



COMMITTEE ON APPROPRIATIONS

DAVID R. OBEY, CHAIRMAN

Wednesday, April 21, 2010

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OPENING STATEMENT OF CHAIRMAN DAVID R. OBEY

APPROPRIATIONS SUBCOMMITTEE ON LABOR-HHS-EDUCATION

FY 2011 BUDGET OVERVIEW:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

WITNESS: SECRETARY KATHLEEN SEBELIUS

APRIL 21, 2010

Let me welcome you today. It's good to have you at this historic time, as you and your Department begin to implement the health reform legislation we just passed.

That debate has been going on a long time, and the Congress and the President have finally made some decisions. And to me, the job at hand now is to try to implement it and make it work, see whether adjustments need to be made down the line, and make certain it develops in a way that is beneficial to the American people.

In this subcommittee, we've been doing a number of things to make health care more accessible, more affordable, and more effective. In the Recovery Act, for instance, we accelerated those efforts.

For example, we've been expanding education and training programs to address the shortage of nurses, primary care doctors, and other health professionals, and to encourage more practitioners to go into primary care and to practice in places where they're most needed. As far as I'm concerned, that means especially rural areas. Our regular appropriations bills have increased funding for health profession programs by 35 percent over the past four years, and the Recovery Act included another \$500 million for that purpose.

Another focus has been on prevention. We provided \$1 billion for prevention and wellness activities, to jumpstart new efforts in this area. I should add at this point that one of my special concerns is the area of hospital infections. It just seems to me that it has to be at the top of our list in terms of priorities. We don't do people any favors if we give 30 million people additional access to health care and then they wind up dying because of something they caught in a hospital. And it happens at a disgracefully high level lately. And I think we need to be very aggressive and do something about it.

Our subcommittee has also emphasized medical research. That includes basic and applied research supported by the National Institutes of Health. It includes "patient-centered health research," to help practitioners decide which treatment works most effectively for their patients and thereby improves outcomes. The Recovery Act added \$1.1 billion to support a major expansion of patient-centered research.

Yet another priority has been to encourage more widespread use of information technology and electronic health records to reduce medical errors and make health care delivery more efficient. In the 21st century, piles of paper are not the way we ought to be managing records that are vital to patient care. And, as you know, the Recovery Act included \$19 billion to launch a major push for adoption of those technologies.

Finally, we have the need to combat fraud and abuse in health care programs. We increased discretionary funding for this purpose by 57 percent last year to support a wide range of activities—from reviewing Medicare claims to prevent improper payments to conducting criminal investigations. We held a separate hearing on that issue several weeks ago.

While these and other health care priorities are at center stage, HHS also has many other responsibilities. Its human service programs help families with access to child care, help low-income people pay their winter heating bills, and assist older Americans through programs like Meals on Wheels, to give just a few examples. The need for these services has grown during the current recession, and we've given the Department resources to respond in both the Recovery Act and our regular appropriations bills.

The President's budget request provides further increases in some high priority areas, including biomedical research at NIH, child care, Head Start, mental health and substance abuse programs, and health care fraud and abuse control. On the other hand, I am not at all thrilled at the proposed 35 percent cut to LIHEAP, and I'm also concerned that we're not yet well prepared to deal with public health emergencies like a flu pandemic or bioterrorism. I should also mention again that the Administration has put us in a box – not you, but frankly the White House has by one aspect of their budget solution, because they have left a very large whole to fill with respect to Pell Grants. If we meet our obligations in that area, we need to have that problem addressed or a lot of people's priorities, including the Administration's, will suffer greatly.

So with that, let me welcome you. I look forward to hearing from you. First, let me call on Mr. Tiahrt for whatever comments he might have.

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