals approaching Medicare eligibility with critical information about the Medicare enrollment process. This commonsense notice will empower people to make better choices about their health care coverage and avoid costly, lifetime late enrollment penalties. It will also eliminate harmful gaps in Medicare coverage.

We will also discuss H.R. 5534, the Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act. This bill removes the 36-month limit on Medicare coverage of immunosuppressive drugs after a kidney transplant surgery. Those who are fortunate enough to receive a kidney transplant rely on this medication for the rest of their lives, so it’s important that Medicare offers the coverage necessary to protect the incredible gift of life a transplant brings.

We will also discuss H.R. 1379, the Ensuring Lasting Smiles Act, which requires all individual and group market health plans to cover medically necessary treatment resulting from congenital abnormalities. About three percent of American children are born with congenital abnormalities or birth defects that affect the way they look, develop or function, often for the rest of their lives.

These children require serious medical treatment that is often not covered by health plans, either because it is deemed “cosmetic,” or because the treatment involves dental services. However, this treatment is critically important and medically necessary, particularly for children with serious dental anomalies. Our witness today, Kevin Koser, will tell us about his family’s longstanding struggles to get his son Kannon’s medical treatment covered. H.R.1379 would ensure that children like Kannon get the treatment they need.

We will also consider H.R. 3935, the Protecting Patients Transportation to Care Act, which will ensure that some of the most vulnerable Americans will continue to be able to access the care they need, through Medicaid, regardless of where they live.

These bills make important strides to improve health outcomes and health coverage. I look forward to the witnesses' testimony and now yield the remainder of my time.