



# News from Frank Pallone, Jr.

**New Jersey Congressman, Sixth District**



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## **PALLONE STATEMENT AT HEALTH REFORM HEARING ON IMPROVING ACCESS TO CARE**

*Washington, D.C. --- U.S. Rep. Frank Pallone, Jr. (D-NJ), Chairman of the House Energy and Commerce Subcommittee on Health, gave the following opening statement this morning at the third of a series of hearings focused on making health care work for American families. Today's hearing addresses the need to improve access to care.*

"Good morning. Today the Subcommittee is meeting for the 3<sup>rd</sup> hearing in the "Making Health Care Work for American Families" series. In the previous hearings we heard from the leading experts in health care that our delivery system is dangerously disconnected and that providing universal coverage means affordable and quality health plans for all.

"Today we will explore the next step. Simply providing universal coverage will not guarantee that everyone will have access to the necessary care. We must also eliminate the inequities and disparities in health care, properly support and train our health care workforce, and make prevention a national priority.

"As a nation, we have made tremendous strides in improving the health of all Americans. However, as numerous reports have highlighted, there remain significant inequalities with respect to both access to health care and the quality of care provided among different ethnic groups in this country.

"For example, the mortality rate due to heart disease and cancer is higher among populations including African Americans, Asian Americans and Pacific Islanders. The rate of new AIDS cases is three times higher among Hispanics than among Caucasians. I, personally, am also very concerned about the health disparities for American Indians and Alaskan Natives. The mortality rate among Indian infants is 150 percent higher than for Caucasian infants, and Indians are nearly three times as likely to be diagnosed with diabetes.

"These disparities are not limited, however, to ethnic and racial divides, but are consistently also found between genders, geographic area, and among differing income groups. For example, there are significantly more access-to-care obstacles for rural populations than there are for urban populations, and the 2002 Institute of Medicine report found that these disparities persisted even when factors such as insurance coverage and income level remained constant.

"One of the contributing problems in my mind is the current state of the health care workforce. Study after study has proven the importance of primary care. Yet, two-thirds of the U.S. physician workforce practice as specialists and the number of young physicians entering primary care fields is declining.

"In addition to this, there are disparities in where these physicians are practicing. Metropolitan areas have 2-5 times as many physicians as rural areas and there is a shortage of physicians willing to practice in economically disadvantaged areas both rural and urban.

"Part of the solution in my mind is to strengthen our existing programs while at the same time exploring new avenues to reduce disparities and expand the workforce. As highlighted in a recent Commonwealth Fund Report, Medicaid is vital in improving access to health care for low-income Americans. Titles 7 and 8 of the Public Health Service Act are crucial programs to increase the primary care workforce and the National Health Service Corps is a very successful program to entice young medical professionals to practice in underserved neighborhoods.

"Though we face many obstacles in ensuring access for all Americans, I am optimistic that in this Congress, we will take action to ensure that all Americans have both coverage and access to care. I would like to welcome and thank all the witnesses for coming to testify here today, and I would especially like to welcome Dr. Risa Lavizzo-Mourey who has traveled here from my home state of New Jersey. I look forward to your testimony and I would like to now recognize Mr. Deal for an opening statement.