

Issa	Moore	Schiff
Jackson Lee	Moran	Schilling
(TX)	Mulvaney	Schmidt
Jenkins	Murphy (PA)	Schock
Johnson (GA)	Myrick	Schrader
Johnson (OH)	Nadler	Schwartz
Johnson, E. B.	Napolitano	Schweikert
Johnson, Sam	Neal	Scott (SC)
Jones	Neugebauer	Scott (VA)
Jordan	Noem	Scott, Austin
Kaptur	Nugent	Scott, David
Keating	Nunes	Sensenbrenner
Kelly	Olson	Serrano
Kildee	Oliver	Sessions
Kind	Owens	Sewell
King (IA)	Palazzo	Sherman
Kingston	Pallone	Shimkus
Kinzinger (IL)	Pascrell	Shuster
Kissell	Pastor (AZ)	Simpson
Kline	Paul	Sires
Kucinich	Paulsen	Slaughter
Labrador	Payne	Smith (NE)
Lamborn	Pearce	Smith (NJ)
Lance	Pelosi	Smith (TX)
Langevin	Perlmutter	Smith (WA)
Lankford	Peters	Southerland
Larsen (WA)	Peterson	Speier
Larson (CT)	Petri	Stearns
Latham	Pingree (ME)	Stivers
LaTourette	Pitts	Stutzman
Latta	Poe (TX)	Sutton
Lee (CA)	Polis	Terry
Levin	Pompeo	Thompson (CA)
Lewis (CA)	Posey	Thompson (MS)
Lewis (GA)	Price (GA)	Thompson (PA)
Lipinski	Price (NC)	Thornberry
LoBiondo	Quayle	Tiberi
Loeback	Quigley	Tierney
Lofgren, Zoe	Rahall	Tipton
Long	Rangel	Reed
Lowey	Reed	Tonko
Lucas	Rehberg	Tsongas
Luetkemeyer	Reichert	Turner (NY)
Lummis	Renacci	Turner (OH)
Lungren, Daniel	Ribble	Upton
E.	Richardson	Van Hollen
Lynch	Richmond	Velázquez
Maloney	Rigell	Visclosky
Manzullo	Rivera	Walberg
Marchant	Roby	Walden
Marino	Roe (TN)	Walsh (IL)
Massie	Rogers (AL)	Walz (MN)
Matheson	Rogers (KY)	Wasserman
Matsui	Rogers (MI)	Schultz
McCarthy (CA)	Rohrabacher	Waters
McCarthy (NY)	Rokita	Watt
McCaul	Rooney	Waxman
McCollum	Ros-Lehtinen	Webster
McDermott	Roskam	Welch
McGovern	Ross (AR)	West
McHenry	Ross (FL)	Westmoreland
McIntyre	Rothman (NJ)	Whitfield
McKeon	Roybal-Allard	Wilson (FL)
McMorris	Royce	Wilson (SC)
Rodgers	Runyan	Wittman
McNerney	Ruppersberger	Wolf
Meehan	Rush	Womack
Meeks	Ryan (OH)	Woodall
Mica	Ryan (WI)	Woolsey
Michaud	Sánchez, Linda	Yarmuth
Miller (FL)	T.	Yoder
Miller (MI)	Sánchez, Loretta	Young (AK)
Miller (NC)	Sarbanes	Young (FL)
Miller, Gary	Scalise	Young (IN)
Miller, George	Schakowsky	

NAYS—5

Amash	Hastings (WA)	McClintock
Campbell	Markey	

NOT VOTING—28

Akin	Gonzalez	Nunnelee
Baca	Green, Al	Pence
Bartlett	Gutierrez	Platts
Berman	Johnson (IL)	Reyes
Billbray	King (NY)	Shuler
Bono Mack	Landry	Stark
Costello	Lujan	Sullivan
DeGette	Mack	Towns
Fleming	McKinley	
Garamendi	Murphy (CT)	

□ 1436

So (two-thirds being in the affirmative) the rules were suspended and the resolution, as amended, was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

PERSONAL EXPLANATION

Mr. PLATTS. Mr. Speaker, on rollcall Nos. 633, 634, and 635, I was inadvertently delayed and was not present. Had I been present, I would have voted “yea” on all three votes.

PERSONAL EXPLANATION

Mr. AL GREEN of Texas. Mr. Speaker, today, due to unforeseen circumstances, I missed the following votes:

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—had I been present, I would have voted “yea.”

H.R. 1845—Medicare IVIG Access Act, as amended—had I been present, I would have voted “yea.”

H. Res. 668—To refer H.R. 5862, a bill making congressional reference to the United States Court of Federal Claims pursuant to sections 1492 and 2509 of title 28, United States Code, the Indian trust-related claims of the Quapaw Tribe of Oklahoma (O-Gah-Pah) as well as its individual members—had I been present, I would have voted “yea.”

MEDICARE IDENTITY THEFT PREVENTION ACT OF 2012

Mr. SAM JOHNSON of Texas. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1509) to amend title II of the Social Security Act to prohibit the inclusion of Social Security account numbers on Medicare cards, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1509

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 Identity Theft Prevention Act of 2012”.

SEC. 2. PROHIBITION OF INCLUSION OF SOCIAL SECURITY ACCOUNT NUMBERS ON MEDICARE CARDS.

(a) IN GENERAL.—Section 205(c)(2)(C) of the Social Security Act (42 U.S.C. 405(c)(2)(C)) is amended—

(1) by moving clause (x), as added by section 1414(a)(2) of the Patient Protection and Affordable Care Act, 2 ems to the left;

(2) by redesignating clause (x), as added by section 2(a)(1) of the Social Security Number Protection Act of 2010, and clause (xi) as clauses (xi) and (xii), respectively; and

(3) by adding at the end the following new clause:

“(xiii) The Secretary of Health and Human Services, in consultation with the Commissioner of Social Security, shall establish cost-effective procedures to ensure that a Social Security account number (or derivative thereof) is not displayed, coded, or embedded on the Medicare card issued to an individual who is entitled to benefits under part A of title XVIII or enrolled under part B of title XVIII and that any other identifier displayed on such card is not identifiable as a Social Security account number (or derivative thereof).”.

(b) IMPLEMENTATION.—In implementing clause (xiii) of section 205(c)(2)(C) of the Social Security Act (42 U.S.C. 405(c)(2)(C)), as

added by subsection (a)(3), the Secretary of Health and Human Services shall establish a cost-effective process that involves the least amount of disruption to Medicare beneficiaries and health care providers. The Secretary shall consider implementing a process, similar to the process involving Railroad Retirement Board beneficiaries, under which a Medicare beneficiary identifier which is not a Social Security account number (or derivative thereof) is used external to the Department of Health and Human Services and is convertible over to a Social Security account number (or derivative thereof) for use internal to such Department and the Social Security Administration.

(c) EFFECTIVE DATE.—

(1) IN GENERAL.—Clause (xiii) of section 205(c)(2)(C) of the Social Security Act (42 U.S.C. 405(c)(2)(C)), as added by subsection (a)(3), shall apply with respect to Medicare cards issued on and after an effective date specified by the Secretary of Health and Human Services, but in no case shall such effective date be later than the date that is 3 years after the date of the enactment of this Act.

(2) REISSUANCE.—The Secretary—

(A) shall provide for the reissuance of Medicare cards that comply with the requirements of such clause not later than 3 years after the effective date specified by the Secretary under paragraph (1); and

(B) may permit an individual to apply for the reissuance of a Medicare card that complies with such requirements before the date of reissuance otherwise provided under subparagraph (A) in such exceptional circumstances as the Secretary may specify.

(d) FUNDING.—

(1) OFFSET FROM MIF.—Amounts in the Medicare Improvement Fund under section 1898 of the Social Security Act (42 U.S.C. 1395iii) that are available for expenditures from the Fund for services furnished in a fiscal year (through fiscal year 2020) shall be available for transfer to the Centers for Medicare & Medicaid Services Program Management Account as the Secretary of Health and Human Services determines necessary to offset the costs incurred by the Secretary (including costs under the agreement described in paragraph (2)(A)) in such fiscal year (or a previous fiscal year) in implementing clause (xiii) of section 205(c)(2)(C) of such Act (42 U.S.C. 405(c)(2)(C)), as added by subsection (a)(3), and this section.

(2) AVAILABILITY OF FUNDING FOR THE SOCIAL SECURITY ADMINISTRATION.—

(A) FUNDING UNDER AGREEMENT.—The Commissioner of Social Security and the Secretary of Health and Human Services shall enter into and maintain an agreement which shall—

(i) provide funds to the Commissioner, at scheduled intervals as specified in the agreement, for the full costs of the responsibilities of the Commissioner under this section; and

(ii) require an annual accounting and reconciliation of the actual costs incurred and the funds provided under the agreement.

(B) AVAILABILITY OF FUNDS.—Amounts transferred to the Centers for Medicare & Medicaid Services Program Management Account under paragraph (1) shall be available to the Secretary of Health and Human Services to carry out the agreement under subparagraph (A) and the Secretary shall provide funds to the Commissioner as required under such agreement.

(e) ACCOUNTABILITY.—

(1) ACCOUNTING OF EXPENDITURES.—The Secretary of Health and Human Services and the Commissioner of Social Security shall—

(A) keep a detailed accounting of expenditures associated with the implementation of such clause and this section; and

(B) submit a report on such expenditures to the Committee on Ways and Means of the House of Representatives, the Committee on Finance of the Senate, and the Comptroller General of the United States, on a semi-annual basis, in each of fiscal years 2013 through 2021.

(2) **AUDIT.**—The Comptroller General shall conduct a semi-annual financial audit of the expenditures of the Department of Health and Human Services and of the Social Security Administration during such fiscal years in implementing such clause and this section. Each such audit shall include an examination of whether funds made available under subsection (d) are used solely for the purpose described in such subsection.

SEC. 3. MEDICARE SMART CARD TECHNOLOGY STUDY AND REPORT.

(a) **STUDY.**—The Comptroller General of the United States shall conduct a study that examines whether the Medicare program should use smart card technology for Medicare beneficiary cards and for provider membership cards.

(b) **DETAILS OF STUDY.**—Such study shall include an examination of the following:

(1) Potential levels of provider investment required to use cards with such technology in various care settings.

(2) Systems-related and implementation-related costs to the Medicare program to use such technology.

(3) The extent to which private insurance companies have adopted or considered such technology and their reasons for adoption or non-adoption of such technology.

(4) The extent to which use of cards with such technology would—

(A) reduce the potential for identity theft and other unlawful use of Medicare beneficiary and provider identifying information;

(B) increase the quality of care furnished to Medicare beneficiaries;

(C) improve the accuracy and efficiency in the billing for Medicare items and services furnished by Medicare providers;

(D) reduce waste, fraud, and abuse in the Medicare program; and

(E) impact the ability of Medicare beneficiaries to access services.

(c) **REPORT.**—Not later than 2 years after the date of the enactment of this Act, the Comptroller General shall submit to the Committees on Ways and Means and Energy and Commerce of the House of Representatives and the Committee on Finance of the Senate a report on the study conducted under this section. Such report may include recommendations regarding the use of smart card technology under the Medicare program.

The **SPEAKER** pro tempore. Pursuant to the rule, the gentleman from Texas (Mr. SAM JOHNSON) and the gentleman from Texas (Mr. DOGGETT) each will control 20 minutes.

The Chair recognizes the gentleman from Texas (Mr. SAM JOHNSON).

GENERAL LEAVE

Mr. SAM JOHNSON of Texas. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and insert extraneous materials in the RECORD.

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

There was no objection.

Mr. SAM JOHNSON of Texas. Mr. Speaker, I yield myself such time as I may consume.

Today, the House considers legislation that has long been a bipartisan

priority of the Committee on Ways and Means, protecting seniors from identity theft. Identity theft is a lasting and devastating crime. Victims spend years having to prove who they are while monitoring credit reports, fending off collection agencies for charges they never made, or the IRS for taxes they don't owe. Some are even picked up by law enforcement for crimes committed by the ID thief using their name. Seniors have every reason to be concerned.

According to the Department of Justice, 8.6 million households experienced identity theft in 2010. Over 1 million of these households are headed by seniors at risk of having their Social Security numbers stolen. Fraud involving government documents accounted for 27 percent of the identity theft complaints in 2011, making it the most common and fastest growing form of identity theft complaint according to the Federal Trade Commission.

Mr. Speaker, we know Americans are told not to carry their Social Security cards in case a wallet or purse is lost or stolen. Yet seniors are told they must carry their Medicare card which displays their Social Security number. Not only does this not make sense; it puts seniors at risk. The largest seniors organization in America agrees. According to AARP:

All Medicare patients must carry a benefits card that displays their Social Security number. Such easy access to sensitive information makes the cards a hot target for identity thieves who want to file false claims.

Mr. Speaker, the Medicare Identity Theft Prevention Act of 2012 requires the Secretary of Health and Human Services, in consultation with the Commissioner of Social Security, to take action to ensure Social Security numbers no longer are used on Medicare cards. It requires the Secretary to develop a cost-effective way to do that, with as little impact as possible on Medicare beneficiaries and health care providers.

Further, funds from the Medicare Improvement Fund are made available to pay for implementation costs. According to CBO, the costs of this bill are fully offset and would not increase the deficit.

Lastly, the bill directs GAO to conduct a study to determine whether the Medicare program should use smart card technology, an idea advanced by my colleagues, JIM GERLACH of Pennsylvania and EARL BLUMENAUER of Oregon, to prevent waste, fraud, and abuse in the Medicare program.

Members should know this isn't the first time CMS has been directed to act. Starting in 2002, GAO first called for ending the use of Social Security numbers on government documents. Then in 2005, fiscal year 2006, the Labor-HHS bill urged the Secretary to accelerate planning for removing Social Security numbers and asked for a report. And then in 2007, OMB issued a directive to all Federal agencies to de-

velop plans for reducing the use of Social Security numbers. And then in 2008, my colleague LLOYD DOGGETT and I brought a bill to the floor that passed by voice vote to end the use of Social Security numbers on Medicare cards. Most recently, at an August 2012 Ways and Means Committee joint subcommittee hearing, GAO questioned CMS's lack of a serious plan to stop displaying the Social Security number.

While CMS fails to act, both the public and private sectors are working to protect their customers and businesses from identity theft. The Departments of Defense and Veterans Affairs are removing Social Security numbers from their ID and medical cards, and I applaud them for taking that action. Private health insurance and many others ended the use of Social Security numbers on public documents a long time ago. And even CMS knows better. It won't allow insurers in the Medicare Advantage and part D drug benefit programs to use Social Security numbers on their enrollees' cards.

The time to protect our nearly 50 million Americans carrying Medicare cards with their personal information is long overdue. It's high time that Congress passes this commonsense bill. There's no reason why American seniors have to continue to be put at risk of ID theft. We need to act right now, and I urge all of my colleagues to vote "yes" and pass the Medicare Identity Theft Prevention Act today.

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

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

Mr. Speaker, I thank Chairman JOHNSON for his leadership on this, and I concur fully with the remarks he made.

In 2008, I filed this piece of legislation with Chairman JOHNSON's help. At that time, we worked together and passed it through the House, and the Senate failed to act.

□ 1450

And since that time, whether it was under a Republican or Democratic administration, there has not been sufficient priority placed on this by the Centers for Medicare and Medicaid Services to address this question of privacy. It is a serious matter. It clearly requires legislation, and this time, hopefully, the Senate will respond to our bipartisan initiative and get it passed into law.

There are, indeed, about 48 million Americans, seniors, individuals with disabilities, who are carrying in their wallet or purse today something that makes them vulnerable to identity theft, and that something is their Medicare card.

Apart from the Social Security card itself, the Medicare card is the most frequently issued government document that displays a Social Security number, and that practice invites foul play.

It was back in 2007 when the Bush administration, recognizing this danger

by the overuse of Social Security numbers, sent out a directive to Federal agencies to eliminate the use of Social Security numbers and explore alternative identifiers. Despite this directive, Medicare has not yet taken appropriate steps to remove the numbers from Medicare cards.

Although we have bipartisan agreement on the severity of the problem, we also have had bipartisan administrative inaction when it comes to addressing it. Clearly, we need congressional action.

To protect both the savings and the peace of mind of Medicare beneficiaries, this bipartisan legislation would require Medicare to take steps that private companies, the Department of Defense, and the Department of Veterans Affairs have already taken to protect the identities of those that they serve.

Every time that a senior or an individual with disabilities hands over their Medicare card to a health care provider or elsewhere, they are handing over the keys to their financial security. With increasing sophistication by identity thieves, inaction again here is simply unacceptable.

Seniors who have saved, who have built a lifetime of financial security and their reputations are all at stake. Their savings and their credit should not be put needlessly at risk if someone steals a Medicare card or it gets misplaced or left with a provider by mistake.

Medicare should make sure that it does no harm to the financial security and credit rating of those that it serves with health care security. This act will help to ensure that the government better protects our seniors, denying thieves access to this critical data. Inaction would jeopardize in a continuing way the safety of so many.

This legislation, when we previously introduced it, was supported by Consumers Union, the National Committee to Preserve Social Security and Medicare, the Silver Haired Legislature, nationally and in Texas, as well as the Elder Justice Coalition.

Seniors confront many threats to retirement security these days, but this bill will be directed toward one that we can do something about immediately, and that's those who would swindle our seniors.

I urge adoption of the measure, and reserve the balance of my time.

Mr. SAM JOHNSON of Texas. Mr. Speaker, I yield 1 minute to the gentleman from Kansas (Ms. JENKINS), a member of the Committee on Ways and Means.

Ms. JENKINS. I thank the gentleman from Texas for yielding, and would like to commend Chairman JOHNSON and Congressman DOGGETT for their leadership on this legislation.

Mr. Speaker, today there are nearly 50 million Medicare beneficiaries who are told to carry their Medicare cards with them at all times while simultaneously being told not to carry their

Social Security card. They are told that carrying their Social Security card in their purse or wallet puts them at risk of identity theft, which is a problem that affects 1 million seniors yearly.

The irony is that the Medicare cards all feature beneficiaries' Social Security numbers prominently. This means that our seniors are in a tight spot. They are at risk of identity theft simply by carrying their Medicare card with them.

I support passage of this bill because it would ensure that a person's Social Security Number is no longer printed on their Medicare card. This bipartisan, commonsense measure will ensure that the 115,000 Medicare enrollees in my district will be safe from identity theft.

Mr. DOGGETT. Mr. Speaker, one addition to this bill from 2008 deals with the question of Medicare fraud. I yield 4 minutes to the gentleman from Oregon (Mr. BLUMENAUER), the cosponsor of legislation dealing with that and a member of the Ways and Means Health Subcommittee, to discuss this important addition.

Mr. BLUMENAUER. I appreciate the gentleman's courtesy, and I strongly identify with the persistence and the eloquence from Chairman JOHNSON and my friend, Mr. DOGGETT, to deal with this problem of identity theft.

The hearing was a little unnerving. I appreciate the follow-through and, hopefully, something will happen. I identify strongly with the arguments you made on behalf of it.

But I would like to focus, if I could, on one other element because it's directly related. And I see my good friend, Mr. GERLACH, is here on the floor, and I anticipate will be speaking to it as well.

We should be concerned about maybe learning another lesson from the Department of Defense, which, as the chairman mentioned, is already using this for their purposes. Being able to use an opportunity for a Common Access Card for Medicare will have very important application to the area of rampant Medicare fraud.

Sixty billion dollars is the number we have heard in our subcommittee. It could be more, it could be less, but it's a huge sum of money, and it compounds going forward.

Our first concern, however, should be about the quality of care for the senior citizens who receive Medicare. And the Common Access Card, being able to digitally track this information, provides security for these transactions, makes it less likely that there will be mistakes, be able to follow up and follow through.

Second, it will, in fact, help us stop fraud. This is an area that has been relentlessly abused, where people order, there are changes in the order, sometimes orders are actually made that are entirely different than what people had requested.

Having this secure card will enable people to be able to have the security

of the transaction, know where it's at, greater accuracy of billing, track mistakes, stop fraud. And I cannot say strongly enough that I think it's important for us to move.

I appreciate the work that was done putting a study over the next 2 years about this provision. But with all due respect, I hope, as this legislation works its way through Congress—and I hope that it is yet enacted while we are still here for the 112th Congress—that we're able to be serious not just about a 2-year study. This is an area in which we ought to be able to implement pilot projects right now across the country.

It would make a difference for the administration. I think there's no question we could come to scale very quickly, help senior citizens and the reliability of their Medicare coverage, reduce fraud, and allow government to track our activities going forward.

There's a lot of talk about the fiscal cliff and the need to save money and the back and forth that's going on here. But this provision that Mr. GERLACH and I are advancing is a simple, commonsense, bipartisan proposal that would help us right now improve service, save money, and improve the reliability of the system.

I would hope that this is the sort of provision that would find favor with our colleagues in the House, and with the administration, working together, we can implement those pilot projects sooner rather than later and have broader application for great, positive effect for Medicare, for the taxpayers.

Mr. SAM JOHNSON of Texas. Mr. Speaker, I yield 3 minutes to the gentleman from Pennsylvania (Mr. GERLACH), who is a member of the Committee on Ways and Means.

Mr. GERLACH. Mr. Speaker, I want to first acknowledge the hard work and leadership of my colleague on the Ways and Means Committee, Mr. JOHNSON of Texas, as well as our committee chairman, Mr. CAMP of Michigan. Both gentlemen recognize the urgency of finding practical solutions for protecting seniors and taxpayers against easily preventable Medicare waste, fraud and improper payments, and the ever increasing threat of identity theft.

Mr. Speaker, whenever someone in Washington proposes a new idea for shrinking costs and saving precious taxpayer dollars, we usually receive a barrage of questions from folks concerned that they will have to do with less and possibly see services they depend upon curtailed in some way.

This legislation we're considering today contains provisions that would kick-start a critically important process that ultimately may allow Congress to use commonsense technology in cutting an estimated \$60 billion a year in improper and fraudulent Medicare payments while making sure seniors enrolled in Medicare receive the care and treatment they have earned.

□ 1500

We're attempting to cut costs without restricting access to care. Specifically, this legislation authorizes a

study by the Government Accountability Office examining the benefits of a proposed pilot program to modernize the Medicare card that almost every senior carries with him or her in a wallet or a pocketbook. Under the proposed pilot program as introduced in legislation by my colleague Congressman BLUMENAUER and myself, as part of the Medicare Common Access Card Act, smart card technology would be used to protect personal information of Medicare participants, prevent phantom billing for procedures that were never performed or products that were never purchased, and speed payments to doctors and hospitals while reducing costly billing errors.

While today's Medicare card provides seniors access to the health care services they need, that small piece of plastic can provide the narrow opening unscrupulous individuals exploit to snatch identities and cheat taxpayers and seniors out of billions of dollars every year.

The U.S. Department of Health and Human Services estimates that waste, fraud, and abuse cost the Medicare program about \$60 billion a year. Nearly 10 percent of the entire annual Medicare budget—or approximately \$48 billion a year—is lost to improper payments, according to a report issued by the Government Accountability Office. That's a significant amount of human resources and financial resources that are better used helping our seniors pay for hospital visits, prescription drugs, and other vital medical care.

The Department of Defense has issued more than 20 million secure smart cards to authenticate and verify access for access to programs and facilities. To date, the Department of Defense reports that not a single common access card has been counterfeited.

We cannot stop improper payments in the Medicare system until we find a way to know and to verify who is authorized to provide and receive benefits. A comprehensive study is an important first step that will make sure we get the job done right for taxpayers, seniors, doctors, and other health care providers.

Taxpayers and seniors deserve the protection against identity theft and fraud that this legislation would provide, and I urge my colleagues to begin the process of putting in place a simple, low-cost solution for bringing the Medicare card into the 21st century, and I thank the gentleman for leading this effort.

Mr. DOGGETT. I yield 2 minutes to the ranking member of the Health Subcommittee on the Commerce Committee, the gentleman from New Jersey (Mr. PALLONE).

Mr. PALLONE. I thank my colleague from Texas.

Mr. Speaker, I, like many of my colleagues, am concerned with the problem of identity theft—particularly identity theft from elderly individuals, who can be viewed as easy victims by unscrupulous criminals. I think we all

agree that a commonsense step to prevent identity theft and further protect beneficiaries is to remove beneficiary Social Security numbers from their Medicare cards, but it's important to point out that this is not as easy as it would seem at first glance.

Medicare has dozens of claims processing systems, each that will need to be modified to accept a new beneficiary number. Providers, too, will have to ensure their billing systems can accommodate the new numbers. We will need an extensive education campaign to ensure that a new numbering system or the issuance of new cards doesn't simply present a golden opportunity for unscrupulous individuals to find a new way to rip off seniors.

Now, I certainly support the policy goal of H.R. 1509, the Medicare Identity Theft Prevention Act of 2012. This bill provides approximately \$300 million to the Secretary of HHS to move forward on removing Social Security numbers from ID cards, yet we do not know whether that amount is sufficient. I'm concerned that if we fail to provide sufficient funding for this task, we may wind up with a programmatic mess, confusion, or even worse. I think we owe it to the Medicare beneficiaries and providers to ensure that this worthy undertaking is done well. In addition, the bill allows for funding of the Social Security Administration's costs but not the costs of the Medicare agency itself, and that's an issue that has to be addressed.

So as we move forward, Mr. Speaker, we must make sure that the funding is sufficient and that both CMS and SSA can equitably access these funds. Beneficiary identity security depends on it.

Mr. SAM JOHNSON of Texas. Mr. Speaker, I yield 3 minutes to the gentleman from California (Mr. HERGER), also a member on the Ways and Means Committee and chairman on the Subcommittee on Health.

Mr. HERGER. I thank my good friend from Texas.

Mr. Speaker, I rise to speak in strong support of H.R. 1509, which is commonsense, bipartisan legislation that will protect our Nation's seniors.

I do not doubt that many of us have received letters from constituents who have faced problems due to their Social Security number being compromised. Over the years, I've held a number of forums in my northern California district to raise awareness about identity theft and financial scams targeting senior citizens. I've heard complaints from many of these constituents that, while the public increasingly understands the importance of safeguarding personal information, Medicare isn't doing its part. With today's vote, we take the first step towards removing these numbers from the Medicare cards that beneficiaries are encouraged to carry with them at all times. We've heard too many excuses over the years, and it is becoming clear to me that CMS simply isn't interested in protecting seniors and people with disabili-

ties from identity theft. Importantly, this legislation will not increase the deficit.

H.R. 1509 also includes a study to examine the use of smart card technology in the Medicare program. Some technology stakeholders have expressed concerns with the duration of the 2-year study. If GAO is able to complete the study on a more expedited timeframe, I would be happy to work with Congressman GERLACH and the technology community to shorten this deadline as the bill moves through the legislative process.

Given the inaction at CMS on removing Social Security numbers from Medicare cards, it is time for the Congress to lead. It is time to take this long overdue, commonsense approach and protect America's seniors. I urge passage of H.R. 1509.

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

Mr. SAM JOHNSON of Texas. I yield 2 minutes to the gentleman from Minnesota (Mr. PAULSEN), a member of the Ways and Means Committee and acting chairman of the Subcommittee on Human Resources.

Mr. PAULSEN. I thank the gentleman for yielding.

Mr. Speaker, I rise today in support of the Medicare Identity Theft Prevention Act.

With the constant growth of technology and, as an unfortunate result, identity theft, I have received numerous inquiries from my constituents—and in particular, seniors—about what we are doing and the need to protect people from identity theft. Earlier this year, I also held a seminar in my district with seniors about identity theft, and it was very well attended.

In 2010, nearly 7 percent of households were victims of identity theft. Of those households, over 1 million were headed by seniors. Today, nearly 50 million Medicare cards display the Social Security number. Social Security numbers are absolutely one of the most valuable pieces of personal identity that we have, therefore making it a top target for criminals.

For years, the General Accounting Office and the Social Security special inspector general have recommended and asked Congress to remove the Social Security numbers from Medicare cards because it is an unnecessary risk for seniors. That's exactly what this legislation does. It will help prevent seniors from becoming victims of these types of theft and fraud by removing the Social Security number from those Medicare cards.

I'm pleased to be a cosponsor and actively support this legislation. This is common sense. This is bipartisan. There's no reason for delay. We can stop putting seniors at unnecessary risk.

I want to thank, in particular, the subcommittee chairman, Mr. JOHNSON, as well as Congressman DOGGETT for their bipartisan leadership on this effort and bringing it to the floor before the end of the year.

Mr. SAM JOHNSON of Texas. Mr. Speaker, I yield 2 minutes to the gentleman from Texas (Mr. MARCHANT), a member of the Committee on Ways and Means.

Mr. MARCHANT. I rise to support the Medicare Identity Theft Prevention Act of 2012. This is a commonsense, bipartisan bill that would establish cost-effective procedures to help protect the identity of all seniors.

Seniors are a high-risk demographic for identity theft. Identity thieves have targeted seniors in my district in Texas and across the country. This year's Centers for Medicare Services inspector general report found that more than a quarter million Medicare beneficiaries have been potential victims of identity theft.

□ 1510

Most Medicare cards currently use Social Security numbers as the identifier. By removing Social Security numbers from Medicare cards, this bill gives seniors the identity protection that they deserve. Seniors work their entire lives for financial security, and that security should not be jeopardized due to preventable identity theft. Other Federal programs and private insurance plans made similar changes years ago, and Medicare beneficiaries should have the same level of identity protection and security.

I'm proud to support this legislation, and I urge my colleagues to do so.

Mr. DOGGETT. Mr. Speaker, I thank the gentleman from Texas, my colleague, Chairman JOHNSON, and I hope the Senate will respond this time to our action.

I yield back the balance of my time.

Mr. SAM JOHNSON of Texas. Thank you, Mr. DOGGETT.

I yield myself such time as I may consume.

Mr. Speaker, despite increasing pressure from this committee and this House, CMS has refused to act to remove Social Security numbers from Medicare cards. If CMS won't act, we must. This commonsense bill is a vital step in protecting our Nation's seniors from identity theft, and we can't afford to put seniors at risk any longer. Medicare beneficiaries want, need, and deserve better. I urge all my colleagues to vote "yes," and I hope the Senate will act immediately to pass this legislation.

I yield back the balance of my time.

Mr. REICHERT. Mr. Speaker, I rise today in support of the Medicare Identity Theft Prevention Act. I applaud Chairman JOHNSON and Representative DOGGETT for introducing this bill and bringing it to the floor.

America's seniors are some of our most valued citizens. They have spent their lives working hard and preparing for their much deserved "golden years." It seems only fitting, then, that we reward their hard work and labor by protecting them. That's our job.

Under current law, Social Security numbers are used as the main component of a Medicare beneficiary's health insurance claim number and are displayed on over 50 million Medi-

care ID cards. This simply doesn't make sense. It puts each of these 50 million people at heightened risk for identity theft and fraud. We've already seen high rates for this type of crime: in 2010 alone over 8.6 million households were victims of ID theft, including one million seniors. Seniors' social security numbers are especially valuable because they can be used by thieves to obtain employment, benefits, and credit.

The GAO first recommended removing social security numbers from government documents ten years ago. Both the private and public sectors have already taken steps to remove social security numbers from forms of public identification. However, fully aware of the risks posed to seniors, the Centers for Medicare and Medicaid Services has refused to act. Both sides of the aisle agree, this is simply unacceptable.

Therefore, it is clearly time for Congress to take action. I urge my colleagues to support this legislation so that we can better protect our senior citizens.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Texas (Mr. SAM JOHNSON) that the House suspend the rules and pass the bill, H.R. 1509, 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. DOGGETT. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this question will be postponed.

The point of no quorum is considered withdrawn.

PROTECT OUR KIDS ACT OF 2012

Mr. CAMP. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 6655) to establish a commission to develop a national strategy and recommendations for reducing fatalities resulting from child abuse and neglect.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 6655

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

SECTION 1. COMMISSION.

This Act may be cited as the "Protect our Kids Act of 2012".

SEC. 2. FINDINGS.

Congress finds that—

- (1) deaths from child abuse and neglect are preventable;
- (2) deaths from child abuse and neglect are significantly underreported and there is no national standard for reporting such deaths;
- (3) according to the Child Maltreatment Report of 2011, in fiscal year 2011, 1,545 children in the United States are reported to have died from child abuse and neglect, and many experts believe that the actual number may be significantly more;
- (4) over 42 percent of the number of children in the United States who die from abuse are under the age of 1, and almost 82 percent are under the age of 4;

(5) of the children who died in fiscal year 2011, 70 percent suffered neglect either exclusively or in combination with another maltreatment type and 48 percent suffered physical abuse either exclusively or in combination;

(6) increased understanding of deaths from child abuse and neglect can lead to improvement in agency systems and practices to protect children and prevent child abuse and neglect; and

(7) Congress in recent years has taken a number of steps to reduce child fatalities from abuse and neglect, such as—

(A) providing States with flexibility through the Child and Family Services Improvement and Innovation Act of 2011 to operate child welfare demonstration projects to test services focused on preventing abuse and neglect and ensuring that children remain safely in their own homes;

(B) providing funding through the Child and Family Services Improvement Act of 2006 for services and activities to enhance the safety of children who are at risk of being placed in foster care as a result of a parent's substance abuse;

(C) providing funding through the Fostering Connections to Success and Increasing Adoptions Act of 2008 for grants to facilitate activities such as family group decision-making meetings and residential family treatment programs to support parents in caring for their children; and

(D) requiring States through the Child and Family Services Improvement and Innovation Act of 2011 to describe how they will improve the quality of data collected on fatalities from child abuse and neglect.

SEC. 3. ESTABLISHMENT OF COMMISSION.

(a) ESTABLISHMENT.—There is established the Commission to Eliminate Child Abuse and Neglect Fatalities (in this Act referred to as the "Commission").

(b) MEMBERSHIP.—

(1) COMPOSITION.—

(A) MEMBERS.—The Commission shall be composed of 12 members, of whom—

(i) 6 shall be appointed by the President;

(ii) 2 shall be appointed by the Speaker of the House of Representatives;

(iii) 1 shall be appointed by the minority leader of the House of Representatives;

(iv) 2 shall be appointed by the majority leader of the Senate; and

(v) 1 shall be appointed by the minority leader of the Senate.

(B) QUALIFICATIONS.—Each member appointed under subparagraph (A) shall have experience in one or more of the following areas:

- (i) child welfare administration;
- (ii) child welfare research;
- (iii) child development;
- (iv) legislation, including legislation involving child welfare matters;
- (v) trauma and crisis intervention;
- (vi) pediatrics;
- (vii) psychology and mental health;
- (viii) emergency medicine;
- (ix) forensic pathology or medical investigation of injury and fatality;
- (x) social work with field experience;
- (xi) academia at an institution of higher education, as that term is defined in section 101 of the Higher Education Act of 1965 (20 U.S.C. 1001), with a focus on one or more of the other areas listed under this subparagraph;
- (xii) law enforcement, with experience handling child abuse and neglect matters;
- (xiii) civil law, with experience handling child abuse and neglect matters;
- (xiv) criminal law, with experience handling child abuse and neglect matters;
- (xv) substance abuse treatment;
- (xvi) education at an elementary school or secondary school, as those terms are defined