



September 13, 2017

The Honorable Michael C. Burgess, M.D.
Chairman
U.S. House Energy and Commerce
Subcommittee on Health
2125 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Gene Green
Ranking Member
U.S. House Energy and Commerce
Subcommittee on Health
2322A Rayburn House Office Building
Washington, D.C. 20515

Dear Chairman Burgess and Ranking Member Green:

The Healthcare Leadership Council (HLC) appreciates the opportunity to submit a statement regarding the Energy and Commerce Subcommittee on Health markup on September 13, 2017.

HLC is a coalition of chief executives from all disciplines within American healthcare. It is the exclusive forum for the nation's healthcare leaders to jointly develop policies, plans, and programs to achieve their vision of a 21st century health system that makes affordable, high-quality care accessible to all Americans. Members of HLC—hospitals, academic health centers, health plans, pharmaceutical companies, medical device manufacturers, biotech firms, health product distributors, pharmacies, post-acute care providers, and information technology companies—believe that the issue of healthcare costs should be addressed through competition in a transparent, consumer-oriented healthcare marketplace.

HLC supports passage of a number of bills under consideration by the committee and encourages members to reflect upon this legislation positively:

- HLC supports H.R. 1148, "Furthering Access to Stroke Telemedicine (FAST) Act of 2017," which would expand the ability of patients presenting at hospitals or at mobile stroke units to receive a Medicare reimbursed neurological consult via telemedicine. This is an important step toward greater telehealth adoption where needed. HLC encourages the committee to take up additional telehealth legislation soon, specifically H.R. 2556, "the CONNECT for Health Act of 2017."

- HLC supports H.R. 3120, “to reduce the volume of future electronic health record-related significant hardship requests.” This bill amends the Health Information Technology for Economic and Clinical Health (HITECH) Act in order to remove a requirement that mandates the Secretary of Health and Human Services (HHS) to continue to make meaningful use standards more stringent over time. Through its comments to HHS and Congress, HLC has communicated that broader health system success at achieving meaningful use and interoperability relies on the performance of all providers – not just the most successful. With that in mind, HLC has encouraged approaches that reduce regulatory burden and provide a path to success for those who have struggled to achieve meaningful use and become interoperable with more advanced providers.
- HLC supports H.R. 3263, “to extend the Medicare Independence at Home Medical Practice Demonstration program,” which would extend the Medicare Independence at Home demonstration project for two years. This program uses interdisciplinary teams of medical and social service professionals to provide comprehensive primary care services at home for Medicare beneficiaries with severe chronic illnesses and disabilities. This program is proven to reduce Medicare costs and allows patients to remain in their homes.

HLC does not believe that H.R. 3245, “Medicare Civil and Criminal Penalties Act takes a meaningful step toward modernizing the Medicare program.” This legislation would increase both civil and criminal penalties in the Medicare program. Higher penalties will have little impact, because in the majority of cases, organizations choose to settle for amounts generally lower than the legislatively stipulated penalties (many organizations choose to settle to avoid prolonged legal activity and related negative attention).

HLC believes that a more significant reform is needed in order, not only to successfully meet the objectives of the Medicare Access and CHIP Reauthorization Act (MACRA), but value-based care, generally. Recognizing the transformational nature of the shift to value-based payment within the existing legal framework governing the United States healthcare system, HLC has convened a broad group of organizations that advocates for a legal framework that allows the use of incentives to drive better value in healthcare. In order to better coordinate and deliver patient care, this framework must allow appropriate patient-serving care delivery and payment models involving broader collaboration among stakeholders in order to accelerate ongoing improvements in care quality and patient safety while reducing the rate of cost growth. HLC recommends that the Committee consider a broader set of priority legislative recommendations to better support innovative care and integrated care delivery and payment models. These priority options are available at <http://bit.do/HLCStarkWhitePaper>.

HLC would also encourage the Committee to make Medicare stronger and more innovative by addressing an entity that threatens to weaken it -- the Independent Payment Advisory Board (IPAB). IPAB was created with the ostensible purpose of controlling Medicare spending, but it does so in a way that does not improve the health of beneficiaries, does not add value to the Medicare program, and does not respect the prerogative of the elected members of the legislative branch to set Medicare policy. Any notion that IPAB could be a catalyst in promoting productive healthcare reforms is undermined by the provisions in the law stating that IPAB must achieve scoreable savings – sufficient to reach statutory budget targets – within a one-year timeframe. Given this requirement, IPAB is most likely to focus on short-term savings in the form of payment cuts to healthcare providers. We therefore encourage the Committee to take up and pass H.R. 849, “the Protecting Seniors’ Access to Medicare Act of 2017”.

We applaud your leadership in reviewing important legislation to further our shared goals of modernizing the healthcare system while providing greater access to care. these goals. If you have any questions, please do not hesitate to contact Tina Grande at (202) 449-3433 or tgrande@hlc.org.

Sincerely,

A handwritten signature in cursive script, appearing to read "Mary R. Grealy".

Mary R. Grealy
President