Deutch
Diaz-Balart
Dingell
Doggett
Dold
Donovan
Doyle, Michael F.
Duckworth
Duffy
Duncan (SC)
Duncan (TN)
Edwards
Ellison
Ellmers (NC)
Emmer (MN)
Eshoo
Esty
Farenthold
Farr
Fattah
Fincher
Fitzpatrick
Fleischmann
Fleming
Flores
Forbes
Fortenberry
Foster
Foxx
Frankel (FL)
Franks (AZ)
Frelinghuysen
Fudge
Gabbard
Gallego
Garamendi
Garrett
Gibbs
Gibson
Gohmert
Goodlatte
Gosar
Gowdy
Graham
Granger
Graves (GA)
Graves (LA)
Graves (MO)
Grayson
Green, Al
Green, Gene
Griffith
Grijalva
Grothman
Guinta
Guthrie
Gutiérrez
Hahn
Hanna
Hardy
Harper
Harris
Hartzler
Hastings
Heck (NV)
Heck (WA)
Hensarling
Herrera Beutler
Hice, Jody B.
Higgins
Hill
Himes
Hinojosa
Holding
Honda
Hoyer
Hudson
Huffman
Huizenga (MI)
Hultgren
Hunter
Hurd (TX)
Hurt (VA)
Israel
Issa
Jackson Lee
Jeffries
Jenkins (KS)
Jenkins (WV)
Johnson (GA)
Johnson (OH)
Johnson, E. B.
Johnson, Sam
Jolly
Jones
Jordan
Joyce
Kaptur
Katko
Keating
Kelly (IL)
Kelly (MS)
Kelly (PA)
Kennedy
Kildee
Kilmer
Kind
King (IA)
King (NY)
Kinzinger (IL)
Kirkpatrick
Kline
Knight
Kuster
Labrador
LaMalfa
Lamborn
Lance
Langevin
Larsen (WA)
Larson (CT)
Latta
Lawrence
Lee
Levin
Lewis
Lieu, Ted
Lipinski
LoBiondo
Loebsack
Lofgren
Long
Loudermilk
Love
Lowenthal
Lowey
Lucas
Luetkemeyer
Lujan Grisham (NM)
Luján, Ben Ray (NM)
Lummis
Lynch
MacArthur
Maloney, Carolyn
Maloney, Sean
Marchant
Marino
Matsui
McCarthy
McCaul
McClintock
McCollum
McDermott
McGovern
McHenry
McKinley
McMorris Rodgers
McNerney
McSally
Meadows
Meehan
Meeks
Meng
Messer
Mica
Miller (FL)
Miller (MI)
Moolenaar
Mooney (WV)
Moore
Moulton
Mullin
Murphy (FL)
Murphy (PA)
Nadler
Napolitano
Neal
Neugebauer
Newhouse
Noem
Nolan
Norcross
Nugent
Nunes
O'Rourke
Olson
Palazzo
Pallone
Palmer
Pascrell
Paulsen
Payne
Pearce
Pelosi
Perlmutter
Perry
Peters
Peterson
Pingree
Pittenger
Pitts
Pocan
Poe (TX)
Poliquin
Polis
Pompeo
Posey
Price (NC)
Price, Tom
Quigley
Rangel
Ratcliffe
Reed
Reichert
Renacci
Ribble
Rice (NY)
Rice (SC)
Richmond
Rigell
Roby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rohrabacher
Rokita
Rooney (FL)
Ros-Lehtinen
Roskam
Ross
Rothfus
Rouzer
Roybal-Allard
Royce
Ruiz
Ruppersberger
Rush
Russell
Ryan (OH)
Ryan (WI)
Salmon
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Scalise
Schakowsky
Schiff
Schrader
Schweikert
Scott (VA)
Scott, Austin
Scott, David
Sensenbrenner
Serrano
Sessions
Sewell (AL)
Sherman
Shimkus
Shuster
Simpson
Sinema
Sires
Slaughter
Smith (MO)
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Speier
Stefanik
Stewart
Stivers
Stutzman
Swalwell (CA)
Takai
Takano
Thompson (CA)
Thompson (MS)
Thompson (PA)
Thornberry
Tiberi
Tipton
Titus
Tonko
Torres
Trott
Tsongas
Turner
Upton
Valadao
Van Hollen
Vargas
Veasey
Vela
Velázquez
Visclosky
Wagner
Walberg
Walden
Walker
Walorski
Walters, Mimi
Walz
Wasserman Schultz
Waters, Maxine
Watson Coleman
Webster (FL)
Welch
Wenstrup
Westerman
Westmoreland
Whitfield
Williams
Wilson (FL)
Wilson (SC)
Wittman
Womack
Woodall
Yarmuth
Yoder
Yoho
Young (AK)
Young (IA)
Young (IN)
Zeldin
Zinke

NAYS—9

Amash
Brady (TX)
Bridenstine
Buck
Chaffetz
Huelskamp
Massie
Sanford
Weber (TX)

ANSWERED ''PRESENT''—1

Mulvaney

NOT VOTING—2

Beyer
Engel

☐ 1628

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

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

THE JOURNAL

The SPEAKER pro tempore (Mr. BYRNE). The unfinished business is the question on agreeing to the Speaker's approval of the Journal, which the Chair will put de novo.

The question is on the Speaker's approval of the Journal.

Pursuant to clause 1, rule I, the Journal stands approved.

☐ 1630

HOUR OF MEETING ON TOMORROW

Mr. GRAVES of Louisiana. 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 Louisiana?

There was no objection.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered or on which the vote incurs objection under clause 6 of rule XX.

Record votes on postponed questions will be taken later.

STEVE GLEASON ACT OF 2015

Mr. RYAN of Wisconsin. Mr. Speaker, I move to suspend the rules and pass the bill (S. 984) to amend title XVIII of the Social Security Act to provide Medicare beneficiary access to eye tracking accessories for speech generating devices and to remove the rental cap for durable medical equipment under the Medicare Program with respect to speech generating devices.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 984

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Steve Gleason Act of 2015''.

SEC. 2. PROVIDING MEDICARE BENEFICIARY ACCESS TO EYE TRACKING ACCESSORIES FOR SPEECH GENERATING DEVICES.

(a) IN GENERAL.—Section 1861(n) of the Social Security Act (42 U.S.C. 1395x(n)) is amended by inserting ''and eye tracking and gaze interaction accessories for speech generating devices furnished to individuals with a demonstrated medical need for such accessories'' after ''appropriate organizations)''.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall apply with respect to devices furnished on or after January 1, 2016.

SEC. 3. REMOVING THE RENTAL CAP FOR DURABLE MEDICAL EQUIPMENT UNDER MEDICARE WITH RESPECT TO SPEECH GENERATING DEVICES.

Section 1834(a)(2)(A) of the Social Security Act (42 U.S.C. 1395m(a)(2)(A)) is amended—

(1) in clause (ii), by striking ''or'' at the end;

(2) in clause (iii), by adding ''or'' at the end; and

(3) by inserting after clause (iii) the following new clause:

''(iv) in the case of devices furnished on or after October 1, 2015, and before October 1, 2018, which serves as a speech generating device or which is an accessory that is needed for the individual to effectively utilize such a device,''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Wisconsin (Mr. RYAN) and the gentleman from Washington (Mr. MCDERMOTT) each will control 20 minutes.

The Chair recognizes the gentleman from Wisconsin.

GENERAL LEAVE

Mr. RYAN of Wisconsin. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and to include extraneous material on S. 984, currently under consideration.

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

There was no objection.

Mr. RYAN of Wisconsin. Mr. Speaker, I yield myself such time as I may consume.

I rise in favor of the Steve Gleason Act. This bill would expand access to life-changing equipment called SGDs, otherwise known as speech-generating devices.

People with severe diseases like ALS or Parkinson's need these devices to communicate. They often add SGDs as accessories to their wheelchairs.

Now, for a long time, Medicare has covered their wheelchairs and these devices and people have been able to buy SGDs so they can customize their devices.

There is one device that I have seen that is just incredible. It is called an eye-gaze. It allows someone to use one's eyes to actually navigate a computer and hit the mouse click to do things like turn on the TV, go on the phone, speech communication, everything. It is just incredible, but there is a problem.

Two years ago CMS changed the policy. Before, you could buy this and you could add an upgrade to it. CMS changed the policy, and seniors now have to rent an SGD for 13 months before they can buy it.

What is worse, Medicare will stop making these rental payments if a senior citizen makes an upgrade that is not directly related to speech.

As you also know, Mr. Speaker, not just seniors go on Medicare. People with certain disabilities as well are allowed to go on Medicare; so this affects people of all ages.

This change is so sweeping that Medicare is refusing to pay for things like an eye-gaze, the very thing that patients need in order to use their SGDs.

This bill would remove the 13-month rental requirement so as to allow seniors to buy their SGDs immediately. It would also make sure that Medicare continues to cover SGDs if they are entering nursing homes.

The people who need these devices are truly the most disabled and most vulnerable among us. The whole point of Medicare is to protect these very patients and to give them the care that they need.

And this bill goes to the heart of Medicare's mission. It goes to the heart of fixing a flaw that I think everybody recognizes needs to be fixed.

Mr. Speaker, I yield 2 minutes to the gentlewoman from Washington (Mrs. McMORRIS RODGERS), our distinguished Conference chair.

Mrs. McMORRIS RODGERS. I thank the chairman for yielding.

Mr. Speaker, last summer more than 17 million people participated in the ice bucket challenge to raise awareness of the crippling disease of ALS and the physical and emotional toll it takes on millions of men and women and their families.

Around the same time, Gail Gleason, who is the mother of former NFL star Steve Gleason, who has ALS, came to me with concerns about Medicare denying access to cutting-edge speech-generating technology for patients who are living with degenerative diseases.

Gail and Steve feared thousands of people would lose their ability to communicate with the world around them, to share their stories, order coffee, tell jokes, ask for help, say ''I love you.''

Before eye-tracking technology became available, once people lost their ability to type, they could no longer communicate, but all that has changed with revolutionary technology.

Today patients can continue communicating by typing with their eyes, but top-down, government-knows-best rules and regulations threaten to take it all away for those who need it most.

I pledge to do everything within my power to fix this, and I am proud to help steer this bill through Congress, from the start to the finish, with the help of Majority Leader McCARTHY, Majority Whip SCALISE, Representative PAULSEN, and Senator VITTER.

So many have joined us in this effort. We led a letter with more than 200 Republicans and Democrats to push CMS to investigate this arbitrary decision, and I am proud today to stand to help support the effort to send the Steve Gleason Act to the President's desk.

Mr. Speaker, life-changing innovation cannot help people when it is collecting dust on a desk or is getting caught up in red tape. Because of Gail Gleason and Steve Gleason, thousands of Americans living with degenerative diseases can have peace of mind today that their voices will continue to be heard and that they will still be able to say ''I love you.''

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

I rise today in support of S. 984, the Steve Gleason Act. This legislation is named after Steve Gleason, a former professional football player for the New Orleans Saints and a native of Washington State.

The bill will increase access to speech-generating devices that help patients living with ALS and other neurological disorders. ALS is what is commonly known as Lou Gehrig's Disease.

Under current law, speech-generating devices are treated as capped rental items by Medicare, requiring beneficiaries to rent their devices for 13 months before they are able to own them. This cap has made it difficult for many beneficiaries to have access to these devices.

In a recent national coverage determination, CMS has already begun providing payment for speech-generating devices. This is a good step, but it does not necessarily ensure continued payment for the devices if a beneficiary moves from a post-acute facility, such as a nursing home.

This legislation makes a simple fix that will eliminate the rental cap and clarify that beneficiaries may purchase speech-generating devices immediately.

It will ensure payment for these devices even if a beneficiary is admitted into a facility for which payment is bundled into a post-acute facility payment.

It will improve the Medicare program, and it will make a meaningful difference in the lives of beneficiaries who are living with ALS.

I am pleased to see the chairman out here pushing this, and I am glad to join with him. I hope someday I will join with him to provide hearing aids to senior citizens who are having trouble paying for them today.

I reserve the balance of my time.

Mr. RYAN of Wisconsin. Mr. Speaker, I yield 2 minutes to the gentleman from Louisiana (Mr. SCALISE), the distinguished majority whip.

Mr. SCALISE. I thank the gentleman from Wisconsin for yielding and for his leadership in bringing the Steve Gleason Act to the floor.

Mr. Speaker, Steve Gleason is somebody who has served as an inspiration for the people of Louisiana for a long time, going back, of course, to the 2006 game when the Superdome was reopened after Hurricane Katrina.

That night was really one of the galvanizing moments that helped bring the city of New Orleans back, that helped reinspire the people of New Orleans to come back.

It was Steve Gleason who blocked the punt at the end of the game to win the game. I was in the Dome that night. I know my wife, Jennifer, and I were as euphoric as everybody in that building.

The reason that Steve Gleason inspires people today, Mr. Speaker, is not because of what he did on the football field. It is because of what he has done to serve as an inspiration for people all across the country, people with all disabilities, since he was diagnosed with ALS, with Lou Gehrig's Disease.

What he has done is to go out and show that he is able to exhibit his voice because of the speech-generating device that he has.

This isn't something that he just wants for himself. He wants this for all people who have something to say, who have that same voice, to be able to go out and inspire other people.

When CMS made the change in policy that started to take away that voice, he spoke up, as so many others did, and said, ''We need to reverse this.''

I commend Senator VITTER for bringing the legislation forward that we are debating that was passed through the Senate, for this is a bill that truly will give voice to thousands of people.

Over 5,000 people every year are diagnosed with Lou Gehrig's Disease, with ALS. They all have something to say. They all have that voice.

The Steve Gleason Act will give them that voice so they can go out and continue to achieve their lives' potential.

I urge the passage of this legislation.

Mr. McDERMOTT. Mr. Speaker, I yield 2 minutes to the gentleman from Louisiana (Mr. RICHMOND).

Mr. RICHMOND. Mr. Speaker, I join my colleague and my friend, Majority Whip STEVE SCALISE, in advocating for and in asking our colleagues to vote today for the Steve Gleason Act.

Steve's name is on it, but it is a lot bigger than Steve. If you know Steve and what he stands for, you will understand that this bill and this fight on behalf of him and his family—the fight that they have fought—benefits thousands of people in our society who really need the help.

That is why last year I was happy to join in a letter with Mrs. McMORRIS RODGERS to CMS, asking them to change this policy.

It is important to put patients first and to fix this extremely misguided and harmful Medicare regulation that has had a devastating impact on the lives of ALS patients, stroke victims, and other folks who are experiencing significant paralysis. It has really prohibited them from talking to and communicating with their families.

I think Steve did a great job of expressing what Steve means to the people of New Orleans. Gleason's actions on the football field and his actions since being diagnosed with ALS really exemplify the resilience that the people of New Orleans have had after being knocked down time and time again from hurricanes and other things.

□ 1645

But just as Steve stood up and just as the city of New Orleans stood up to help themselves, government has a responsibility to make the lives of people better and to help them help themselves, and that is what this does.

I will give you Steve's words. He said: If we have a purpose in life beyond being a cog in the human machine, mine is to help inspire people. And that is pretty cool.

What I would like to say today is that Steve inspired Congress to make the lives of thousands and thousands of people better; and what Steve was able to do was bring out the best of what is in this body, and that is both sides working together to make sure that we do tangible things to improve the lives of the people whom we represent.

I am proud to stand here with my colleagues on both sides of the aisle and enjoy the benefit of their hard work and a team effort to do this. So I would just encourage my colleagues to vote for the Steve Gleason Act.

Mr. RYAN of Wisconsin. I yield 2 minutes to the gentleman from Minnesota (Mr. PAULSEN), a distinguished member of the Ways and Means Committee.

Mr. PAULSEN. Mr. Speaker, let me first thank the chairman for his leadership on this issue.

As has already been mentioned, last summer, millions of Americans participated in the ice bucket challenge, raising more than $100 million to combat ALS, or Lou Gehrig's disease.

What most people don't realize, though, is at the exact same time this movement was sweeping the Nation, the Centers for Medicare and Medicaid Services was implementing misguided policies to deny access to speech-generating devices for those patients with ALS and other degenerative conditions. Now, for many people who have ALS, speech-generating devices and the eye-tracking technology that is often used with these devices are the only way to communicate with your loved ones, with families, friends, and others.

In response to the agency's new policies, Representative CATHY MCMORRIS RODGERS and I led a bipartisan letter with over 200 Republicans and Democrats asking for changes to the proposals. While the agency has taken some actions to roll back some of the rules, we have got to guarantee that these patients will have access to speech-generating devices.

That is why Senator VITTER, Representative MCMORRIS RODGERS, and Majority Whip SCALISE and I first introduced the Steve Gleason Act. Now, this bill gets its name, as was mentioned, from former New Orleans Saints safety Steve Gleason. Steve famously blocked a punt, resulting in the first touchdown for the New Orleans Saints in their dramatic return to the Superdome after Hurricane Katrina. Today, Steve faces a new opponent as he battles ALS. This bill is for Steve and the millions of people who have ALS.

The ice bucket challenge was a good start, but there is more we can do to help people with that deadly disease. Instead of limiting access to life-improving devices, we should be embracing 21st century cures and technologies that empower millions of Americans living with degenerative disabilities to have a better life and communicate with their family, friends, physicians, and loved ones.

I am glad we could come together in a bipartisan manner to embrace innovation and help so many patients, Mr. Speaker. I encourage passage of this important legislation.

Mr. RYAN of Wisconsin. I yield 2 minutes to the gentleman from Louisiana (Mr. BOUSTANY), a distinguished member of the Ways and Means Committee.

Mr. BOUSTANY. Mr. Speaker, to thousands of Americans living with ALS and end-stage Parkinson's disease, the Steve Gleason Act literally means the difference between the ability to speak and silence.

I had the great privilege 2 weeks ago to spend about an hour with Steve and his mother in Steve's home in New Orleans. You have heard about Steve's exploits on the football field and how he inspired so many in that first return back to the Superdome after Katrina. But Steve lost his ability to speak and is wheelchair bound due to ALS. This happened earlier this year. His 2011 diagnosis could have been a tragedy, but he turned it into something amazing and good.

When I visited with Steve, it was amazing to see the fire and the spirit in his eyes because, despite all that has happened to him, he is determined to help a lot of people. He told me: I am not going to give up until you guys pass this legislation so we could help so many others who don't have access to this technology that I have been blessed to have.

So Steve started Team Gleason, an advocacy organization. Its main priority is to raise awareness for ALS. And Steve is communicating, using this amazing technology, but he knows not all individuals with ALS or end-stage Parkinson's have the resources to be able to afford these expensive devices.

This bill is named for Steve because of his tireless advocacy, and this final legislation will provide the resources to give voice to thousands of individuals living across this country with ALS, end-stage Parkinson's, and other types of neurological disorders.

I am proud to have played a little role on the Ways and Means Committee with my chairman to help move this bill through. I think this is a very proud day for America. We are happy for Steve and his advocacy and happy for so many individuals who are caught with this very difficult disease.

Mr. RYAN of Wisconsin. I yield 2 minutes to the gentleman from Washington (Mr. REICHERT), another senior member of the Ways and Means Committee.

Mr. REICHERT. Mr. Speaker, I thank the chairman again for yielding to me today.

I rise today to support the Steve Gleason Act of 2015. I have never had the honor of meeting Steve; however, he is a native Washingtonian.

I have had the honor of knowing a good friend and partner who passed away from ALS while I was with the sheriff's office back in Washington State in King County in the city of Seattle. His name was Jim. And I have heard people talk about Steve, his inspiration, and the fight and fire in his eyes this afternoon, and Jim had that same inspiration to those around him and had that same fire in his eyes.

He came to work every day. And people noticed there was something a little bit different, not quite right about Jim, but Jim just said, you know: I had an operation on my knee.

He limped into work and he committed himself to doing the job and getting it done. He was working on one of the biggest serial murder cases this country has ever known, the Green River case. He lived long enough to interview the person that we finally arrested, which took us 19 years. He stayed alive long enough to interview—I am not even going to mention that person's name on the floor of the House.

Jim was a good friend. For CMS to make a ruling like this, to withhold commonsense medical devices for people who need it, to help Americans across this country, is almost unbelievable and illogical. CMS has made other rules, too, denying medical devices for people with lymphedema, for example, commonsense medical devices, like garments to help them live a normal life.

I am so pleased to hear today that we are able to change this rule to help people with ALS communicate, to be able to say, ''I love you.''

Mr. MCDERMOTT. Mr. Speaker, I urge my colleagues to vote for the bill, and I yield back the balance of my time.

Mr. RYAN of Wisconsin. Mr. Speaker, I yield myself such time as I may consume for the purpose of closing.

Mr. Speaker, as I saw STEVE SCALISE talk about that play—I am a big NFC fan, and I remember that play. My friend Aaron Stecker, who is a friend of mine from Wisconsin, played on that team at that time. I just have to say, Mr. Speaker, in America, we have all of these heroes, and the best among us are the heroes that have been so high and have been brought so low but have come back up and have shown a great example of courage to the rest of us.

We are very pleased to be bringing this bill to the floor. I basically want to thank the members of the Louisiana delegation for bringing this issue to our attention, for making us know about this.

This is one of those things where the bureaucracy just got it wrong. The bureaucracy basically came up with a rule that effectively denied these devices to people, which means they can't live a full life.

These SGDs are invaluable. They are absolutely essential for people suffering from ALS to be able to communicate and to be able to function. I had a constituent at a town hall meeting walk me through how his eye gaze technology worked as a part of SGD, and it is just truly remarkable.

So this is one of those issues that speaks to absolute common sense. The bureaucracy got it wrong, and this is Congress in action. This is democracy in action. Our constituents brought us an issue. We understood that there was a problem that needed to be solved. So, in a bipartisan basis, here we are, passing legislation, fixing this problem so that we can make sure that this program, Medicare, fulfills its mission by making sure that it is there for the people who need it. That is democracy.

I want to thank the people from Louisiana for bringing this to our attention. I urge the passage of this bill.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Wisconsin (Mr. RYAN) that the House suspend the rules and pass the bill, S. 984.

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

A motion to reconsider was laid on the table.

MEDICARE INDEPENDENCE AT HOME MEDICAL PRACTICE DEMONSTRATION IMPROVEMENT ACT OF 2015

Mr. RYAN of Wisconsin. Mr. Speaker, I move to suspend the rules and pass the bill (S. 971) to amend title XVIII of the Social Security Act to provide for an increase in the limit on the length of an agreement under the Medicare independence at home medical practice demonstration program.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 971

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Medicare Independence at Home Medical Practice Demonstration Improvement Act of 2015''.

SEC. 2. INCREASE IN THE LIMIT ON THE LENGTH OF AN AGREEMENT UNDER THE MEDICARE INDEPENDENCE AT HOME MEDICAL PRACTICE DEMONSTRATION PROGRAM.

Section 1866E(e)(1) of the Social Security Act (42 U.S.C. 1395cc–5(e)(1)) is amended by striking ''3-year'' and inserting ''5-year''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Wisconsin (Mr. RYAN) and the gentleman from Washington (Mr. McDERMOTT) each will control 20 minutes.

The Chair recognizes the gentleman from Wisconsin.

GENERAL LEAVE

Mr. RYAN of Wisconsin. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous materials on S. 971, currently under consideration.

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

There was no objection.

Mr. RYAN of Wisconsin. Mr. Speaker, I yield such time as he may consume to the gentleman from Illinois (Mr. ROSKAM), the author of this bill and a member of the Ways and Means Committee, for the purpose of describing this bill.

Mr. ROSKAM. Mr. Speaker, I thank Chairman RYAN for yielding time.

I am pleased to see that we are taking up this 2-year extension of the independence at home demonstration project, which expired on May 1.

I first got interested in this because of a constituent, Dr. Thomas Cornwell from Wheaton, Illinois. He is actually a visionary. He was way ahead of his time on this effort to reach out to patients at home. He is the president of the American Academy of Home Care Physicians and chairman and chief medical officer of the Home Centered Care Institute. He has been really passionate about this idea of trying to reach people where they are.

Since the founding of his home care practice in 1997, Mr. Speaker, he has personally made over 30,000 house calls. So he knows intimately the difference that a home care option makes in the lives of individuals with multiple chronic conditions and the savings that it can bring to the healthcare system to treat these people at home rather than at the hospital.

So what he has been able to do is to say, look, this is better for the patient and it is better for the system, so let's pursue this and let's move it further along. That is exactly what the independence at home demonstration brings to Medicare. It focuses on reducing costs where the needs are the highest and improving care where the needs are the greatest. It provides home-based care to medical enrollees with two or more chronic conditions who are within the 5 to 25 percent of beneficiaries that account for nearly 80 percent of all Medicare spending.

Of the 34 Medicare home care demonstrations over the past 20 years, the IAH is decidedly different, requiring that doctors meet fiscally responsible conditions of participation. Here is what they have got to do: they have to return a minimum savings of at least 5 percent to Medicare; they have to produce good outcomes; and they have to pass patient and caregiver satisfaction ratings.

It even provides an additional incentive by allowing successful patient participants to share in any savings that generate from Medicare above that 5 percent mark on an 80/20 basis. So think about that; everybody comes out ahead on this. And it is working.

☐ 1700

In June, CMS reported that IAH saved over $25 million in its first performance year. That is an average of over $3,000 for each of the 8,400 beneficiaries that participated in the demonstration.

In other words, have you heard, have you talked about, have you contemplated anything that is like this? In other words, you have got happier patients, and they are saving money at $3,000 a person. What is not to love about this?

We have several lessons from this that have been artfully crafted into the demonstration itself. It requires participants to save taxpayer money by avoiding unnecessary hospitalizations, ER visits, and nursing home admissions.

It protects the viability of the Medicare Program, provides quality health care for those most in need, and benefits providers by giving them the flexibility they need to care for their patients and share in the savings they produce.

For those reasons, I strongly support passage of this, and I thank Chairman RYAN for his support.

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

Mr. Speaker, I rise today in support of S. 971, the Medicare Independence at Home Extension Medical Practice Demonstration Improvement Act of 2015. This bill provides for a 2-year extension of an interesting program intended to help beneficiaries living with multiple chronic conditions.

The Affordable Care Act, which has been reviled extensively, established the Medicare independence at home demonstration. The purpose of this project is to test a new service delivery and payment incentive model that utilizes primary care teams directed by doctors and nurse practitioners to provide care to patients in their home.

Practices that successfully reduce costs and meet quality measures will be rewarded with incentive payments. If this is successful, this model would provide Medicare beneficiaries with access to home-based primary care and