

So, in the waning days of this session, I will tell the gentleman that I am more than willing to work with him, if this does not pass the Congress this year, to get these things resolved so that, indeed, we can memorialize that factory. Yet, with the information I have right now, I respectfully say to my friend that we have focused on the Park Service, but there is a cost associated with this, which I alluded to in my opening remarks, and there is a private property aspect. Those are all important issues.

With that, I thank the gentleman for yielding, but I have to say that I oppose this, and I am going to urge my colleagues to vote “no,” though I certainly want to revisit this sometime in the future so we can get this legislation passed.

Mr. LARSON of Connecticut. I thank the gentleman for his comments.

The future for the city of Hartford and for Coltsville is now, and the sense of urgency is upon us. My good friend and colleague from Washington State is an honest broker and an independent person.

I appreciate your comments and everything that you attributed to my enthusiasm and zeal. Let me say that that extends to the people of the State of Connecticut, as I indicated in a non-partisan way, who are very much committed to this.

The gentleman is correct that at the hearing, which I believe was in June, these issues were raised. We then sat down with the Park Service, and we addressed every one of their concerns. Representative GRIJALVA then introduced an amendment that we felt addressed those concerns as well.

□ 1600

In the push-and-shove of business here in Congress and on the floor, I understand sometimes in the process—and certainly the gentleman is correct in making process points. I just would say that this goes beyond process in terms of what it means.

We are a small State, Connecticut, but a very proud State. This is a project—certainly, everybody recognizes—that has national significance and historic value and deserves to be preserved. The problem is that postponing it yet again doesn’t work.

And so I understand your position, but I would implore people on the other side of the aisle. If you were in a similar situation—and understanding all the fiscal responsibility that we have as a Congress, and to say that you have ultimate veto power that you give to the National Park Service that the project cannot go forward unless everything has been met—and the State, its economic development authority, the City of Hartford, its municipality authority, all the property owners all embrace this and have done so enthusiastically. And the National Park Service has signed off on it, they told me.

I respect what the gentleman said, you haven’t received that. That’s un-

fortunate and unfair. I know you don’t doubt my word, and I certainly don’t doubt yours. I can only ask and implore that you support this, what I think is a very important and nationally significant bill.

Mr. HASTINGS of Washington. Mr. Speaker, I have made my points on this. I appreciate the gentleman’s input, but I stand by my opening remarks on this just because we haven’t got the information. So I urge my colleagues to vote “no” on this.

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

Mrs. CHRISTENSEN. Mr. Speaker, I urge my colleagues on both sides of the aisle to support this important legislation.

I yield back the balance of my time.

The SPEAKER pro tempore (Mr. LANGEVIN). The question is on the motion offered by the gentleman from the Virgin Islands (Mrs. CHRISTENSEN) that the House suspend the rules and pass the bill, H.R. 5131, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the yeas have it.

Mr. HASTINGS of Washington. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair’s prior announcement, further proceedings on this motion will be postponed.

#### STRENGTHENING MEDICARE ANTI-FRAUD MEASURES ACT OF 2010

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 6130) to amend title XI of the Social Security Act to expand the permissive exclusion from participation in Federal health care programs to individuals and entities affiliated with sanctioned entities, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 6130

*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 “Strengthening Medicare Anti-Fraud Measures Act of 2010”.

#### SEC. 2. PERMISSIVE EXCLUSION FROM FEDERAL HEALTH CARE PROGRAMS EXPANDED TO INDIVIDUALS AND ENTITIES AFFILIATED WITH SANCTIONED ENTITIES.

Section 1128(b)(15) of the Social Security Act (42 U.S.C. 1320a-7(b)(15)) is amended to read as follows:

“(15) INDIVIDUALS OR ENTITIES AFFILIATED WITH A SANCTIONED ENTITY.—(A) Any of the following:

“(i) Any individual who—

“(I) is a person with an ownership or control interest (as defined in section 1124(a)(3)) in a sanctioned entity or an affiliated entity of such sanctioned entity (or was a person with such an interest at the time of any of the conduct that formed a basis for the conviction or exclusion described in subparagraph (B)); and

“(II) knows or should know (as defined in section 1128A(i)(7)) (or knew or should have known) of such conduct.

“(ii) Any individual who is an officer or managing employee (as defined in section 1126(b)) of a sanctioned entity or affiliated entity of such sanctioned entity (or was such an officer or managing employee at the time of any of the conduct that formed a basis for the conviction or exclusion described in subparagraph (B)).

“(iii) Any affiliated entity of a sanctioned entity.

“(B) For purposes of this paragraph, the term ‘sanctioned entity’ means an entity—

“(i) that has been convicted of any offense described in subsection (a) or in paragraph (1), (2), or (3) of this subsection; or

“(ii) that has been excluded from participation under a program under title XVIII or under a State health care program.

“(C)(i) For purposes of this paragraph, the term ‘affiliated entity’ means, with respect to a sanctioned entity—

“(I) an entity affiliated with such sanctioned entity; and

“(II) an entity that was so affiliated at the time of any of the conduct that formed the basis for the conviction or exclusion described in subparagraph (B).

“(ii) For purposes of clause (i), an entity shall be treated as affiliated with another entity if—

“(I) one of the entities is a person with an ownership or control interest (as defined in section 1124(a)(3)) in the other entity (or had such an interest at the time of any of the conduct that formed a basis for the conviction or exclusion described in subparagraph (B));

“(II) there is a person with an ownership or control interest (as defined in section 1124(a)(3)) in both entities (or had such an interest at the time of any of the conduct that formed a basis for the conviction or exclusion described in subparagraph (B)); or

“(III) there is a person who is an officer or managing employee (as defined in section 1126(b)) of both entities (or was such an officer or managing employee at the time of any of the conduct that formed a basis for the conviction or exclusion described in subparagraph (B)).”

#### SEC. 3. BUDGETARY EFFECTS OF PAYGO LEGISLATION.

The budgetary effects of this Act, for the purpose of complying with the Statutory Pay-As-You-Go Act of 2010, shall be determined by reference to the latest statement titled “Budgetary Effects of PAYGO Legislation” for this Act, submitted for printing in the Congressional Record by the Chairman of the House Budget Committee, provided that such statement has been submitted prior to the vote on passage.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Kentucky (Mr. WHITFIELD) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

#### GENERAL LEAVE

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material in the RECORD.

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

There was no objection.

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

Mr. Speaker, I rise today in strong support of H.R. 6130. The legislation expands the authority of the Health and Human Services Office of Inspector General to allow it to ban corporate executives from doing business with Medicare if their companies were convicted of fraud. It also gives the inspector general the ability to exclude parent companies that may be committing fraud through shell companies.

This important bill will close two loopholes in current law so that criminal offenders who defraud our Nation's seniors will have to pay for their crimes. Mr. Speaker, for every dollar put into the pockets of criminals, a dollar is taken out of the system to provide much-needed care to millions of Medicare patients, including two of our Nation's most vulnerable populations—seniors and the disabled.

This morning, my subcommittee held a hearing on Medicare fraud in which we talked about the many important provisions of the new health care law that will assist CMS, the OIG, and the Justice Department in identifying abusive suppliers and fraudulent billing practices. In that hearing, we heard from the inspector general about how this bill will help fight fraud by closing two remaining gaps.

The first gap allows an executive who has left the company being charged with fraud by the time of conviction to continue to participate in Federal health programs. This shortfall willingly permits these criminals to move from one company to another and continue to steal from Medicare seniors and taxpayers. H.R. 6130 would give the OIG the authority to ban these executives from doing business with Medicare.

The second gap allows companies that engage in fraud who have set up shell companies to insulate themselves from liability and get off scot-free. Once these shell organizations dissolve, there is no real penalty to the parent company. So H.R. 6130 would give the OIG the authority to ban these parent companies from doing business with Medicare.

Mr. Speaker, all forms of fraud undermine the integrity of our public health system, and I applaud my colleagues from the Ways and Means Committee—particularly Mr. STARK—for working on this important legislation.

I urge my colleagues to support this bill.

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

Mr. WHITFIELD. Mr. Speaker, I rise today to support H.R. 6130, a common-sense solution to combating fraud in Medicare. This legislation will provide the Health and Human Services Office of the Inspector General with tools to properly combat Medicare fraud.

First, it will close an important loophole in current law and give the Office of the Inspector General additional authority to fight fraud. Under current law, for example, if an executive leaves a company before the company is con-

victed of Medicare fraud, that executive cannot be barred from participating in Federal health programs. Under current law, an executive intent on defrauding Medicare could simply move from one company to another and continue to inequitably use American taxpayers' money.

Second, this law will prevent companies from hiding behind corporate shells. Some companies use shell companies to protect the parent company from any liability. If the company is caught participating in fraud, the shell could be dissolved, leaving the parent company fully intact. Under this bill, the Office of Inspector General can exclude parent companies when such punishment is merited.

I am glad that we are continuing to find ways to combat fraud in Medicare because we know that health care costs are out of control. And I might say, I am sure every Member had the same experiences that I did when we were home over this recent 3-week work period in which people were coming up asking all sorts of questions about the health care reform bill, and we really do not know the answers to it because HHS is basically going to be writing these regulations. And we are not going to fully know the outcome of this legislation for many years to come, which I think merits, once again, the importance of starting to have oversight hearings to have some questions answered that the American people are asking for.

□ 1610

I would ask unanimous consent at this time to yield the balance of my time to the gentleman from California (Mr. HERGER).

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

There was no objection.

Mr. HERGER. I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that the gentleman from California (Mr. STARK), the Health Subcommittee chair on the Ways and Means Committee, control the remainder of the time on the majority side.

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

There was no objection.

Mr. STARK. Mr. Speaker, I yield myself such time as I may consume and rise in support of H.R. 6130, which strengthens the Medicare Anti-Fraud Measures Act, as you have heard described here.

This bipartisan fraud and abuse-fighting legislation was co-authored by our ranking member, Mr. HERGER, and was cosponsored on our side of the aisle by Mr. LEWIS, who chairs the Oversight Subcommittee on Ways and Means.

It was developed in a way that I think Congress should do more legislation. It was a problem that was called to the attention of Mr. HERGER and

myself, and we worked together with the Office of the Inspector General and the Centers for Medicare and Medicaid and expanded the authority to ban executives from companies who have been convicted of fraud from the program.

As you have heard, many of those executives can come back and repeatedly take money from the Medicare or Medicaid program to which they're not entitled, and this would put an end to that. It expands the permissive authority to exclude affiliates, and it sees that the funds thereby go to the services that beneficiaries need. The bill has been endorsed by AARP, which states that the bill would expand the authority of the United States Health and Human Services to accomplish just that.

I want to thank my ranking member, Mr. HERGER, and Mr. LEWIS, for cooperating on this. I think we have unanimous agreement that it's a bill that's necessary, a bill that will reduce fraud and abuse, and a bill that will aid the Medicare and Medicaid programs.

I reserve the balance of my time.

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

Mr. Speaker, there is broad agreement that more needs to be done to combat waste, fraud, and abuse in Medicare. In fact, fraud is such an issue in Medicare, that the chief counsel to the HHS Inspector General, Lewis Morris, who testified before the Ways and Means Health Subcommittee this summer, said, "A lot of career criminals and organized criminals have decided that building a Medicare fraud scam is far safer than dealing in crack or dealing in stolen cars, and it's far more lucrative. Right now, it's a good bet that you can take millions from us, and chances are you're not going to get caught."

Mr. Speaker, it's clear more must be done to ensure that taxpayer dollars and seniors' premiums are being used wisely and efficiently. That is why Chairman STARK and I authored the legislation before us today, H.R. 6130, the Strengthening Medicare Anti-Fraud Measures Act.

When Mr. Morris testified at our subcommittee, he identified ways in which the current law could be improved. This legislation seeks to address those areas.

The bill makes two improvements to current law. First, it provides authority to exclude from Federal health programs executives whose companies have been convicted of fraud. The HHS Office of Inspector General would be allowed to exclude executives who were in positions of authority at the time the fraud was committed but subsequently left those positions.

Because the current statute is written in the present tense, it only punishes officers, managing employees, and owners at the exact time OIG levels punishment. Therefore, the individual who was the CEO of a company that engaged in criminal fraud can

evade Medicare penalties if he or she resigns before the company is convicted. The ex-CEO is then free to take on jobs with other health care entities and commit fraud all over again.

Under H.R. 6130, OIG could exclude the individuals who are responsible corporate officials at the time fraud was being committed, regardless of where they are employed later.

The second change this bill makes prevents companies that are convicted of fraud from hiding behind corporate shells and evading punishment. The bill does this by strengthening OIG's ability to impose penalties on corporations affiliated with convicted entities, or to use "permissive exclusion" authority to exclude them from program participation.

Currently, corporations that engage in health care fraud can resolve the criminal case through a guilty plea of a non-operating subsidiary. OIG's only remedy in such a case doesn't allow for any meaningful punishment against the company that's actually behind the Medicare fraud.

This legislation gives OIG the authority to exclude corporate parents or other affiliates from the Medicare program so that OIG will be better positioned to require significant changes at these companies beyond the remedies that are generally required in civil cases. This would provide a significant incentive to corporate parents to promote compliance and police the activities within their corporate families.

With these additional tools, OIG will be better able to stop those individuals who commit fraud but who have been able to stay one step ahead of law enforcement, saving taxpayer dollars and protecting seniors.

Medicare fraud is a crime that hurts senior citizens, law-abiding health care providers, and every American who pays taxes.

I thank Chairman STARK for working with me on this legislation and urge the support of my colleagues.

I reserve the balance of my time.

Mr. STARK. Mr. Speaker, at this time I would like to yield 2 minutes to the gentleman from Georgia (Mr. LEWIS), the distinguished chair of our Oversight Subcommittee on Ways and Means, who, like Mr. HERGER, recognizes the seriousness of this problem and was helpful in our hearings in calling attention to many of the problems.

Mr. LEWIS of Georgia. Mr. Speaker, I want to thank my friend, my colleague, Chairman STARK, for yielding time.

Mr. Speaker, we as a Nation have a duty to provide the very best health care to our seniors and our disabled brothers and sisters. For them, Medicare is a blessing, a lifeline.

Each time someone steals money from Medicare, it weakens the public trust, it hurts our seniors, and threatens the future of Medicare. We must not, and we will not allow, criminals to rob Medicare. If you defraud Medicare once, you will never, ever do it again.

CEOs who defraud Medicare should not be able to simply move to a different company and continue to bill Medicare. Their companies should not be able to hide behind corporate shells that rob Medicare. This legislation will strengthen the anti-fraud laws and stop these bad practices.

□ 1620

I want to thank Mr. HERGER and again the chairman of our Subcommittee on Health, Chairman STARK, for working side by side with the Oversight Subcommittee to end these abuses.

I ask all my colleagues on both sides of the aisle to support this necessary bipartisan bill.

Mr. HERGER. In closing, I urge all Members to vote "yes" on H.R. 6130, and I yield back the balance of my time.

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

I want to thank my distinguished ranking member for his support and work in bringing this bill to the floor, and thank the staff who have worked on this bill; John Barket, who was a fellow in our subcommittee, got it started. He has now moved to Health and Human Services, but I wanted to recognize his leadership. I would like to thank Erik Rasmussen and Dan Elling on Mr. HERGER's staff for their work and help in this area. And as always, Debbie Curtis and Hannah Neprash on my subcommittee as well for their good work. And again to thank Mr. HERGER for joining with us to see that we bring an end to these bad practices.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 6130, 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.

#### EMERGENCY MEDIC TRANSITION ACT OF 2010

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3199) to amend the Public Health Service Act to provide grants to State emergency medical service departments to provide for the expedited training and licensing of veterans with prior medical training, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3199

*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 "Emergency Medic Transition Act of 2010" or the "EMT Act of 2010".*

#### SEC. 2. ASSISTING VETERANS WITH MILITARY EMERGENCY MEDICAL TRAINING TO BECOME STATE-LICENSED OR CER- TIFIED EMERGENCY MEDICAL TECH- NICIANS (EMTS).

(a) *IN GENERAL.*—Part B of title III of the Public Health Service Act (42 U.S.C. 243 et seq.) is amended by inserting after section 314 the following:

#### "SEC. 315. ASSISTING VETERANS WITH MILITARY EMERGENCY MEDICAL TRAINING TO BECOME STATE-LICENSED OR CER- TIFIED EMERGENCY MEDICAL TECH- NICIANS (EMTS).

"(a) *PROGRAM.*—The Secretary shall establish a program consisting of awarding grants to States to assist veterans who received and completed military emergency medical training while serving in the Armed Forces of the United States to become, upon their discharge or release from active duty service, State-licensed or certified emergency medical technicians.

"(b) *USE OF FUNDS.*—Amounts received as a grant under this section may be used to assist veterans described in subsection (a) to become State-licensed or certified emergency medical technicians as follows:

"(1) *Providing to such veterans required course work and training that take into account, and are not duplicative of, medical course work and training received when such veterans were active members of the Armed Forces of the United States, to enable such veterans to satisfy emergency medical services personnel certification requirements in the civilian sector, as determined by the appropriate State regulatory entity.*

"(2) *Providing reimbursement for costs associated with—*

"(A) *such course work and training; or*

"(B) *applying for licensure or certification.*

"(3) *Expediting the licensing or certification process.*

"(4) *Entering into an agreement with any institution of higher education, or other educational institution certified to provide course work and training to emergency medical personnel, for purposes of providing course work and training under this section if such institution has developed a suitable curriculum that meets the requirements of paragraph (1).*

"(c) *ELIGIBILITY.*—To be eligible for a grant under this section, a State shall demonstrate to the Secretary's satisfaction that the State has a shortage of emergency medical technicians.

"(d) *REPORT.*—The Secretary shall submit to the Congress an annual report on the program under this section.

"(e) *AUTHORIZATION OF APPROPRIATIONS.*—To carry out this section, there are authorized to be appropriated \$5,000,000 for each of fiscal years 2011 through 2015."

(b) *GAO STUDY AND REPORT.*—The Comptroller General of the United States shall—

(1) *conduct a study on the barriers experienced by veterans who received training as medical personnel while serving in the Armed Forces of the United States and, upon their discharge or release from active duty service, seek to become licensed or certified in a State as civilian health professionals; and*

(2) *not later than 2 years after the date of the enactment of this Act, submit to the Congress a report on the results of such study, including recommendations on whether the program established under section 315 of the Public Health Service Act, as added by subsection (a), should be expanded to assist veterans seeking to become licensed or certified in a State as health providers other than emergency medical technicians.*

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Kentucky (Mr. WHITFIELD) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.