



COMMITTEE ON
ENERGY & COMMERCE
DEMOCRATS
RANKING MEMBER FRANK PALLONE, JR.

FOR IMMEDIATE RELEASE

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Pallone Remarks at Health Subcommittee Markup

Washington, D.C. – *Energy and Commerce Ranking Member Frank Pallone, Jr. (D-NJ) delivered the following opening remarks today at a Subcommittee on Health markup on H.R. 3325; H.R. 3891; H.R. 5306; “Gag Clause” legislation; Discussion Draft, Strengthening the Health Care Fraud Prevention Task Force Act of 2018; and Discussion Draft, To amend title XIX of the Social Security Act to provide the Medicare Payment Advisory Commission with access to certain drug rebate information:*

I’m pleased we’re here today to move forward several bipartisan bills.

H.R. 3325, the ACE Kids Act creates a Medicaid health home state option specifically targeted for children with medically complex conditions. This new state option will incentivize providers to better coordinate care for children with the greatest healthcare needs. I’d like to thank the sponsors, Representatives Castor and Barton, for their continued work on this issue.

H.R. 5306, the EMPOWER Care Act led by Representatives Dingell and Guthrie, reauthorizes funding for the Money Follows the Person (MFP) Rebalancing Demonstration Grant. The MFP program helps individuals transition from institutional care to care in their community where they can live more independent lives.

Thanks to MFP and other initiatives, more than half of Medicaid spending on long term care services now occurs in the home and community-based settings. In recognition of this shift, H.R. 3891, introduced by Representatives Welch and Walberg, expands the authority of Medicaid Fraud Control Units to investigate and prosecute Medicaid fraud and beneficiary abuse and neglect in non-institutional settings.

We will also consider a bill that I introduced with Chairman Walden to authorize the Healthcare Fraud Prevention Partnership. This partnership is a public-private partnership between the Department of Health and Human Services, private payors, federal and state law enforcement agencies, and state healthcare agencies. It aims to improve the detection and prevention of healthcare fraud by promoting the exchange of data and information between the public and private sectors on fraud trends and successful anti-fraud practices and methodologies.

We will also review a discussion draft that bans so-called “gag clauses” in Medicare as well as the private health insurance market that can limit pharmacists from informing consumers that their prescription may be purchased for a lower price if paid out-of-pocket instead of through their insurance plan.

This is a good bill, but I strongly believe that this cannot and should not be the Committee’s only effort to reduce drug prices this Congress. We must do more, and I continue to urge my colleagues to work together to find solutions that can actually meaningfully lower drug prices.

Finally, we will review a bipartisan discussion draft that ensures the Medicare Payment Advisory Commission (MedPAC) and the Medicaid and CHIP Payment and Access Commission (MACPAC) have access to drug pricing and rebate data. This is a commonsense bill that will help Congress better understand the true costs of prescription drugs to beneficiaries and taxpayers.

All five of these bills are good bills. Original versions of many of these bills were first proposed by the Democratic sponsors. I thank them, and all of my colleagues, for their work in getting these bills to this subcommittee today, and I yield back.

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