

**Opening Statement of the Honorable Joseph R. Pitts**  
**Subcommittee on Health**  
**Hearing on “Improving the Medicaid Program for Beneficiaries”**  
**September 18, 2015**

*(As Prepared for Delivery)*

Today, Medicaid is the world’s largest health coverage program. Medicaid plays an important role in our health care system, providing access to needed medical services and long-term care for some of our nation’s most vulnerable patients.

The Congressional Budget Office estimates that federal Medicaid expenditures will grow from \$343 billion this year to \$576 billion in 2025. At the same time, state expenditures have grown significantly, accounting for more than 25 percent of state spending in FY 2014.

Given the scope of the program and its impact on millions of Americans’ lives, Congress and States have a responsibility to ensure that the program is modernized to better serve some of our nation’s neediest citizens. Congress can make incremental improvements to this 50-year-old system, in a way that respects taxpayers, empowers patients, and promotes more holistic, patient-centered care.

That’s why I’m so pleased today to be discussing four bipartisan bills that will help strengthen a patient’s role in their own care and reduce barriers to accessing health care.

First, The Ensuring Access to Clinical Trials Act of 2015 would permanently allow individuals with rare diseases who participate in clinical trials to continue to be able to receive up to \$2,000 in compensation for participating in clinical trials without that compensation counting towards their income eligibility limits for SSI or Medicaid.

Second, Representatives Bilirakis, Lance, and several other colleagues have introduced H.R. 3243, which would authorize the HHS Secretary to waive certain Medicaid requirements in regards to the PACE program. PACE – the “Program of All-Inclusive Care for the Elderly” (PACE) is an integrated care program that provides comprehensive long-term services and supports to individuals aged 55 and older who require an institutional level of care — many of whom are dually eligible for both Medicare and Medicaid. The PACE model is limited to those aged 55 and older who meet States-specified criteria for needing a nursing home level of care— but other targeted populations could benefit from the successes of the comprehensive PACE model.

Next, Ranking Member Pallone and G.T. Thompson have introduced a bipartisan bill that would extend the special needs trust exception to allow non-elderly individuals with disabilities to establish a special needs trust on their own behalf. If enacted, special needs trusts established by a non-elderly, disabled individual would no longer be considered an asset in determining that individual’s eligibility for Medicaid.

Finally, Representative Collins will be introducing the Medicaid Directory of Caregivers Act, or the Medicaid “DOC” Act. This common-sense proposal would require State Medicaid programs to provide patients in their fee-for-service Medicaid program with a directory of health care providers participating in Medicaid. Medicaid patients in managed care have an identified network of providers. However, too often in fee-for-service, Medicaid patients struggle to find a doctor who will accept Medicaid. This bill would help solve that problem and effectively reduce a

Medicaid patient's barriers to care by cutting down on the time and energy they have to expend to find a doctor to provide care.

###