

The bill was ordered to be engrossed and read a third time, and was read the third time.

The SPEAKER pro tempore. The question is on the passage of the bill.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. GEORGE MILLER of California. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The vote was taken by electronic device, and there were—yeas 260, nays 154, answered “present” 2, not voting 16, as follows:

[Roll No. 913]

YEAS—260

Allen Frelinghuysen McIntyre
Altmire Gerlach McNerney
Andrews Giffords McNulty
Arcuri Gilchrest Meek (FL)
Baca Gillibrand Meeks (NY)
Baird Gonzalez Michaud
Baldwin Green, Al Miller (MI)
Barrow Green, Gene Miller (NC)
Bean Grijalva Miller, George
Becerra Gutierrez Mitchell
Berkley Hall (NY) Mollohan
Berman Hare Moore (KS)
Berry Harman Moore (WI)
Bilirakis Hastings (FL) Moran (VA)
Bishop (GA) Herseth Sandlin Murphy (CT)
Bishop (NY) Higgins Murphy, Patrick
Blumenauer Hill Murphy, Tim
Blunt Hinchey Murtha
Boswell Hirono Nadler
Boucher Hobson Napolitano
Boyda (KS) Hodes Neal (MA)
Brady (PA) Holden Oberstar
Braley (IA) Holt Obey
Brown, Corrine Honda Oliver
Burgess Hooley Ortiz
Butterfield Hoyer Pallone
Buyer Hulshof Pascrell
Capps Inglis (SC) Pastor
Capuano Inslee Payne
Carnahan Israel Perlmutter
Carney Jackson (IL) Peterson (MN)
Castor Jackson-Lee Poe
Chandler (TX) Pomeroy
Clarke Jefferson Porter
Clay Johnson (GA) Price (NC)
Cleaver Johnson (IL) Rahall
Clyburn Jones (NC) Rangel
Cohen Jones (OH) Regula
Conyers Kagen Reichert
Cooper Kanjorski Renzi
Costa Kaptur Reyes
Costello Kennedy Reynolds
Courtney Kildee Richardson
Crowley Kilpatrick Rodriguez
Cummings Kind Ross
Davis (AL) King (NY) Rothman
Davis (CA) Kirk Roybal-Allard
Davis (IL) Klein (FL) Ruppersberger
Davis, Lincoln Kuhl (NY) Rush
DeFazio LaHood Ryan (OH)
DeGette Lampson Salazar
Delahunt Langevin Sanchez, Linda
DeLauro Lantos T.
Dent Larsen (WA) Sanchez, Loretta
Dicks Sarbanes
Dingell Larson (CT) Saxton
Doggett LaTourette Schakowsky
Donnelly Lee Schiff
Doyle Levin Schwartz
Edwards Lewis (GA) Scott (VA)
Ellison Lipinski Serrano
Ellsworth LoBiondo Sestak
Emanuel Lofgren, Zoe Shays
Emerson Lowey Shea-Porter
Engel Lynch Sherman
English (PA) Maloney (NY) Shimkus
Eshoo Markey Shuler
Etheridge Marshall Simpson
Farr Matsui Sires
Fattah McCarthy (NY) Skelton
Ferguson McCollum (MN) Slaughter
Filner McCotter Smith (NJ)
Fortenberry McDermott Smith (WA)
Fossella McGovern Snyder
Frank (MA) McHugh Solis

Space
Spratt
Stark
Stupak
Sutton
Tauscher
Taylor
Terry
Thompson (CA)
Thompson (MS)
Tiberi
Tierney
Towns

Turner
Udall (CO)
Udall (NM)
Upton
Van Hollen
Velázquez
Visclosky
Walden (OR)
Walsh (NY)
Walz (MN)
Wasserman
Schultz
Watson

Watt
Waxman
Weiner
Welch (VT)
Weller
Wexler
Wilson (OH)
Woolsey
Wu
Wynn
Yarmuth
Young (FL)

NAYS—154

Abercrombie
Aderholt
Akin
Alexander
Bachmann
Baker
Barrett (SC)
Bartlett (MD)
Barton (TX)
Biggert
Bilbray
Bishop (UT)
Blackburn
Boehner
Bonner
Bono
Boozman
Boren
Boustany
Boyd (FL)
Brady (TX)
Broun (GA)
Brown (SC)
Brown-Waite,
Ginny
Buchanan
Burton (IN)
Calvert
Camp (MI)
Campbell (CA)
Cantor
Capito
Carter
Castle
Chabot
Coble
Cole (OK)
Conaway
Cramer
Crenshaw
Cuellar
Culberson
Davis (KY)
Davis, David
Davis, Tom
Deal (GA)
Diaz-Balart, L.
Diaz-Balart, M.
Doolittle
Drake
Dreier
Duncan

ANSWERED “PRESENT”—2

Cardoza

Melancon

NOT VOTING—16

Ackerman
Bachus
Carson
Cubin
Davis, Jo Ann
Gordon
Herger
Hinojosa
Jindal
Johnson, E. B.
Kucinich
Putnam

Scott (GA)
Souder
Waters
Whitfield

□ 1449

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair may postpone further proceedings today on a motion to suspend the rules

on which a recorded vote or the yeas or nays are ordered, or on which the vote is objected to under clause 6 of rule XX.

TMA, ABSTINENCE EDUCATION, AND QI PROGRAMS EXTENSION ACT OF 2007

Mr. GENE GREEN of Texas. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3668) to provide for the extension of transitional medical assistance (TMA), the abstinence education program, and the qualifying individuals (QI) program, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3668

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 “TMA, Abstinence Education, and QI Programs Extension Act of 2007”.

SEC. 2. EXTENSION OF TRANSITIONAL MEDICAL ASSISTANCE (TMA) AND ABSTINENCE EDUCATION PROGRAM THROUGH DECEMBER 31, 2007.

Section 401 of division B of the Tax Relief and Health Care Act of 2006 (Public Law 109–432), as amended by section 1 of Public Law 110–48, is amended—

(1) by striking “September 30” and inserting “December 31”;

(2) by striking “for fiscal year 2006” and inserting “for fiscal year 2007”;

(3) by striking “the fourth quarter of fiscal year 2007” and inserting “the first quarter of fiscal year 2008”;

(4) by striking “the fourth quarter of fiscal year 2006” and inserting “the first quarter of fiscal year 2007”.

SEC. 3. EXTENSION OF QUALIFYING INDIVIDUAL (QI) PROGRAM THROUGH DECEMBER 2007.

(a) THROUGH DECEMBER 2007.—Section 1902(a)(10)(E)(iv) of the Social Security Act (42 U.S.C. 1396a(a)(10)(E)(iv)) is amended by striking “September 2007” and inserting “December 2007”.

(b) EXTENDING TOTAL AMOUNT AVAILABLE FOR ALLOCATION.—Section 1933(g) of such Act (42 U.S.C. 1396u–3(g)) is amended—

(1) in paragraph (2)—

(A) by striking “and” at the end of subparagraph (F);

(B) by striking the period at the end of subparagraph (G) and inserting “; and”; and

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

“(H) for the period that begins on October 1, 2007, and ends on December 31, 2007, the total allocation amount is \$100,000,000.”;

(2) in paragraph (3), in the matter preceding subparagraph (A), by striking “or (F)” and inserting “(F), or (H)”.

(c) EFFECTIVE DATE.—The amendments made by this section shall be effective as of September 30, 2007.

SEC. 4. EXTENSION OF SSI WEB-BASED ASSET DEMONSTRATION PROJECT TO THE MEDICAID PROGRAM.

(a) IN GENERAL.—Beginning on October 1, 2007, and ending on September 30, 2012, the Secretary of Health and Human Services shall provide for the application to asset eligibility determinations under the Medicaid program under title XIX of the Social Security Act of the automated, secure, web-based asset verification request and response process being applied for determining eligibility

for benefits under the Supplemental Security Income (SSI) program under title XVI of such Act under a demonstration project conducted under the authority of section 1631(e)(1)(B)(ii) of such Act (42 U.S.C. 1383(e)(1)(B)(ii)).

(b) **LIMITATION.**—Such application shall only extend to those States in which such demonstration project is operating and only for the period in which such project is otherwise provided.

(c) **RULES OF APPLICATION.**—For purposes of carrying out subsection (a), notwithstanding any other provision of law, information obtained from a financial institution that is used for purposes of eligibility determinations under such demonstration project with respect to the Secretary of Health and Human Services under the SSI program may also be shared and used by States for purposes of eligibility determinations under the Medicaid program. In applying section 1631(e)(1)(B)(ii) of the Social Security Act under this subsection, references to the Commissioner of Social Security and benefits under title XVI of such Act shall be treated as including a reference to a State described in subsection (b) and medical assistance under title XIX of such Act provided by such a State.

SEC. 5. 6-MONTH DELAY IN REQUIREMENT TO USE TAMPER-RESISTANT PRESCRIPTION PADS UNDER MEDICAID.

Effective as if included in the enactment of section 7002(b) of the U.S. Troop Readiness, Veterans' Care, Katrina Recovery, and Iraq Accountability Appropriations Act, 2007 (Public Law 110-28, 121 Stat. 187), paragraph (2) of such section is amended by striking "September 30, 2007" and inserting "March 31, 2008".

SEC. 6. ADDITIONAL FUNDING FOR THE MEDICARE PHYSICIAN ASSISTANCE AND QUALITY INITIATIVE FUND.

Section 1848(l)(2) of the Social Security Act (42 U.S.C. 1395w-4(l)(2)) is amended—

(1) in subparagraph (A), by adding at the end the following: "In addition, there shall be available to the Fund for expenditures during 2009 an amount equal to \$325,000,000 and for expenditures during or after 2013 an amount equal to \$60,000,000."; and

(2) in subparagraph (B)—

(A) in the heading, by striking "FURNISHED DURING 2008";

(B) by striking "specified in subparagraph (A)" and inserting "specified in the first sentence of subparagraph (A)"; and

(C) by inserting after "furnished during 2008" the following: "and for the obligation of the entire first amount specified in the second sentence of such subparagraph for payment with respect to physicians' services furnished during 2009 and of the entire second amount so specified for payment with respect to physicians' services furnished on or after January 1, 2013".

SEC. 7. LIMITATION ON IMPLEMENTATION FOR FISCAL YEARS 2008 AND 2009 OF A PROSPECTIVE DOCUMENTATION AND CODING ADJUSTMENT IN RESPONSE TO THE IMPLEMENTATION OF THE MEDICARE SEVERITY DIAGNOSIS RELATED GROUP (MS-DRG) SYSTEM UNDER THE MEDICARE PROSPECTIVE PAYMENT SYSTEM FOR INPATIENT HOSPITAL SERVICES.

(a) **IN GENERAL.**—In implementing the final rule published on August 22, 2007, on pages 47130 through 48175 of volume 72 of the Federal Register, the Secretary of Health and Human Services (in this section referred to as the "Secretary") shall apply prospective documentation and coding adjustments (made in response to the implementation of a Medicare Severity Diagnosis Related Group (MS-DRG) system under the hospital inpatient prospective payment system under

section 1886(d) of the Social Security Act (42 U.S.C. 1395ww(d)) of—

(1) for discharges occurring during fiscal year 2008, 0.6 percent rather than the 1.2 percent specified in such final rule; and

(2) for discharges occurring during fiscal year 2009, 0.9 percent rather than the 1.8 percent specified in such final rule.

(b) **SUBSEQUENT ADJUSTMENTS.**—

(1) **IN GENERAL.**—Notwithstanding any other provision of law, if the Secretary determines that implementation of such Medicare Severity Diagnosis Related Group (MS-DRG) system resulted in changes in coding and classification that did not reflect real changes in case mix under section 1886(d) of the Social Security Act (42 U.S.C. 1395ww(d)) for discharges occurring during fiscal year 2008 or 2009 that are different than the prospective documentation and coding adjustments applied under subsection (a), the Secretary shall—

(A) make an appropriate adjustment under paragraph (3)(A)(vi) of such section 1886(d); and

(B) make an additional adjustment to the standardized amounts under such section 1886(d) for discharges occurring only during fiscal years 2010, 2011, and 2012 to offset the estimated amount of the increase or decrease in aggregate payments (including interest as determined by the Secretary) determined, based upon a retrospective evaluation of claims data submitted under such Medicare Severity Diagnosis Related Group (MS-DRG) system, by the Secretary with respect to discharges occurring during fiscal years 2008 and 2009.

(2) **REQUIREMENT.**—Any adjustment under paragraph (1)(B) shall reflect the difference between the amount the Secretary estimates that implementation of such Medicare Severity Diagnosis Related Group (MS-DRG) system resulted in changes in coding and classification that did not reflect real changes in case mix and the prospective documentation and coding adjustments applied under subsection (a). An adjustment made under paragraph (1)(B) for discharges occurring in a year shall not be included in the determination of standardized amounts for discharges occurring in a subsequent year.

(3) **RULE OF CONSTRUCTION.**—Nothing in this section shall be construed as—

(A) requiring the Secretary to adjust the average standardized amounts under paragraph (3)(A)(vi) of such section 1886(d) other than as provided under this section; or

(B) providing authority to apply the adjustment under paragraph (1)(B) other than for discharges occurring during fiscal years 2010, 2011, and 2012.

(4) **JUDICIAL REVIEW.**—There shall be no administrative or judicial review under section 1878 of the Social Security Act (42 U.S.C. 1395oo) or otherwise of any determination or adjustments made under this subsection.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Texas (Mr. GENE GREEN) and the gentleman from Georgia (Mr. DEAL) each will control 20 minutes.

The Chair recognizes the gentleman from Texas.

GENERAL LEAVE

Mr. GENE GREEN of Texas. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and include extraneous material on the bill under consideration.

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

There was no objection.

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

Mr. Speaker, I am pleased to bring forward H.R. 3668, the TMA Abstinence, Education, and QI Programs Extension Act of 2007, a bill to protect the health of Americans, both young and old.

The Transitional Medical Assistance program assists mothers who are transitioning off of welfare and into the workforce. Unfortunately, these working parents often find themselves in low-income jobs that do not offer health insurance. The TMA program extends Medicaid coverage to these vulnerable individuals for up to 1 year. The TMA expires on September 30, and this bill extends it for one additional quarter.

Along with the TMA extension is a one-quarter extension of the Abstinence Education program. In addition, the bill provides a one-quarter extension of the Qualifying Individual (QI) program. The QI program provides Medicare part B premium assistance to low-income seniors, helping ensure Medicare remains affordable for more than 200,000 seniors.

The legislation also includes provisions that will provide immediate relief to hospitals threatened by regulatory cuts, and a 6-month delay of the recently enacted requirement that all Medicaid prescriptions be written on tamper-resistant paper in order to be eligible for reimbursement. This latter provision postpones what would otherwise take effect on October 1, causing significant disruption in access to medicines. This will give pharmacies and physicians more time to prepare for the new requirement.

Finally, the bill invests an additional \$385 million into the Medicare Physician Assistance and Quality Initiative Fund. This funding is used to improve care for millions of seniors and people with disabilities in Medicare.

These critical programs are fully funded under PAYGO by an item in the President's budget that extends the current Web-based SSI Asset Demonstration program to Medicaid in the two States in which it is currently operating. This demonstration program would be funded for 5 years.

Finally, this legislation extends and improves programs that are of critical importance to Americans young and old, and I ask my colleagues to join me in supporting this bill.

Mr. Speaker, I reserve the balance of my time.

Mr. DEAL of Georgia. Mr. Speaker, I rise today in support of the bill before us which extends Transitional Medical Assistance and the Title V Abstinence Education programs, and the Qualified Individuals programs, more commonly referred to as QI-1 program. I am pleased that the Congress can work together toward extending the funding for these particular programs.

I support the reauthorization of Title V Abstinence Education program, a program that provides resources to

educate our Nation's youth about the benefits of an abstinent lifestyle. I'm sure many of my colleagues have heard, as I have, from the numerous programs within my State that rely on this Federal funding. They believe in the program, and they hope to continue providing abstinence educational opportunities to local teens.

The QI-1 program provides money to States to pay the Medicare part B premiums of low-income beneficiaries ineligible for Medicaid. Without this relief, the low-income beneficiaries enrolled in this program would have to start paying for their part B premiums, which have risen over the past few years due to overspending in Medicare.

I am supportive of extending this program in order that we may continue to provide assistance for our low-income seniors and beneficiaries as we've done in such a bipartisan manner each year for the past several years.

This bill also corrects a provision that was included in a bill for money for our troops in Iraq passed earlier this year. There is a provision in that bill that denies payment for any Medicaid prescription that isn't written on a Secretary-approved, tamper-resistant drug pad. Since then, we've heard from doctors, nurses, pharmacists and State health officials across the Nation that the October 1 implementation deadline required by that bill is much too soon. I am pleased we are affording our Nation's health care providers the flexibility needed to properly implement this new requirement so as not to jeopardize access to care for our Medicaid beneficiaries.

In addition, this package includes \$385 million in new funding for the Medicare Physician Assistance and Quality Initiative fund created by last year's tax relief bill. That fund provides bonus payments to physicians for reporting on quality measures this year, and includes over \$1 billion set aside for bonus payments in 2008. I am pleased to see this fund extended into 2009 and beyond.

It is a bipartisan recognition that incentivizing physicians to provide quality, efficient and effective health care holds the promise of a better Medicare physician reimbursement system, one that reflects accountability for the type and volume of Medicare services. The Physician Assistance and Quality Initiative fund that we put in place last year takes an important first step in that direction, and I'm happy to see that the House Democrats agree with that position.

In closing, I would like to reiterate my support for the bill and encourage my colleagues to do the same.

Mr. Speaker, I reserve the balance of my time.

Mr. GENE GREEN of Texas. Mr. Speaker, I yield whatever time he may consume to our colleague from the Ways and Means Committee, Chairman STARK.

(Mr. STARK asked and was given permission to revise and extend his remarks.)

Mr. STARK. I thank the gentleman for yielding.

The Ways and Means Committee has an interest in several of the issues in this bill, and we support the bill. The protection of low-income seniors in Medicare deals with people between \$12,252 and \$13,782 in income. And when their part B premium is \$1,122, they need that protection, and extends that through December 31.

The Abstinence Education program is one that is very important to the Democrats. We've extended it on the theory that if we really enforce this abstinence education, there will be fewer Republicans. So, we support that big time.

The Hospital Perspective Payment System regulation is one of the most important to our hospital community, and we have changed the way we will collect the funds from the hospitals and not collect it all up front. We will collect part of it up front, and then wait until later in the 5-year cycle to see how they behave to collect the balance, which will create less of a financial burden on the hospitals across the country.

I thank all the people who have worked to make this more acceptable for the hospitals.

The 2008 final regulation that governs inpatient hospital payments under Medicare makes important, long-overdue refinements to the system by differentiating payments based on the severity of illness.

In doing so, practice shows that hospital payments are likely to increase hospitals will get smarter about how the document and code their patient cases. There is nothing inappropriate about this behavior, but in order to remain budget neutral, the regulation includes a "behavioral offset". The offset was designed to counterbalance the increased spending expected from using the severity-adjusted payments.

I want to be clear that the Committee supports both efforts in the regulation—moving to severity-adjusted groupings and the so-called "behavioral offset." However, the regulation includes a prospective adjustment.

Questions have been raised about the size of the adjustment and whether it should be prospective or retrospective. Those are fair questions, and it seems that a retrospective adjustment would make a lot of sense. However, we are advised it may take CMS up to two years to gather the necessary data.

Given historical payment and coding patterns, we feel it is appropriate to have an interim policy—rather than simply voiding this part of the regulation. As such, this legislation requires a reduction of 0.6 percent in 2008 and 0.9 percent in 2009.

Even with that "down payment" from the hospitals, we are concerned that the data in 2010 could indicate a need for a substantial reduction to fully recoup the extra spending that occurs in the next two years. I want to be clear that we have talked with hospitals about this possibility and raised with them the difficulty of addressing that when the time comes. This exercise may simply be forestalling the inevitable, not erasing an unwanted reduction.

We are limiting the amount of the offset now, in order to spread out the payments over

time. When that time comes, I do not want to hear complaints about the eventual amount of this adjustment when it comes on-line down the road.

Mr. DEAL of Georgia. Mr. Speaker, I have no other requests for time. I reserve the balance of my time at this point.

Mr. GENE GREEN of Texas. Mr. Speaker, I would like to yield to our colleague from Ohio, CHARLES WILSON, whatever time he may consume.

Mr. WILSON of Ohio. Mr. Speaker, I rise in support of this bill. It contains language that I introduced to help us avoid a case of unintended consequences.

This spring, a provision was slipped into the Iraq War Supplemental appropriation that requires Medicaid prescriptions to be written on tamper-resistant pads for Medicaid reimbursements starting October 1. The tamper-proof pad mandate was designed to fight fraud, and that's a good thing, but this October 1 deadline isn't enough time for States to inform providers and patients about the new requirements. This could mean patients are turned away from pharmacies as of this next week and their prescriptions not be filled. And that paper isn't widely available. Pharmacies that fill prescriptions not written on that special paper may be forced out of business if they're not getting reimbursed by Medicaid. All we need is a 6-month delay. The clock is ticking on this, and I'm asking for your help.

□ 1500

Mr. DEAL of Georgia. Mr. Speaker, I assume that the majority does not have any additional speakers. Therefore, I will close.

I would simply urge my colleagues to support the bill before us. It does some short-term extensions of some very vital programs. I think that is appropriate.

Mr. DINGELL. Mr. Speaker, I would like to speak briefly about the provision of this legislation which provides for a 3-month reauthorization of the Title V abstinence-only education block grant program.

On August 1 of this year, the House of Representatives passed legislation which made significant and responsible changes to the abstinence-only education programs. The House-passed legislation would have provided states with the flexibility to offer programs best suited to the needs and desires of their citizens and it would have ensured that Federal funds were being spent on effective programs that provide medically accurate information.

Sadly, those changes are not incorporated into the bill before us today because opponents of the House-passed abstinence language decided to hold hostage the important reauthorizations of TMA and Q1, in an effort to ensure that no improvements were made to the discredited abstinence-only programs.

Because it is absolutely necessary that we reauthorize TMA and Q1, the abstinence-only education changes were sacrificed for now. Let me be clear: I am dismayed that the House-passed abstinence-only language was omitted from this legislation and I will continue

to fight for those important, responsible, and necessary changes in the coming months.

Mr. WELLER of Illinois. Mr. Speaker, H.R. 3668 contains temporary extensions of several important programs that affect low-income families with children. I urge its passage.

The subcommittee on which I am the ranking Republican, the Ways and Means Subcommittee on Income Security and Family Support, oversees the Nation's welfare, child care, and related programs designed to promote and support work by low-income families. It is important to extend the critical supports Congress enacted in recent years to advance those goals, such as the Transitional Medical Assistance program continued under this bill. I am all for that. Every Member should support that.

This legislation also extends the Abstinence Education program, which supports efforts to prevent teenage pregnancy and premarital sexual activity, with a goal of reducing the childbearing outside marriage. Childbearing outside marriage is directly associated with higher poverty rates and ultimately greater welfare receipt and dependence. All Members should support measures designed to reduce the chances children are raised in poverty.

The legislation has other important features, like an extension of the Qualified Individuals program that provides Medicare premium assistance to certain low-income beneficiaries. However, I would like to draw the House's attention to one provision that, as currently drafted, may not achieve the intended effect and thus may not result in the savings suggested by the CBO scoring of this legislation.

This provision appears in section 4 of the legislation, titled "Extension of SSI Web-Based Asset Demonstration Project to the Medicaid Program." The Social Security Administration, SSA, currently is operating a project testing ways to improve asset verification under the Supplemental Security Income, SSI, program. The current project seeks to make sure that SSI applicants are accurately reporting all the assets, like personal savings accounts, to which they can and should turn for support before expecting monthly SSI checks from taxpayers. Since SSI is a means-tested benefit program, it only makes sense to focus benefits on those who don't have a large amount of personal savings, for example, on which to depend.

In recent years, the SSA project has tested comparing individuals' self-reports of their savings account assets with actual bank records. This effort has already produced significant savings in the few States where it has been applied, including uncovering some individuals with tens of thousands or even hundreds of thousands of dollars in undisclosed assets. So it makes sense to expand this effort to include other means-tested programs, as the legislation proposes, including the expensive Medicaid program.

However, it is my understanding that the legislative language in H.R. 3668 includes a number of drafting flaws that will effectively prevent the proposed expansion of this asset verification project from being achieved. Problems include a lack of reference in the legislative language to the need to obtain written consent from individuals for the purpose of obtaining information for the Medicaid program. This may prevent banks from sharing such information with Medicaid officials as would be required to actually expand the current project

as proposed. Such "consent" language exists under the current SSI program as required by the Right to Financial Privacy Act, but not in H.R. 3668.

Even if this provision were to work as intended, it is noteworthy that nowhere does this legislation provide for reimbursement of Social Security Administration administrative costs that would inevitably result. SSA is already seeking additional administrative funds to address growing disability claims backlogs as well as handle its current duties, which include serving millions of America's seniors, including the rising numbers applying for retirement and disability benefits as the Baby Boom generation heads into retirement in the coming years.

It is my understanding that the authors of this legislation consulted with SSA on such technical issues during the drafting process, and opted against implementing any of the SSA suggestions.

Because of that, while the current CBO score suggests this legislation is paid for, I am afraid that the real world experience of these provisions will not reflect that optimistic forecast. If that turns out to be correct, the legislation before the House today will not satisfy the pay-as-you-go requirements of this body, which require that increases in spending by fully paid for by such as by offsetting spending cuts. And some individuals will obtain Medicaid benefits for which they should not have qualified.

While it may be too late to correct the drafting errors in this particular bill, I urge my colleagues especially on the House Energy and Commerce and the Senate Finance Committees, which have jurisdiction over Medicaid law, to revisit this legislative language and make the appropriate changes at the next available opportunity. I do not disagree with their intent, but suggest the legislative text reflected in this bill will not result in the outcome they intend. Related language appears in legislation preauthorizing the State Children's Health Insurance Program, which as it continues to be acted on in the coming days would serve as a worthy vehicle for making the appropriate changes to ensure the will of the House is carried out, and misspending under the Medicaid program is minimized as the House intends with this legislation.

Mr. DEAL of Georgia. I yield back the balance of my time and urge the approval of the bill.

Mr. GENE GREEN of Texas. Mr. Speaker, I yield back the balance of my time and encourage our fellow Members to pass H.R. 3668 and the extension.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Texas (Mr. GENE GREEN) that the House suspend the rules and pass the bill, H.R. 3668.

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.

BARBARA KAUFMAN EULOGY

(Ms. WATSON asked and was given permission to address the House for 1 minute.)

Ms. WATSON. Mr. Speaker, we have lost a popular and well-educated school

administrator who was an outstanding student and gifted in music. Early on, her teachers would say of her, "She could walk amongst kings and not lose her common touch." She moved easily among people, singing her way into star status, and even appeared on an early TV version of "Star Search." Using her own talents of fashion, decorating and cooking, she was a role model for her students.

Barbara Kaufman was a special education administrative secretary for Los Angeles County Schools for over 25 years. She was a champion for the rights of children with special needs and deeply loved working in her chosen profession. In addition, Barbara volunteered in the political campaigns of myself, and she accepted any job that would add to the improvement of the people's social, political and economic conditions.

After many bouts with illness, Barbara's activities were limited. However, she participated as much as possible in her church, particularly enjoying Bible study and prayer support groups. Barbara Kaufman was a woman for all seasons and a witness for Christ.

A life so well lived has to be recognized by our Congress so the record will show her life as a role model for others. BJ's star will forever shine in the lives of those who knew and loved her.

SPECIAL ORDERS

The SPEAKER pro tempore (Mr. WILSON of Ohio). Under the Speaker's announced policy of January 18, 2007, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Maryland (Mr. CUMMINGS) is recognized for 5 minutes.

(Mr. CUMMINGS addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. POE) is recognized for 5 minutes.

(Mr. POE addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

OPPOSING EXTENSION OF HABEAS CORPUS RIGHTS TO ALIEN ENEMY COMBATANTS

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Mr. DANIEL E. LUNGREN) is recognized for 5 minutes.

Mr. DANIEL E. LUNGREN of California. Mr. Speaker, today in the Judiciary Committee we were supposed to mark up H.R. 2826. I was informed that the Judiciary Committee has postponed this to a time uncertain. This was also to be the day that that bill or