

Statement by
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on
The President's Fiscal Year 2017 Budget
before
Committee on Appropriations
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Chairman Blunt, Ranking Member Murray, and Members of the Committee, thank you for the opportunity to discuss the President's FY 2017 Budget for the Department of Health and Human Services (HHS). In FY 2016, the Congress made timely investments in programs to improve the health and welfare of American citizens, such as programs to address opioids abuse and expanding access to health care centers and Head Start. The FY 2016 appropriation also made important investments in many research frontiers like precision medicine and research to combat antibiotic resistant bacteria. We thank you for your leadership on these important issues and look forward to building on these investments in FY 2017.

The Department has made historic strides towards ensuring that all Americans have access to the building blocks of healthy and productive lives—a priority that I know we share. Thanks to the Affordable Care Act, we have helped millions of Americans find quality, affordable insurance, and slowed the growth in health care costs for families and taxpayers. At the same time, we have worked to improve the quality of coverage—with more protections and benefits, like wellness visits and some cancer screenings now offered at no extra cost—no matter where you get your insurance. Alongside this work, we have responded to a number of national and global health

challenges. In coordination with our partners across the federal government, we led a response to the Ebola outbreak in West Africa and prepared our infrastructure here at home, and have helped to unite global health leaders to prevent and respond to future outbreaks. We convened state leaders in our fight against prescription opioid misuse and overdose as part of a nationwide three-pronged strategy to drive progress. And we advanced the frontier of medicine through cutting-edge research in genomics and technology. Through all these efforts, we have worked to ensure the responsible stewardship of taxpayer dollars by taking steps to further strengthen program integrity, saving money for the taxpayer and making sure our programs deliver in the best possible way for those we serve.

The President's FY 2017 Budget for HHS builds on this progress through critical investments in health care, science and innovation, and human services. The Budget proposes \$82.8 billion in discretionary budget authority, and additional mandatory funding to further support specific initiatives in the discretionary budget. This includes investments in critical priorities that I know we share—cancer research, opioids abuse prevention and treatment, health care access, and behavioral health efforts. The Budget recognizes our continued commitment to balancing priorities within a constrained budget environment through legislative proposals that, taken together, would save on net an estimated \$242 billion over 10 years.

Building upon the Successes of the Affordable Care Act

The FY 2017 Budget advances access, affordability, and quality in our nation's health care system—goals that we share with Congress and this Committee. Through targeted investments,

the Budget expands access to care, particularly for rural and other underserved populations, and supports primary and preventive care.

Investing in Health Centers. For 50 years, health centers have delivered comprehensive, high-quality, cost-effective primary health care to patients regardless of their ability to pay. Today, more than 1,300 health centers operate over 9,000 sites and provide health care services to 1 in 14 people in the United States, including to approximately 454,000 patients at 217 service delivery sites in Missouri and 910,000 patients at 298 service delivery sites in Washington. Health centers also play a role in reducing the use of costlier care through emergency departments and hospitals. The Budget invests \$5.1 billion in health centers, including \$3.75 billion in mandatory resources, to serve approximately 27 million patients across the country in FY 2017.

Increasing Access to Health Care for Minority and Underserved Populations. The Department is investing in several initiatives that will improve access to care for underserved groups across the United States, including those living in rural areas. We know that this is a priority for many of you on this Committee. The Budget includes investments of nearly \$14 billion over ten years in our Nation's health care workforce to improve access to healthcare services, particularly in rural and other underserved communities. This includes support for over 10,150 National Health Service Corps clinicians serving the primary care, mental health and dental needs of more than 10.7 million patients in areas with limited access to care. The request includes additional funding to place providers in rural areas and other underserved communities in order to expand access to treatment for prescription opioid and heroin abuse and to improve access to crucial

mental and behavioral health services. In addition, the Budget will allow the Health Centers Program to serve an estimated 9.7 million rural Americans, an increase of approximately 1.5 million more rural patients than are served today.

The Department also takes steps to close health disparities for minorities and Native Americans. The FY 2017 Budget provides an estimated \$13 billion, a \$382 million increase above FY 2016, for programs and services to improve the health of minority communities and reduce health disparities. In addition to the investments in the Health Centers Program, where over 60% of patients are from racial or ethnic minorities, the Budget also extends \$14 million in funding for the Health Career Opportunities Program to increase the diversity and cultural competence of the health professions workforce.

The FY 2017 Budget more than doubles available funding across the Department to help close the gap in behavioral health disparities experienced by American Indians and Alaska Natives through preventive and crisis response, an increase of \$87 million above FY 2016 for a total of \$141 million. This funding would support targeted efforts within the Indian Health Service (IHS), Substance Abuse and Mental Health Services Administration (SAMHSA) and Centers for Disease Control and Prevention (CDC) to reduce rates of substance abuse, improve access to mental health services, and prevent suicide. The Budget also increases funding for the IHS by \$402 million to continue progress and reduce health disparities in Indian Country, as well as fully funding contract support costs, which provides critical overhead funding to tribes who operate facilities under self-determination and self-governance agreements. The Budget removes the cap on funding to Medicaid programs in the U.S. territories to better align territory Medicaid

programs with those of States and expands eligibility to 100 percent of the Federal poverty level in territories currently below this level. This proposal would gradually increase the share of Medicaid costs covered by the federal government as territories modernize their Medicaid programs—providing critical healthcare funding to Puerto Rico and helping to mitigate the effects of its fiscal crisis.

Expanding Access to Health Insurance Coverage. The Affordable Care Act is expanding access to care for millions of Americans who would otherwise be uninsured, improving quality of care for people no matter how they get their insurance, while slowing the growth in healthcare costs nationwide. To encourage more states to expand Medicaid, the Budget would give any state that chooses to expand Medicaid eligibility three years of full federal support, no matter when the state expands. The Budget also funds the Children’s Health Insurance Program through FY 2019 to ensure comprehensive and affordable coverage for beneficiaries as well as budget stability for states.

Healthcare Delivery System Reform

At HHS, we are focused on moving towards a health care system that delivers better quality of care, spends dollars in a smarter way, and keeps people healthy. The Budget advances the Department’s work in three critical areas: improving the way providers are paid, finding better ways to deliver care, and creating better access to health care information for providers and patients.

Improving the Way Providers Are Paid. Rather than paying for the quantity of tests and screenings that providers order—a common practice—the Department is moving toward paying for the quality of care given. For patients, this can lead to more frequent communication with their care provider and fewer unnecessary trips back to the hospital. The Budget includes proposals to establish competitive bidding for Medicare Advantage payments and introduce value-based purchasing for certain Medicare providers. The Budget also encourages participation in alternative payment models through a number of proposals, including creating a bonus payment for hospitals that collaborate with certain alternative payment models. The Department has already committed to moving Medicare fee-for-service payments to 30% in alternative payment models by the end of 2016, and 50% by 2018. We believe that we are on track to meet our goal, and look forward to working with Congress to build on this progress.

Improving Care Delivery. To drive progress in the way care is provided, HHS is focused on improving the coordination and integration of health care, engaging patients more fully in decision-making, and improving the health of patients—with an emphasis on prevention and wellness. As part of that, we are focused on improving access to care by investing in and supporting telehealth, especially for rural areas. The Budget proposes to expand the ability of Medicare Advantage plans to deliver services via telehealth, and to enable rural health clinics and federally qualified health centers to qualify as originating telehealth sites under Medicare. By integrating face-to-face care with remote access care in both rural and urban areas, this proposal could improve care coordination, provide for more timely exchanges between specialists, and facilitate beneficiary access to care.

Improving Access to Information. In an effort to promote transparency on price, cost, and billing for consumers, the Budget supports the standardization of billing documents and elimination of surprise out-of-network charges for privately insured patients receiving care at an in-network facility. The Budget also provides continued investments to achieve secure, seamless data interoperability in order to better serve individuals, providers, and payers, including a funding increase and new authorities for the Office of the National Coordinator for Health Information Technology.

Building Evidence to Drive Systemic Improvement. Reforming the delivery system requires an evidence base of effective practices. The Budget proposes an increase of \$24 million for health services research at the Agency for Healthcare Research and Quality (AHRQ) to advance and improve the performance of the healthcare system. For example, AHRQ data show that 87,000 fewer patients died in hospitals due to hospital-acquired infections and conditions from 2010 to 2014—saving nearly \$20 billion. While we are encouraged by this progress, substantial challenges remain to build a health system that meaningfully involves patients in decision making, and consistently uses high quality evidence to provide safe and high quality care for all.

Keeping People Healthy and Safe

The President's Budget builds on the Department's strategy to address prescription drug abuse, invests in crucial behavioral health services, and strengthens our nation's public health infrastructure.

Preventing Prescription Opioid Misuse and Overdose. Prescription drug abuse impacts the lives of millions of people across the country—with 78 Americans dying in opioid-related deaths every single day. The Budget proposes significant new discretionary and mandatory funding totaling nearly \$1.1 billion to build on investments funded by Congress in FY 2016 and to execute on the Department’s three-pronged evidence-based approach to combat the opioids crisis:

- ***Expanding the Use of Medication-Assisted Treatment.*** The new two-year, \$1 billion mandatory funding investment will help ensure that every American who wants to get treatment for an opioid addiction will be able to. These funding levels will enable individuals with opioid use disorder to get treatment in FY 2017 and FY 2018 by reducing costs, engaging patients, and expanding access to treatment.
- ***Improving Prescribing Practices.*** The Budget invests in programs that support improved prescribing practices, including by supporting improved uptake of CDC’s upcoming opioid prescribing guidelines for providers. The Budget also proposes to require states to track high prescribers and utilizers of prescription drugs in Medicaid—saving \$770 million over 10 years—and bolsters other critical efforts to support providers with the tools they need.
- ***Expanding the Development and Use of Naloxone.*** Responders to an overdose have little time to effectively reverse the effects of an opioid and save a life. To best prepare communities and first responders, the Budget includes a total of \$22 million for programs that support the use of naloxone – a lifesaving overdose reversal drug. Among other critical programs, the Budget invests \$10 million in the Rural Opioid Overdose Reversal Grant program to target rural areas hit hardest by opioid abuse.

Expanding Access to Mental and Other Behavioral Health Care. Despite the expanded behavioral health coverage for millions of Americans by the Affordable Care Act, less than half of children and adults with diagnosable mental health disorders receive the treatment they need. To address this gap, the Budget proposes a total of \$999 million, including a new two-year \$500 million investment in mental health care, to help engage individuals with serious mental illness in care, improve access to care by increasing service capacity through certified community behavioral health clinics, boost the behavioral health workforce, and ensure that behavioral health care systems work for everyone. A portion of the two-year, \$500 million mandatory initiative will allow six additional states to participate in the Certified Community Behavioral Health Clinic Demonstration—established by section 223 of the Protecting Access to Medicare Act of 2014.

Combating Antibiotics Resistant Bacteria. The emergence of antibiotic-resistant bacteria continues to be a significant public health concern. The FY 2017 Budget includes \$877 million to continue expanding the nation’s ability to protect patients and communities by implementing interventions that reduce the emergence and spread of antibiotic-resistant pathogens. This funding will also support ongoing ground-breaking research to aid the development of new drugs and diagnostic products, building the nation’s treatment options for these dangerous pathogens.

Investing in Domestic and International Preparedness. The Department leads critical efforts to strengthen our public health infrastructure here at home and bolster the nation’s preparedness against chemical, biological, nuclear and radiological attacks. The Budget invests \$915 million,

an increase of \$2 million, for domestic and international public health infrastructure, including funding to expand implementation of the Global Health Security Agenda (GHSA) to strengthen capacity in Phase 2 countries to address public health emergencies. Over the next five years, the United States will work with more than 30 partner countries—representing over four billion people—to help them prevent, detect, and effectively respond to infectious disease threats. I am pleased to share that work with many of these countries has already begun. We appreciate the funding provided by Congress last year for this crucial priority.

As we work aggressively to combat the spread of Zika, the Administration is requesting \$1.9 billion in emergency funding, including \$1.5 billion for HHS, to enhance our ongoing efforts both domestically and internationally. The requested resources will build on our ongoing preparedness efforts and will support essential strategies to combat this virus, such as rapidly expanding mosquito control programs; accelerating vaccine research and diagnostic development; enabling the testing and procurement of vaccines and diagnostics; educating health care providers, pregnant women and their partners; improving epidemiology and expanding laboratory and diagnostic testing capacity; improving health services and supports for low-income pregnant women, and enhancing the ability of Zika-affected areas to better combat mosquitoes and control transmission. We appreciate the Congress's consideration of this important request.

Serving Refugees and Unaccompanied Children. In light of a global displacement crisis, the Administration has committed to expanding the Refugee Admissions Program in FY 2016 and FY 2017. All refugees are subject to the highest level of security checks of any category of

traveler to the United States. At HHS, the Administration for Children and Families' role is to link newly-arrived humanitarian populations, including refugees, asylees, Cuban entrants, and special immigrant visa-holders, to key resources necessary to becoming self-sufficient, integrated members of American society. The Budget provides initial financial and medical assistance for an estimated 213,000 entrants, including 100,000 refugees, consistent with the Administration's commitment to admitting at least 100,000 refugees in FY 2017.

In addition to serving the populations discussed above, HHS is also legally required to provide care and custody to all unaccompanied children apprehended by immigration authorities until they are released to appropriate sponsors to care for them while their immigration cases are processed. Based upon the increase in unaccompanied children apprehended at the Southwest border this fall, ACF has taken prudent steps to identify temporary capacity so that we are adequately prepared if additional shelter space is needed. To ensure that HHS can provide appropriate care for unaccompanied children in FY 2017, the Budget includes the same amount of total base resources available in FY 2016, as well as a contingency fund that would trigger additional resources only if the caseload exceeds levels that could be supported with available funding.

Building Blocks for Success at Every Stage of Life

The Budget request supports the Department's efforts to serve Americans at every stage of life, including by promoting the safety and well-being of our nation's children, and helping older Americans live as independently as possible.

Investing in Child Care and Early Learning. Research has shown the significant positive impact that early learning programs can have on a child's development and lifelong well-being. The Budget proposes strategic investments to make affordable, quality child care available to every low- and moderate-income family with young children; to build on investments to expand access to high quality early learning programs including both Head Start and the newly authorized Preschool Development Grant program; and to invest in voluntary, evidence-based home visiting programs that have long-lasting, positive impacts on child development.

With congressional support, the Administration's investment in Head Start services has more than doubled access for infants and toddlers over the course of the Administration, and significant investments have been made to strengthen the quality of services that Head Start provides. The FY 2017 Budget provides a total of \$9.6 billion for the Head Start program, which includes the resources necessary to maintain this expansion of services. In addition, the Budget builds on the investments made in FY 2016 to expand the number of children attending Head Start programs that offer a full school day and year program, which is proven to be more effective than programs of shorter duration and helps meet the needs of working parents. In collaboration with the Department of Education, the Budget includes \$350 million for Preschool Development Grants to support states in building and expanding high-quality preschool systems.

The President's Budget continues the historic proposal to provide \$82 billion over 10 years in additional mandatory funds for child care to ensure that all low- and moderate-income working families with young children have access to high-quality child care. This proposal will increase the number of children served to a total of 2.6 million by 2026 and raise the quality of care

children receive. In addition, the FY 2017 Budget includes almost \$3.0 billion in discretionary child care funding, an increase of about \$200 million, to support states, tribes, and territories as they implement the new health, safety, and quality requirements of the bipartisan child care reauthorization, and to create pilots that will test and evaluate strategies for addressing the child care needs of working families in rural areas and families working non-traditional hours.

Supporting Child Welfare. The Department plays a critical role in supporting child welfare, particularly among vulnerable populations. The Budget includes \$1.8 billion over 10 years to ensure that child welfare professionals have the right training and skills—proven to be linked to better outcomes for children across a range of measures. The Budget also includes a package of investments designed to do more to prevent the need for foster care and assist children and families so that children can either be reunited with their biological parents or placed in a permanent home.

Supporting Older Adults. As members of this Committee are aware, the population age 65 and over is projected to more than double to 98 million in 2060. In FY 2017, HHS continues to make investments to address the needs of older Americans, many of whom require some level of assistance to live independently and remain in their homes and communities for as long as possible. The Budget continues to propose reforms that help to protect older Americans from identity theft, to support access to counseling, respite, and nutrition services that will allow states to provide approximately 205 million meals to over 2 million older Americans nationwide. The Budget also continues the Department's commitment to support effective Alzheimer's disease research, education, and outreach, as well as patient, family, and caregiver services.

Leading the World in Science and Innovation

The FY 2017 Budget builds on the historic gains the Department has made in medical and scientific research and lays the ground work for scientific and technological breakthroughs for the 21st century. Thanks to biomedical research, including NIH investments, cardiovascular death rates in the United States have fallen by more than 70% in the last 60 years. Cancer death rates are now falling 1-2% per year; each 1% drop saves approximately \$500 billion.

Breakthroughs in HIV therapies enable people in their 20's to live a full life span. The FY 2017 Budget includes \$33.1 billion for the NIH, an increase of \$825 million, to build on the funding provided by this Congress in order to advance our shared commitment to support research that promotes economic growth and job creation, and advances public health.

Launching the Cancer Moonshot. Investments in research have led to significant developments in the prevention, screening, and treatment of cancer. To support the Vice President's Cancer Moonshot, the Budget includes a multi-year \$755 million initiative that accelerates the nation's fight against cancer by expanding access to clinical trials, pursuing new vaccine technology, and funding exceptional opportunities in cancer research. These investments will drive scientific advances that aim to understand the causes of cancer, discover new prevention strategies, improve early detection and diagnosis, and develop effective treatments.

Advancing Precision Medicine. Recent breakthroughs in genomics, computing, and molecular medicine have ushered in a new era where more treatments are based on the genetic characteristics of each patient. The Budget increases funding for the Precision Medicine

Initiative by \$107 million to a total of \$309 million to support critical new studies on therapies, and to continue to scale a cohort study to gather data on the interplay of environmental exposures, physical parameters, and genetic information.

Investing in the BRAIN Initiative. Despite the advances in neuroscience in recent years, the underlying causes of most neurological and psychiatric conditions remain largely unknown due to the vast complexity of the human brain. To further revolutionize our understanding, the Budget provides an increase of \$45 million, for a total of \$195 million within NIH, for the BRAIN Initiative. This research has the potential to discover underlying pathologies in a vast array of brain disorders and provide new avenues to treat, cure, and even prevent common conditions, such as Alzheimer’s disease, autism, depression, schizophrenia, and addiction.

Making the Department Stronger

One of my top priorities as Secretary is to position the Department to most effectively fulfill its core mission by investing in key management priorities, including program integrity and cybersecurity. I appreciate the Committee’s interest in these critical issues.

Strengthening Program Integrity. The Budget continues to make cutting fraud, waste, and abuse a top Administration priority by requesting \$199 million in new program integrity investments in FY 17. The Budget fully funds the Health Care Fraud and Abuse Control (HCFAC) discretionary cap adjustment. In FY 15 alone the HCFAC program returned over \$2.3 billion to the Federal government and private citizens. The Budget includes proposals that will expand and strengthen the tools available to CMS and states to combat fraud, waste, and

abuse, including in state Medicaid programs. In total, proposed program integrity investments and authorities in the Budget will yield an estimated \$25.7 billion in scorable and non-scorable savings to Medicare and Medicaid over ten years.

Focusing on Stewardship. To improve the efficiency of the Medicare appeals system and reduce the backlog of appeals awaiting adjudication at the Office of Medicare Hearings and Appeals (OMHA), HHS has developed a comprehensive strategy that involves additional funding, administrative actions, and legislative proposals. The Budget includes resources at all levels of appeal to increase adjudication capacity and advances new strategies to alleviate the current backlog. The Budget also includes a package of legislative proposals that provide new authority and additional funding to address the backlog.

Conclusion

Members of the Committee, thank you for the opportunity to testify today and for your continued leadership on these important issues. I am grateful to have you as partners as we make the investments critical for today while laying a stronger foundation for tomorrow. I want to conclude by thanking the men and women of our Department, who work tirelessly every day to deliver impact for those we serve—the American people. I welcome your questions.