

FOR IMMEDIATE RELEASE

May 1, 2013

CONTACT: Press Office
(202) 226-4972

Upton, Hatch Unveil Solutions Blueprint for Making Medicaid Work

Leaders Outline Proposals to Protect Vulnerable Americans, Offer Individualized Care, and Reduce Costs

WASHINGTON, DC – House Energy and Commerce Committee Chairman Fred Upton (R-MI) and Senate Finance Committee Ranking Member Orrin Hatch (R-UT) today released the [“Making Medicaid Work”](http://energycommerce.house.gov/sites/republicans.energycommerce.house.gov/files/analysis/20130501Medicaid.pdf) (<http://energycommerce.house.gov/sites/republicans.energycommerce.house.gov/files/analysis/20130501Medicaid.pdf>) blueprint to modernize the Medicaid program. The in-depth report, which is based on extensive feedback from states and input from providers and patients, highlights the program’s troubling fiscal reality and discusses tools to equip states to implement patient-centered reforms and impose fiscal discipline in the program.

“Our top priority is improving the quality of care for Medicaid beneficiaries. If history has taught us anything, it’s that the best solutions often come from the states,” said Upton and Hatch. “Washington’s one-size-fits all approach often paralyzes states from adjusting the program to the unique needs of their citizens. This is about beneficiaries, not politicians. The federal government needs to provide states the tools they need to ensure vulnerable Americans receive the quality care they deserve.”

The blueprint offers states a menu of options from which to individualize care, improve outcomes, and reduce costs by:

- Allowing states to design individualized benefit packages based on quality-driven models;
- Encouraging states to reform their health care delivery system through increased provider transparency and value-based purchasing;
- Releasing states from existing federal barriers that often deter states from developing innovative coordinated care models;
- Modernizing an outdated waiver process that often prohibits states from being bold in testing new models of coverage and care; and
- Ensuring the financial alignment of medical assistance payments for the needs of discrete Medicaid population categories through a per capita financial framework – one that provides budget predictability for federal and state taxpayers while protecting the investment in each Medicaid enrollee.

Click [here](http://energycommerce.house.gov/sites/republicans.energycommerce.house.gov/files/analysis/20130501Medicaid.pdf)

(<http://energycommerce.house.gov/sites/republicans.energycommerce.house.gov/files/analysis/20130501Medicaid.pdf>) to read the blueprint.

###