2006, the PREEMIE Act expands federal research related to preterm labor and delivery, and the care and treatment, and outcomes of preterm and low birth weight infants. It also supports education programs for health professionals and the public on prematurity. Title One is designed to enhance these activities and represents a renewed commitment to our nation's efforts to reduce premature birth, the leading killer of newborns.

Title Two of S. 1440 would allow the National Institutes of Health to establish a national pediatric research network dedicated to finding treatments and cures for pediatric diseases and conditions—especially those that are rare. In addition to the research itself, Title Two places special emphasis on professional training for future pediatric researchers. These and other related components of Title Two are intended to build on the strong body of pediatric research that NIH already conducts and supports. I would encourage NIH to take full advantage of this opportunity.

Finally, Title Three of the bill would reauthorize the children's hospital graduate medical education—or CHGME—program. This program provides ongoing and consistent financial support to hospitals such as Children's Hospital of Los Angeles for the training of doctors who want to specialize in pediatrics. Over the years, the CHGME program has been enormously successful in reversing the significant decline in the number of pediatrician trainees across the country. Indeed, today, children's hospitals nationwide that are supported by the program train 40% of all pediatricians and 43% of all pediatric specialists.

As I have noted, this package of programs is a bi-partisan initiative that reflects the work of several members of the Energy and Commerce Committee. I especially want to note Congresswoman ESHOO, the Democratic sponsor of the original PREEMIE Reauthorization Act; Congresswoman CAPPS, the Democratic sponsor of the original National Pediatric Research Network Act; and Congressman PALLONE, the Democratic sponsor of the original Children's Hospital GME Support Reauthorization Act. All of them and all of us—on both sides of the aisle—have much to be proud of in supporting S. 1440, as amended.

I urge my colleagues to vote for S. 1440, as amended.

Mrs. MCMORRIS RODGERS. Madam Speaker, as a mother, I am reminded on a daily basis of the importance of the health of our Nation's children.

For that reason, I am proud to support the Prematurity Research Expansion and Education for Mothers who deliver Infants Early (PREEMIE) Act. This important legislation authorizes research to prevent preterm births and it requires the Secretary of HHS to coordinate our Nation's efforts to achieve this goal.

This legislation also amends the Public Health Service Act to extend and reauthorize appropriations for Children's Hospital Graduate Medical Education. This is the source of training of most of our Nation's pediatricians.

The PREEMIE act also includes legislation introduced by Representative CAPPS and myself, the National Pediatric Research Network Act which will build upon our Nation's commitment to pediatric medical research. That commitment has led to the prevention and treatment of terrible conditions such as polio, meningitis, childhood leukemia, and congenital heart disease.

Research networks have a proven track record in their ability to ensure collaboration and sharing of resources which, in turn, have led to medical discoveries that have improved lives. This legislation will authorize NIH to establish up to 8 pediatric research networks throughout the nation. Each network will be selected by NIH through a competitive review process. These networks will allow multiple institutions to work together in a "hub and spoke" fashion in order to encourage collaboration and resource sharing.

These pediatric networks will improve health outcomes for children who have conditions such as spinal muscular atrophy, Down syndrome, and Fragile X. This will be accomplished by encouraging teamwork among researchers, patients, and NIH.

Today, I am proud to vote for measures to improve the health of our Nation's children.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Pennsylvania (Mr. PITTS) that the House suspend the rules and pass the bill, S. 1440, 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.

MEDICARE IVIG ACCESS AND STRENGTHENING MEDICARE AND REPAYING TAXPAYERS ACT OF 2012

Mr. BRADY of Texas. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 1845) to provide for a study on issues relating to access to intravenous immune globulin (IVIG) for Medicare beneficiaries in all care settings and a demonstration project to examine the benefits of providing coverage and payment for items and services necessary to administer IVIG in the home, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1845

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

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Medicare IVIG Access and Strengthening Medicare and Repaying Taxpayers Act of 2012''.

TITLE I—MEDICARE IVIG ACCESS

SEC. 101. MEDICARE PATIENT IVIG ACCESS DEMONSTRATION PROJECT.

(a) ESTABLISHMENT.—The Secretary shall establish and implement a demonstration project under part B of title XVIII of the Social Security Act to evaluate the benefits of providing payment for items and services needed for the in-home administration of intravenous immune globin for the treatment of primary immune deficiency diseases.

(b) DURATION AND SCOPE.—

(1) DURATION.—Beginning not later than one year after the date of enactment of this Act, the Secretary shall conduct the demonstration project for a period of 3 years.

(2) SCOPE.—The Secretary shall enroll not more than 4,000 Medicare beneficiaries who have been diagnosed with primary immunodeficiency disease for participation in the demonstration project. A Medicare beneficiary may participate in the demonstration project on a voluntary basis and may terminate participation at any time.

(c) COVERAGE.—Except as otherwise provided in this section, items and services for which payment may be made under the demonstration program shall be treated and covered under part B of title XVIII of the Social Security Act in the same manner as similar items and services covered under such part.

(d) PAYMENT.—The Secretary shall establish a per visit payment amount for items and services needed for the in-home administration of intravenous immune globin based on the national per visit low-utilization payment amount under the prospective payment system for home health services established under section 1895 of the Social Security Act (42 U.S.C. 1395fff).

(e) WAIVER AUTHORITY.—The Secretary may waive such requirements of title XVIII of the Social Security Act as may be necessary to carry out the demonstration project.

(f) STUDY AND REPORT TO CONGRESS.—

(1) INTERIM EVALUATION AND REPORT.—Not later than three years after the date of enactment of this Act, the Secretary shall submit to Congress a report that contains an interim evaluation of the impact of the demonstration project on access for Medicare beneficiaries to items and services needed for the in-home administration of intravenous immune globin.

(2) FINAL EVALUATION AND REPORT.—Not later than one year after the date of completion of the demonstration project, the Secretary shall submit to Congress a report that contains the following:

(A) A final evaluation of the impact of the demonstration project on access for Medicare beneficiaries to items and services needed for the in-home administration of intravenous immune globin.

(B) An analysis of the appropriateness of implementing a new methodology for payment for intravenous immune globulins in all care settings under part B of title XVIII of the Social Security Act (42 U.S.C. 1395k et seq.).

(C) An update to the report entitled ''Analysis of Supply, Distribution, Demand, and Access Issues Associated with Immune Globulin Intravenous (IGIV)'', issued in February 2007 by the Office of the Assistant Secretary for Planning and Evaluation of the Department of Health and Human Services.

(g) FUNDING.—There shall be made available to the Secretary to carry out the demonstration project not more than $45,000,000 from the Federal Supplementary Medical Insurance Trust Fund under section 1841 of the Social Security Act (42 U.S.C. 1395t).

(h) DEFINITIONS.—In this section:

(1) DEMONSTRATION PROJECT.—The term ''demonstration project'' means the demonstration project conducted under this section.

(2) MEDICARE BENEFICIARY.—The term ''Medicare beneficiary'' means an individual who is enrolled for benefits under part B of title XVIII of the Social Security Act.

(3) SECRETARY.—The term ''Secretary'' means the Secretary of Health and Human Services.

TITLE II—STRENGTHENING MEDICARE SECONDARY PAYER RULES

SEC. 201. DETERMINATION OF REIMBURSEMENT AMOUNT THROUGH CMS WEBSITE TO IMPROVE PROGRAM EFFICIENCY.

Section 1862(b)(2)(B) of the Social Security Act (42 U.S.C. 1395y(b)(2)(B)) is amended by adding at the end the following new clause:

''(vii) USE OF WEBSITE TO DETERMINE FINAL CONDITIONAL REIMBURSEMENT AMOUNT.—

''(I) NOTICE TO SECRETARY OF EXPECTED DATE OF A SETTLEMENT, JUDGMENT, ETC.—In

the case of a payment made by the Secretary pursuant to clause (i) for items and services provided to the claimant, the claimant or applicable plan (as defined in paragraph (8)(F)) may at any time beginning 120 days before the reasonably expected date of a settlement, judgment, award, or other payment, notify the Secretary that a payment is reasonably expected and the expected date of such payment.

''(II) SECRETARIAL PROVIDING ACCESS TO CLAIMS INFORMATION THROUGH A WEBSITE.—The Secretary shall maintain and make available to individuals to whom items and services are furnished under this title (and to authorized family or other representatives recognized under regulations and to an applicable plan which has obtained the consent of the individual) access to information on the claims for such items and services (including payment amounts for such claims), including those claims that relate to a potential settlement, judgment, award, or other payment . Such access shall be provided to an individual, representative, or plan through a website that requires a password to gain access to the information. The Secretary shall update the information on claims and payments on such website in as timely a manner as possible but not later than 15 days after the date that payment is made. Information related to claims and payments subject to the notice under subclause (I) shall be maintained and made available consistent with the following:

''(aa) The information shall be as complete as possible and shall include provider or supplier name, diagnosis codes (if any), dates of service, and conditional payment amounts.

''(bb) The information accurately identifies those claims and payments that are related to a potential settlement, judgment, award, or other payment to which the provisions of this subsection apply.

''(cc) The website provides a method for the receipt of secure electronic communications with the individual, representative, or plan involved.

''(dd) The website provides that information is transmitted from the website in a form that includes an official time and date that the information is transmitted.

''(ee) The website shall permit the individual, representative, or plan to download a statement of reimbursement amounts (in this clause referred to as a 'statement of reimbursement amount') on payments for claims under this title relating to a potential settlement, judgment, award, or other payment.

''(III) USE OF TIMELY WEB DOWNLOAD AS BASIS FOR FINAL CONDITIONAL AMOUNT.—If an individual (or other claimant or applicable plan with the consent of the individual) obtains a statement of reimbursement amount from the website during the protected period as defined in subclause (V) and the related settlement, judgment, award or other payment is made during such period, then the last statement of reimbursement amount that is downloaded during such period and within 3 business days before the date of the settlement, judgment, award, or other payment shall constitute the final conditional amount subject to recovery under clause (ii) related to such settlement, judgment, award, or other payment.

''(IV) RESOLUTION OF DISCREPANCIES.—If the individual (or authorized representative) believes there is a discrepancy with the statement of reimbursement amount, the Secretary shall provide a timely process to resolve the discrepancy. Under such process the individual (or representative) must provide documentation explaining the discrepancy and a proposal to resolve such discrepancy. Within 11 business days after the date of receipt of such documentation, the Secretary shall determine whether there is a reasonable basis to include or remove claims on the statement of reimbursement. If the Secretary does not make such determination within the 11 business-day period, then the proposal to resolve the discrepancy shall be accepted. If the Secretary determines within such period that there is not a reasonable basis to include or remove claims on the statement of reimbursement, the proposal shall be rejected. If the Secretary determines within such period that there is a reasonable basis to conclude there is a discrepancy, the Secretary must respond in a timely manner by agreeing to the proposal to resolve the discrepancy or by providing documentation showing with good cause why the Secretary is not agreeing to such proposal and establishing an alternate discrepancy resolution. In no case shall the process under this subclause be treated as an appeals process or as establishing a right of appeal for a statement of reimbursement amount and there shall be no administrative or judicial review of the Secretary's determinations under this subclause.

''(V) PROTECTED PERIOD.—In subclause (III), the term 'protected period' means, with respect to a settlement, judgment, award or other payment relating to an injury or incident, the portion (if any) of the period beginning on the date of notice under subclause (I) with respect to such settlement, judgment, award, or other payment that is after the end of a Secretarial response period beginning on the date of such notice to the Secretary. Such Secretarial response period shall be a period of 65 days, except that such period may be extended by the Secretary for a period of an additional 30 days if the Secretary determines that additional time is required to address claims for which payment has been made. Such Secretarial response period shall be extended and shall not include any days for any part of which the Secretary determines (in accordance with regulations) that there was a failure in the claims and payment posting system and the failure was justified due to exceptional circumstances (as defined in such regulations). Such regulations shall define exceptional circumstances in a manner so that not more than 1 percent of the repayment obligations under this subclause would qualify as exceptional circumstances.

''(VI) EFFECTIVE DATE.—The Secretary shall promulgate final regulations to carry out this clause not later than 9 months after the date of the enactment of this clause.

''(VII) WEBSITE INCLUDING SUCCESSOR TECHNOLOGY.—In this clause, the term 'website' includes any successor technology.

''(viii) RIGHT OF APPEAL FOR SECONDARY PAYER DETERMINATIONS RELATING TO LIABILITY INSURANCE (INCLUDING SELF-INSURANCE), NO FAULT INSURANCE, AND WORKERS' COMPENSATION LAWS AND PLANS.—The Secretary shall promulgate regulations establishing a right of appeal and appeals process, with respect to any determination under this subsection for a payment made under this title for an item or service for which the Secretary is seeking to recover conditional payments from an applicable plan (as defined in paragraph (8)(F)) that is a primary plan under subsection (A)(ii), under which the applicable plan involved, or an attorney, agent, or third party administrator on behalf of such plan, may appeal such determination. The individual furnished such an item or service shall be notified of the plan's intent to appeal such determination''.

SEC. 202. FISCAL EFFICIENCY AND REVENUE NEUTRALITY.

(a) IN GENERAL.—Section 1862(b) of the Social Security Act (42 U.S.C. 1395y(b)) is amended—

(1) in paragraph (2)(B)(ii), by striking ''A primary plan'' and inserting ''Subject to paragraph (9), a primary plan''; and

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

''(9) EXCEPTION.—

''(A) IN GENERAL.—Clause (ii) of paragraph (2)(B) and any reporting required by paragraph (8) shall not apply with respect to any settlement, judgment, award, or other payment by an applicable plan arising from liability insurance (including self-insurance) and from alleged physical trauma-based incidents (excluding alleged ingestion, implantation, or exposure cases) constituting a total payment obligation to a claimant of not more than the single threshold amount calculated by the Secretary under subparagraph (B) for the year involved.

''(B) ANNUAL COMPUTATION OF THRESHOLD.—

''(i) IN GENERAL.—Not later than November 15 before each year, the Secretary shall calculate and publish a single threshold amount for settlements, judgments, awards, or other payments for obligations arising from liability insurance (including self-insurance) and for alleged physical trauma-based incidents (excluding alleged ingestion, implantation, or exposure cases) subject to this section for that year. The annual single threshold amount for a year shall be set such that the estimated average amount to be credited to the Medicare trust funds of collections of conditional payments from such settlements, judgments, awards, or other payments arising from liability insurance (including self-insurance) and for such alleged incidents subject to this section shall equal the estimated cost of collection incurred by the United States (including payments made to contractors) for a conditional payment arising from liability insurance (including self-insurance) and for such alleged incidents subject to this section for the year. At the time of calculating, but before publishing, the single threshold amount for a year, the Secretary shall inform, and seek review of, the Comptroller General of the United States with regard to such amount.

''(ii) PUBLICATION.—The Secretary shall include, as part of such publication for a year—

''(I) the estimated cost of collection incurred by the United States (including payments made to contractors) for a conditional payment arising from liability insurance (including self-insurance) and for such alleged incidents; and

''(II) a summary of the methodology and data used by the Secretary in computing such threshold amount and such cost of collection.

''(C) EXCLUSION OF ONGOING EXPENSES.—For purposes of this paragraph and with respect to a settlement, judgment, award, or other payment not otherwise addressed in clause (ii) of paragraph (2)(B) that includes ongoing responsibility for medical payments (excluding settlements, judgments, awards, or other payments made by a workers' compensation law or plan or no fault insurance), the amount utilized for calculation of the threshold described in subparagraph (A) shall include only the cumulative value of the medical payments made under this title.

''(D) REPORT TO CONGRESS.—Not later than November 15 before each year, the Secretary shall submit to the Congress a report on the single threshold amount for settlements, judgments, awards, or other payments for conditional payment obligations arising from liability insurance (including self-insurance) and alleged incidents described in subparagraph (A) for that year and on the establishment and application of similar thresholds for such payments for conditional payment obligations arising from worker

compensation cases and from no fault insurance cases subject to this section for the year. For each such report, the Secretary shall—

''(i) calculate the threshold amount by using the methodology applicable to certain liability claims described in subparagraph (B); and

''(ii) include a summary of the methodology and data used in calculating each threshold amount and the amount of estimated savings under this title achieved by the Secretary implementing each such threshold.''.

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall apply to years beginning with 2014.

SEC. 203. REPORTING REQUIREMENT.

Section 1862(b)(8) of the Social Security Act (42 U.S.C. 1395y(b)(8)) is amended—

(1) in the first sentence of subparagraph (E)(i), by striking ''shall be subject'' and all that follows through the end of the sentence and inserting the following: ''may be subject to a civil money penalty of up to $1,000 for each day of noncompliance with respect to each claimant.''; and

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

''(I) REGULATIONS.—Not later than 60 days after the date of the enactment of this subparagraph, the Secretary shall publish a notice in the Federal Register soliciting proposals, which will be accepted during a 60-day period, for the specification of practices for which sanctions will and will not be imposed under subparagraph (E), including not imposing sanctions for good faith efforts to identify a beneficiary pursuant to this paragraph under an applicable entity responsible for reporting information. After considering the proposals so submitted, the Secretary, in consultation with the Attorney General, shall publish in the Federal Register, including a 60-day period for comment, proposed specified practices for which such sanctions will and will not be imposed. After considering any public comments received during such period, the Secretary shall issue final rules specifying such practices.''.

SEC. 204. USE OF SOCIAL SECURITY NUMBERS AND OTHER IDENTIFYING INFORMATION IN REPORTING.

Section 1862(b)(8)(B) of the Social Security Act (42 U.S.C. 1395y(b)(8)(B)) is amended by adding at the end (after and below clause (ii)) the following:

''Not later than 18 months after the date of enactment of this sentence, the Secretary shall modify the reporting requirements under this paragraph so that an applicable plan in complying with such requirements is permitted but not required to access or report to the Secretary beneficiary social security account numbers or health identification claim numbers, except that the deadline for such modification shall be extended by one or more periods (specified by the Secretary) of up to 1 year each if the Secretary notifies the committees of jurisdiction of the House of Representatives and of the Senate that the prior deadline for such modification, without such extension, threatens patient privacy or the integrity of the secondary payer program under this subsection. Any such deadline extension notice shall include information on the progress being made in implementing such modification and the anticipated implementation date for such modification.''.

SEC. 205. STATUTE OF LIMITATIONS.

(a) IN GENERAL.—Section 1862(b)(2)(B)(iii) of the Social Security Act (42 U.S.C. 1395y(b)(2)(B)(iii)) is amended by adding at the end the following new sentence: ''An action may not be brought by the United States under this clause with respect to payment owed unless the complaint is filed not later than 3 years after the date of the receipt of notice of a settlement, judgment, award, or other payment made pursuant to paragraph (8) relating to such payment owed.''.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall apply with respect to actions brought and penalties sought on or after 6 months after the date of the enactment of this Act.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Texas (Mr. BRADY) and the gentleman from Wisconsin (Mr. KIND) each will control 20 minutes.

The Chair recognizes the gentleman from Texas.

GENERAL LEAVE

Mr. BRADY of Texas. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and to include extraneous material on the subject of the bill under consideration.

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

There was no objection.

Mr. BRADY of Texas. Madam Speaker, I yield myself such time as I may consume.

I, too, want to add my thanks and appreciation to my classmate on her years of dedication and stellar service to the United States of America on behalf of your wonderful State. Thank you.

Some of you may remember David, the little boy in the bubble. He was a constituent from Shenandoah, Texas, who passed away at the age of 12 after living many years of his life in a sterile environment at the Texas Children's Hospital in Houston, Texas. His mom, Carol Ann Demeret, is a champion for David and for other patients who were born with immunodeficiency disease. Carol Ann is a friend and a constituent, and has worked so hard to help those patients impacted with that disease. For years now, Carol Ann and I and many others have been fighting to change the law that could help patients like David.

Intravenous immune globulin, or IVIG therapy, is a vital step for treating patients with certain life-threatening diseases. These are patients for whom virtually every trip outside is potentially deadly. For the 250,000 Americans with primary immunodeficiency disease, there is no place more dangerous than going to a hospital for treatment. This is why home IVIG treatment actually prevents people being exposed to common illnesses that may make you and I miserable for a day or two, but could be deadly for patients with suppressed immune systems.

Regular access to IVIG therapy means a better quality of life, less disability, and potentially the difference between life and death. Unfortunately, today current law excludes from Medicare coverage the items and services necessary to administer IVIG therapy in the home, where doctors tell us patients with compromised immune systems can benefit the most.

The Medicare IVIG Access Act requires the Centers for Medicare and Medicaid Services to do a couple of things. It establishes a 3-year demonstration project to cover these items and services necessary to do this therapy in the home. It evaluates the impact of the demonstration project on access for these Medicare beneficiaries, analyzes the appropriateness of implementing a new methodology for IVIG payment in all care settings under Medicare part B, and updates a previous report on this by the Assistant Secretary for Planning and Evaluation.

It's my intent that the required study consider the impact of lag times with respect to data used to determine the average sales price and make recommendations to reduce the lag time to ensure more accurate pricing for IVIG, and to report whether home infusion saves the Medicare program tax dollars by improving access to all care settings.

The Medicare Payment Advisory Committee recently looked at home infusion, including the access problem for Medicare beneficiaries with PIDD.

The June MedPAC report reported that a targeted expansion of home infusion coverage focusing on certain drugs would have more likelihood of savings.

Drugs with a narrow indication and precise diagnostic criteria like IVIG for PIDD are less likely to have a woodwork effect than drugs with broad uses or imprecise diagnostic criteria. MedPAC's report also highlighted that fixing the part B home infusion therapy for beneficiaries with PIDD may save money because some of the other covered therapies for these patients are more expensive.

I expect, Madam Speaker, that the study required by this bill will give us more information about potential savings from giving people access to the right kind of care, reducing their exposure to germs in other settings, and increased compliance with prescribed therapy.

There may be a lot of division and partisanship in Washington right now, but not about this bill. I would like to thank my esteemed colleague, Representative DORIS MATSUI of California, for her leadership and tremendous hard work on this important bill. We have here today a solid, bipartisan bill, and both the House and Senate join together in support of Medicare IVIG access.

Madam Speaker, I will include in the RECORD an exchange of letters between the Ways and Means Committee and Energy and Commerce Committee related to this bill, and I reserve the balance of my time.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON ENERGY AND COMMERCE,
Washington, DC, December 11, 2012.

Hon. DAVE CAMP,
Chairman, Committee on Ways and Means, Washington, DC.

DEAR CHAIRMAN CAMP: I am writing concerning H.R. 1845, the ''Medicare IVIG Access

Act.'' I wanted to notify you that the Committee on Energy and Commerce will forgo action on the bill so that it may proceed expeditiously to the House floor for consideration.

This is done with the understanding that the Committee on Energy and Commerce is not waiving any of its jurisdiction, and the Committee will not be prejudiced with respect to the appointment of conferees or its jurisdictional prerogatives on this or similar legislation.

I would appreciate a response confirming this understanding and ask that a copy of our exchange of letters on this matter be included in the Congressional Record during consideration of H.R. 1845 on the House floor.

Sincerely,

FRED UPTON,
Chairman.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON WAYS AND MEANS,
Washington, DC, December 18, 2012.

Hon. FRED UPTON,
Chairman, Committee on Energy and Commerce, Washington,

DEAR CHAIRMAN UPTON, Thank you for your letter regarding H.R. 1845, the ''Medicare IVIG Access and Strengthening Medicare and Repaying Taxpayers Act of 2012,'' as amended, which is expected to be considered on the floor this week.

I appreciate your willingness to forgo action on H.R. 1845. I agree that your decision should not prejudice the Committee on Energy and Commerce with respect to the appointment of conferees or its jurisdictional prerogatives on this or similar legislation.

I will include a copy of your letter and this response in the Congressional Record during consideration of H.R. 1845 on the House floor.

Sincerely,

DAVE CAMP,
Chairman.

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

Madam Speaker, I rise in strong support of H.R. 1845. It's a combination of two strong, bipartisan commonsense bills before the House today. I want to thank the gentleman on the Ways and Means Committee, Mr. BRADY, for his support of this important legislation.

As one of the coauthors of the SMART Act, one of the bills that have been combined today, with Representative TIM MURPHY, and as an original cosponsor of the Medicare IVIG Access Act, I'm glad these two bipartisan bills have been combined and brought to the floor for consideration and hopefully passage later today.

The SMART Act had 139 bipartisan cosponsors; the Medicare IVIG Access Act, with 65 bipartisan cosponsors, are perfect examples of, at times, Democrats and Republicans joining forces and getting something done around this place. And hopefully that spirit will continue in the days to come with the difficult decisions that face this body.

I would like to thank my good friend TIM MURPHY for his leadership and hard work in moving the SMART Act through the Energy and Commerce Committee. I'd also like to recognize the extraordinary, broad stakeholder coalition that has worked so hard to help get the SMART Act on the floor today, particularly the American Association For Justice and the MARC Coalition.

Finally, I want to thank Representative BRADY and DORIS MATSUI for their tireless efforts on behalf of the Medicare IVIG Access Act. Their legislation is a step toward ensuring all seniors with primary immunodeficiency diseases are able to access life-saving IVIG drugs in their own home.

But let me just take a few minutes to discuss the need for the SMART Act. The SMART Act reforms the badly broken Medicare secondary payer system. For background, the Medicare secondary payer system requires Medicare to recoup the cost of hospital and doctor bills for a senior if her injuries are the responsibility of a private insurer or some other third party. So far so good. Making sure Medicare doesn't pay for injuries caused by another third party is good policy to help keep Medicare solvent.

The problem is that under the current system, seniors and parties that want to settle a claim often cannot determine how much they owe Medicare. That often results in the settlements collapsing. The result is that seniors are denied settlements to compensate for their injuries, and the Medicare trust fund is never reimbursed. That's bad for seniors, and it's bad for the Medicare program. We're talking about cases where seniors are trying to give money back to the government and the government simply won't say how much they owe it. It's outrageous that seniors can't even give money back to Medicare that the government is owed because the system is broken down.

At a time when Congress is considering cuts to the Medicare benefits and provider payments, we need to at least make sure that Medicare is getting the money seniors want to send it.

The SMART Act will improve the Medicare secondary payer system by making the government work more efficiently, reducing unnecessary burdens and waste, and speeding the repayment of amounts owed to the Medicare trust fund. The best way to demonstrate the need for the legislation is with a few examples of the current system's unfairness and outright absurdity.

□ 1340

I have a handful of demand letters here sent by CMS to seniors asking to be repaid $1.59, or $2.81, or $4.82, or even $36.75. Those amounts CMS has sought to recoup from seniors is far less than the amount it actually costs CMS to pursue these claims. That's penny wise and a pound foolish.

The SMART Act makes sure CMS is only pursuing Medicare secondary payment claims that will recoup at least the cost that it takes CMS to pursue these claims. That's commonsense reform.

This bill makes financial sense for Medicare, but it will also make a meaningful difference for seniors who are awaiting settlements that are held up by Medicare's process today.

In fact, I heard the story of one gentleman who fell on a retailer's handicapped ramp while using a walker. Now, Mr. Law cut his left hand; he hit his head on the fence alongside the ramp. He and the retailer discussed the medical charges, and they agreed to settle for $2,000.

It took 18 months and eight written exchanges with CMS to resolve this simple MSP claim, which delayed settlement of the claim by the same 18 months. Plus, Mr. Law actually passed away during the extended timeframe.

We can do better for seniors. We can get Medicare the money it's owed a lot faster. This legislation would accomplish that.

These are just a few of the examples of why the SMART Act is needed. The toll this broken system takes on seniors and the burden it imposes on businesses is unacceptable.

I urge my colleagues to vote for H.R. 1845 to support this commonsense reform, including the IVIG program.

And, Madam Speaker, since this may be the last time I'll have a chance to address you in the chair, I too want to echo the sentiments of so many of our colleagues, to congratulate you on such a distinguished career here in the House.

You did well in representing your constituents back home in Missouri. We'll miss you as a colleague, someone who tried hard to work on finding bipartisan, commonsense solutions to the challenges facing our Nation. And, of course, we wish you all the best in your future endeavors.

I reserve the balance of my time.

Mr. BRADY of Texas. At this time, I yield 2 minutes to the chairman of the Health Subcommittee, a longtime fighter for patients and those on Medicare, the gentleman from California (Mr. HERGER).

Mr. HERGER. I thank my friend from Texas.

Madam Speaker, I rise today in strong support of H.R. 1845, as amended, the Medicare IVIG Access and Strengthening Medicare and Repaying Taxpayers Act of 2012.

This legislation would create a 3-year demonstration project to provide up to 4,000 Medicare beneficiaries suffering from primary immunodeficiency diseases with in-home coverage of IVIG. Medicare beneficiaries with PIDD need the biologic IVIG to boost their immune system so they can fight off infection and maintain a high quality of life.

Medicare currently offers comprehensive coverage of IVIG treatments in the physician's office and hospital setting, but not when IVIG is administered in the home. This flawed payment policy encourages Medicare beneficiaries to receive care in the most costly settings.

Under this demonstration project, Medicare part B would cover the home administration costs, including the trained medical professional who administers the biologic, allowing up to 4,000 beneficiaries with PIDD to receive IVIG treatments in their home. Importantly, beneficiaries who receive IVIG

in their home can avoid the risk of infection inherent in alternative treatment settings.

The HHS Secretary would be required to issue a report to Congress detailing the impact this demonstration project had on beneficiary access to care, and whether or not CMS should permanently change its IVIG coverage policy. According to CBO, the costs of this one-time demonstration are fully offset by permanently reforming Medicare's secondary-payer rules as detailed in the SMART Act.

The SMART Act will help ensure that taxpayers will not be stuck with a Medicare bill for incidents caused when another party is liable or negligent. The SMART Act also makes important changes so that the arcane Medicare rules would no longer be an impediment for parties resolving their differences and reaching settlement.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. BRADY of Texas. Madam Speaker, I yield another minute to the gentleman from California.

Mr. HERGER. Madam Speaker, we need to protect the Medicare trust funds, and we need to have an efficient, consistent, and clear process to resolve these claims; and the SMART Act does exactly that.

I urge my colleagues to join me in support of this important legislation.

Mr. KIND. Madam Speaker, I want to thank my good friend, the gentleman from California, for his support of H.R. 1845, in particular, the SMART Act, and congratulate him, as well, on his distinguished career since he will be retiring at the end of this session of Congress as well.

At this time I yield as much time as she may consume to the gentlewoman from California (Ms. MATSUI), the principal author of the Medicare IVIG Act.

Ms. MATSUI. I'd like to thank my colleague for yielding.

I also want to say, Madam Speaker, thank you for your many wonderful years of service and our friendship. We'll miss you in this Chamber, and we wish you well.

Madam Speaker, I rise in strong support of H.R. 1845, the Medicare IVIG Access Act. I'd like to thank Congressman BRADY for his hard work and his leadership on this legislation, as well as Congressman KIND for the leadership on the SMART Act provisions of this important legislation.

Primary Immunodeficiency Diseases or, as we call it, PIDDs, is a group of diseases that cause a person's immune system to be unable to function properly. Unlike most of us who are able to fight common infectious diseases, patients with untreated PIDD can become seriously ill from a simple cold virus or even a cut on their arm.

Patients with PIDD are generally treated with intravenous immunoglobulin, or IVIG, a complex drug that provides them a temporary immune system. Every 3–4 weeks, patients receive an IV treatment for about 2–4 hours per treatment. To maintain a healthy immune system, they must have this treatment for the rest of their lives.

People with commercial insurance typically receive care in any of three settings: hospital outpatient departments; a physician's office; or at home, administered by a nurse. For many patients, receiving their care at home is optimal, as it greatly reduces the risk of infection.

However, for Medicare beneficiaries with PIDD, the program pays for home infusion of IVIG but does not cover nursing services and supplies. As you can imagine, a 74-year-old Medicare recipient on a fixed income is not capable of paying the several hundred dollars a month necessary for the nurse to provide IVIG infusions in their homes. As a result, many patients are forced to receive their treatment in a hospital setting, oftentimes increasing the likelihood of infection, pneumonia, and an expensive stay in a hospital billed to Medicare.

Madam Speaker, this does not make sense for the patient or for Medicare, and that's why Congressman BRADY and I introduced the Medicare IVIG Access Act.

Madam Speaker, this legislation is budget-neutral and fully paid for. H.R. 1845 creates a 3-year demonstration project capped at 4,000 patients, in which the nursing services and supplies associated with home infusion of IVIG will be covered for Medicare beneficiaries with PIDD.

I believe that this project will mirror the results of studies of patients with commercial insurance that found increased compliance, fewer infections and overall savings for patients infused at home versus the hospital.

Madam Speaker, patients with rare genetic diseases should not see their access to care diminish when they become eligible for Medicare. H.R. 1845 fixes the gap in Medicare coverage that unfairly restricts patients' access to IVIG and disrupts their continuity of care.

I strongly encourage my colleagues to vote for this critically important legislation.

□ 1350

Mr. BRADY of Texas. Madam Speaker, I am pleased to yield 5 minutes to the lead author and champion of the SMART Act, one of our health care leaders, Mr. MURPHY of Pennsylvania.

Mr. MURPHY of Pennsylvania. I thank the gentleman.

Madam Speaker, may I add my accolades to your work for the people of Missouri, particularly my ancestors who founded Murphy's Settlement, now Farmington, in your district. You've done them well.

Four years ago, Lorraine Babich of Washington County, Pennsylvania, then age 73, suffered injuries so severe from a car accident that she will never fully recover. After the accident, Lorraine underwent a very difficult surgery. She was transferred to a rehabilitation facility, where she contracted Methicillin-resistant Staphylococcus Aureus, otherwise known as MRSA. Sadly, Lorraine's condition has worsened. She now suffers from dementia and must receive 24/7 care at a nursing home. The physical pain in Lorraine's life is multiplied by the emotional pain of recent years. A year after the accident, Lorraine lost her husband; then, last year, her only child passed away.

Lorraine's story is heartbreaking and tragic, and it's depressing to learn Medicare is working against Lorraine's interests. In the fall of 2010, Lorraine's family and the automobile insurer for the other driver in the accident reached a monetary settlement. The insurer agreed to pay Lorraine's medical bills, and Lorraine would also collect damages. First, Lorraine's health insurer—Medicare—had to be repaid, but the Centers for Medicare and Medicaid Services won't tell Lorraine or the auto insurer how much is owed to the Medicare trust fund. The insurance company wants to reimburse Medicare and provide Lorraine with a settlement, but CMS's complicated bureaucracy is standing in the way.

There are thousands of cases just like Lorraine's in congressional districts across the country. But we now have a chance to fix this problem and make sure Lorraine and her family receive what they are rightfully owed by passing H.R. 1845, which includes a bipartisan bill I introduced with Congressman RON KIND.

Our bill, the Strengthening Medicare and Repaying Taxpayers Act, or the SMART Act, will recoup billions of dollars owed by insurance companies to the Medicare trust fund quickly and eliminate waste within CMS. The SMART Act, which has nearly 140 bipartisan cosponsors and the support of trial lawyers, patient advocates, defense attorneys, and the U.S. Chamber of Commerce, requires that Medicare provide settling parties with accurate information about the total costs of medical bills when the parties announce a settlement is near.

The Congressional Budget Office has looked at our bill and found it will save billions in Medicare. The current Medicare Secondary Payer bureaucracy is causing seniors to have their Social Security checks garnished and their Medicare coverage denied, through no fault of their own. Our bill fixes these issues and ensures bureaucracy does not stand in the way of a settlement.

Right now, insurers are walking away from settlements because of the flaws in the Medicare Secondary Payer statute. When those settlements break down, seniors get nothing and the taxpayers are not repaid. By enacting this legislation, Congress can help Lorraine and thousands of senior citizens who are needlessly suffering because Medicare isn't operating effectively and efficiently.

I want to thank Chairmen UPTON and CAMP, Ranking Members WAXMAN and

LEVIN, and Congressman KIND for their support on this legislation. I want to extend a special thanks to their respective staffs for their hard work, particularly Robert Horne and Brad Grantz. Without them, this legislation wouldn't be moving forward.

This is good government and saves taxpayers' money. I urge its adoption.

Mr. KIND. I yield such time as he may consume to my very good friend, the gentleman from New Jersey, one of the leaders in the Energy and Commerce Committee, Mr. PALLONE.

Mr. PALLONE. I want to thank the gentleman from Wisconsin.

Madam Speaker, I rise to lend my support to H.R. 1845, as amended. This bill combines two pieces of legislation: H.R. 1845, which provides a demonstration for the coverage of home infusion of intravenous immune globulin, or IVIG, and H.R. 1063, which makes improvements to the Medicare Secondary Payer process, or MSP. However, I would like to note my concerns about the process.

Our committee acted on H.R. 1063, and I commend the chairman for his efforts to ensure it was a bipartisan product, but we did not act on the IVIG legislation, which is every bit as important to our Members as the MSP. So it's my hope that in the future we can avoid situations like this.

The Medicare Secondary Payer provisions of this bill will reduce the burdens of the secondary payer process for beneficiaries and other stakeholders. Most importantly, the legislation will do so in a way that ensures that we're also protecting taxpayer dollars and the Medicare trust fund. I do worry, however, that the MSP bill does not include administrative funding for the Centers for Medicare and Medicaid Services, or CMS, to implement these new changes.

One of the primary complaints I hear about MSP is that stakeholders are currently frustrated because the process does not move fast enough. But here we are, legislating new responsibilities on top of an already slow process—with no funding. This will simply burden the agency and make it more difficult to get to resolution on secondary payer cases in a timely fashion. So I hope that at some future date we can provide a reasonable sum to the agency to allow them to be better equipped to speed this process along.

One additional point on MSP: the new process we've established for resolving disputes of claims posted on the Web portal is not intended to supplant the ordinary appeals process for MSP activities. I believe that is clear in the language, but I want to note that there should be no ambiguity. This bill does not supplant existing appeals rights.

In addition to MSP changes, this bill also provides for a 3-year demonstration related to IVIG. IVIG is a blood-derived treatment that helps strengthen the immune systems of immune-deficient patients and prevents paralysis in some autoimmune diseases and neuropathies. Currently, Medicare beneficiaries may receive home infusion of IVIG as a part B benefit; however, the equipment, nursing services, and supplies necessary for the home infusion are not reimbursed.

Congresswoman MATSUI has been a clear leader on this issue and it's to her credit that it's included in this package today. She's worked so tirelessly on this IVIG issue, and I'm hopeful that this demonstration project she has championed will both save money for the Medicare program and improve access to needed services for this vulnerable population. I thank her for her leadership on behalf of these patients.

I also want to thank Chairman UPTON for working on these two issues with us, and I look forward to the next Congress, where, hopefully, we'll find additional areas of common ground to work on.

Mr. KIND. I have no further speakers. I encourage my colleagues to support H.R. 1845, and I yield back the balance of my time.

Mr. BRADY of Texas. I yield myself such time as I may consume.

In closing, I want to thank my counterpart, DORIS MATSUI, for her great work on this issue. I so appreciate the leadership and partnership of Mr. KIND and Mr. MURPHY in combining these two important health care bills in order to both provide safer, more affordable access to care for those with compromised immune deficiencies, as well as finding ways to save money with the important Medicare program and the SMART Act.

I want to thank Andrew Wankum of my staff for his excellent work on this bill, Dan Elling, staff director of the Ways and Means Subcommittee on Health, as well as Jennifer Safavian for her leadership on the Ways and Means Committee. But I especially want to thank my constituent friend, Carol Ann Demaret, the mom of David, for her decades of hard work on behalf of these patients. And I appreciate so much Marcia Boyle, the founder of the Immune Deficiency Foundation, and all those patients who for years have come up here asking for this help and change.

Today, this Congress, Republicans and Democrats alike, join together in providing that help and that access. I urge support for this bill and yield back the balance of my time.

Mr. WAXMAN. Madam Speaker, I am pleased that we are bringing this bill to the floor today. This bill combines two pieces of legislation, H.R. 1845 which provides a demonstration for the coverage of home infusion of intra venous immune globulin (IVIG) and H.R. 1063, which makes improvements to the Medicare Secondary Payer process.

H.R. 1063 was developed and reported by the Energy and Commerce Committee as a bipartisan effort. I commend Chairman Upton's willingness to work with us to achieve a solution. I believe we have a good balance assembling this package of improvements to the current process.

Under current law, Medicare is a secondary payer to certain group health plans and non-group health plans regardless of state law or plan provisions. These plans include auto or other liability insurance, no-fault insurance, and workers' compensation plans. But even though it is legally a secondary payer, it pays medical claims for Medicare beneficiaries—even if they may have other entities with a legal responsibility—and then recovers its expenditures so seniors and persons with disabilities are able to get the services they need. Then the appropriate claims are settled after the fact. The goal of the Medicare Secondary Payer bill is to reduce the burdens of the secondary payer process for beneficiaries and other stakeholders and help to have timely settlements, but to do so in a way that makes sure we are also protecting taxpayer dollars and the Medicare trust fund.

I do regret that we were unable to include administrative funding for the Centers for Medicare and Medicaid Services (CMS) to implement these new changes. Stakeholders are currently frustrated because the process does not move fast enough; adding new responsibilities on top of an already slow process—with no new funding—is going to burden the agency and make it more difficult to meet the stakeholders' desired time frame for resolution. I hope that at some future date we can provide a reasonable sum to speed this process along.

I would like to clarify one additional point regarding the changes in this bill. The new process we have established for resolving disputes of claims posted on the web portal is not intended to supplant the ordinary appeals process for MSP activities. I believe that is clear in the language, but I want to note there should be no ambiguity.

I am also pleased that a bill Congresswoman MATSUI has been a clear leader on is included in this package today. She has worked tirelessly on this IVIG issue, and I am hopeful that this demonstration project she has championed will save both save money for the Medicare program and improve access to needed services for this vulnerable population. I thank her for her leadership on this issue.

I thank Chairman UPTON for working on these two issues with us, and our colleagues on the Ways and Means Committee who worked to bring these bills to the floor, and I look forward to next Congress where hopefully we will find additional areas of common ground to work on.

Mr. REICHERT. Madam Speaker, I rise today to express my support for H.R. 1845. Title II addresses a set of issues involving the employers and the casualty insurance industry and the Medicare Secondary Payer (MSP) law.

However, this is not the only set of MSP issues that impact workers' compensation that also needs to be addressed. My legislation, H.R. 5284, the Medicare Secondary Payer and Workers' Compensation Settlement Agreement Act, is cosponsored by Representative MIKE THOMPSON and has bipartisan support.

This legislation aims to resolve the delays by the Centers for Medicare and Medicaid Services (CMS) in reviewing workers' compensation settlements to determine the appropriate set-aside amount to be maintained by Medicare beneficiaries to pay for future medical costs in which Medicare may have an interest.

H.R. 5284 creates a system of certainty and allows the workers' compensation settlement process to move forward while eliminating millions of dollars in administrative costs. It will help create clear and consistent standards, currently lacking in the process, to address workers' compensation issues. Most importantly, it will benefit all parties involved—injured workers, employers, insurers and CMS.

I am hopeful that the House of Representatives will be able to move H.R. 5284 towards enactment.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Texas (Mr. BRADY) that the House suspend the rules and pass the bill, H.R. 1845, as amended.

The question was taken.

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

Mr. BRADY of Texas. Madam 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, further proceedings on this question will be postponed.

□ 1400

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings will resume on motions to suspend the rules previously postponed.

Votes will be taken in the following order:

H.R. 6672, by the yeas and nays;

H.R. 1845, by the yeas and nays;

House Resolution 668, de novo.

The first electronic vote will be conducted as a 15-minute vote. Remaining electronic votes will be conducted as 5-minute votes.

PANDEMIC AND ALL-HAZARDS PREPAREDNESS REAUTHORIZATION ACT OF 2012

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and pass the bill (H.R. 6672) to reauthorize certain programs under the Public Health Service Act and the Federal Food, Drug, and Cosmetic Act with respect to public health security and all-hazards preparedness and response, and for other purposes, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Michigan (Mr. ROGERS) that the House suspend the rules and pass the bill.

The vote was taken by electronic device, and there were—yeas 383, nays 16, not voting 32, as follows:

[Roll No. 633]

YEAS—383

Ackerman
Adams
Aderholt
Alexander
Altmire
Amodei
Andrews
Austria
Bachmann
Bachus
Baldwin
Barber
Barletta
Barrow
Barton (TX)
Bass (NH)
Becerra
Benishek
Berg
Berkley
Biggert
Bilirakis
Bishop (GA)
Bishop (NY)
Bishop (UT)
Black
Blackburn
Blumenauer
Bonamici
Bonner
Boren
Boswell
Boustany
Brady (PA)
Brady (TX)
Braley (IA)
Brooks
Brown (FL)
Buchanan
Bucshon
Buerkle
Burgess
Burton (IN)
Butterfield
Calvert
Camp
Canseco
Cantor
Capito
Capps
Capuano
Carnahan
Carney
Carson (IN)
Carter
Cassidy
Castor (FL)
Chabot
Chaffetz
Chandler
Chu
Cicilline
Clarke (MI)
Clarke (NY)
Clay
Cleaver
Clyburn
Coble
Cohen
Cole
Conaway
Connolly (VA)
Conyers
Cooper
Costa
Courtney
Cravaack
Crawford
Crenshaw
Critz
Crowley
Cuellar
Culberson
Cummings
Curson (MI)
Davis (CA)
Davis (IL)
DeFazio
DeGette
DeLauro
DelBene
Denham
Dent
DesJarlais
Deutch
Diaz-Balart
Dicks
Doggett
Dold
Donnelly (IN)
Doyle
Dreier
Duffy
Edwards
Ellison
Ellmers
Emerson
Engel
Eshoo
Farenthold
Farr
Fattah
Fincher
Fitzpatrick
Fleischmann
Fleming
Flores
Forbes
Fortenberry
Frank (MA)
Franks (AZ)
Frelinghuysen
Fudge
Gallegly
Garamendi
Gardner
Garrett
Gerlach
Gibbs
Gibson
Gingrey (GA)
Gohmert
Goodlatte
Gosar
Gowdy
Granger
Graves (MO)
Green, Gene
Griffin (AR)
Griffith (VA)
Grijalva
Grimm
Guinta
Guthrie
Gutierrez
Hahn
Hanabusa
Hanna
Harper
Hartzler
Hastings (FL)
Hastings (WA)
Hayworth
Heck
Heinrich
Hensarling
Herger
Herrera Beutler
Higgins
Himes
Hinchey
Hinojosa
Hirono
Hochul
Holden
Holt
Honda
Hoyer
Huelskamp
Huizenga (MI)
Hultgren
Hunter
Hurt
Israel
Issa
Jackson Lee (TX)
Jenkins
Johnson (GA)
Johnson (OH)
Johnson, E. B.
Johnson, Sam
Jones
Jordan
Kaptur
Keating
Kelly
Kildee
Kind
King (IA)
Kinzinger (IL)
Kissell
Kline
Kucinich
Lamborn
Lance
Langevin
Lankford
Larsen (WA)
Larson (CT)
Latham
LaTourette
Latta
Lee (CA)
Levin
Lewis (CA)
Lewis (GA)
Lipinski
LoBiondo
Loebsack
Lofgren, Zoe
Long
Lowey
Lucas
Luetkemeyer
Lungren, Daniel E.
Lynch
Maloney
Manzullo
Marchant
Marino
Markey
Matheson
Matsui
McCarthy (CA)
McCarthy (NY)
McCaul
McClintock
McCollum
McDermott
McGovern
McHenry
McIntyre
McKeon
McMorris Rodgers
McNerney
Meehan
Meeks
Mica
Michaud
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Miller, George
Moore
Moran
Mulvaney
Murphy (PA)
Myrick
Nadler
Napolitano
Neal
Neugebauer
Noem
Nugent
Nunes
Olson
Olver
Owens
Palazzo
Pallone
Pascrell
Pastor (AZ)
Paulsen
Payne
Pearce
Pelosi
Perlmutter
Peters
Peterson
Petri
Pingree (ME)
Pitts
Polis
Pompeo
Posey
Price (GA)
Price (NC)
Quayle
Quigley
Rahall
Rangel
Reed
Rehberg
Reichert
Renacci
Ribble
Richardson
Richmond
Rigell
Rivera
Roby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rokita
Rooney
Ros-Lehtinen
Roskam
Ross (AR)
Ross (FL)
Rothman (NJ)
Roybal-Allard
Royce
Runyan
Ruppersberger
Rush
Ryan (OH)
Ryan (WI)
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Scalise
Schakowsky
Schiff
Schilling
Schock
Schrader
Schwartz
Schweikert
Scott (SC)
Scott (VA)
Scott, Austin
Scott, David
Sensenbrenner
Serrano
Sessions
Sewell
Sherman
Shimkus
Shuster
Simpson
Sires
Slaughter
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Southerland
Speier
Stearns
Stivers
Sutton
Terry
Thompson (CA)
Thompson (MS)
Thompson (PA)
Thornberry
Tiberi
Tierney
Tipton
Tonko
Tsongas
Turner (NY)
Turner (OH)
Upton
Van Hollen
Velázquez
Visclosky
Walberg
Walden
Walz (MN)
Wasserman Schultz
Waters
Watt
Waxman
Webster
Welch
West
Westmoreland
Whitfield
Wilson (FL)
Wilson (SC)
Wittman
Wolf
Womack
Woolsey
Yarmuth
Yoder
Young (AK)
Young (IN)

NAYS—16

Amash
Broun (GA)
Campbell
Duncan (SC)
Duncan (TN)
Flake
Foxx
Graves (GA)
Harris
Kingston
Labrador
Massie
Poe (TX)
Stutzman
Walsh (IL)
Woodall

NOT VOTING—32

Akin
Baca
Bartlett
Bass (CA)
Berman
Bilbray
Bono Mack
Coffman (CO)
Costello
Dingell
Gonzalez
Green, Al
Hall
Johnson (IL)
King (NY)
Landry
Luján
Lummis
Mack
McKinley
Murphy (CT)
Nunnelee
Paul
Pence
Platts
Reyes
Schmidt
Shuler
Stark
Sullivan
Towns
Young (FL)

□ 1421

Messrs. DUNCAN of Tennessee, KINGSTON, and LABRADOR changed their vote from ''yea'' to ''nay.''

Ms. WILSON of Florida changed her vote from ''nay'' to ''yea.''

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

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated for:

Mr. COFFMAN of Colorado. Mr. Speaker, on rollcall No. 633, I was unavoidably detained. Had I been present, I would have voted ''yea.''

MEDICARE IVIG ACCESS AND STRENGTHENING MEDICARE AND REPAYING TAXPAYERS ACT OF 2012

The SPEAKER pro tempore (Mr. BASS of New Hampshire). The unfinished business is the vote on the motion to suspend the rules and pass the bill (H.R. 1845) to provide for a study on issues relating to access to intravenous immune globulin (IVIG) for Medicare beneficiaries in all care settings and a demonstration project to examine the benefits of providing coverage and payment for items and services necessary to administer IVIG in the home, as amended, on which the yeas and nays were ordered.

The Clerk read the title of the bill.