

S. CON. RES. 10

At the request of Mr. DONNELLY, the name of the Senator from North Dakota (Ms. HEITKAMP) was added as a co-sponsor of S. Con. Res. 10, a concurrent resolution supporting the designation of the year of 2015 as the “International Year of Soils” and supporting locally led soil conservation.

S. RES. 140

At the request of Mr. MENENDEZ, the names of the Senator from Ohio (Mr. BROWN), the Senator from Minnesota (Ms. KLOBUCHAR) and the Senator from Nevada (Mr. REID) were added as co-sponsors of S. Res. 140, a resolution expressing the sense of the Senate regarding the 100th anniversary of the Armenian Genocide.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. DURBIN:

S. 1070. A bill to amend title 38, United States Code, to provide for clarification regarding the children to whom entitlement to educational assistance may be transferred under Post-9/11 Educational Assistance, and for other purposes; to the Committee on Veterans’ Affairs.

Mr. DURBIN. Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the text of the bill was ordered to be printed in the RECORD, as follows:

S. 1070

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 “GI Education Benefit Fairness Act of 2015”.

SEC. 2. CLARIFICATION REGARDING THE CHILDREN TO WHOM ENTITLEMENT TO EDUCATIONAL ASSISTANCE MAY BE TRANSFERRED UNDER POST-9/11 EDUCATIONAL ASSISTANCE.

(a) IN GENERAL.—Subsection (c) of section 3319 of title 38, United States Code, is amended to read as follows:

“(c) ELIGIBLE DEPENDENTS.—

“(1) TRANSFER.—An individual approved to transfer an entitlement to educational assistance under this section may transfer the individual’s entitlement as follows:

“(A) To the individual’s spouse.

“(B) To one or more of the individual’s children.

“(C) To a combination of the individuals referred to in subparagraphs (A) and (B).

“(2) DEFINITION OF CHILDREN.—For purposes of this subsection, the term ‘children’ includes dependents described in section 1072(2)(I) of title 10.”.

(b) APPLICABILITY.—The amendment made by subsection (a) shall apply with respect to educational assistance payable under chapter 33 of title 38, United States Code, before, on, or after the date of the enactment of this Act.

By Mr. CARDIN:

S. 1079. A bill to amend titles XI and XVIII of the Social Security Act and title XXVII of the Public Health Service Act to improve coverage for colorectal screening tests under Medicare and private health insurance cov-

erage, and for other purposes; to the Committee on Finance.

Mr. CARDIN. Mr. President, I rise today to introduce the Supporting Colorectal Examination and Education Now, SCREEN, Act. This legislation promotes access to colorectal cancer screenings in an effort to help prevent colorectal cancer and save lives.

Colorectal cancer affects far too many Americans. The American Cancer Society, ACS, estimates that 1 in 18 Americans will be diagnosed with colorectal cancer in 2015, totaling an estimated 133,000 new cases. Colorectal cancer is expected to take the lives of nearly 50,000 Americans in 2015, making it the second leading cause of cancer deaths in this country.

Fortunately, colorectal cancer is also highly preventable, and colorectal cancer screening tests rank among the most effective preventive screenings available. Colonoscopy screenings are different from other types of preventive or screening services because precancerous polyps found during a screening can be removed during the same visit, before they progress to colorectal cancer. Early detection and intervention are key to preventing colon cancer. A 2012 study in the New England Journal of Medicine found that removal of precancerous polyps during a screening colonoscopy may prevent up to 53 percent of colorectal cancer deaths.

The need to address barriers to colorectal cancer screening, particularly in the Medicare population, is clear. The Medicare population makes up approximately two-thirds of all new cases of colorectal cancer. However, according to the Centers for Medicare & Medicaid Service, CMS, only about half of Medicare beneficiaries have had a colorectal cancer screening test, and less than two-thirds of Medicare-aged adults are up to date with recommended screenings. The Centers for Disease Control and Prevention, CDC, American Cancer Society, ACS, American College of Gastroenterology, ACG, and more than 200 national, State and local organizations have committed to work toward eliminating colorectal cancer through a national goal of screening 80 percent of eligible adults in the United States for colorectal cancer by 2018.

Currently, Medicare waives cost-sharing for colorectal cancer screenings recommended by the U.S. Preventive Services Task Force, USPSTF, including screening colonoscopies. However, if the doctor finds and removes a pre-cancerous polyp during a screening colonoscopy, the procedure is no longer considered a “screening” by Medicare, and the beneficiary is required to pay the Medicare coinsurance. Because it is impossible to know in advance whether polyps will be found and removed during a screening colonoscopy, Medicare beneficiaries do not know whether the procedure will be fully covered until it is over. In February 2013, the administration an-

nounced that private insurers participating in State-based health insurance exchanges are required to waive all cost-sharing for screening colonoscopies during which a polyp is removed. Similarly, the SCREEN Act would waive Medicare’s cost-sharing requirement for screening colonoscopies during which polyps are removed in order to prevent the development of colorectal cancer. In addition, the SCREEN Act would waive cost-sharing for follow-up colonoscopies necessary to complete the “screening continuum” following a positive finding from another recommended colorectal cancer screening test.

The SCREEN Act also seeks to improve coordination of care and promote other important age-based recommended screenings for Medicare beneficiaries, such as Hepatitis C virus, HCV, screening, by creating a demonstration project. The demonstration project would allow reimbursement for an office visit or consultation so that a Medicare beneficiary may sit down and discuss the screening with a doctor prior to the colonoscopy procedure. According to the National Institutes of Health, “fear of the procedure itself” is a barrier to increasing colorectal cancer screening utilization rates. This pre-procedure visit would allow providers to allay patient anxiety about the procedure, address any questions related to the colonoscopy, assess the patient’s family history and risk factors for developing colorectal cancer, and educate the patient about the importance of following the pre-procedure instructions. In addition, this visit would provide an opportunity to educate Medicare beneficiaries about the importance of HCV screening. The CDC and the United States Preventive Services Task Force recommend a one-time HCV screening for all individuals born between 1945 and 1965, and a recent study suggests offering the HCV screening in connection with colonoscopies may be an effective means of increasing HCV screening rates.

Finally, the SCREEN Act would provide incentives for Medicare providers to participate in nationally recognized quality improvement registries to ensure that Medicare beneficiaries are receiving the quality screening they deserve.

I urge my colleagues to join me in supporting the SCREEN Act, in order to help prevent colorectal cancer and save lives.

Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the text of the bill was ordered to be printed in the RECORD, as follows:

S. 1079

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

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the “Supporting Colorectal Examination and

Education Now Act of 2015” or the “SCREEN Act of 2015”.

(b) TABLE OF CONTENTS.—The table of contents of this Act is as follows:

Sec. 1. Short title; table of contents.

Sec. 2. Findings.

Sec. 3. Maintaining calendar year 2015 Medicare reimbursement rates for colonoscopy procedures for providers participating in colorectal cancer screening quality improvement registry.

Sec. 4. Eliminating Medicare beneficiary cost-sharing for certain colorectal cancer screenings, colorectal cancer screenings with therapeutic effect, and follow-up diagnostic colorectal cancer screenings covered under Medicare.

Sec. 5. Medicare demonstration project to evaluate the effectiveness of a pre-operative visit prior to screening colonoscopy and hepatitis C screening.

Sec. 6. Budget neutrality.

SEC. 2. FINDINGS.

Congress finds the following:

(1) Colorectal cancer is the second leading cause of cancer death among men and women combined in the United States.

(2) In 2015, more than 130,000 Americans will be diagnosed with colorectal cancer, and nearly 50,000 Americans are expected to die from it.

(3) Approximately 60 percent of colorectal cancer cases and 70 percent of colorectal cancer deaths occur in those aged 65 and older.

(4) Colorectal cancer screening colonoscopies allow for the detection and removal of polyps before they progress to colorectal cancer, as well as early detection of colorectal cancer when treatment can be most effective.

(5) According to a 2012 study published in the *New England Journal of Medicine*, removing precancerous polyps through colonoscopy could reduce the number of colorectal cancer deaths by 53 percent.

(6) Although colorectal cancer is highly preventable with appropriate screening, one in three adults between the ages of 50 and 75 years are not up to date with recommended colorectal cancer screening.

(7) Over 200 organizations have committed to eliminating colorectal cancer as a major health problem in the United States and are working toward a shared goal of screening 80 percent of eligible Americans by 2018.

(8) Hepatitis C is a liver disease that causes inflammation of the liver and results from infection with the Hepatitis C virus. Chronic Hepatitis C infection can lead to serious health problems, including liver damage, cirrhosis, and liver cancer. It is the leading cause of liver transplants in the United States.

(9) According to the Centers for Disease Control and Prevention (CDC), more than 75 percent of adults infected with the Hepatitis C virus in the United States were born between 1945 and 1965.

(10) The CDC estimates that up to 75 percent of individuals with Hepatitis C do not know that they are infected.

(11) The CDC and the United States Preventive Services Task Force (USPSTF) recommend a one-time screening for Hepatitis C for all individuals born between 1945 and 1965.

(12) A recent study suggests that offering Hepatitis C screening to patients in connection with screening colonoscopies may be an effective means of increasing Hepatitis C screening rates among individuals born between 1945 and 1965.

SEC. 3. MAINTAINING CALENDAR YEAR 2015 MEDICARE REIMBURSEMENT RATES FOR COLONOSCOPY PROCEDURES FOR PROVIDERS PARTICIPATING IN COLORECTAL CANCER SCREENING QUALITY IMPROVEMENT REGISTRY.

Section 1834(d)(3) of the Social Security Act (42 U.S.C. 1395m(d)(3)) is amended by adding at the end the following new subparagraph:

“(F) MAINTAINING CALENDAR YEAR 2015 REIMBURSEMENT RATES FOR QUALIFYING CANCER SCREENING TESTS FURNISHED BY QUALIFYING PROVIDERS.—

“(i) IN GENERAL.—With respect to a qualifying cancer screening test furnished during each of 2016, 2017, and 2018, by a qualifying provider, the amount of payment to such provider for such test under section 1833 or section 1848 shall be equal to the amount of payment for such test under such section 1833 or 1848 during 2015.

“(ii) QUALIFYING CANCER SCREENING TEST.—For purposes of this subparagraph, the term ‘qualifying cancer screening test’ means an optical screening colonoscopy (as described in section 1861(pp)(1)(C)).

“(iii) QUALIFYING PROVIDER DEFINED.—For purposes of this subparagraph, the term ‘qualifying provider’ means, with respect to a qualifying cancer screening test, an individual or entity—

“(I) that is eligible for payment for such test under section 1833 or section 1848; and

“(II) that—

“(aa) participates in a nationally recognized quality improvement registry with respect to such test; and

“(bb) demonstrates, to the satisfaction of the Secretary, based on the information in such registry, that the tests were provided by such individual or entity in accordance with accepted outcomes-based quality measures.”

SEC. 4. ELIMINATING MEDICARE BENEFICIARY COST-SHARING FOR CERTAIN COLORECTAL CANCER SCREENINGS, COLORECTAL CANCER SCREENINGS WITH THERAPEUTIC EFFECT, AND FOLLOW-UP DIAGNOSTIC COLORECTAL CANCER SCREENINGS COVERED UNDER MEDICARE.

(a) WAIVER OF COST-SHARING.—Section 1833(a)(1)(Y) of the Social Security Act (42 U.S.C. 1395l(a)(1)(Y)) is amended by inserting “, including colorectal cancer screening tests covered under this part described in section 1861(pp)(1)(C) (regardless of the code that is billed for the establishment of a diagnosis as a result of the screening test, for the removal of tissue or other matter during the screening test, or for a follow-up procedure that is furnished in connection with, or as a result of, the initial screening test)” after “or population”.

(b) WAIVER OF APPLICATION OF DEDUCTIBLE.—Section 1833(b) of the Social Security Act (42 U.S.C. 1395l(b)) is amended—

(1) in paragraph (1) of the first sentence, by striking “individual.” and inserting “individual, including colorectal cancer screening tests covered under this part described in section 1861(pp)(1)(C)”; and

(2) by striking the last sentence and inserting the following: “Subsection (a)(1)(Y) and paragraph (1) of the first sentence of this subsection shall apply with respect to a colorectal cancer screening test covered under this part described in section 1861(pp)(1)(C), regardless of the code that is billed for the establishment of a diagnosis as a result of the screening test, for the removal of tissue or other matter during the screening test, or for a follow-up procedure that is furnished in connection with, or as a result of, the initial screening test.”

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to tests and procedures performed on or after January 1, 2016.

SEC. 5. MEDICARE DEMONSTRATION PROJECT TO EVALUATE THE EFFECTIVENESS OF A PRE-OPERATIVE VISIT PRIOR TO SCREENING COLONOSCOPY AND HEPATITIS C SCREENING.

Section 1115A(b)(2) of the Social Security Act (42 U.S.C. 1315a(b)(2)) is amended—

(1) in the last sentence of subparagraph (A), by inserting “, and shall include the model described in subparagraph (D)” before the period at the end; and

(2) by adding at the end the following new subparagraph:

“(D) MEDICARE DEMONSTRATION PROJECT TO EVALUATE THE EFFECTIVENESS OF A PRE-OPERATIVE VISIT PRIOR TO SCREENING COLONOSCOPY AND HEPATITIS C SCREENING.—

“(i) IN GENERAL.—The model described in this subparagraph is a demonstration project under title XVIII to evaluate the effectiveness of a pre-operative visit with the provider performing the procedure prior to screening colonoscopy to—

“(I) ease any patient concern or fears with respect to the procedure and answer any questions relating to the screening;

“(II) ensure quality examinations and avoid unnecessary repeat examinations by educating individuals on the importance of following pre-procedure instructions, such as bowel preparation, and addressing the individual’s family history of or predisposition to colorectal cancer; and

“(III) increase Hepatitis C Virus (HCV) screening rates among Medicare beneficiaries by educating individuals about the importance of such screening during the pre-operative visit and having the pre-operative visit fulfill the referral requirement for such screening under title XVIII, allowing patients to be screened for colorectal cancer and HCV at the same time.

“(ii) CONSULTATION.—The Secretary shall consult with stakeholders who would be providing the pre-operative visit under the model described in this subparagraph on the implementation of such model, including payment for services furnished under the model.”

SEC. 6. BUDGET NEUTRALITY.

(a) ADJUSTMENT OF PHYSICIAN FEE SCHEDULE CONVERSION FACTOR.—The Secretary of Health and Human Services (in this section referred to as the “Secretary”) shall reduce the conversion factor established under subsection (d) of section 1848 of the Social Security Act (42 U.S.C. 1395w-4) for each year (beginning with 2016) to the extent necessary to reduce expenditures under such section for items and services furnished during the year in the aggregate by the net offset amount determined under subsection (c)(5) attributable to such section for the year.

(b) ADJUSTMENT OF HOPD CONVERSION FACTOR.—The Secretary shall reduce the conversion factor established under paragraph (3)(C) of section 1833(t) of the Social Security Act (42 U.S.C. 1395l(t)) for each year (beginning with 2016) to the extent necessary to reduce expenditures under such section for items and services furnished during the year in the aggregate by the net offset amount determined under subsection (c)(5) attributable to such section for the year.

(c) DETERMINATIONS RELATING TO EXPENDITURES.—For purposes of this section, before the beginning of each year (beginning with 2016) at the time conversion factors described in subsections (a) and (b) are established for the year, the Secretary shall determine—

(1) the amount of the gross additional expenditures under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) estimated to result from the implementation of sections 3 and 4 for items and services furnished during the year;

(2) the amount of any offsetting reductions in expenditures under such title (such as reductions in payments for inpatient hospital

services) for such year attributable to the implementation of such sections;

(3) the amount (if any) by which the amount of the gross additional expenditures determined under paragraph (1) for the year exceeds the amount of offsetting reductions determined under paragraph (2) for the year;

(4) of the gross additional expenditures determined under paragraph (1) for the year that are attributable to expenditures under sections 1848 and 1833(t) of such Act, the ratio of such expenditures that are attributable to each respective section; and

(5) with respect to section 1848 and section 1833(t) of such Act, a net offset amount for the year equal to the product of—

(A) the amount of the net additional expenditures for the year determined under paragraph (3); and

(B) the ratio determined under paragraph (4) attributable to the respective section.

By Mr. REED (for himself and Mr. GRASSLEY):

S. 1084. A bill to promote transparency by permitting the Public Company Accounting Oversight Board to allow its disciplinary proceedings to be open to the public, and for other purposes; to the Committee on Banking, Housing, and Urban Affairs.

Mr. REED. Mr. President, today I am joined by Senator GRASSLEY in reintroducing the PCAOB Enforcement Transparency Act. This bill permits the Public Company Accounting Oversight Board, PCAOB, to make public the disciplinary proceedings it has brought against auditors and audit firms earlier in the process.

Over 10 years ago, our markets were victimized by a series of massive financial reporting frauds, including those involving Enron and WorldCom. These and other public companies had produced fraudulent and materially misleading financial statements, which artificially drove their stock prices up. Once the fraud was discovered, investor confidence plummeted.

In response to this crisis, the Senate Committee on Banking, Housing, and Urban Affairs conducted a series of hearings, which produced consensus on a number of underlying causes, including weak corporate governance, a lack of accountability, and inadequate oversight of accountants charged with auditing public companies' financial statements.

In order to address the gaps and structural weaknesses revealed by the investigation and hearings, the Senate passed the Sarbanes-Oxley Act of 2002 in a 99 to 0 vote.

The Sarbanes-Oxley Act ensured that corporate officers were directly accountable for their financial reporting and for the quality of their financial statements. This law also created a strong, independent board, the PCAOB, to oversee the conduct of the auditors of public companies.

The PCAOB is responsible for overseeing auditors of public companies in order to protect investors who rely on independent audit reports on the financial statements of public companies and operates under the oversight of the U.S. Securities and Exchange Commissioner, SEC.

To conduct its duties, the PCAOB oversees more than 2,400 registered auditing firms, as well as the thousands of audit partners and staff who contribute to a firm's work on each audit. The Board's ability to commence proceedings to determine whether there have been violations of its auditing standards or rules of professional practice is an important component of its oversight.

However, unlike other oversight bodies, such as the SEC, the U.S. Department of Labor, the Federal Deposit Insurance Corporation, the U.S. Commodity Futures Trading Commission, the Financial Industry Regulatory Authority, and others, the Board's disciplinary proceedings are not allowed to be public without consent from the parties involved. Of course, parties subject to disciplinary proceedings have no incentive to consent to publicizing their alleged wrongdoing and thus these proceedings typically remain cloaked behind a veil of secrecy. In addition, the Board's decisions in disciplinary proceedings are not allowed to be publicized until after the complete exhaustion of an appeals process, which can often take several years.

The nonpublic nature of these PCAOB disciplinary proceedings creates a lack of transparency that invites abuse and undermines the Congressional intent behind the establishment of the PCAOB, which was to shine a bright light on auditing firms and practices, and to bolster the accountability of auditors of public companies to the investing public.

Over the last several years, some bad actors have taken advantage of the lack of transparency by using it to shield themselves from public scrutiny and accountability. PCAOB Chairman James Doty has repeatedly stated in testimony provided to both the Senate and House of Representatives over the past two years that the secrecy of the proceedings "has a variety of unfortunate consequences" and that such secrecy is harmful to investors, the auditing profession, and the public at large.

In one example, an accounting firm that was subject to a disciplinary proceeding continued to issue no fewer than 29 additional audit reports on public companies without any of those companies knowing about the PCAOB disciplinary proceedings. In other words, investors and the public company clients of that audit firm were deprived of relevant and material information about the proceedings against the firm and the substance of any violations.

There are several reasons why the Board's enforcement proceedings should be open and transparent. First, as I have already noted, the closed proceedings run counter to the public proceedings of other government oversight bodies. Indeed, nearly all administrative proceedings brought by the SEC against those it regulates, including public companies, brokers, dealers, in-

vestment advisers, and others, are open, public proceedings. The PCAOB's secret proceedings are not only shielded from the public, but also from Congress, making it difficult, if not impossible, to effectively evaluate the Board's oversight of auditors and audit firms, and its enforcement program.

Second, the incentive to litigate cases in order to continue to shield conduct from public scrutiny as long as possible frustrates the process and requires the expenditure of needless resources by both litigants and the PCAOB.

Third, agencies such as the SEC have found open and transparent disciplinary proceedings to be valuable because they inform peer audit firms of the type of activity that may give rise to enforcement action by the regulator. In effect, transparency of proceedings can serve as a deterrent to misconduct because of a perceived increase in the likelihood of "getting caught." Accordingly, the audit industry as a whole would also benefit from timely, public, and non-secret enforcement proceedings.

Our bill will make hearings by the PCAOB, and all related notices, orders, and motions, transparent and available to the public unless otherwise ordered by the Board. This would more closely align the PCAOB's procedures with those of the SEC for analogous matters.

Increasing the transparency and accountability of audit firms subject to disciplinary proceedings instituted by the PCAOB is a critical component of efforts to bolster and maintain investor confidence in our financial markets, while better protecting companies from problematic auditors.

I hope our colleagues will join Senator GRASSLEY and me in supporting this legislation to enhance transparency in the PCAOB's enforcement process.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 148—CONDEMNING THE GOVERNMENT OF IRAN'S STATE-SPONSORED PERSECUTION OF ITS BAHAI MINORITY AND ITS CONTINUED VIOLATION OF THE INTERNATIONAL COVENANTS ON HUMAN RIGHTS

Mr. KIRK (for himself, Mr. WYDEN, Mr. DURBIN, and Mr. RUBIO) submitted the following resolution; which was referred to the Committee on Foreign Relations:

S. RES. 148

Whereas, in 1982, 1984, 1988, 1990, 1992, 1993, 1994, 1996, 2000, 2004, 2006, 2008, 2009, 2012, and 2013, Congress declared that it deplored the religious persecution by the Government of Iran of the Baha'i community and would hold the Government of Iran responsible for upholding the rights of all Iranian nationals, including members of the Baha'i Faith;

Whereas the United States Commission on International Religious Freedom 2014 Report stated, "The Baha'i community, the largest