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*CBO Oversight: Member Day*  
House Budget Committee  
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Thank you, Chairman Womack, Ranking Member Yarmuth, and members of the Budget Committee, for holding this hearing today. I appreciate the opportunity to come before all of you today and be part of the conversation to improve the important mission and work of the Congressional Budget Office (CBO).

As all of you may be aware, chronic disease, such as diabetes, accounts for over 70 percent of all health spending, and by improving wellness and disease prevention, we can improve our healthcare system. A healthier society is something we can all support. However, Congress' ability to enact meaningful prevention policies is hampered by how legislation is scored for its budget impact by CBO.

Today, CBO reports budgetary implications of preventive health legislation in a ten-year timeframe. So, it is unable to recognize savings from those initiatives in budgetary out-years, denying Congress a complete picture. In our current financial environment, it is critical that we have all information about the budgetary ramifications of our policy proposals, particularly related to health care.

With health costs rising and utilization continuing to grow, I believe it is time to highlight the enormous health benefits and long-term cost savings of preventive health measures. To move forward, we must modernize the way CBO scores preventive health legislation.

Last year, I along with Reps. Diana DeGette and Todd Rokita, the Vice Chairman of the Budget Committee, introduced **H.R. 2953**, the *Preventive Health Savings Act of 2017*. This bill is a narrowly tailored and responsible approach to updating the existing budget law. This bill would direct CBO to analyze scientific medical data to provide information on the savings of preventive health initiatives in the two 10-year periods beyond the existing 10-year window.

It defines preventive care narrowly and requires that preventive care treatments be credible and proven through publicly available epidemiological projection models incorporating clinical trials or observational studies in humans. This approach prevents the legislation from being misused and emphasizes the importance of using evidence-based practices, strong metrics, and data to design and implement prevention and wellness initiatives.

Bending the cost of a significant and complex problem as chronic disease is not an easy or quick endeavor. Even though many businesses have seen results in fewer than ten years, legislation like this is necessary because it will allow CBO to more accurately project the true implications of programs affecting children and other populations or disease states with longer development periods that require an extended view.

I look forward to continuing the discussion on how this legislation can enhance the work CBO performs for Congress and assist all of us in gaining a stronger insight on the true impact preventive health policies could have on our nation's health care system and populace. I welcome your thoughts and suggestions. Again, thank you.