

U.S. Representative Ed Case

Health Care Legislative Accomplishments (2019-2026)

Rep. Case's goal is to preserve the best of American health care while closing the unacceptable gaps in availability, affordability, access and quality. He believes it is critical to get this right for current and future generations. He wants Congress to remain focused on protecting and improving the Affordable Care Act, lowering prescription drug prices and increasing investments in biomedical research.

This document provides an overview of Rep. Case's leadership on key bills, cosponsorships, votes, appropriations achievements, joint letters and statements related to health care. For further information on his overall activities and to contact him and his office with any questions or suggestions, please visit case.house.gov or email ed.case@mail.house.gov.

Key Bills Introduced

118th Congress:

[*H.R. 4061*](#), a bill to require the Secretary of Health and Human Services to establish an exposure registry and conduct epidemiological studies to assess health outcomes associated with the Red Hill Incident.

Key Cosponsorships

119th Congress:

[*H.R. 842*](#), the *Nancy Garner Sewell Medicare Multi-Cancer Early Detection Screening Coverage Act* would allow for Medicare coverage and payment for multi-cancer early detection screening tests that are approved by the Food and Drug Administration (FDA) and that are used to screen for cancer across many cancer types.

[*H.R. 879*](#), the *Medicare Patient Access and Practice Stabilization Act of 2025* would provide a 6.62% increase in Medicare reimbursements for services furnished on or after April 1, 2025, and before January 1, 2026.

[*H.R. 999*](#), the *Right to Contraception Act* would establish that individuals have a statutory right to obtain contraceptives and to more broadly seek care to prevent pregnancy.

[*H.R. 1262*](#), the *Mikaela Naylor Give Kids a Chance Act* would extend the FDA's authority to award priority review vouchers to sponsors of new products intended to treat rare pediatric disease and reauthorize funding to support pediatric cancer research.

[*H.R. 3263*](#), the *PATCH Act* would increase physician reimbursement for services furnished under Medicare for Hawai'i physicians by establishing a floor on the work geographic index for Hawai'i.

[H.R. 3514](#), the *Improving Seniors Timely Access to Care Act* seeks to streamline and standardize the way Medicare Advantage plans use prior authorizations and increase oversight and transparency around prior authorizations.

[H.R. 3747](#), the *AADAPT Act* would reauthorize the Project ECHO Grant program and establish a new funding line for Project ECHO Grants specifically for Alzheimer's Disease and related dementia care.

[H.R. 4206](#), the *CONNECT for Health Act* would permanently extend Medicare telehealth flexibilities originally enacted during COVID and remove in-person requirements for receiving telehealth for Medicare beneficiaries.

[H.R. 4696](#), the *Restoring Essential Healthcare Act* would repeal the federal ban on Medicaid reimbursements to Planned Parenthood clinics that provide reproductive care which was enacted in H.R. 1 the Republican Reconciliation bill.

[H.R. 4731](#), the *Resident Physician Shortage Reduction Act of 2025* would increase the number of residency positions eligible for graduate medical education payments under Medicare for qualifying hospitals, including hospitals in rural areas and health professional shortage areas.

[H.R. 6130](#), the *ASAP Act* would provide for Medicare coverage of FDA approved blood-based dementia screening tests.

[H.R. 6423](#), the *HELP Copays Act* would require health insurance plans to apply certain payments made by, or on behalf of, a plan enrollee toward a plan's cost-sharing requirements. This includes third-party payments, financial assistance, discounts and vouchers.

[H.R. 7391](#), the *Community Health Center Drug Pricing Protection Act* would ensure that community health centers receive an upfront discount for 340B drugs and do not pay more than the applicable 340B ceiling price for such drug.

118th Congress:

[H.R. 830](#), the *HELP Copays Act* would require health insurance plans to count third-party payments, financial assistance, discounts, product vouchers and other reductions in out-of-pocket expenses toward the requirements.

[H.R. 2389](#), the *Resident Physician Shortage Reduction Act* would increase the number of residency positions eligible for graduate medical education payments under Medicare for qualifying hospitals, including hospitals in rural areas and health professional shortage areas.

[H.R. 2407](#), the *Nancy Garner Sewell Medicare Multi-Cancer Early Detection Screening Coverage Act* would allow for Medicare coverage and payment for multi-cancer early detection screening tests that are approved by the FDA and that are used to screen for cancer across many cancer types.

H.R. 2474, the Strengthening Medicare for Patients and Providers Act would create an annual inflationary adjustment for the Medicare physician fee schedule based on the Medicare economic index.

H.R. 2630, the Safe Step Act would require group health plans to establish an exception to medication step-therapy protocol in specified cases. A medication step-therapy protocol establishes a specific sequence in which prescription drugs are covered by a group health plan or a health insurance issuer.

H.R. 4121, the Right to Contraception Act would establish that individuals have a statutory right to obtain contraceptives and to more broadly seek care to prevent pregnancy.

H.R. 4189, the CONNECT for Health Act would permanently extend Medicare telehealth flexibilities originally enacted during COVID and remove in-person requirements for receiving telehealth for Medicare beneficiaries.

H.R. 8563, the PATCH Act would increase physician reimbursement for services furnished under Medicare for Hawai'i physicians by establishing a floor on the work geographic index for Hawai'i.

H.R. 8702, the Improving Seniors' Timely Access to Care Act seeks to streamline and standardize the way Medicare Advantage plans use prior authorizations and increase oversight and transparency around prior authorizations.

H.R. 10073, the Medicare Patient Access and Practice Stabilization Act would eliminate the previous 2.8% cut to Medicare physician payments and provided a 1.8% payment boost for 2025.

117th Congress:

H.R. 3, the Elijah E. Cumming Lower Drug Costs Now Act would have required the Department of Health and Human Services to negotiate prices for certain drugs. Specifically HHS, must negotiate maximum prices for single-source, brand-name drugs that lack certain generics and are among either the 125 drugs that account for the greatest national spending or the 125 drugs that account for the greatest Medicare spending.

H.R. 1332, the Telehealth Modernization Act would have extended COVID telehealth flexibilities until the day after the end of the COVID-19 public health emergency.

H.R. 1667, the Dr. Lorna Breen Health Care Provider Protection Act would establish a grant program for hospitals, medical professional associations, and other health care entities for programs to promote mental health and resiliency among health care providers. In addition, HHS may award grants for relevant mental and behavioral health training for health care students, residents, or professionals.

H.R. 1946, the Medicare Multi-Cancer Early Detection Screening Coverage Act would allow for Medicare coverage and payment for multi-cancer early detection screening tests that are approved by the FDA and that are used to screen for cancer across many cancer types.

[H.R. 2163](#), the *Safe Step Act* would require group health plans to establish an exception to medication step-therapy protocol in specified cases. A medication step-therapy protocol establishes a specific sequence in which prescription drugs are covered by a group health plan or a health insurance issuer.

[H.R. 2256](#), the *Resident Physician Shortage Reduction Act* would increase the number of residency positions eligible for graduate medical education payments under Medicare for qualifying hospitals, including hospitals in rural areas and health professional shortage areas.

[H.R. 2517](#), the *Comprehensive Care for Alzheimer's Act* would allow the Center for Medicare and Medicaid Innovation to test a Dementia Care Management Model that provides comprehensive care to Medicare beneficiaries with Alzheimer's disease or a related dementia.

[H.R. 2903](#), the *CONNECT for Health Act* would permanently extend Medicare telehealth flexibilities originally enacted during COVID and remove in-person requirements for receiving telehealth for Medicare beneficiaries.

[H.R. 3085](#), the *ENACT Act* would lay out activities and requirements to increase the participation of underrepresented populations in research and clinical trials for Alzheimer's disease and related dementias.

[H.R. 3173](#), the *Improving Seniors' Timely Access to Care Act* seeks to streamline and standardize the way Medicare Advantage plans use prior authorizations and increase oversight and transparency around prior authorizations. I would have require Medicare Advantage plans to establish an electronic prior authorization program that meets specified standards, including the ability to provide real-time decisions in response to requests for items and services that are routinely approved.

[H.R. 3183](#), the *Metastatic Breast Cancer Access to Care Act* would have expedited the payment of Social Security Disability Insurance benefits and eligibility for Medicare coverage for those with metastatic breast cancer.

[H.R. 3537](#), the *ACT for ALS Act* establishes grant programs to address neurodegenerative diseases, such as amyotrophic lateral sclerosis (also known as ALS or Lou Gehrig's disease), and contains other related provisions.

[H.R. 3630](#), the *Lymphedema Treatment Act* provides for Medicare coverage of lymphedema compression treatment items. Specifically, the bill provides for coverage of standard and custom fitted gradient compression garments and other approved items that are prescribed by a physician or other specified health care professional to treat lymphedema.

[H.R. 6311](#), the *Comprehensive Addiction Resources Emergency Act* establishes programs, grants and other activities to address substance use disorder such as a programs for purchasing and distributing opioid overdose reversal drugs for states and Indian tribes.

H.R. 8373, the Right to Contraception Act establishes that individuals have a statutory right to obtain contraceptives and to more broadly seek care to prevent pregnancy.

H.R. 8800, the Supporting Medicare Providers Act extends a payment increase under Medicare's physician fee schedule through the end of 2023 (currently set to expire at the end of 2022).

H.R. 8876, the Jackie Walorski Maternal and Child Home Visiting Reauthorization Act of 2022 reauthorizes through FY2027, increases funding for, and modifies the Maternal, Infant, and Early Childhood Home Visiting Program. This program supports home visits for expectant and new parents who live in communities that are at-risk for poor maternal and child health outcomes.

116th Congress:

H.R. 3, the Elijah E. Cummings Lower Drug Costs Now Act would have required the Department of Health and Human Services to negotiate prices for certain drugs. Specifically HHS, must negotiate maximum prices for single-source, brand-name drugs that lack certain generics and are among either the 125 drugs that account for the greatest national spending or the 125 drugs that account for the greatest Medicare spending.

H.R. 647, the Palliative Care and Hospice Education and Training Act requires the Department of Health and Human Services (HHS) to take a series of actions relating to palliative-care training. Specifically, HHS must provide support for Palliative Care and Hospice Education Centers. The centers must improve the training of health professionals in palliative care and establish traineeships for individuals preparing for advanced-education nursing degrees, social-work degrees, or advanced degrees in physician-assistant studies in palliative care.

H.R. 728, the Title VIII Nursing Workforce Reauthorization Act expands and reauthorizes through FY2024 specified nursing workforce development programs. Specifically, the bill reauthorizes (1) loan repayment and scholarships for nurses; (2) loans for nursing faculty development; (3) advanced education nursing grants; (4) grants for increasing nursing workforce diversity; and (5) nurse education, practice, quality, and retention grants.

H.R. 1046, the Medicare Negotiation and Competitive Licensing Act requires the Centers for Medicare and Medicaid Services to negotiate with pharmaceutical companies regarding prices for drugs covered under the Medicare prescription drug benefit.

H.R. 1597, the National Nurse Act would require the Department of Health and Human Services to designate the Chief Nurse Officer of the Public Health Service as the National Nurse for Public Health.

H.R. 1730, the Cancer Drug Parity Act requires health plans that cover anticancer medications administered by a health care provider to provide no less favorable cost sharing for patient-administered anticancer medications. This requirement applies to medications that are (1) approved by the FDA; (2) medically necessary for the cancer treatment; and (3) clinically appropriate in terms of type, frequency, extent site, and duration.

[H.R. 1873](#), the *Improving HOPE for Alzheimer's* requires the Centers for Medicare & Medicaid Services to conduct outreach to health care practitioners regarding comprehensive care planning services that are available under Medicare for individuals with Alzheimer's disease and related dementias.

[H.R. 1884](#), the *Protecting Pre-Existing Conditions and Making Health Care More Affordable Act of 2019* revises various requirements for private health insurance plans and associated plan-holder cost sharing. Specifically, the bill increases premium assistance for low-income households and specifies that the coverage affordability requirements for employer-sponsored plans extend to family members of employees based on the employee's required contribution as a percentage of the employee's income.

[H.R. 1943](#), the *Community Health Center and Primary Care Workforce Expansion Act of 2019* reauthorizes through FY2024 the Community Health Center Fund, which provides enhanced funding for community health centers and the National Health Service Corps.

[H.R. 2150](#), the *Home Health Care Planning Improvement Act* allows Medicare payment for home health services ordered by a nurse practitioner, a clinical nurse specialist, a certified nurse-midwife, or a physician assistant. Currently, coverage is provided only for services ordered by a physician.

[H.R. 2279](#), the *Safe Step Act* requires group health plans to establish an exception to medication step-therapy protocol in specified cases. A medication step-therapy protocol establishes a specific sequence in which prescription drugs are covered by a group health plan or a health insurance issuer.

[H.R. 3107](#), the *Improving Seniors' Timely Access to Care Act* seeks to streamline and standardize the way Medicare Advantage plans use prior authorizations and increase oversight and transparency around prior authorizations. Would've require Medicare Advantage plans to establish an electronic prior authorization program that meets specified standards, including the ability to provide real-time decisions in response to requests for items and services that are routinely approved.

[H.R. 4932](#), the *CONNECT for Health Act* would permanently extend Medicare telehealth flexibilities originally enacted during COVID and remove in-person requirements for receiving telehealth for Medicare beneficiaries.

[H.R. 5036](#), the *Put Patients First Act* prohibits the application of the rules issued by the Department of Health and Human Services on May 21, 2019, that strengthens the enforcement of conscience and anti-discrimination laws related to the rights of covered health care providers to refuse to participate in certain procedures, such as abortions, sterilization, or assisted suicide.

[H.R. 6390](#), the *Medical Supply Chain Emergency Act* directs the President to use existing authorities under the Defense Production Act of 1950 with respect to the production of ventilators, N-95 respirator masks, and specified personal protective

equipment to address COVID-19 (i.e., coronavirus disease 2019).

H.R. 6829, the Expanding Medical Partnerships with Israel to Lessen Dependence on China Act authorizes a bilateral grant program with Israel to develop health technologies, with an emphasis on the use of technology, personalized medicine, and data in relation to COVID-19 (i.e., coronavirus disease 2019). Technologies to be developed through this program include, among others, artificial intelligence, respiratory assist devices, and diagnostic tests.

Key Votes

119th Congress:

- 12/01/2025: H.R. 1262, the Mikaela Naylor Give Kids a Chance Act. Voted YES.
- 7/03/2025: H.R. 1, Republican Reconciliation bill, on agreeing to the Senate Amendment. Voted NO.
- 6/04/2025: H.R. 2483, the SUPPORT for Patients and Communities Reauthorization Act of 2025. Voted YES.
- 5/22/2025: H.R. 1, Republican Reconciliation bill, on passage in the House. Voted NO.

118th Congress:

- 12/16/2024: H.R. 7213, the Autism CARES Act of 2024. On passage in the House. Voted YES.
- 9/23/2024: S. 133, the National Alzheimer's Project Act Reauthorization. On passage in the House. Voted YES.
- 9/23/2024: H.R. 3433, the Give Kids a Chance Act of 2024. On passage in the House. Voted YES.
- 9/17/2024: H.R. 7218, BOLD Infrastructure for Alzheimer's Reauthorization Act of 2024. On passage in the House. Voted YES.
- 3/05/2024: H.R. 3838, the Preventing Maternal Deaths Reauthorization Act of 2023. On passage in the House. Voted YES.
- 12/11/2023: H.R. 5378, the Lower Costs, More Transparency Act. On passage in the House. Voted YES.

117th Congress:

- 12/22/2022: S.4120, the Childhood Cancer STAR Reauthorization Act. On passage in the House. Voted YES.
- 9/14/2022: H.R. 3173, the Improving Seniors Timely Access to Care Act of 2022. On passage in the House. Voted YES.
- 7/21/2022: H.R. 8373, the Right to Contraception Act. On passage in the House. Voted YES.
- 7/15/2022: H.R. 8297, the Ensuring Women's Right to Reproductive Freedom Act. On passage in the House. Voted YES.
- 7/15/2022: H.R. 8296, the Women's Health Protection Act of 2022. On passage in the House. Voted YES.

- 12/8/2021: H.R. 1667, the Dr. Lorna Breen Health Care Provider Protection Act. On passage in the House. Voted YES.
- 12/8/2021: H.R. 3537, the ACT for ALS Act. On passage in the House. Voted YES.
- 12/7/2021: S. 610, the Protecting Medicare and American Farmers from Sequester Cuts Act. On passage in the House. Voted YES.
- 9/24/2021: H.R. 3755, the Women's Health Protection Act of 2021. On passage in the House. Voted YES.
- 4/13/2021: H.R. 1868, to prevent across-the-board direct spending cuts. This bill exempts Medicare from sequestration until the end of 2021. On agreeing to the Senate amendment. Voted YES.
- 3/19/2021: H.R. 1868, to prevent across-the-board direct spending cuts. This bill exempts Medicare from sequestration until the end of 2021. On passage in the House. Voted YES.

116th Congress:

- 9/21/2020: H.R. 5619, the Suicide Prevention Act. On passage in the House. Voted YES.
- 6/29/2020: H.R. 1425, the Patient Protection and Affordable Care Enhancement Act. On passage in the House. Voted YES.
- 3/14/2020: H.R. 6201, the Families First Coronavirus Response Act. On passage in the House. Voted YES.
- 3/4/2020: H.R. 6074, the Coronavirus Preparedness and Response Supplemental Appropriations Act of 2020. On passage in the House. Voted YES.
- 12/12/2019: H.R. 3, Elijah E. Cummings Lower Drug Costs Now Act. On passage in the House. Voted YES.
- 10/28/2019: H.R. 728, the Title VIII Nursing Workforce Reauthorization Act of 2019. On passage in the House. Voted YES.
- 7/24/2019: H.R. 1058, the Autism CARES Act of 2019. On passage in the House. Voted YES.
- 6/4/2019: S. 1379, the Pandemic and All-Hazard Preparedness and Advancing Innovation Act of 2019. On passage in the House. Voted YES.
- 5/16/2019: H.R. 987, the Strengthening Health Care and Lowering Prescription Drug Costs Act. On passage in the House. Voted YES.

Appropriations Highlights

FY 2026:

- \$1.9 billion for Community Health Centers, to provide high quality cost-effective health care to predominantly low-income and medically underserved communities;
- \$1.5 billion for the Advanced Research Projects Agency for Health within the Department of Health and Human Services, to accelerate the pace of scientific breakthroughs for diseases such as ALS, Alzheimer's disease, diabetes and cancer;
- \$40 million for Native American Nutrition and Supportive Services grants to promote the delivery of nutrition and home and community-based services to Native

- American, Alaska Native and Native Hawaiian kūpuna;
- \$27 million for the Native Hawaiian Health Care Systems, with \$10 million being included for Papa Ola Lōkahi;
- \$5 million for the Native Hawaiian/Pacific Islander Health Research Office within the National Institute on Minority Health and Health Disparities. These funds will be used to address Native Hawaiian/Pacific Islander health disparities as well as supporting research being done by Native Hawaiian/Pacific Islander investigators; and
- \$6 million for the Center for Indigenous Innovation and Health Equity within the Office of Minority Health to advance Indigenous solutions to achieve health equity and encourage the Department of Health and Human Services to partner with universities in these efforts

FY 2025 and FY 2024 (Full-Year CR):

- \$47.1 billion for the National Institutes of Health, to support a wide range of biomedical and behavioral research;
- \$1.5 billion for the Advanced Research Projects Agency for Health within the Department of Health and Human Services, to accelerate the pace of scientific breakthroughs for diseases such as ALS, Alzheimer’s disease, diabetes and cancer;
- \$1.9 billion for Community Health Centers, to provide high quality cost-effective health care to predominantly low-income and medically underserved communities;
- \$38 million for Native American Nutrition and Supportive Services grants to promote the delivery of nutrition and home and community-based services to Native American, Alaska Native and Native Hawaiian Kūpuna;
- \$27 million for the Native Hawaiian Health Care Systems, with \$10 million being included for Papa Ola Lōkahi;
- \$4 million to establish a Native Hawaiian/Pacific Islander Health Research Office within the National Institute on Minority Health and Health Disparities. These funds will be used to address Native Hawaiian/Pacific Islander health disparities as well as supporting research being done by Native Hawaiian/Pacific Islander investigators; and
- \$4 million for the Center for Indigenous Innovation and Health Equity within the Office of Minority Health to advance Indigenous solutions to achieve health equity and encourage the Department of Health and Human Services to partner with universities in these efforts.

FY 2023:

- \$47.5 billion for the National Institutes of Health, an increase of \$2.5 billion above the FY 2022 enacted level, to support a wide range of biomedical and behavioral research;
- \$1.5 billion for the Advanced Research Projects Agency for Health within the Department of Health and Human Services, an increase of \$500 million to accelerate the pace of scientific breakthroughs for diseases such as ALS Alzheimer’s disease, diabetes and cancer;
- \$1.9 billion for Community Health Centers, an increase of \$110 million above FY 2022 enacted level, to provide high quality, cost-effective health care to predominantly low-income and medically underserved communities;

- \$38 million for Native American Nutrition and Supportive Services grants to promote the delivery of nutrition and home and community-based services to Native American, Alaska Native and Native Hawaiian Kūpuna;
- \$27 million for the Native Hawaiian Health Care Systems, an increase of \$5 million above the FY 2022 enacted level;
- \$3 million for the Center for Indigenous Innovation and Health Equity within the Office of Minority Health to advance Indigenous solutions to achieve health equity and encourage the Department of Health and Human Services to partner with universities in these efforts;
- \$6.5 million for the University of Hawaii’s Office of Strategic Health Initiatives to fund the construction of an early phase clinical trial unit (CPF);
- \$1.8 million for the Hawai‘i Public Health Institute to develop and train navigators to support kūpuna and family caregivers (CPF);
- \$1 million for the University of Hawaii’s Office of Strategic Health Initiatives for an indigenous data science hub (CPF); and
- \$270,000 for the YMCA of Honolulu to support wellness and mental health services for children and youth (CPF).

FY 2022:

- \$45 billion for the National Institutes of Health, an increase of \$2.25 billion above the FY 2021 enacted level to support a wide range of biomedical and behavioral research;
- \$1 billion to establish the Advanced Research Projects Agency for Health (ARPA-H) to accelerate the pace of scientific breakthroughs for diseases such as ALS, Alzheimer’s disease, diabetes, and cancer;
- \$22 million for the Native Hawaiian Health Care Systems, which is \$1.5 million above the FY 2021 enacted level;
- \$1 million for the Center for Indigenous Innovation and Health Equity in the Office of Minority Health;
- \$2 million for facilities and equipment at the Blood Bank of Hawai‘i (CPF);
- \$1.1 million for facilities and equipment at Kōkua Kalihi Valley Comprehensive Family Services (CPF);

FY 2021:

- \$42.9 billion for the National Institutes of Health, a \$1.25 billion increase from FY 2020;
- \$1.7 billion for Community health centers;
- \$20.5 million for the Native Hawaiian Health Care program; and
- \$2 million for the Office of Minority Health to create a Center for Indigenous Innovation and Health Equity.

FY 2020:

- \$41.7 for National Institutes of Health (NIH), an increase of \$2.6 billion above the 2019 enacted level;
- \$1.62 billion for Community health centers;
- \$19 million for the Native Hawaiian Health Care Program to ensure that the federal government promotes education and health care for Native Hawaiians, an increase of \$1.5 million over the 2019 enacted level; and

- \$10 million for the Native American Caregivers program, a \$250,000 thousand increase over 2019 enacted levels.

Key Joint Letters

119th Congress:

- 11/13/25: Letter to Speaker Johnson Urging him to commit to holding a vote on extending Affordable Care Act enhanced premium tax credits.
- 11/10/25: Letter to CDC Director O’Neill expressing concerns about the acceptance of the Advisory Committee on Immunization Practices’ September 2025 vaccine recommendations following Secretary Kennedy Jr.’s removal of all previous committee members.
- 10/16/2025: Letter to Secretary Kennedy and CDC Director O’Neill expressing concerns about the reduction in force at the CDC during the government shutdown.
- 9/8/2025: Letter to Secretary Kennedy opposing planned rebate pilot for the 340B drug pricing program.
- 6/16/2025: Signed Amicus brief for consolidated cases Commonwealth of Massachusetts v. NIH, Assoc. of Am. Medical Colleges v NIH, and Association of Am. Universities v. HHS before the U.S. Court of Appeals for the First Circuit. These cases are regarding the Trump Administration’s efforts to unilaterally cap indirect cost rates for National Institutes of Health (NIH) grantees at 15%.
- 4/22/2025: Letter to Secretary Kennedy asking how he plans to fulfill his obligations to provide meaningful access to services and programs for individuals with Limited English Proficiency (LEP) following President Trump’s revocation of Executive Order (EO) 13166 a Clinton-era policy that required federal agencies to provide supports for individuals with Limited English Proficiency.
- 4/9/2025: Letter to Secretary Kennedy regarding his decision to eliminate the Office of Minority Health at the Department of Health and Human Services and Centers for Medicare and Medicaid Services.
- 2/12/2025: Letter to NIH Director regarding the impacts of instituting a 15% cap on the reimbursement rate for indirect costs for NIH grantees.
- 1/30/2025: Letter to NIH Director regarding the impacts of President Trump’s executive orders on health research and the effect it would have on ongoing clinical trials and research.

118th Congress:

- 9/18/2024: Letter to House Leadership urging a vote to prevent a scheduled 2.% cut to Medicare reimbursement payments which will occur on January 1, 2025 as well as focusing on legislation that will address long-term problems with Medicare reimbursement.
- 3/22/2024: Letter to CMS Administrator Brooks-LaSure to ensure that the data used to set Medicare Advantage payment rates for 2025 fully accounts for the increased medical utilization and cost trends for seniors.
- 12/5/2023: Letter to House and Senate Leadership urging them to take action to prevent a 3.37% cut to Medicare reimbursement payments that will occur on January

- 1, 2024.
- 7/3/2023: Letter to House Leadership urging them to work towards enacting long-term Medicare Access and CHIP Reauthorization Act reform.
- 6/1/2023: Letter to CMS raising concerns that constituents are still unable to access FDA approved treatments to slow cognitive decline for those with mild cognitive impairment and early Alzheimer’s disease.
- 5/11/2023: Letter to Secretary Becerra and Administrator Brooks-LaSure requesting the timely implementation of proposed rule changes for the prior authorization process for Medicare Advantage plans.

117th Congress:

- 3/18/2022: Letter to Secretary Becerra urging him to move forward with the agency’s proposed rule to rein in the skyrocketing cost of prescription drugs through certain pharmacy direct and indirect renumeration fee reform in Medicare Advantage and Part D.
- 2/7/2022: Letter to CMS urging them to improve access to palliative dialysis for end-stage renal disease patients who are also accessing hospice.
- 2/4/2022: Letter to CMS on 2022 Physician fee schedule cuts to office-based specialties.
- 1/13/2022: Letter to CMS Administrator requesting the agency’s continued support in preserving and strengthening the Medicare Advantage program.
- 5/13/2021: Letter urging the Center for Medicare and Medicaid Innovation to increase transparency and public engagement in assessing and designing the Radiation Oncology Alternative Payment Model for 2022.
- 4/30/2021: Letter to Biden Administration regarding World Trade Organization waiver to boost COVID-19 vaccine production worldwide.
- 4/23/2021: Blue Dogs Coalition letter to Secretary Becerra to discuss health priorities.
- 4/14/2021: Letter to Secretary Becerra to protect and strengthen the Medicare Advantage program, which continues to provide high-quality, affordable care to America’s seniors and those with disabilities.

116th Congress:

- 10/11/2020: Letter to House Leadership urging them to consider legislation to address cuts to Medicare physician reimbursement in 2021.
- 6/25/2020: Letter in support of reimbursement for Treatment in Place services by Emergency Medical Service providers.
- 4/24/2020: Letter in support of eliminating Medicaid caps for U.S. territories.
- 1/29/2020: Letter to CMS supporting Medicare Advantage prior to the release of the 2021 advance notice which lays out rules and rates for Medicare Advantage plans in 2021.

Congressional Statements

- Introduction of the Red Hill Health Impact Act (6/13/2023):

<https://www.congress.gov/bill/116th-congress/house-bill/6829?s=1&r=56>

- Available and Affordable Healthcare Floor Speech (4/8/2019):
<https://www.congress.gov/congressional-record/volume-165/issue-60/house-section/article/H3119-2?s=4&r=51>