

As you have heard, there has been bipartisan agreement, that the stars rating program needs a revisit, and CMS even agrees that the rules are not working.

As the gentleman from New York said, this has a specific effect on the frail, the low-income, those beneficiaries that are the most frail. It also affects the dual eligibles, those that are both Medicare and Medicaid eligible.

It is appropriate that we look at this rating program, that we back up and pause and consider the negative impact that some of these arbitrary ratings have on these programs when it may be the only program that is available that will meet these needs.

This is common sense. It is the right thing to do. I thank my colleagues that they are willing to say: CMS, it is not working; you have to come to the table with us.

This delay, this pause, and a review of the system is appropriate.

I thank everyone involved for their leadership, and I do express thanks to Mr. BUCHANAN and his team for the way they have worked with us and the Energy and Commerce Committee on the issue.

Mr. RANGEL. Mr. Speaker, I have no further requests for time. I reserve the balance of my time.

Mr. BRADY of Texas. Mr. Speaker, I yield 2 minutes to the gentlewoman from Tennessee (Mrs. BLACK), again, one of our key healthcare leaders on the Ways and Means Committee who is critical in the advancement of this legislation.

Mrs. BLACK. Mr. Speaker, I rise today in support of H.R. 2582, the Seniors' Health Care Plan Protection Act.

I am pleased that this legislation includes the language of my bill, the Securing Care for Seniors Act; and I thank Congressman BUCHANAN for his efforts to bring this important policy solution to the floor of the House today.

Across the country, 16 million seniors enjoy the flexibility of the Medicare Advantage plan. When we make changes to this program, seniors are the ones impacted. It just makes sense that they would have a place at the table when these changes are discussed.

Recently, CMS revised the Medicare Advantage risk adjustment model under the shroud of secrecy with little input from Congress and, most importantly, from Medicare beneficiaries.

Members of both parties have concerns that these modifications could discourage plans to detect and care for the chronic conditions in their early stages. That is why, today, we are calling for a timeout on CMS' changes.

We are instructing the agency to re-evaluate their risk adjustment model and to move forward with metrics that are accurate, evidence-based, and are transparent. This will ensure that seniors pay a fair cost for their healthcare plans, and that the MA program remains sustainable in the long term.

I urge a "yes" vote on H.R. 2582.

Mr. RANGEL. Mr. Speaker, I yield myself such time as I may consume.

I would just like to say that this has been one of the most exciting recent legislative experiences I have had, where we are dealing with Americans who are not Republican and Democrat, but they are sick people; and, in this particular case, they are sick, and they are old, and they are fragile, and the government is not serving them.

Both sides of the aisle have agreed that the administration has to do something to make certain that they study how we can be fair to the providers and, at the same time, provide the service to those people that need it. They, themselves, agree that, for 3 years, they have not been able to find an answer.

What we have said jointly is you find that answer in 3 years. Until such time, don't you think about terminating these programs. It is with this cooperation that we both have a common sense of our obligation as legislators, and it has been really a legislative pleasure working with my colleagues on these suspensions this evening.

Mr. Speaker, I yield back the balance of my time.

Mr. BRADY of Texas. Mr. Speaker, I yield myself such time as I may consume.

I agree with the gentleman from New York that this is a bill that brings, really, a team of Republicans and Democrats together with their best ideas on how we can help improve Medicare for our seniors.

This bill is titled "Securing Seniors' Health Care Act." It is aptly titled.

I am hopeful that today is just one example of more common ground between Republicans and Democrats, not just on the Ways and Means Committee, but through the House as well. I urge strong support for passage of this bill.

Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Texas (Mr. BRADY) that the House suspend the rules and pass the bill, H.R. 2582, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

The title of the bill was amended so as to read: "A bill To amend title XVIII of the Social Security Act to delay the authority to terminate Medicare Advantage contracts for MA plans failing to achieve minimum quality ratings, to make improvements to the Medicare Adjustment risk adjustment system, and for other purposes."

A motion to reconsider was laid on the table.

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Mr. BRADY of Texas. Mr. Speaker, I ask unanimous consent that when the House adjourns today, it adjourn to meet at 9 a.m. tomorrow.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Texas?

There was no objection.

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(Mr. EMMER of Minnesota asked and was given permission to address the House for 1 minute.)

Mr. EMMER of Minnesota. Mr. Speaker, I rise today to urge this body to pass the Protect Medical Innovation Act, which will repeal the 2.3 percent medical device excise tax.

This harmful tax, mandated by ObamaCare, stifles innovation, sends jobs abroad, hurts consumers, and places a heavy burden on small businesses in my State and across the country.

More than 35,000 Minnesotans are employed in the medical device industry, and thousands of Minnesotans depend on these state-of-the-art devices to enhance or even save their lives.

This bill has been stalled for long enough. It is imperative that Congress pass this legislation now to encourage the development of these innovative technologies, rather than enact laws that discourage their creation and accessibility.

I am grateful for the tremendous work by my Minnesota colleague, ERIK PAULSEN. Representative PAULSEN has done much to ensure the medical device industry in Minnesota continues to thrive for many years to come with this legislation.

Again, I ask my colleagues to support the Protect Medical Innovation Act and pass it immediately.

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The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2015, the gentleman from Pennsylvania (Mr. FITZPATRICK) is recognized for 60 minutes as the designee of the majority leader.

Mr. FITZPATRICK. Mr. Speaker, there is no doubt that the medical device tax that is found within the President's Affordable Care Act sends American jobs overseas, hurts American jobs here in the United States, raises healthcare costs for all Americans, and stifles innovation.

While I have supported the House's action to repeal this onerous tax and support innovation, it is important that I highlight an important issue to my constituents back home in Bucks County, Pennsylvania, because it is tied into this whole debate. That issue is medical device safety, and it is patient safety.

Many who serve in this Chamber may have seen the headlines over the past several months regarding a medical device known as a power morcellator and, specifically, the devastating damage it has caused to women's health by spreading unsuspected cancer throughout their body.