an appropriate number of conferees on any House-Senate conference involving this legislation.

I will include a copy of our letters in the Congressional Record during consideration of this legislation on the House floor.

Sincerely,

KEVIN BRADY,
Chairman.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON ENERGY AND COMMERCE,
Washington, DC, September 7, 2018.

Hon. KEVIN BRADY,
Chairman, Committee on Ways and Means, Washington, DC.

DEAR CHAIRMAN BRADY: Thank you for your letter regarding H.R. 3635, Local Coverage Determination Clarification Act of 2018; H.R. 6561, Comprehensive Care for Seniors Act of 2018; H.R. 6662, Empowering Seniors' Enrollment Decision Act of 2018; and H.R. 6690, Fighting Fraud to Protect Care for Seniors Act of 2018.

The Committee on Energy and Commerce will forgo consideration of both bills so that they may proceed expeditiously to the House Floor.

I appreciate your assurance that by forgoing action on these bills, the Committee is in no way waiving its jurisdiction over the subject matter contained in the bills. I also appreciate your offer of support for the appointment of conferees from the Committee to any House-Senate conference involving this legislation.

Sincerely,

GREG WALDEN,
Chairman.

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

Mr. Speaker, this is the first of four bills that came out of the Ways and Means Committee. They came out without much controversy. The only one that really had any is this first bill. I am not sure we will have any speakers on our side. I will say a few words about this bill in a few minutes.

I first want to talk a bit about bipartisanship. These four bills do have some bipartisanship. Unfortunately, what isn't bipartisan is the basic dispute about healthcare and about the continuation of the reform that we on the Democratic side started some years ago with our President.

It has turned out to be an important piece of legislation—I think historic—and the more people look at it and the more they are covered by it, the greater the support for it.

Unfortunately, unlike the bipartisanship in these four bills, ACA continues to be hit by the worst kind of partisanship and continued efforts to undermine and destroy it.

In October 2017, the administration ended cost-sharing reduction subsidies. That has led to premium increases of 20 to 25 percent across the Nation. In June of this year, the Trump administration expanded the reach of junk insurance policies that have weakened the risk pool, and these policies are not subject to consumer protections.

In July, we saw the impact of this firsthand in Michigan. The administration announced another cut in so-called navigator organizations. They slashed the funding from $63 million just 2 years ago to $10 million. It had an impact throughout this country, and I saw firsthand what it meant in the State of Michigan.

Essentially, the administration said we are going to cut and essentially eliminate help for outreach to people in terms of their knowing about the ACA and how, as millions of others have, they can obtain coverage.

I think maybe most disturbing, last week, the Federal court heard arguments in Texas v. the United States. It is a lawsuit launched by Republicans that could jeopardize healthcare for 130 million patients living with preexisting conditions. The Republicans like to point to language that says that won't happen. But essentially, I think they have their heads in the sand on this if the court were to rule in favor of the suit. I think, to the disgrace of the administration, they decided not to defend the government's position.

So we are here today with bipartisan bills, and it is really sad—indeed, worse than that. We haven't had a single hearing on any of the issues I mentioned. And the Republicans, while they come here and talk about bipartisanship, which has been so essential until recent years when it comes to healthcare, they now essentially are engaging in very partisan efforts to undermine healthcare for millions and millions of people.

So let me just say, Mr. Speaker, a brief word about this. Mr. ROSKAM has been working on this for a long time, working with Mr. BLUMENAUER, and I think the gentleman's efforts to strive for some bipartisanship have been a positive.

As I said at the beginning, of all four bills, this one had the most discussion in our committee and had some disagreement. The smart card idea has been examined by a number of entities, including the Government Accountability Office. According to their 2016 report—and I have copies of their report of 2016, and there is also another report that relates to this—according to that, their estimate was that smart cards would help in only a minority of cases. In fact, of the 739 healthcare fraud cases that the GAO examined, only 18 would have been fully addressed had Medicare used these cards. That is only about 2 percent of the cases.

Also, transition to smart cards is going to be significant, and the estimate is that it is going to cost about $40 million. As we discussed in the committee, some thought there might be a better use of this money.

Be that as it may, this has been worked on, and Mr. ROSKAM and Mr. BLUMENAUER have combined forces to undertake this 3-year pilot program.

So under those circumstances, wishing we had more bipartisanship on healthcare issues that run more deeply and affect the needs of people even more broadly, with that caveat, I do not suggest anything but support for this bill.

Mr. Speaker, I have no further conversation, and I yield back the balance of my time.

Mr. ROSKAM. Mr. Speaker, I want to thank Mr. LEVIN for his observations about this bill, that it is created in a spirit of bipartisanship, and I appreciate his support for it.

I think it is interesting, just a little bit of a point of clarification, because we were able to discuss in the committee the GAO report. There are two facets of it. There are two numbers, and those people who are tracking this closely will care about it. There is one 2 percent representation and then a 22 percent representation.

Here is the story. The GAO said only 2 percent of cases that they evaluated would have been completely changed by this. I think if we were talking about any other thing in Medicare as it relates to 2 percent, we would be chasing it. Be that as it may, 2 percent would be completely changed. Twenty-two percent of the cases they evaluated, however, would be impacted in some way.

So the bottom line here is that we have an opportunity to adopt technology at a cost of about $40 million, we are told, to pursue $40 billion in fraud and error. That is good math any day of the week. Both sides of the aisle recognize it.

Mr. Speaker, I urge its passage, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Illinois (Mr. ROSKAM) that the House suspend the rules and pass the bill, H.R. 6690, as amended.

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

A motion to reconsider was laid on the table.

EMPOWERING SENIORS' ENROLLMENT DECISION ACT OF 2018

Mr. PAULSEN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 6662) to amend title XVIII of the Social Security Act to extend the special election period under part C of the Medicare program for certain deemed individuals enrolled in a reasonable cost reimbursement contract to certain nondeemed individuals enrolled in such contract, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 6662

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 ''Empowering Seniors' Enrollment Decision Act of 2018''.

SEC. 2. EXTENDING THE SPECIAL ELECTION PERIOD UNDER PART C OF THE MEDICARE PROGRAM FOR CERTAIN DEEMED INDIVIDUALS ENROLLED IN A REASONABLE COST REIMBURSEMENT CONTRACT TO ANY MA ELIGIBLE INDIVIDUAL ENROLLED IN SUCH A CONTRACT DURING THE FINAL YEAR SUCH A CONTRACT IS EXTENDED; EXTENDING CONVERSIONS OF REASONABLE COST REIMBURSEMENT CONTRACTS TO MA PLANS.

(a) EXTENDING THE SPECIAL ELECTION PERIOD UNDER PART C OF THE MEDICARE PROGRAM FOR CERTAIN DEEMED INDIVIDUALS ENROLLED IN A REASONABLE COST REIMBURSEMENT CONTRACT TO ANY MA ELIGIBLE INDIVIDUAL ENROLLED IN SUCH A CONTRACT DURING THE FINAL YEAR SUCH A CONTRACT IS EXTENDED.—

(1) IN GENERAL.—Section 1851(e)(2)(F) of the Social Security Act (42 U.S.C. 1395w–21(e)(2)(F)) is amended—

(A) in the header, by striking ''DEEMED ELECTIONS'' and inserting ''INDIVIDUALS ENROLLED IN A REASONABLE COST REIMBURSEMENT CONTRACT''; and

(B) by amending clause (i) to read as follows:

''(i) IN GENERAL.—With respect to a reasonable cost reimbursement contract under section 1876(h) that is not extended or renewed, an individual enrolled in the contract for the final year in which such contract is extended or renewed may, at any time during the period beginning after the last day of the annual, coordinated election period under paragraph (3) occurring during such final year and ending on the last day of February of the first plan year following such final year, change the election under subsection (a)(1) (including changing the MA plan or MA–PD plan in which the individual is enrolled) for such first plan year following such final year.''.

(2) CLARIFICATION RELATING TO DEEMED INDIVIDUALS ENROLLED IN A REASONABLE REIMBURSEMENT CONTRACT.—Section 1851(c)(4)(A) of the Social Security Act (42 U.S.C. 1395w–21(c)(4)(A)) is amended—

(A) by amending clause (ii) to read as follows:

''(ii) such previous plan year was the final year in which such contract was extended or renewed;''; and

(B) in clause (iii) by striking ''subclause (III) of such section'' and inserting ''section 1876(h)(5)(C)(iv)(IV)''.

(b) EXTENDING CONVERSIONS OF REASONABLE COST REIMBURSEMENT CONTRACTS TO MA PLANS.—Section 1876(h)(5)(C) of the Social Security Act (42 U.S.C. 1395mm(h)(5)(C)) is amended—

(1) in clause (iv)—

(A) in subclause (I), by striking the last sentence;

(B) by redesignating subclauses (I) through (V) as subclauses (II) through (VI), respectively;

(C) by inserting before subclause (II), as so redesignated, the following subclause:

''(I) The final year in which such contract is extended or renewed is referred to in this subsection as the 'last reasonable cost reimbursement contract year for the contract'.''; and

(D) in subclause (V), as so redesignated, by striking ''subclause (III)'' and inserting ''subclause (IV)''; and

(2) in clause (v), by striking ''that is extended or renewed pursuant to clause (iv) provides the notice described in clause (iv)(III)'' and inserting ''that is not to be extended or renewed provides the notice described in clause (iv)(IV)''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Minnesota (Mr. PAULSEN) and the gentleman from Michigan (Mr. LEVIN) each will control 20 minutes.

The Chair recognizes the gentleman from Minnesota.

GENERAL LEAVE

Mr. PAULSEN. 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 material on H.R. 6662, currently under consideration.

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

There was no objection.

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

Mr. Speaker, our seniors deserve to have adequate time to choose the Medicare plan that best fits their healthcare needs. This is especially important today for seniors who are currently enrolled in a Medicare cost plan that will be impacted by a mandatory transition date starting on January 1 of next year.

That is why I authored and introduced this legislation, H.R. 6662, the Empowering Seniors' Enrollment Decision Act, to ensure that cost plan enrollees have extra enrollment time when choosing a Medicare plan later this fall.

I want to thank my colleague, Congressman KIND, for his work on this legislation, as well and his bipartisan support.

It is recognized there are more than 630,000 cost plan enrollees nationwide. Approximately 400,000 of those enrollees are actually in my State in Minnesota. Now some cost plan beneficiaries will be allowed to stay with their current cost plan, and others will be deemed, or automatically enrolled, later at the end of this year to a new Medicare Advantage plan. Nondeemed beneficiaries, however, will be forced to shop for new Medicare coverage.

This bipartisan bill we have before us today extends and moves the special enrollment period for all cost plan enrollees from December 8 until the end of February of next year, 2019. So the bill would essentially fix current law to allow cost plans to deem existing enrollees into new Medicare Advantage plans in future years. H.R. 6662 provides much-needed certainty for our seniors.

Mr. Speaker, I want to thank the committee and Congressman KIND for their work on partnering with this effort, and I reserve the balance of my time.

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

Mr. Speaker, this is a technical change, and it needed to be done. The special enrollment period did not initially apply to nondeemed enrollees. So to address this concern, CMS has promulgated regulations allowing nondeemed enrollees to participate in this special enrollment period.

So what this bill does is to simply codify this regulation. So it is not clear that it is necessary to codify it, but, surely, there can be no harm. There is a need to take action, and, therefore, I support this bill.

As I discussed earlier on this legislation, there was bipartisan support. I wish that that kind of bipartisanship had been spread to issues that aren't technical and issues that involve the lives and health of millions of people. That never has been forthcoming. The opposite has been true.

This is an example of bipartisanship on this specific technical issue.

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

Mr. PAULSEN. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, just to remind our Members, I want to thank Mr. LEVIN for his comments on the bipartisan components of this bill as well.

The bill does provide and ensure that there is certainty for our seniors who may need a little bit of extra time as they navigate their Medicare choices and they decide which choices and options are best for them. This can be a cumbersome and confusing process.

I want to thank, again, Representative KIND, my colleague, for his work on this bill. We look forward to having a strong bipartisan vote in the House as it moves forward.

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

□ 1515

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Minnesota (Mr. PAULSEN) that the House suspend the rules and pass the bill, H.R. 6662, 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 extend the special election period under part C of the Medicare program for certain deemed individuals enrolled in a reasonable cost reimbursement contract to any Medicare Advantage eligible individual enrolled in such a contract during the final year such contract is extended, and for other purposes.''.

A motion to reconsider was laid on the table.

COMPREHENSIVE CARE FOR SENIORS ACT OF 2018

Mrs. WALORSKI. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 6561) to direct the Secretary of Health and Human Services to finalize certain proposed provisions relating to the Programs of All-Inclusive Care for the Elderly (PACE) under the Medicare and Medicaid programs, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 6561

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