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Wyden Statement at Finance Hearing on the HHS FY 2016 Budget
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Far too many people – including millions in Oregon and across the country – feel like they’re falling behind as the economy picks up steam. Congress’ job is to make sure that doesn’t happen. It’s important for the Finance Committee to keep that challenge in focus this week as it examines the President’s fiscal year 2016 budget proposals.

The budget articulates the priorities of today, and it also reflects our priorities for the future. Secretary Burwell will have the opportunity in just a moment to illustrate how the President’s budget proposal aims to strengthen our health and human services programs and promote economic mobility. But I’d first like to make a few comments about where American health care has been, and where it’s going.

This year marks the 50th anniversary of Medicare and Medicaid, and a lot has taken place since they were first created. Congress came together to create the Children’s Health Insurance Program, or CHIP, and has reauthorized it three times. Congress has improved and expanded Medicare and Medicaid.

It passed the Affordable Care Act, making access to high-quality care wider than ever before. Thanks to five decades of progress, health care in America is no longer reserved for the healthy and the wealthy.

The job, however, is not done. Our budget must reflect a twofold commitment: first, to protect the progress that’s already been made, and second, to clear the way for progress to continue in the future.

For Medicare, that means guaranteeing that the program’s benefits fully meet the needs of this era’s seniors. The demands on the program are different than they were 50 years ago. The big-ticket Medicare costs of 2015 are no longer things like kidney stones and broken ankles. They’re chronic conditions like cancer, diabetes, and Alzheimer’s that are tougher and more costly to treat. The HHS budget begins to acknowledge that reality, and bigger investments in research on chronic conditions are a positive step. But treating chronic disease is Medicare’s future.

What’s needed is a roadmap to efficient and effective care that moves away from fee-for-service. Patients and providers told this committee last summer about the need to address chronic care in a different way. There is bipartisan support for that in Congress, and I look forward to working with you, Secretary Burwell, and the administration to make chronic care reform a reality.

Precision medicine will need the same kind of roadmap. Medical professionals know that a treatment will often affect Susan in a different way than it affects George. And with the right research, it will be possible to learn what drives those differences and how to tailor treatments to fit an individual patient's needs. The Precision Medicine Initiative included in the president's budget proposal follows an innovative test program I fought to include in the Affordable Care Act. Looking ahead, the next step will be to design a payment system for this innovative field of medicine that will work for patients and taxpayers.

The president's budget proposal will also continue the progress made by the Affordable Care Act to reward the quality of care, rather than the quantity. Congress can do even more by passing bipartisan, bicameral legislation to improve the way Medicare pays physicians.

The president's proposal takes a vital step by including four years of funding for CHIP. There are more than 10 million kids in America who get health insurance through CHIP, including more than 75,000 in Oregon. A child who starts life with quality health insurance has a much better shot at a successful, middle-class life than a kid who doesn't. Renewing CHIP is a no-brainer. Families and state agencies across the country are waiting for Congress to act.

These are steps Congress can take to help guarantee that our health programs remain strong for generations to come. They are lifelines for countless Americans, and as a result, millions of families will never have to choose between paying for a loved one's care and sending kids to college. And millions of kids will grow up with access to quality health care that keeps them healthy and out of the emergency rooms whenever possible.

Of course, it's important to remember that Health and Human Services does far more than oversee Medicare, Medicaid and CHIP. No department plays a bigger role preserving America's safety net than HHS. This committee has a long history of working on a bipartisan basis on policies to strengthen our federal child welfare programs for vulnerable kids.

Just five months ago, Congress enacted the Preventing Sex Trafficking and Strengthening Families Act, and HHS is helping turn this bill from a piece of paper signed by the president into new tools that help states move vulnerable kids out of harm's way and into safe and permanent homes.

The president's budget proposal shows that it's possible to build on this momentum by expanding programs that keep children and families together and healthy—particularly through early interventions like home visiting for first time parents. These multigenerational supports can help prevent the long-term costs associated with homelessness, abuse or neglect, and foster care. These investments are critical at a time when too many Americans feel like the recovery hasn't yet reached them because they're still struggling to get ahead.

Thank you, Secretary Burwell, for joining the committee today to discuss the HHS budget for the year ahead. Managing our health and human services programs is a tough job. This budget makes it clear as day that there will be many chances for the Finance Committee and the administration to work together to protect those programs today and in the future.

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