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Wyden Hearing Statement at Finance Committee Hearing on the HHS Budget Proposal

As Prepared for Delivery

The Finance Committee meets this morning with Secretary Becerra to discuss the year ahead for the Department of Health and Human Services.

The President's budget comes down to a simple proposition: helping working families and the middle class get ahead and reducing the deficit are not mutually exclusive.

When it comes to health care, that means protecting Medicare for the next generation by asking the wealthy to pay their fair share in taxes, strengthening Medicare's negotiating power for the cost of prescription drugs, and investing in priorities like mental health care, home-based care, and the health care workforce.

That's a sharp contrast to the Republican approach to the federal budget since the beginning of this year, which amounts to demanding secret negotiations on unspecified cuts to federal programs while holding hostage the full faith and credit of the United States government.

Budget Committee Chair Whitehouse and I asked the nonpartisan Congressional Budget Office to run the numbers, and it's clear that Republican promises to spare certain parts of the budget like Social Security and Medicare just don't add up. Sparing essential lifelines for seniors in addition to Republican priorities like extending the Trump tax law means essentially zeroing out everything else in the federal budget.

I want to take a moment to address reports that some members are considering proposals that cut earned benefits in Medicare or Social Security for those who are not yet at retirement age. Let me be very clear: as long as I'm Chairman of the Finance Committee, I will fight any effort to engage in intergenerational warfare. There are plenty of ideas to improve the financial health of these programs that do not include forfeiting the earned benefits of current workers.

Now I'm going to take a minute to talk about what cuts like these mean in practical terms, starting with Medicaid. Contrary to popular belief, Medicaid acts as the nation's backstop for nursing home care, not Medicare. That means when your parents are in their 80s or 90s and require nursing home care, Medicaid is there to help cover the cost once they've spent down their hard-earned savings over the course of their retirement.

If Republicans go after Medicaid the way they did in 2017, by cutting federal support to state Medicaid programs and giving states free reign to pare back benefits, that guaranteed backstop of nursing home care in old age is ripped away. That means a return to times from distant memory before the social safety net was created, when older Americans who ran out of savings and couldn't count on a family member for help were consigned to poor farms or almshouses.

Colleagues, none of us wants America to return to that time. So let's look for ways to work together to take on the big health challenges of the day, rather than pursuing reckless cuts that imperil American seniors.

I want to briefly tick through some important priorities in the President's HHS budget.

First, on prescription drugs. The President's budget has several bold proposals to build on the Inflation Reduction Act that will hold Big Pharma accountable for years of high prices while lowering costs for seniors. That includes speeding up Medicare negotiation and increasing the number of drugs subject to negotiation each year. I support this approach, especially as the Centers for Medicare and Medicaid Services (CMS) continues to steadily implement the laws that are already on the books.

Just last week, the Biden administration announced that the anti-price gouging law written in this committee on a bipartisan basis in 2019 will lower coinsurance payments for 27 drugs in Medicare Part B. Part B pays for prescription drugs to treat diseases like cancer and rheumatoid arthritis administered in the doctor's office. That includes Humira, which is Exhibit A for why drug pricing reforms were needed in the first place. Important steps like these coinsurance reductions, free vaccines and the insulin cost cap in Medicare are just the beginning of the big league impact this law will have on Americans' health costs.

Next, mental health care. Last Congress, this committee wrote black letter law to move the country towards a reality where all Americans can get quality mental health care when and where they need it, and I thank Senator Crapo for making sure it was a bipartisan effort throughout. I'm proud that this committee included a number of important policies in bipartisan bills, like improved mental health care in schools, funding for community behavioral health centers – a longstanding priority for Senator Stabenow, coverage for therapists in Medicare, and new GME slots for psychiatrists. Despite that important work last year, every member of this committee knows there is more to be done. I intend to work with Ranking Member Crapo to enact the remaining policies that members of this committee put so much sweat equity into.

When it comes to mental health parity, Congress passed a landmark law in 2008 based on the proposition that mental health and physical health should be treated equally. That's not happening today. Fifteen years after the law was written, insurance companies are still finding ways to drag their feet. So the challenge for this committee is to stop the feet dragging under current law, and develop fresh approaches to give Americans what they thought they were getting in 2008. The President's budget takes important steps in that direction, and I'm proud to be working with Senator Bennet to put mental health care on a better footing.

I'm also pleased to see the President's budget take a big step when it comes to postpartum coverage for new mothers in Medicaid. At the end of last year, Congress came together on a bipartisan basis to create an option for every state to cover postpartum care for new mothers for 12 months. The President's budget takes the next step to make that coverage available across the entire country. That's critically important at the time when maternal mortality is rising, particularly for Black women.

Before I wrap up, I want to talk about one more critically important priority - long term care. Right now, millions of seniors and Americans with disabilities are falling through the cracks, as recently reported in the Washington Post. It's high time to develop smart policies that provide several long-term care options to families to get the care that's best for their loved ones. One option is home and community based care, which the President's budget proposes to expand in Medicaid. For too many of our fellow Americans who count on Medicaid for long-term care, it's not possible to receive that type of care with the current laws on the books. Senator Casey has been a champion of this effort on the Finance Committee, and I'm proud to call myself his partner. It's long past time to expand this coverage under Medicaid.

I'm pleased to see so many smart investments in this budget in high priority policies that will improve health care for Americans with coverage under Medicare, Medicaid and ACA marketplaces.

Thank you for joining the committee this morning, Secretary Becerra. There's a lot to discuss today, so I look forward to speaking with you in the Q&A.

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