



What's ailing health care?

POLICY PROGNOSIS 2022

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Channeling Virginia's pioneering spirit to address our mental health crisis



By Governor Glenn Youngkin

As Virginia's Governor, it is my mission to make Virginia the best place to live, learn, work and raise a family. One critical component to delivering on this promise is to ensure that Virginia has a health care structure that supports the strong and resilient residents of the Commonwealth, which includes the resources for and support of mental health care. Throughout my campaign, I heard from Virginians about the challenges of accessing affordable, quality care. They told me their heart-wrenching stories of mental illness and substance abuse on families and communities. Virginia has a long history of "firsts," and this includes in the mental health arena, when America's first public mental health hospital was established in Williamsburg in 1773. It's time to address our mental health crisis in an equally pioneering and innovative way.

Unfortunately, the COVID-19 pandemic has exacerbated the negative impacts for those who need mental health care. Even before the pandemic, many people of all ages, all across the Commonwealth, struggled with their mental health. Suicide, anxiety and depression have increased dramatically. The opioid crisis continues to devastate our communities. While the past two years have lessened the stigma for those seeking assistance and allowed more of us to talk openly about mental health and substance use needs, we still have work to do.

My administration will focus on wellness, prevention and treatment to meaningfully impact and strengthen mental health in the Commonwealth. One early emphasis will be on young Virginians: we know the tragic effect mental health and substance use have during the developmental years, in K-12, and higher education. Many of



Committed to addressing long-standing challenges at Virginia's mental health hospitals and to lessen the burden on localities, hospitals and law enforcement, especially our sheriffs.

our colleges and universities, as well as many local school divisions, have substantially increased their focus and resources to empower students to address mental health and build resiliency – a key strength that will serve them throughout life. But let's be clear, young people are not the only ones struggling with mental health and substance use; these challenges affect people regardless of age, race, income or locality.

Diminishing the stigma for those seeking help is critical, but we also must ensure that quality prevention and treatment options are both available and accessible. We know that we must build additional services at the local level, especially preventive care, to help individuals manage their symptoms so they do not end up in crisis centers, hospitals or the justice system. Today, many other tools are available, including cognitive behavioral therapy, resiliency, telehealth and peer-counseling. These proven therapies can help give access to people who have struggled to get help when they need it most.

I am also committed to addressing long-standing challenges at Virginia's mental health hospitals and to lessen the burden on localities, hospitals and

law enforcement, especially our sheriffs. More often than not, when people with mental health issues need crisis care, they instead end up in emergency rooms or jails. Our public and private health workforce has been stretched and strained, yet still works mightily to deliver compassionate care. We must do everything we can to build a strong and vibrant workforce and to incentivize quality behavioral health providers throughout Virginia.

My administration is working with legislators this General Assembly session to make much-needed improvements to state hospital services and community mental health services. These critical actions include working to increase historically low salaries at state hospitals, bolster behavioral health and crisis services across Virginia, improve the discharge processes at state hospitals and develop an alternative custody service to relieve law enforcement of long hours waiting with patients in emergency departments.

Despite these challenges, impressive examples of innovation and service exist all across the Commonwealth. As with other health care services, our citizens deserve timely access, accountability, positive outcomes and

consistent services throughout every Virginia community. We should not settle for short-term solutions; instead, we should strive for a best-in-class system that serves all Virginians.

The Virginians who shared their stories with me during the campaign all had varied experiences and struggles; what was common throughout was a sense of hope that perhaps others would not have to struggle as they did. As Governor, I will work to tackle these challenges and empower our citizens to build healthier and more resilient communities throughout our Commonwealth.

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Glenn Youngkin is the 74th Governor of Virginia. In his State of the Commonwealth address on Jan. 17, 2022, he detailed his plans to "form a government that works for ordinary citizens." Gov. Youngkin grew up in Richmond and Virginia Beach, then moved to Northern Virginia after college to work at The Carlyle Group where played a key role building it into one of the leading investment firms in the world. His efforts helped fund the retirements of teachers, police officers, firefighters and other frontline public servants and supported hundreds of thousands of American jobs. He and his wife have four children.

A stronger, more sustainable Medicare



By Meena Seshamani, MD, PhD
Director of Center for Medicare

As a clinician who has worked to transform care from the inner cities to rural counties, I know we cannot meaningfully advance health for our communities without addressing their unique needs and circumstances. We must look at everything we do through the lens of health equity, because when the system doesn't work, it's those individuals with complex health and social needs who fall through the cracks.

Since 1965, Medicare has been the backbone of our modern health care system. Throughout its history, Medicare has led transformation for quality, affordable health care. Today, more than 63 million Americans rely on Medicare – through Traditional Medicare and Medicare Advantage – to provide health and financial security. It plays a central role in the Biden-Harris administration's vision for the Centers for Medicare & Medicaid Services (CMS) to advance health equity; expand access to affordable coverage and care; drive high quality, person-centered care; and promote affordability and the sustainability of the Medicare trust funds.

Through the Medicare program, CMS is working to best serve the older Americans and people with disabilities that rely on Medicare for their health care coverage.

Expanding Access to Affordable Health Coverage and Care

Since its inception, Medicare has guaranteed quality health care for older Americans and people with disabilities. As we look ahead, there are several ways to expand access to needed services and treatments. For one, Medicare plays a crucial role in addressing the opioid epidemic, and we are committed to making treatment easier to access and more affordable while also working with providers to expand non-opioid pain management services. In addition, CMS



CMS will operationalize learnings from recent emergencies and disasters, such as the pandemic and the tornadoes that ripped through the South, to continue to improve timely access to care.

will operationalize learnings from recent emergencies and disasters, such as the pandemic and the tornadoes that ripped through the South, to continue to improve timely access to care. And, we will continue to modernize payment policies to reflect innovations and changes in medical practice.

Advancing Health Equity

To advance health equity, Medicare is actively implementing policies that address inequities in care. For example, people with Medicare in need of behavioral health care services can now access services through audio-only telehealth if the patient does not have access to video, such as those who live in rural areas without access to broadband internet. Last fall, we also announced that following Congressional action, Medicare is funding additional medical residency positions in hospitals serving rural and underserved communities – one of the largest increases in partially Medicare-funded residency slots in a decade – because we know that health care providers are more likely to serve in the communities in which they train. Medicare is also exploring how to better support providers in rural and underserved communities as part of the Medicare Shared Savings Program.

Driving High Quality, Person-Centered Care

Over the last decade, Medicare accelerated participation in care models that reward higher quality care, smarter spending, and improved health outcomes. The promise of these care models has become even more evident recently. Many health care providers participating in the Medicare Shared Savings Program and the Next Generation Accountable Care Organization model were able to work quickly to provide the team-based services needed to address the full spectrum of issues arising from the pandemic. They were able to transition to telehealth and provide care in innovative ways to ensure needed access. They've shown us that better care coordination and providing care not just within the four walls of a hospital, but across the unique experiences of a person, are key to keeping people healthy. Strong accountable care programs are part of the larger strategy to ensure that people with Traditional Medicare have access to high quality, equitable care that meets their needs.

Promoting Affordability and Sustainability

CMS will work to ensure that Medicare remains affordable for people and sustainable for future generations. We have proposed increased transparency at the pharmacy for drug prices in the Part

D program, which would lower out of pocket drug costs for people with Medicare Part D. We are looking for ways to ensure that we are getting the most out of every Medicare dollar by continuing to improve payment accuracy, and addressing fraud, waste, and abuse.

Engaging Our Partners and the Communities We Serve

All of this work has a common theme: working together to put people with Medicare coverage at the center of all that we do. We want to hear ideas from and partner with all of the numerous stakeholders who seek to drive meaningful change in the health care system. Let's look to the work ahead together.

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Dr. Meena Seshamani, M.D., Ph.D., is the Deputy Administrator and Director of Center for Medicare. Prior to her nomination by President Biden, she designed and implemented population health and value-based care initiatives as Vice President of Clinical Care Transformation at MedStar Health. She also served as Director of the Office of Health Reform at the U.S. Department of Health and Human Services, where she drove strategy and led implementation of the Affordable Care Act. Dr. Seshamani completed her residency training in Otolaryngology-Head and Neck Surgery, has a PhD in Health Economics, and has practiced as a head and neck surgeon.



Moving Health Home

We're Working Towards a Future in Which Care Comes to Patients

Moving Health Home (MHH) is a coalition made up of stakeholders working to change federal and state policy to enable the home to be a clinical site of care. Today, we have an opportunity to shape the future of health care as policymakers, thought leaders, providers, health plans and patients absorb the lessons and experiences of the COVID-19 pandemic.



 *Moving Health Home*
An Alliance to Advance Home-based Care Policy

Learn more at
movinghealthhome.org



Health care at home became a reality during the pandemic, now we need to keep the door open



By Krista Drobac, Founder of Moving Health Home

Think about the last time you or a loved one were seriously ill. Moving from the lab to an MRI machine to an IV, while spending nights in the hospital with beeping machines and noisy hallways as your family sat in the waiting room worrying. American institutions deliver world-class health care, but during the pandemic, when many institutions had to focus on fighting COVID, we figured out how to scale care in the comfort of patients' homes, even those with complex needs. Home-based care proved to be high quality, cost-effective and popular among patients and caregivers. Now, we need make it a long-term option.

Home-based care is a spectrum of services. It can mean a house call from a primary care doctor or nurse, a physical therapy session, a home infusion, or a full complement of hospital-level services. The pandemic ignited tech-enabled services like telehealth and remote monitoring, mobility among medical personnel, and a burst of patient demand. It catalyzed creative thinking among hospital executives, practitioners, app developers, patient groups and the government about how to turn the home into a clinical site of care. It also supercharged existing efforts among home health, dialysis, and home infusion providers.

These innovations will endure, and stakeholders in the health care system want them to stay. Our recent study shows that a majority (70 %) of Americans are comfortable receiving care in the home, 73 % are confident in the quality of receiving care in the home, and a bipartisan majority of adults (73 % of Democrats and 61 % of Republicans) say it should be a priority for the federal government to increase access to clinical care in the home.

A bipartisan majority of adults say **it should be a priority** for the federal government to **increase access to clinical care in the home**, with the approval percentage of each party as follows:

73% Democrats

61% Republicans



Moving Health Home
An Alliance to Advance Home-based Care Policy

We need to break down regulatory and statutory barriers restricting patients from choosing care at home.

To make the pandemic the beginning of a movement rather than a blip of change, we need to break down regulatory and statutory barriers restricting patients from choosing care at home. State and federal policymakers will need to implement permanent flexibilities and programs that build on the lessons learned from the temporary waivers of the Public Health Emergency (PHE).

So, what needs to happen?

1. Implement a permanent, value-based Acute Care at Home program that builds on the PHE waivers by allowing entities the ability to treat patients in the home setting, when preferred by the patient and clinically appropriate.
2. Pass the Choose Home Care Act of 2021 to give nursing

home-eligible beneficiaries more options as to how and where to recover post-hospitalization.

3. Ensure that the Centers for Medicare and Medicaid Services is reimbursing home-based providers at parity with facility-based providers to allow equal access to care in the home.
4. Work with stakeholders to ensure home is an option for care in traditional Medicare, which is often antiquated and biased toward facility-based care. Congress could remove barriers in traditional Medicare to improve access to care in the home in areas such as personal care, infusion, labs, dialysis, diagnostics, and primary care – all while also addressing workforce issues.

The pandemic gave us the

opportunity to transform how health care is delivered, and these actions are an essential step to ensuring home-based care is part of our health care future and the doors stay open to home as a clinical site of care.

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Krista Drobac is the founder of Moving Health Home (MHH), a coalition working to change federal and state policy to enable the home to be a clinical site of care. MHH uses research and data to educate policymakers about home-based care that delivers important clinical care in a more holistic way. For more information on MHH advocacy, policy development, research, and coalition building, visit www.movinghealthhome.org.

National Liver Donation system discriminates against midwestern states

By U.S. Sens. Jerry Moran and Roy Blunt

Every year, hundreds of Kansans and Missourians receive devastating medical diagnoses and, in some circumstances, their only life-saving treatment is a liver transplant. Currently, nearly 240 residents from both states are on a national waiting list to receive a donated liver.

But as weeks go by, Kansas and Missouri names are rarely called. This is because the entire system to allocate donated livers is rigged against Americans who live in the Midwest.

Developed in 2018 by the United Network for Organ Sharing (UNOS), the new liver allocation policy intentionally colluded against Midwest and Southern states. As Senators of Kansas and Missouri, we have repeatedly expressed outrage with this organ allocation policy.

UNOS is a private organization contracted with the U.S. Department of Health and Human Services (HHS) to oversee the national organ transplantation system. UNOS changed the liver allocation policy by adjusting the geographic parameters guiding which patients received donated organs, even if the patients were located hundreds of miles away from donors. The decision four years ago punished patients in the Midwest and the South – the regions with the highest rates of organ donors – by sending more organs to coastal urban areas.

The process itself was fraught with major flaws. UNOS overruled the Liver and Intestine Committee, whose members are some of the nation's leading transplant experts; excluded certain public comments in the deliberations, including those from the University of Kansas; and arrived at an outcome that was significantly different from the previous standard.

Based on these actions alone, it was clear the process was unfair. In addition to concerns raised by Congress, more than a dozen transplant hospitals have taken HHS to federal court to overturn the allocation changes for three different organs – liver, lungs and kidneys.

As a result of the litigation, a November 2021 ruling by the United States Court of Appeals for the Eleventh Circuit required the public release of emails



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from UNOS – and they were shocking. The hundreds of pages of internal communications revealed clear collusion between UNOS, a New England-area organ procurement organization, and others as they crafted the new liver allocation policy. One conversation, authored by the president and CEO of the New England organization sent to the head of UNOS, said, “You’re a dumb (expletive) for living” in the South and health professional shortage areas.

These emails show without a shadow of a doubt the liver allocation decision was fundamentally flawed from the beginning, and the body charged with supervising it is systematically broken. Americans in the Midwest and the South have every right to be fairly considered for an organ donation. Discrimination

based on the region a patient chooses to live should not be a factor in deciding who receives a lifesaving organ. In health care, life and death decisions are a sad but unfortunate reality, but a patient’s choice to reside in a rural community should not be a factor in America’s national liver allocation system.

The UNOS emails provide the most concrete evidence yet of a fundamentally unjust policy, but concerns brought to HHS have been disregarded at every turn. In the aftermath of public access to these emails, HHS Secretary Xavier Becerra should have immediately reviewed and reversed the allocation policy. Secretary Becerra has a duty to uphold the mission of his agency to “enhance and protect the well-being of all Americans.”

All Americans include those who decide to live in the Midwest and the South. HHS cannot continue upholding a policy that blatantly pits regions of the country against each other – punishing states with stronger organ donor networks – and results in prolonged wait periods, increased costs and system inefficiencies. Furthermore, fulfilling the agency mission at even the most basic level would mean reversing a policy created by individuals with a documented disdain for Americans outside the Northeast and Northwest.

It is unconscionable for HHS to willingly ignore the overwhelming evidence and continue implementing the liver allocation policy.

When an American is facing a life-or-death transplant diagnosis, each one deserves to know the system charged with providing organs is just, no matter where you live or who you are. We are again urging Secretary Becerra and HHS to reverse this biased and unjust allocation policy. The lives of our family and friends depend upon it.

U.S. Senator Jerry Moran of Kansas serves as lead Republican on the Appropriations Subcommittee on Commerce, Justice, Science, and Related Agencies. He is also the lead Republican on the Senate Veterans’ Affairs Committee and a member of the Health, Education, Labor, and Pensions Committee. His focus on protecting rural Kansans and their communities led him to co-found the Senate Community Pharmacy Caucus, the Senate Economic Mobility Caucus and the Senate

Hunger Caucus.

U.S. Senator Roy Blunt of Missouri serves as the Chairman of the Senate Republican Policy Committee and as the Ranking Member of the Senate Rules Committee. He also serves on the Senate Appropriations Committee; the Senate Commerce, Science and Transportation Committee; and the Senate Select Committee on Intelligence. He is also the Ranking Member of the Appropriations Subcommittee on Labor, Health and Human Services, and Education. In the House, he was elected the Majority Whip earlier in his career than any Member of Congress in eight decades, and he was elected to the Senate leadership during his first year in the Senate.

Why is Biden afraid of COVID-19 natural immunity information?



By U.S. Sen. James Lankford

Raise your hand if you had a COVID vaccination and also got COVID. I see those hands. If you got COVID after you got the shot, usually you hear that you didn't get a really bad case of COVID because you had increased immunity from the vaccine. But the Centers for Disease Control currently refuses to say you have increased immunity if you recovered from COVID even though everyone knows the obvious. When you have recovered once from COVID, your body is better prepared to recover again.

The Oklahoma State Department of Health recently reported that about 60% of our rural counties are fully vaccinated and our two largest counties, Oklahoma and Tulsa Counties, are more than 80% fully vaccinated. Around one million of the four million people in Oklahoma have also recovered from COVID-19. The key issue is the ability of your body to fight off the virus when you are exposed, either through natural immunity, vaccine immunity, or both.

An Israeli study has demonstrated that natural immunity is more powerful than vaccination immunity. But, the Centers for Disease Control and Prevention will not recognize the study from Israel or mirror the study in America. Meanwhile, President Biden is going to court to argue for power to fire Oklahomans who choose not to receive the COVID-19 vaccine, even if they already recovered from COVID and they have natural immunity.

Just to be crystal clear, anyone can spread the virus, whether you are vaccinated or unvaccinated. Both the vaccine and natural immunity provide some level of protection from severe COVID in the future. We can all argue how much and how long natural immunity lasts versus vaccine immunity, but until the Centers for Disease Control and Prevention actually releases the data on natural



President Biden is going to court to argue for power to fire Oklahomans who choose not to receive the COVID-19 vaccine, even if they already recovered from COVID and they have natural immunity.

immunity instead of sitting on it, we are all speculating.

I joined Senator Braun of Indiana to introduce the Natural Immunity Transparency Act, which requires the Department of Health and Human Services to provide critical data to Congress on where we stand with natural immunity from COVID-19 in the U.S. based on infection data so people can make better informed decisions.

Some of our service members believe their Commander-in-Chief is ignoring their natural immunity as well. In a very rare move, some service members are suing the military because they say they should receive an exemption from the vaccine requirement if they recovered from COVID-19. Despite President Biden's Executive Order requiring all service members to be vaccinated or face discharge, they argue in the suit that Army Regulation 40-562 gives their branch the ability for documented survivors of the infection to receive a medical exemption from vaccination because of acquired immunity.

Originally, the Biden administration was going to give service members a dishonorable discharge if they refused to

get the COVID-19 vaccine. After several of us in Congress forced the issue in the 2022 National Defense Authorization Act, the Administration backed off. Our provision to protect service members from facing a less-than-honorable or dishonorable discharge, if they refuse to get the COVID-19 vaccine, is now law. But, service members want to serve their country, not get any type of discharge.

That also doesn't solve the issue of religious accommodations. I have consistently called on our service branches to provide religious accommodations for those who do not want to receive the vaccine for religious reasons. To date, the Department of Defense has issued very few religious accommodations to the vaccine mandate despite thousands of requests. Recently, I sent Secretary Austin a letter demanding answers on religious accommodation and I have asked the Department of Defense Inspector General to audit the process and be sure it is conducted fairly and in accordance with the law.

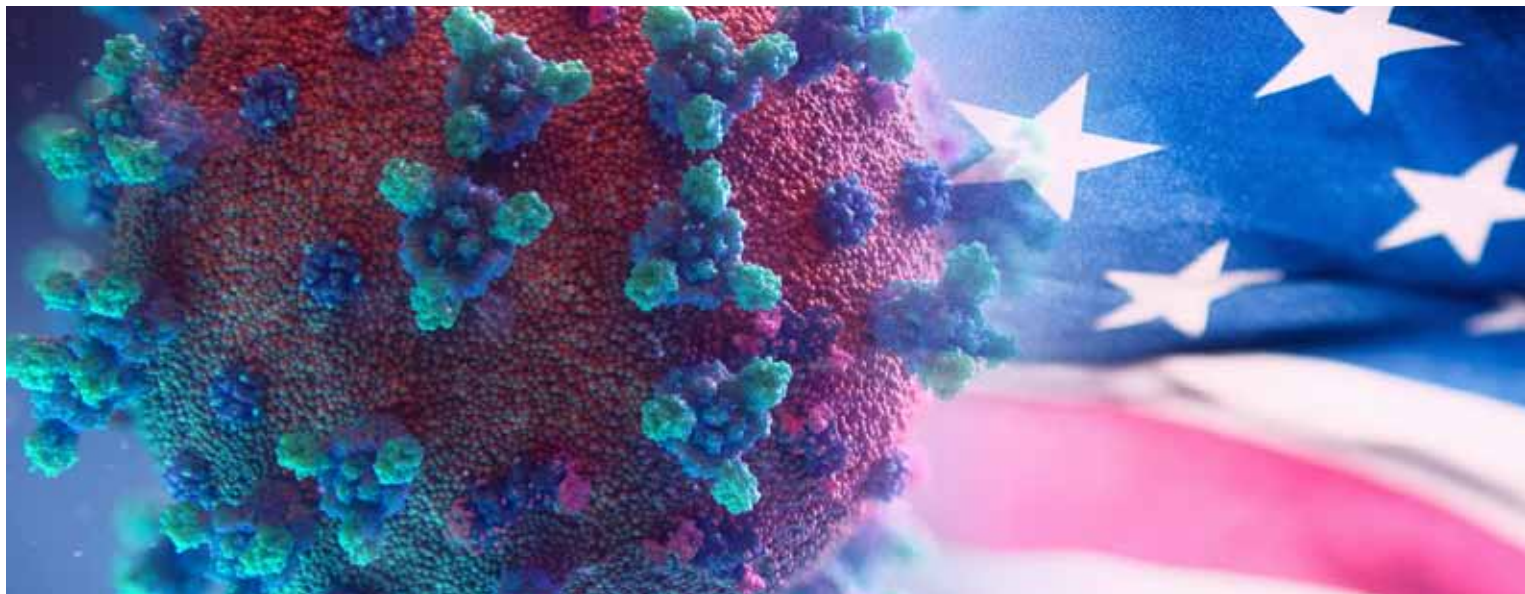
It is even worse for federal workers who requested a religious accommodation. They are forced to fill out new forms to note how religious they are

currently. Leadership of each agency has new assigned powers from the administration to determine if their employees are religious enough to get an accommodation.

As if the Biden inflation rate of 7.5% wasn't bad enough, Biden is actively working to create job uncertainty for millions of people who are struggling to pay for their groceries during this administration.

The federal government should not withhold data on natural immunity just so they can play their dangerous game of "chicken" with the American people. It's time for transparency and for the freedom to make personal choices on personal matters.

Senator James Lankford, Oklahoma Republican, serves on four committees critical to Oklahomans: Finance; Energy and Natural Resources; Indian Affairs; and Homeland Security and Governmental Affairs. He is the Ranking Member of the Government Operations and Border Management Subcommittee, which covers the federal workforce, regulatory reform, border security, management, and operations.



Democrats refuse to investigate Biden's failed COVID response

By Whip Steve Scalise and U.S. Rep. Mark Green

As we enter the third year of the COVID-19 pandemic, it has become clear that President Biden has failed to “shut down the virus” as he promised during the campaign. By not procuring adequate numbers of rapid at-home tests for Americans prior to the holiday season, abandoning his national plan to defeat COVID-19, politicizing the vaccine while pursuing a vaccine-only strategy to the detriment of therapeutics, and undermining science, President Biden's response to the COVID-19 pandemic has been disastrous. Tragically, there have been more COVID deaths under President Biden than President Trump. Yet, Democrats on the Select Subcommittee on the Coronavirus Crisis refuse to investigate any aspect of the Biden administration's failed response.

To the surprise of millions of Americans, Vanity Fair exposed that on October 22, 2021, the Biden administration was briefed by COVID-19 experts about the need to increase rapid testing before families gathered for the holidays, yet President Biden rejected the proposal to ramp up testing and deliver more than 400 million tests to the American people, as was presented to him by medical experts.

Why doesn't Speaker Pelosi and her hand-picked Democrats on the Select Subcommittee want to know why the Biden administration rejected such a proposal, as well as all the names of all the administration officials involved in that costly decision?

After the United States recorded 220,000 COVID deaths in 2020,



then-candidate Biden said during a presidential debate that “Anyone who is responsible for that many deaths should not remain as President of the United States of America.” As Commander-in-Chief, Biden has overseen more than 450,000 COVID deaths. By his own logic, should Joe Biden remain President of the United States?

Biden also stated, “Donald Trump still doesn't have a plan to get this virus under control. His failure to lead is costing American lives.”

Never mind the fact that President Trump had a very successful plan called Operation Warp Speed, which yielded three safe and effective vaccines, multiple therapies like monoclonal antibodies, and a robust nationwide testing network.

But faced with a year of failures on COVID-19, on December 27, 2021, President Biden said, “There is no federal solution. This gets solved at the state level.” President Biden, in the face of his many failures and self-made crises, abandoned his national strategy and decided to blame governors and maintain that



COVID-19 is a “state level” problem.

Congressional Democrats routinely requested a national strategy in 2020, yet their silence now is deafening.

We still don't know where COVID-19 came from. There is considerable evidence that the pandemic started in a lab in Wuhan, China, and the Chinese Communist Party (CCP) covered it up. House Democrats have not held a single hearing about the origins of COVID-19. House Republicans have been calling for congressional hearings into the origin of COVID-19 so we can finally get answers that the American people expect and deserve, yet Speaker Pelosi and her liberal lieutenants refuse to hold a single hearing on this vital subject.

Instead of listening to scientists and medical experts, President Biden is taking orders from teachers union bosses, who once again are forcing schools to shut down. In the first week of January, more than 5,200 public schools closed their doors for in-person learning, and instead went back to virtual learning.

This is devastating for America's children.

School districts across the country received billions of dollars in aid from the federal government so that schools could resume in-person learning. There are well-documented medical studies which prove that school closures and ridiculous mask mandates are hurting our children and having a negative impact on their emotional and social development.

Both the World Health Organization and the European Centre for Disease Prevention and Control do not recommend masking kids under six years old. Why is the United States masking young children without evidence? What could be more important than protecting the mental health of our kids?

It's past time for Select Subcommittee Democrats to hold a hearing about the coronavirus' origin and the Biden Administration's horrific track record during the COVID-19 pandemic.

Failing to do so is undermining our ability to learn from those mistakes and represents a major dereliction of duty.

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U.S. Representative Steve Scalise represents Louisiana's 1st Congressional District and serves as the House Republican Whip. He is the Ranking Member of the Select Subcommittee on the Coronavirus Crisis.

U.S. Representative Mark Green, M.D., is a physician and combat veteran of Afghanistan and Iraq. He interviewed Saddam Hussein for six hours on the night of his capture. He represents Tennessee's 7th Congressional District and serves on the House Armed Services Committee, House Foreign Affairs Committee, and Select Subcommittee on the Coronavirus Crisis.



Congress must focus on drug pricing solutions that help Idahoans and all Americans



By U.S. Sen. Mike Crapo

As we enter a new year, the American people face a broad range of challenges, from rampant inflation to supply chain disruptions and labor shortages. Against an unnerving backdrop of rising crime, unrest at our borders, and threats to our national security, the Biden administration's misguided response to the COVID-19 pandemic has compounded these concerns. Rather than addressing the issues confronting workers and families, the administration and Democratic leadership continue to pursue reckless tax-and-spend policies that would exacerbate current sources of hardship, including by creating a mandatory government price-setting program for medications that risks undercutting efforts to combat the pandemic and improve economic outcomes. My colleagues

should abandon these partisan pursuits and instead work in a bipartisan manner to advance legislative solutions that truly help Idahoans and all Americans.

Under the constitutionally dubious system of bureaucratic drug price controls in the Build Back Better Act (BBBA), Americans would see fewer new treatments and vaccines, greater inflationary pressures, and inferior care quality and access in the years to

resulting in 135 fewer new drug approvals and a potential loss of more than 331 million life years. As innovators work to produce vaccines and therapies to combat COVID-19, these disincentives for biomedical discovery and development could prove devastating. Moreover, Americans will need to contend with higher launch prices for new medications that do come to market, further straining working families' finances.

Unfortunately, the ongoing pursuit of a budget-breaking tax-and-spending package has made it impossible so far to advance these types of game-changing measures.

come. The bill would undermine incentives for biomedical innovation, as unaccountable federal officials would compel manufacturers to partake in a mandatory price-setting program, with non-compliance punished by an impossibly steep penalty of up to 95 percent on gross drug sales across all markets. Private-sector pricing practices would also come under federal control, moving us closer to a government-run health care system. Basic protections, meanwhile, would have no place in the BBBA, as the bill expressly bans judicial and administrative review of essentially every aspect of the new price control regimes.

According to University of Chicago researchers, these policies would slash projected biomedical research and development funding by more than \$660 billion in the next two decades,

These government drug pricing mandates would also bury small businesses in burdensome bureaucratic demands and institute aggressive payment cuts for frontline health care providers. An American Action Forum analysis found the Biden administration finalized more than \$200 billion in new regulatory costs during 2021. The tax-and-spending proposal would double down on this trend, imposing sweeping new government mandates on job creators across the health care system. The resulting cost-cutting measures could accelerate health system consolidation and independent practice closures, with stark access implications for patients.

From lifesaving treatments to provider access, the Build Back Better Act represents a step backward for American health care. As the Chinese

Communist Party and other rivals abroad leverage life sciences innovation to seize market dominance and strengthen defense capabilities, our national security and international leadership demand a more responsible path forward.

In that spirit, I have reintroduced my Lower Costs, More Cures Act, a comprehensive set of targeted and consumer-centric policies, virtually all of which enjoy bipartisan support. Consensus-driven solutions like this legislation, which would lower pharmacy-counter costs for crucial drugs like insulin and cap out-of-pocket medication spending for seniors, among dozens of other commonsense reforms, could easily pass with overwhelming majorities in both chambers. Unfortunately, the ongoing pursuit of a budget-breaking tax-and-spending package has made it impossible so far to advance these types of game-changing measures.

Democratic leadership must set aside partisan politics and focus on fiscally responsible policies that enhance health care access, affordability and innovation to improve the lives of Idahoans and all Americans.

Senator Mike Crapo, Idaho Republican, is the Ranking Member of the Senate Finance Committee and serves on the Banking, Housing, and Urban Affairs and the Budget Committees. He is a lifelong Idahoan and ranks 13th in overall Senate seniority.

Prescription for a healthier future: More choice, lower costs, American-made medicines and supplies

By U.S. Reps. Vern Buchanan
and Brett Guthrie

No parent should wake up to find their child lifeless from a fentanyl-laced drug overdose. No nurse should have to choose between losing their job or being forced to take the vaccine. No doctor should have to retire early from frustration over paperwork and bureaucratic nightmares and shortages of critical medical supplies. No patient should receive a medical bill for thousands of dollars for a minor procedure. Yet this has been the status quo for Americans' health care.

Democrats have tried repeatedly to "fix" problems in our health care system with a top-down, Washington-knows-best approach that radically transforms our health care system by handing care decisions to bureaucrats. House Republicans are pushing back against their government-run health care through the Healthy Future Task Force. Together, we are working to develop targeted solutions to the most pressing issues in health care.

Republicans are focusing our efforts on modernizing the American health care system to lower costs, keep Americans healthy, develop better therapies and cures, and empower Americans with more choices. Health is too personal to be solved by a one-size-fits all approach. An 80-year-old widow on Medicare has different health needs than a new mom or a child with cancer. Similarly, patients in rural America access care differently than in urban communities.

For too long, Democrats have offered different variations of the same outdated theme – spend more money and give D.C. bureaucrats more control. The result is a government-run, one-size-fits-all health care system that offers fewer choices and worse care. We need to focus on the real and specific challenges to improving the health of Americans. The more control given to Washington D.C. bureaucrats, the less control patients have over their care.

Members of the task force are holding roundtables across the country. We are also researching topics ranging from preparing for the next pandemic to the role innovative technology could play in keeping Americans healthy and lowering the cost of health insurance with market-based solutions. Over the next several months, we will continue engaging with



patients, doctors, and advocates about the most important challenges facing our health care system as we further develop and refine solutions for the American people.



One example we have already heard about is the cost of prescription drugs. In 2019, the two committees we serve on in the House released a bipartisan discussion draft to cap what seniors pay for

**Health is too personal to be solved by
a one-size-fits all approach.**



drugs. Since then, Democrats have chosen to go alone. It is time for Democrats to stop the partisan games, abandon their partisan drug pricing scheme that would destroy medical innovation, and come back to work with us. And if they don't, ensuring more cures and lower costs for medicine will continue to be a top priority for House Republicans in 2023.

This is not our only priority for a healthier future in America. We have learned a costly lesson with supply shortages during the beginning of the COVID-19 pandemic about what happens when we depend too much on China for our medical supply chain needs. We need to improve our health security and safety by strengthening our supply chains and supporting our health care heroes. That means incentivizing the creation of more American-made medicines and supplies to be better prepared for future pandemics, while also reducing our reliance on foreign countries like China.

We have also heard that the flexibility to use telemedicine and new technology to treat more patients at home is something that should continue after the pandemic. The health care system should be centered around the patient and their doctor. Washington must work to ensure there is minimal red tape and distractions for the physician and payment based on value and health rather than the number of services provided.

Congress needs to take action that builds on our current health care system and improves it to address what Americans are most worried about. House Republicans are listening and will be prepared to do so in 2023.

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U.S. Representative Brett Guthrie, Kentucky Republican, represents the 2nd Congressional District and serves as the Republican Leader of the Energy and Commerce Committee's Health Subcommittee. He was also appointed to a second term as a Deputy Whip within the House Republican Conference.

U.S. Representative Vern Buchanan, Florida Republican, represents the 16th Congressional District where 220,000 Medicare beneficiaries live. He serves on the House Ways and Means Committee and is the lead Republican of the Health Subcommittee as well as a member of the Health Subcommittee which has jurisdiction over Medicare and employer-provided health insurance benefits.

The CDC hides COVID data but says Americans are the problem



By Tammy Bruce, AMAC columnist

One of the major catastrophes of the bungling of the Biden administration's COVID-19 response has been the loss of trust in the agencies that we should be able to trust the most.

It's now clear that every agency of the federal government has been completely politicized. We have seen it with the IRS and the Department of Justice, and now there are major questions about the Center for Disease Control and Health and Human Services.

A shocking story revealed that the CDC has been withholding most of its critical data regarding COVID-19 from the public. This is brought to us from, of all places, the New York Times, a usually reliable transcriber of Democrat talking points. It now reinforces the disaster of the Biden administration's manipulation of the pandemic for their own political interests.

The newspaper reports that the CDC is deliberately withholding a massive amount of COVID-19 research and data for fear that it would be "misunderstood" by the public. In other words, their excuse is that we're all too dumb to understand the facts. In fact, information is power, and apparently, the "science" is now telling them that the truth may be too damaging for their political agenda.

Sources are telling the New York Times that the CDC is withholding tranches of data from the public because, in the words of Kristen Nordlund, the CDC spokesperson, the data is simply "not yet ready for prime time," which implies it doesn't fit the political narrative. Part of the data not released includes the effectiveness of booster shots on those between 18-49 years old. Other data withheld contains information about hospitalizations, booster vaccines, and wastewater analyses. Ms. Nordlund, most shockingly, also noted that there was fear that the public would



Now we have a government that admits that it is effectively lying to us by omission regarding the scientific details of our own research and understanding of the virus itself.

"misinterpret" the information.

Consider what they are saying here: that they chose not to release information because they didn't want to confuse or mislead the public. Did no one consider the fact that hiding details as significant as study results on multiple critical issues would, in fact, confuse and mislead the public?

The underlying implication of her comments is that the study details would give people the impression that booster shots were either ineffective or unnecessary. At no point would they be releasing raw data without explanation. Are they so unsure of their ability to explain what they would consider the truth of the data to the American people? Or does the data speak for itself, jeopardizing the political agenda surrounding the Biden administration's handling of the pandemic?

The condemnation by the public, including those in the medical field and on the front lines of the pandemic, was swift. Dr. Nicole Saphier, a physician at Memorial Sloan Kettering, tweeted this: "The CDC's response when questioned about their withholding of Covid data and lack of transparency is essentially 'we don't trust you to be able to understand the truth.' The condescension is palpable..." She added, "People who have

blindly trusted the CDC the last 2 years are about to have their world turned upside down as the lack of transparency and manipulation of data become undeniably evident."

Dr. Janette Nesheiwat, a Fox News Medical Contributor and Medical Director of City MD in New York, noted, "I practice evidence-based medicine to provide the best care for my patients based on accurate & up to date information. So why would the CDC withhold any data that can help me better serve my patients? Truth and transparency is essential, not cherry-picking data."

As the Biden administration is slouching toward either a new hot or cold war with Russia, and as our geopolitical enemies are becoming even more emboldened by the obvious fecklessness of the American government, this is a time when transparency and honesty with the American people is imperative.

COVID-19 is not done with us. Yet, now we have a government that admits that it is effectively lying to us by omission regarding the scientific details of our own research and understanding of the virus itself. These are the same people who have lectured us for two years about "following the science." And yet that very science that they tell us we need to follow is being locked up and

hidden from us for some strange reason. It is not unfair to note that this revelation makes it appear the bureaucracy has been peddling its opinions as "science."

Many of the problems we face today will be solved with elections, but some are so urgent that opposition leaders in Washington and throughout the country must act now on this shocking admission by the CDC. We deserve to see what the CDC has determined about the virus itself, the vaccines, and other imperative data such as hospitalizations and actual numbers of COVID-19 deaths. People involved in lying to the American people should be fired.

We are at a turning point in this country. This debacle is brought to us by the same Democrat Party and Washington, D.C. swamp that continues to be obsessed with gaining more and more control over our lives while working to keep us isolated and in the dark.

Tammy Bruce is an AMAC columnist, an independent conservative, radio talk show host, New York Times best-selling author, and Fox News Political Contributor. Visit www.AMAC.US for more information about the Association of Mature American Citizens and AMAC's benefits and advocacy.

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How we solve the fentanyl crisis and save lives



By U.S. Rep. Cathy McMorris Rodgers

Illicit fentanyl is surging across our southern border and killing more people than ever. This drug is so dangerous and potent that just a few milligrams, which can fit in the ear of Lincoln on a penny, can be lethal.

This synthetic opioid is extremely cheap to make too. In fact, criminal drug cartels are flooding the U.S. with counterfeit pills. The United States Drug Enforcement Administration (DEA) issued its first public safety alert in six years warning the public about fake pills laced with lethal doses of illicit fentanyl.

The fentanyl surge is one of the greatest crises facing our nation. Drug overdoses are at a record high, killing more than 100,000 people a year. Every

single number is someone's mother, father, brother, sister, daughter.

Today, it's hard to meet someone who hasn't been hurt or knows someone else in despair because of this crisis.

I recently met a courageous mom named Molly from my hometown of Spokane, Washington. Her son's name was Carson. He was only 23 years old when he purchased one pill from Snapchat. He thought it was Xanax that could ease his anxiety after losing his father

and being diagnosed with cancer.

The pill killed him instantly. It was laced with illicit fentanyl.

Molly said her son had his whole life ahead of him. She said, "Carson embodied what is good in this world. He wanted to make the world a better place, not contribute to its demise. I cannot, and will not, sit back and have another family suffer from the tragic loss we have. I do not want my son's death to be in vain."

There couldn't be a more urgent call for action. We must stop the scourge of illicit fentanyl and fentanyl-related substances in our communities.

First and foremost, we need to secure the border. A Biden administration official with the Office of National Drug Control Policy confirmed to the

Energy and Commerce Committee that the southern border is primarily how these substances are getting into America. With help from Chinese chemical companies, Mexican drug cartels are trafficking enough illicit fentanyl into the United States to kill every American many times over. A secure border is our strongest defense to crack down on Chinese illicit fentanyl, stop the cartels, and keep these weapon-grade poisons off our streets.

With help from Chinese chemical companies, Mexican drug cartels are trafficking enough illicit fentanyl into the United States to kill every American many times over.

In addition, we need to make sure law enforcement have permanent tools to seize fentanyl-related substances, which are analogues of fentanyl that can be even more dangerous and deadly. Right now, law enforcement has a temporary emergency scheduling order in place for these related substances. Without this order, criminals in clandestine labs could change the chemistry of fentanyl slightly, and the formula would be considered legal.

If this temporary scheduling order expires, law enforcement like our Custom and Border Patrol (CBP) officers will lose the authority to seize these extremely lethal drugs. Drug traffickers will be empowered to push deadlier and deadlier drugs on our streets.

To make sure fentanyl-related

substances don't become street legal, Republicans are leading on the Halt Lethal Trafficking of Fentanyl Act. This will give law enforcement the permanent tools they need to seize these poisons and keep our communities safe.

Unfortunately, Democrats in the House are blocking action on this bill. Why? Because they want to weaken criminal penalties on traffickers who move fentanyl-related substances.

We're losing a record number of lives to this illicit fentanyl crisis. It doesn't discriminate against anyone. It only takes one pill laced with a very small lethal dose to end a life and destroy a future like Carson's. These substances are too deadly for anyone to be weak on traffickers.

Molly asked me how many more letters from grieving parents is it going to take for Congress to take permanent action. The fact is it shouldn't take another letter or another day. It shouldn't take another lost loved one. These substances are too deadly for Congress to avoid action. For a more hopeful, prosperous, and healthier future in America, we must secure the border and pass the Halt Lethal Trafficking of Fentanyl Act.

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U.S. Representative Cathy McMorris Rodgers is the top Republican on the House Energy and Commerce Committee. She represents Washington state's 5th Congressional District. She served as Chair of the House Republican Conference from 2012 to 2018.



The right to know: Shining a light on health care costs



By U.S. Rep. Jason Smith

Imagine going to the grocery store and shopping for food and goods without knowing how much your bill will total until you are in the checkout line or back at home preparing to eat. When it comes to pricing in our current health care system, this is how patients feel. When patients walk into a hospital for surgery, their fear is walking out with a bill that is hundreds or thousands more than they were expecting to pay.

In 2020, total health care spending reached \$4.1 trillion. Roughly speaking, one out of every four dollars the federal government spends is on health care, and that figure is projected to rise to at least 35% over the next decade. Premiums and deductibles in private plans are rising more than wage growth, Medicaid spending has ballooned more than 360% in the past 20 years, and Medicare is projected to be insolvent in 2026. So, it's not

just an imperative for patients – it's critically important for the federal budget as well that we empower consumers with information about how to obtain care at an affordable cost.

The American people have the right to know how much their care will cost – before they get a bill. Yet, somehow, we have almost no idea how much that colonoscopy or mammogram or routine checkup actually costs. Even after you are finished receiving care, you still may not find out for weeks or even months. This leaves patients feeling disempowered and confused, stuck in a complex system that is nearly impossible to navigate themselves.

Part of the solution, that President Trump championed, is price transparency. Thanks to President Trump, hos-

The American people have the right to know how much their care will cost – before they get a bill.

pitals and insurers are now required to publicly disclose the prices they charge and pay for hundreds of shoppable services. Nearly 60 percent of health care is considered shoppable, according to health care experts. Polling data shows that 56% of Americans have tried to find out the cost of their health care in advance, including 67% of those with high-deductible plans. Yet, roughly 40% of Americans have reported not seeking medical treatment due to cost.

A recent study found that employers incentivizing price shopping led to a modest reduction in prices. While

additional studies found that insurers providing advanced price information to consumers led to a nearly 19% reduction in MRI prices and promoted competition in the market. These incentives are extremely beneficial to patients, as the prices of imaging services, such as a MRI, can vary as little as \$300 to as much as \$3,000.

Congress must pursue solutions to unleash transparency in health care – built on the foundation laid by the Trump administration. Congress must also help address several potential results from transparency rules. One is that employers are more likely to be equipped with the tools to help them take advantage of this wealth of data, but individual patients may need further assistance to make informed choices,

whether through price comparison tools or some other form of comparison shopping. Another is that compliance may be expensive, and hospitals in rural areas may be in a precarious position to absorb a new cost. Congress must help manage these potential realities.

A key driver of health care costs are the price of prescription drugs and the expense of administering medications. We need to inject more transparency into this market by, for instance, providing for disclosure of drug discounts and excessive price hikes while also promoting real time benefits that allow you to

know what the cost of a drug will be when discussing care with your physician, before you head to the pharmacy. Or encouraging greater innovation in the drug development space so drug companies are not able to carve out a monopoly for themselves in the treatment of certain conditions. Ideas like these and others are already in legislation, H.R. 19, the Lower Costs, More Cures Act, introduced by Representative Cathy McMorris Rodgers (WA-05), the Republican Leader of the House Energy and Commerce Committee, that I and over 100 of my colleagues in Congress have co-sponsored.

We can amplify savings for patients under a truly transparent system by pairing it with patient-centric solutions such as expanding access to Health Savings Accounts (HSAs) and Health Reimbursement Arrangements (HRAs). These policies grant people the freedom to pay for additional health care services with tax-free dollars.

If Washington wants to get serious about lowering health care costs, we need to start by recognizing that all patients have a right to know. Targeted reforms can unleash transparency in the health care market and transform patients into empowered consumers.

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U.S. Representative Jason Smith, Missouri Republican, represents the 8th Congressional District and serves as the Republican Leader of the Budget Committee and on the Ways and Means Committee. He is a strong advocate for rural Missouri and all of rural America.



American moms are at risk and we need to act



By U.S. Sen. Jacky Rosen

There is a maternal health crisis facing our country. Data shows that expectant moms in the United States face severe health problems, which have been worsening for years. The maternal mortality rate in the United States is by far the highest of any developed country, and the COVID-19 pandemic has exacerbated the situation. In 2019, 754 women in the United States died due to causes related to their pregnancy. But in 2020, that number rose by nearly 20%.

According to the Centers for Disease Control and Prevention (CDC), more than 50,000 pregnancies in the United States face severe complications each

year. This means there are more than 50,000 women whose health and lives could be at risk each year due to their pregnancies. The outcomes are even more dire for women of color – Black maternal mortality is more than double the average rate. This should not be happening in the most developed nation in the world.

My state of Nevada has a maternal mortality rate higher than the national average, partly because of the lack of

to address this urgent problem in a unique, forward-thinking way. One of the challenges driving the high maternal mortality rate is a lack of care options for expectant moms, especially in rural areas.

We know that better access to care leads to better outcomes, and one way to improve access is through the expanded use of telehealth, allowing women to seek some of their care remotely from the comfort and convenience of their

Over 7 million women across our country live in areas that don't have any maternity care.

medical resources in rural communities and the medical provider shortage our state faces. But Nevada is not alone. In fact, over 7 million women across our country live in areas that don't have any maternity care.

We must do more to address this crisis. Medical experts have signaled that many of these pregnancy-related deaths are preventable. We must take action on this issue -- and my bipartisan bill is one of those solutions.

Last year, I introduced the Data Mapping to Save Moms' Lives Act with Republican Senator Deb Fischer of Nebraska. We partnered together

own homes. However, a lack of reliable broadband services in many of our communities creates significant challenges to using telehealth. Gaining a better understanding of the areas across America with broadband service gaps and high rates of poor maternal health outcomes is also essential to addressing the problem.

Our bipartisan plan would map out these areas that need increased maternal care and better access to reliable high-speed internet, allowing us to target where investments in broadband and telemedicine can be most effective in improving maternal health outcomes.

This legislation unanimously passed the United States Senate on March 2, and we are working to make sure it passes the House of Representatives and gets signed into law.

This is not a partisan issue. It makes no difference whether you are a Democrat or a Republican when it comes to maternal mortality. The information we obtain if this legislation is enacted will be critical in protecting the health of all women and improving access to both prenatal and postpartum maternity care.

By championing policies like this, we can combat the maternal health crisis and improve access to care for so many families. We cannot afford to wait any longer. Now is the time to act. I am fighting to make sure this bipartisan bill becomes law, so we can use this data to save moms' lives across the country.

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Senator Jacky Rosen, Nevada Democrat, is a member of the Senate committees that oversee health care and broadband which include Armed Services; Health, Education, Labor and Pensions (HELP); Commerce, Science, and Transportation; Homeland Security and Governmental Affairs; Small Business and Entrepreneurship; and the Special Committee on Aging. She launched the Bipartisan Comprehensive Care Caucus her first year in the Senate.



Health care workers cared for us, now it's our turn



By U.S. Rep. Susan Wild

While the COVID-19 pandemic has been life-changing for so many, arguably the greatest toll has been on our health care workforce.

It's no secret that our nation's doctors, nurses' aides, and all hospital personnel have stepped up in heroic ways during the pandemic, treating and healing sick patients and preventing healthy ones from contracting the virus. But, even before the pandemic began, our health care heroes had been quietly dealing with the mental toll of saving lives, and often, facing the trauma of losing them.

Even before the first case of coronavirus hit the United States, a report from Harvard Global Health Institute found that more than three-quarters of physicians experience feelings of burnout. Alarming, health care workers

have one of the highest suicide rates of any profession, with over one million Americans losing a physician to suicide each year.

It's clear now that our health care heroes have been experiencing two public health emergencies—COVID-19 and a widespread mental health crisis.

During the height of the pandemic, jam-packed emergency rooms filled with infected patients in the absence of personal protective equipment only

around the clock treating patients despite an insufficient amount of PPE, supplies, oxygen, and hospital beds. She went days without sleep. And despite contracting COVID herself, Lorna's patients never left her mind. Sadly, Lorna died by suicide on April 26, 2020, while taking a brief respite with her family in Virginia.

I'll never forget hearing her story and knowing that something needed to be done immediately.

It's clear now that our health care heroes have been experiencing two public health emergencies—COVID-19 and a widespread mental health crisis.

magnified the problem. Doctors and nurses, and other health care workers experienced sleepless nights, 12-hour or longer shifts, and the constant fear that they themselves would contract the virus and pass it to their loved ones.

Caregivers were trapped in an endless cycle of stress without the proper mental health resources to provide relief. They were physically and mentally exhausted --yet answering the need of their country and communities remained their priority.

The consequence of their selflessness was a mental health crisis borne by health care providers in silence.

One of these was Dr. Lorna Breen, an emergency room physician in New York City, the epicenter of COVID's first wave. Like the rest of the country's health care workforce, she worked

Because the truth is, while our country and economy have begun to rebuild and recover, our frontline health care providers will carry the psychological trauma of their service for the rest of their lives.

I introduced the Dr. Lorna Breen Health Care Provider Protection Act as a show of gratitude to Lorna, and every health care provider who bore the brunt of the COVID-19 pandemic. Their proximity to the virus and traumas that predate the pandemic need to be addressed head on.

My bill, which has passed the House, Senate, and which President Biden will soon sign into law, establishes training and other resources for health professionals to prevent suicide and burnout and increase awareness about mental health concerns among

health care professionals. It will fund a comprehensive study on health care professional mental and behavioral health, including the impact of the COVID-19 pandemic on such professionals' health. Each of these measures are critical and could be the difference between life and death for our workforce experiencing burnout, depression, and anxiety. Most of all, the Dr. Lorna Breen Health Care Provider Protection Act will demonstrate to our valuable medical workers that the country knows of their sacrifices and stress, and that we want to help.

I want to thank the Dr. Lorna Breen Foundation and her family for their work to honor Lorna's legacy and protect the next generation of health care workers from suffering in silence.

When the next public health crisis inevitably strikes, our health care heroes will be there to step up to the challenge, but this time, with a system to take care of them too.

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U.S. Representative Susan Wild, Pennsylvania Democrat, is a mother, attorney, public servant, and a dedicated mental health advocate who represents the 7th Congressional District. On March 4th, she announced the reintroduction of the Dr. Lorna Breen Health Care Provider Protection Act, comprehensive, bipartisan legislation to reduce and prevent suicide, burnout, and mental and behavioral health conditions among health care professionals. The U.S. Senate passed the bill in February, and it will soon be signed into law.



Bipartisan solutions saving babies and their moms



By U.S. Rep. Jaime Herrera Beutler

Too many American families know of or have been touched personally by the devastating loss of an infant or mom during childbirth. It's both tragic, and an area of tremendous opportunity – especially as so many of these deaths are preventable. I believe every single individual deserves the chance to live his or her life to their full potential. I also believe Congress is poised to take action that will save significant numbers of lives in these areas. As a mom of three young children, I helped found the bipartisan Maternity Care Caucus – the first of its kind in Congress. Our goal is to improve the health and well-being of moms and babies across the country.

Given that focus, we could not ignore that each year in the United States, more than 20,000 babies are stillborn. In fact,

the U.S. has one of the worst rates of stillbirth in the developed world, ranking 25th among 49 high-income countries. In that same vein, women across the country face staggering rates of maternal mortality; 700-900 women in America die of pregnancy-related and pregnancy-associated deaths. Our caucus had to take action.

One recent legislative solution we've worked on is the Stillbirth Health Improvement and Education Act – or more

of Representatives. This bill now awaits action in the U.S. Senate.

This is progress, but is only a first step in the effort to help lower the stillbirth rate in America to help thousands of babies live and thrive.

Another notable achievement I'm proud to be part of is saving the lives of more mothers who face complications during childbirth. In 2018, we sent to President Trump's desk the Preventing Maternal Deaths Act – landmark

The U.S. has one of the worst rates of stillbirth in the developed world, ranking 25th among 49 high-income countries.

simply – SHINE for Autumn Act.

This bill takes a multi-pronged approach in reducing the rate of stillbirth in our country. It makes sure state and federal health departments have the tools needed to get an accurate picture of why stillbirths are happening – a vital step toward prevention. Importantly, it also increases education and awareness surrounding this complicated issue.

Autumn Joy – who is the bill's namesake – was stillborn in July of 2011. Her tragic death greatly impacted her family and propelled her mother, Debbie Haine Vijayvergiya, to help others through stillbirth advocacy.

With the support of Debbie and my colleagues who championed the legislation, Reps. Lucille Roybal-Allard (D-CA), Markwayne Mullin (R-OK), and Kathy Castor (D-FL), we were able to earn a unanimous stamp of approval in December 2021, from the U.S. House

legislation that represented the first law to reverse our nation's maternal death crisis. This bill put federal resources and support behind state-level Maternal Mortality Review Committees, finally giving us the tools to understand at a community-by-community level why mothers are dying and help lead to research and, ultimately, preventions.

As a follow-up, we're working to advance two other pieces of legislation that will expand affordable, high-quality maternal care to mothers across the country.

The Midwives for MOMS Act we've introduced expands educational opportunities for midwives to give moms increased access to quality maternal care. Research has consistently shown that midwives provide safe and cost-effective care, but compared to many other developed nations, they are vastly underused as providers. This

bill takes that crucial step of investing in midwifery education to increase the availability and affordability of maternal care across our nation.

Another bipartisan solution we're pushing for is the BABIES Act, which expands access to freestanding birth centers, effectively providing moms and babies critical access to the care they need and deserve.

Again, Congress needs to do more for our nation's moms, babies, and families – but you have a role to play, too. If you're one of the thousands who have been impacted by these health care issues, please make your voice heard. Contact your federal representatives and urge them to support the legislation I've listed above to help save the lives of more infants and mothers.

Congress can still function the way our founding fathers intended. We are responsive to the people we represent. However, federal lawmakers need to know and hear from folks living back home who want us to make these issues a priority. Working together, we can advance important solutions that help more people live their lives to the fullest.

U.S. Representative Jaime Herrera Beutler, Washington Republican, was first elected to Congress at the age of 31 to represent the state's 3rd District. She is the first Hispanic in history to represent Washington State at the federal level. Since her election, both Democrat and Republican presidents have signed her legislation into law, helping her earn the ranking of Washington State's most effective Member of Congress.

It's time to invest in maternal health



By U.S. Rep. Robin Kelly

In 2017, my friend Toni Brown was expecting her family's first grandchild. What should have been one of the happiest days of their lives quickly turned into one of the worst, as Toni and her family were informed that delivery complications had left her daughter in a coma. Toni's daughter tragically died a few days later, and her doctors were not able to give her family a clear answer about what caused the young mother's complications and untimely death.

Toni's story is heartbreaking but unfortunately not unique.

In the United States, there are an estimated 700 pregnancy-related deaths per year, 60% are considered preventable. The crisis is most severe for Black mothers in America, who are dying at three to four times the rate of their white counterparts.

The maternal health crisis cuts across class, education, and income to disproportionately kill Black women. Celebrities such as Serena Williams, Allyson Felix, and Beyonce have experienced severe pregnancy-related complications.

There are many factors contributing to the increased impact of the maternal health crisis on Black women, including lack of access to healthcare, affordability of care, bias among healthcare providers, and certain pre-existing conditions which impact Black women at a higher rate than other women.

Additionally, we know that lupus, sickle cell disease, hemorrhage, and hypertensive disorders are leading causes of maternal mortality and severe morbidity. These conditions and others such as mental health conditions disproportionately impact Black women, and we need improved training of our healthcare professionals to identify and treat these conditions throughout pregnancy and the postpartum period.

This is also an issue that has serious impacts on women living in rural areas. Access to care is limited: from 2010-2019, 100 rural hospitals closed their doors



We must pass legislation to improve training within our healthcare system and increase resources for pregnant and postpartum women of color.

and of those that remain, 20% are at risk of closing. Additionally, 54% of rural hospitals lack obstetrics units altogether.

This crisis will not disappear without federal action. We must pass legislation to improve training within our healthcare system and increase resources for pregnant and postpartum women of color.

I invited Toni to join me and speak at the White House's first ever Maternal Health Day of Action, which Vice President Harris hosted in December. We discussed many of the necessary improvements needed in our healthcare system to improve maternal health outcomes for Black women. One of those solutions was passing my bipartisan Maternal Health Quality Improvement Act (MHQIA).

I'm thrilled that this legislation was recently passed as part of the FY22 Omnibus Appropriations. This will authorize grant programs to improve maternal health outcomes by developing evidence-based best practices, improve maternal mortality review committee data, evaluate new models of care, and address bias training for health care providers.

This legislation will also authorize a grant program for developing integrated health care services for pregnant and postpartum women and infants. This has consistently been recommended by experts as a solution for reaching populations who lack health insurance or access to regular healthcare checkups.

Integrated care will treat mothers more holistically and coordinate services between mental health, social services, substance use disorder treatment and maternal health. Even when new moms lack coverage to visit a doctor themselves, they continue taking their baby to appointments. These appointments are an excellent opportunity for healthcare professionals to ensure that mothers are recovering from childbirth.

In addition to killing our mothers, the maternal health crisis is costing our healthcare system billions of dollars each year. The Commonwealth Fund recently released a report listing the estimated total maternal morbidity costs for all U.S. births in 2019 to be \$32.3 billion from conception through the child's fifth birthday. The largest costs included maternal mental health conditions (\$18.1 billion), hypertensive disorders (\$7.5

billion), gestational diabetes (\$4.8 billion), and postpartum hemorrhage (\$1.8 billion).

Those economic and human costs are part of the reason the Maternal Health Quality Improvement Act is a solution to the maternal mortality crisis that is supported on both sides of the aisle. Maternal mortality and severe maternal morbidity are devastating families and eviscerating hospital budgets.

This is an issue I have worked to eliminate since coming to Congress in 2013. I am proud that this bill contains major provisions from my MOMMA's Act. We must act now. Implementing solutions like those outlined in my Maternal Health Quality Improvement Act will cut costs for our healthcare system and save the lives of mommas and babies so that stories like my friend Toni's never happen again.

Dr. Robin Kelly, Illinois Democrat, is Chair of the Congressional Black Caucus Health Braintrust and Vice Chair of the House Energy and Commerce Committee. She represents the 2nd Congressional District and has been a leading voice in Congress on the maternal health crisis since 2013.



Public-private partnerships combat threat of new infections



By U.S. Rep. Drew Ferguson

Antimicrobial resistance (AMR) is a major threat to human health around the world. As today's antibiotics become less and less effective, one extreme yet real consequence could be a return to 19th Century medicine when antibiotics didn't exist, and amputations were preferable to many routine surgical procedures as a result.

Leading infectious disease experts are already sounding the alarm. Shockingly, over 2.8 million antibiotic-resistant infections occur in the country each year, and at least 35,000 people die as a result. Furthermore, patients with weakened immune systems can suffer

from a secondary bacterial or fungal infection. A study of 148 hospitals across 17 states found a 24% increase in multidrug resistant infections associated with COVID-19 between March and September of 2020, and the CDC has also noted a number of AMR outbreaks in COVID-19 wards.

Globally, AMR is responsible for more deaths than HIV or Malaria and could develop into the next public health crisis. We now know the costs

space. This is because businesses are unable to recoup massive research and development commitments because of the short-term nature of an antibiotic cycle combined with medical provider reluctance – appropriately – to write prescriptions for new antibiotics unless necessary for patient care.

Something has to be done to correct this market failure. For these reasons, in June of 2021, I partnered with U.S. Congressman Mike Doyle (D-Pa.)

partnerships that encourage innovation and ensure our healthcare system is prepared to treat resistant infections.

We must bring together the unique capabilities and resources of the public and private sectors to solve the market failures impeding the development of new antibiotics. The need for the PASTEUR Act has never been greater as antibiotic resistance threatens to undo decades of medical progress, and the few small companies remaining in the antibiotics market struggle to stay in business.

Our legislation would stabilize this market, incentivize the development of new drugs targeting the most threatening infections, improve the appropriate use of antibiotics, and ensure domestic availability when needed. This important legislation also provides the American taxpayer a return on the financial investments the U.S. makes in new antibiotic development – representing “smart spending” for U.S. taxpayers so that we may solve AMR.

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U.S. Representative Drew Ferguson, Georgia Republican, represents the 3rd Congressional District. He serves on the House Ways and Means Committee and is Chief Deputy Whip for the House Republican Conference.

We need to invest in AMR pandemic preparedness before we reach the breaking point where we can no longer defeat infections.

of a pandemic both in terms of lives lost as well as the financial cost to the government, i.e. taxpayers, to fill the void with another Operation Warp Speed type initiative.

We need to invest in AMR pandemic preparedness before we reach the breaking point where we can no longer defeat infections. The clock is ticking, and we need an executable strategy to prepare for the threat that AMR infections pose.

The problem is well known – the business of making new antibiotics is unprofitable. In fact, many antibiotic inventors and manufacturing companies have left or are leaving the

and U.S. Senators Michael Bennet (D-Colo.) and Todd Young (R-Ind.) to introduce the Pioneering Antimicrobial Subscriptions To End Up Surging Resistance (PASTEUR) Act. This bipartisan, bicameral bill puts forth an innovative strategy to incentivize development and make sure these lifesaving drugs will be available when we need them. While current contracts between the government and drug makers base payment on volume, the PASTEUR Act would establish a subscription-style model which would offer antibiotic developers an upfront payment in exchange for access to their antibiotics, creating public-private

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Radical proposals will skyrocket health care costs and hamstring private sector innovation



By U.S. Rep. Rick W. Allen

At a time when prices for everything continue to surge, the last thing Americans need is to break the bank when receiving the health care and medications they need.

Sadly, this isn't a new issue. Americans have long been demanding answers as to why health care costs and drug prices are sky-high. In fact, when I surveyed constituents in Georgia's 12th District last year regarding their priorities when it comes to their family's health plan, the number one answer I received was lowering costs for services and prescriptions.

As the Lead Republican on the House Education and Labor Committee's Health, Employment, Labor and Pensions (HELP) Subcommittee, one

of my priorities is ensuring working families have health care that works for them by fighting against Democrats' push for more federal control -- including their misguided Medicare-for-All proposals that could cost upwards of \$30 trillion dollars.

Just last month, the HELP Subcommittee held a hearing on Democrats' efforts to expand the federal government's control in the health care system. Their radical proposals would

government-controlled drug pricing scheme that will only cause costs to increase in the long run.

Reducing the costs of prescription drugs should be a bipartisan issue that we can all coalesce behind; and in fact, Republicans have a plan full of bipartisan policies that could actually be signed into law. However, Speaker Pelosi and House Democrats continue to push a partisan scheme, H.R. 3, that would result in higher costs, less innovation and

pandemic first arose, the private sector would have been severely hindered from stepping up to deliver necessary medical equipment and treatments.

Thankfully, over 100 House Republicans, including myself, have championed and cosponsored H.R. 19, the Lower Costs, More Cures Act. Our legislation will encourage innovation and provide more transparency on drug prices, including the first-ever out-of-pocket cap for seniors in the Medicare Part D program and capping the cost of insulin for seniors in the Medicare Part D program. Ultimately our proposal empowers patients through more choices, rather than handing over full decision-making to the federal government. Yet Speaker Pelosi refuses to bring it to the House floor for a vote and continues to push a one-size-fits all, partisan approach.

Nevertheless, House Republicans remain focused on crafting solutions that will actually lower health care costs and drug prices, and we look forward to delivering on these goals for the American People.

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U.S. Representative Rick W. Allen, Georgia Republican, represents the 12th Congressional District and serves as Ranking Member of the House Education and Labor Committee's Health, Employment, Labor and Pensions (HELP) Subcommittee. Prior to his election to Congress, he built his own successful business from the ground up.

The bottom line is that socializing health care will diminish the quality of care, eliminate choice and ultimately increase costs.

destroy most employer-sponsored insurance plans that a majority of Americans and their families rely on and approve of. Yet despite the fact that 83% of employees in the U.S. prefer an employer-sponsored insurance plan over Obamacare, Democrats want to push more Americans onto Affordable Care Act (ACA) exchanges and throw more money at the failing program.

As I highlighted during the hearing, the bottom line is that socializing health care will diminish the quality of care, eliminate choice and ultimately increase costs.

Unfortunately, Democrats are doubling down on their socialist health care agenda. As we heard from President Biden in the State of the Union address, the Democrats are pushing a

fewer cures—and they're also trying to pass these provisions in their misguided Build Back Better plan. As the Trump administration's White House Council of Economic Advisers pointed out, the bill "could lead to as many as 100 fewer drugs entering the United States market over the next decade, or about one-third of the total number of drugs expected to enter the market during that time." This short-sighted policy will come at the expense of millions of Americans who suffer from chronic illness or disability and are relying on medical innovation to supply treatments.

Further, it would make us more reliant on foreign nations like China, despite the pandemic making clear the need to return medical manufacturing to America. If H.R. 3 was law when the

Biden's attacks on employer-sponsored health care pave the way for socialized medicine



By U.S. Rep. Virginia Foxx

Employer-sponsored insurance is the bedrock of American health care. Over 155 million Americans rely on their employers for health insurance and, according to a March 2021 survey, more than two-thirds were satisfied with their coverage. So why are we being told constantly that America's health care system is broken? And why is the Biden administration waging a war against the private health coverage a majority of Americans enjoy and upon which they rely?

A lack of consumer choice, consolidation in the health care market, and increased government intervention and subsidization has made health care unaffordable for middle-class America. Over the past two decades, premiums for individual coverage increased 213% and premiums for family coverage increased 245%, far outpacing the 60% increases in overall prices. The majority of insured adults agree that the single most important priority when it comes to health care reform should be reducing health care costs.

As inflation is soaring across the country, the answer to lowering health care prices should not be increased spending and government subsidies. Instead, Congress should look at ways to disrupt the health care market and correct distorted economic incentives which create barriers for competition.

Unfortunately, many in Congress believe the only solution to lowering costs is to eliminate private insurance altogether and replace it with a government-run health care system, like Medicare-for-All. However, eliminating private insurance would be a grave mistake. Denying patients and families the opportunity to make their own health care decisions is un-American.

Still, Democrats like Representative Pramila Jayapal (D-WA) are candid about their desire to get rid of employer



Denying patients and families the opportunity to make their own health care decisions is un-American.

coverage to clear the path for Medicare-for-All. As she stated in a recent interview, "Medicare-for-All would cut the dangerous ties between employment and health coverage." Calling the health insurance option that most Americans prefer "dangerous" is disingenuous and absurd.

Furthermore, Medicare-for-All is not the affordable solution Americans are looking for. An estimate released by the Mercatus Center states that the current Medicare-for-All bill would cost \$32.6 trillion over the first ten years of full implementation. This would put an unprecedented strain on taxpayers. Even doubling all federal individual and corporate income tax would not meet the costs of Medicare-for-All. Additionally, this proposal would move millions of Americans onto a government program that is projected to become insolvent by 2026, further jeopardizing the care of 6.2 million seniors enrolled in Medicare.

Other proposals to lower health care costs call for growing and expanding government subsidies for private

insurance plans through the Obamacare exchanges. Unfortunately, the subsidies are designed to mask the true cost of the health plan for the consumers and allow insurers to raise prices unchecked. This creates an inflationary effect that pushes up prices and premiums for Americans not receiving subsidies. Unsubsidized middle-class Americans now find themselves not only paying more for their health coverage, but additionally being responsible for even more government debt.

Democrats' so-called American Rescue Plan Act (ARPA) temporarily expanded Obamacare subsidies through the end of this year. Democrats are calling to extend or make these increased subsidies permanent. This is an extremely poor use of taxpayer dollars. The projected subsidy expansion equates to about \$17,000 each year per newly insured individual. To put this into perspective, the employer tax exclusion costs the government \$2,000 per recipient annually. Additionally, the increased subsidies largely benefit those

who already have coverage by moving 1.6 million Americans from employer-sponsored plans to Obamacare.

To combat these problems, we need to increase competition, transparency, and innovation in the free market. The federal government should allow small employers and sole proprietors to combine to offer affordable health coverage to their employees through Association Health Plans (AHPs). In 2018, the Trump administration released a rule to expand AHPs, but the rule was put on hold by the courts, and the appeal remains in abeyance. While the rule was in effect, new AHPs produced savings of up to 29% on average. Realtor groups saw average savings of up to 50%. Additionally, the nonpartisan Congressional Budget Office predicted that 400,000 people who would have been uninsured would enroll in AHPs, and 3.6 million people would enroll in AHPs who would have had other coverage, resulting in 4 million additional people enrolling in AHPs.

Another popular idea is to provide tax breaks to small businesses to help them offer affordable health insurance to employees, thereby increasing the amount of insured Americans overall. Congress can increase tax breaks to small businesses and their employees through the expansion of health reimbursement arrangements (HRAs). As of January 1, 2020, employers have been able to provide tax-preferred contributions through an individual-coverage HRA, which their employees can use to purchase the health plan that works best for them. These policy initiatives will do far more to reduce the price of health care overall than more government intervention.

Americans should be warned: socializing health care will bankrupt our country, put affordable and high-quality health care out of reach for many Americans, and drastically increase inflation. Getting rid of employer-sponsored insurance and instituting socialized health care will put Washington bureaucrats in charge of Americans' most personal and private health care decisions. This is not the American way. Our country was built on freedom, choice, and self-government, not coercive government control. We need less federal intervention in health care, not more.

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U.S. Representative Virginia Foxx, North Carolina Republican, represents the 5th Congressional District and serves as the Republican Leader of the House Committee on Education and Labor. From 2013 to 2016, she served as Secretary of the House Republican Conference.



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