

friend Aaron Stecker, who is a friend of mine from Wisconsin, played on that team at that time. I just have to say, Mr. Speaker, in America, we have all of these heroes, and the best among us are the heroes that have been so high and have been brought so low but have come back up and have shown a great example of courage to the rest of us.

We are very pleased to be bringing this bill to the floor. I basically want to thank the members of the Louisiana delegation for bringing this issue to our attention, for making us know about this.

This is one of those things where the bureaucracy just got it wrong. The bureaucracy basically came up with a rule that effectively denied these devices to people, which means they can't live a full life.

These SGDs are invaluable. They are absolutely essential for people suffering from ALS to be able to communicate and to be able to function. I had a constituent at a town hall meeting walk me through how his eye gaze technology worked as a part of SGD, and it is just truly remarkable.

So this is one of those issues that speaks to absolute common sense. The bureaucracy got it wrong, and this is Congress in action. This is democracy in action. Our constituents brought us an issue. We understood that there was a problem that needed to be solved. So, in a bipartisan basis, here we are, passing legislation, fixing this problem so that we can make sure that this program, Medicare, fulfills its mission by making sure that it is there for the people who need it. That is democracy.

I want to thank the people from Louisiana for bringing this to our attention. I urge the passage of this bill.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Wisconsin (Mr. RYAN) that the House suspend the rules and pass the bill, S. 984.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

MEDICARE INDEPENDENCE AT HOME MEDICAL PRACTICE DEMONSTRATION IMPROVEMENT ACT OF 2015

Mr. RYAN of Wisconsin. Mr. Speaker, I move to suspend the rules and pass the bill (S. 971) to amend title XVIII of the Social Security Act to provide for an increase in the limit on the length of an agreement under the Medicare independence at home medical practice demonstration program.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 971

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 Independence at Home Medical Practice Demonstration Improvement Act of 2015".

SEC. 2. INCREASE IN THE LIMIT ON THE LENGTH OF AN AGREEMENT UNDER THE MEDICARE INDEPENDENCE AT HOME MEDICAL PRACTICE DEMONSTRATION PROGRAM.

Section 1866E(e)(1) of the Social Security Act (42 U.S.C. 1395cc-5(e)(1)) is amended by striking "3-year" and inserting "5-year".

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Wisconsin (Mr. RYAN) and the gentleman from Washington (Mr. MCDERMOTT) each will control 20 minutes.

The Chair recognizes the gentleman from Wisconsin.

GENERAL LEAVE

Mr. RYAN of Wisconsin. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous materials on S. 971, currently under consideration.

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

There was no objection.

Mr. RYAN of Wisconsin. Mr. Speaker, I yield such time as he may consume to the gentleman from Illinois (Mr. ROSKAM), the author of this bill and a member of the Ways and Means Committee, for the purpose of describing this bill.

Mr. ROSKAM. Mr. Speaker, I thank Chairman RYAN for yielding time.

I am pleased to see that we are taking up this 2-year extension of the independence at home demonstration project, which expired on May 1.

I first got interested in this because of a constituent, Dr. Thomas Cornwell from Wheaton, Illinois. He is actually a visionary. He was way ahead of his time on this effort to reach out to patients at home. He is the president of the American Academy of Home Care Physicians and chairman and chief medical officer of the Home Centered Care Institute. He has been really passionate about this idea of trying to reach people where they are.

Since the founding of his home care practice in 1997, Mr. Speaker, he has personally made over 30,000 house calls. So he knows intimately the difference that a home care option makes in the lives of individuals with multiple chronic conditions and the savings that it can bring to the healthcare system to treat these people at home rather than at the hospital.

So what he has been able to do is to say, look, this is better for the patient and it is better for the system, so let's pursue this and let's move it further along. That is exactly what the independence at home demonstration brings to Medicare. It focuses on reducing costs where the needs are the highest and improving care where the needs are the greatest. It provides home-based care to medical enrollees with two or more chronic conditions who

are within the 5 to 25 percent of beneficiaries that account for nearly 80 percent of all Medicare spending.

Of the 34 Medicare home care demonstrations over the past 20 years, the IAH is decidedly different, requiring that doctors meet fiscally responsible conditions of participation. Here is what they have got to do: they have to return a minimum savings of at least 5 percent to Medicare; they have to produce good outcomes; and they have to pass patient and caregiver satisfaction ratings.

It even provides an additional incentive by allowing successful patient participants to share in any savings that generate from Medicare above that 5 percent mark on an 80/20 basis. So think about that; everybody comes out ahead on this. And it is working.

□ 1700

In June, CMS reported that IAH saved over \$25 million in its first performance year. That is an average of over \$3,000 for each of the 8,400 beneficiaries that participated in the demonstration.

In other words, have you heard, have you talked about, have you contemplated anything that is like this? In other words, you have got happier patients, and they are saving money at \$3,000 a person. What is not to love about this?

We have several lessons from this that have been artfully crafted into the demonstration itself. It requires participants to save taxpayer money by avoiding unnecessary hospitalizations, ER visits, and nursing home admissions.

It protects the viability of the Medicare Program, provides quality health care for those most in need, and benefits providers by giving them the flexibility they need to care for their patients and share in the savings they produce.

For those reasons, I strongly support passage of this, and I thank Chairman RYAN for his support.

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

Mr. Speaker, I rise today in support of S. 971, the Medicare Independence at Home Extension Medical Practice Demonstration Improvement Act of 2015. This bill provides for a 2-year extension of an interesting program intended to help beneficiaries living with multiple chronic conditions.

The Affordable Care Act, which has been reviled extensively, established the Medicare independence at home demonstration. The purpose of this project is to test a new service delivery and payment incentive model that utilizes primary care teams directed by doctors and nurse practitioners to provide care to patients in their home.

Practices that successfully reduce costs and meet quality measures will be rewarded with incentive payments. If this is successful, this model would provide Medicare beneficiaries with access to home-based primary care and

avoid costly and unnecessary trips to the hospital.

In 2012, 15 practices launched IAH practices, but the authority to continue these practices will expire in 2015. S. 971 extends this authority by 2 years. This will provide CMS with additional time to evaluate the results of the demonstration and to determine whether this is a sustainable model to pursue moving forward.

This will give policymakers the additional information we need to inform our decisionmaking as we look for innovative ways to coordinate care and reduce costs in the healthcare system.

It is noteworthy to note that this was instituted by the ACA. There are good things in that bill. As they have tried again and again out here to repeal it, we never thought about things like independent health practices.

I think that it is important for us, as a Congress, to look individually at the programs before we make sweeping generalizations.

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

Mr. RYAN of Wisconsin. I yield 5 minutes to the gentleman from Texas (Mr. BURGESS), the author of this legislation, a Member of the Energy and Commerce Committee, and a physician.

Mr. BURGESS. I thank the gentleman for yielding. I certainly thank him for having this bill on the floor this afternoon.

I am pleased the House is considering this bipartisan, bicameral legislation. S. 971 is identical to H.R. 2196, the Medicare Independence At Home Medical Practice Demonstration Improvement Act, which I introduced with Mr. ROSKAM of Illinois and Mr. THOMPSON of California. The bill extends the Medicare independence at home medical practice demonstration program for an additional 2 years.

S. 971 passed the other Chamber with unanimous consent in April. Let me reiterate that this bill has cleared the Senate, and we have the opportunity to actually advance this bill today and have it become law shortly.

Now, more than ever, it is essential that we consider innovative ways to deliver care that is led by providers. Individuals are aging into Medicare at a rate of 10,000 seniors a day, with many of the most elderly being severely disabled or home limited. It just so happens that one of the best ways to both lower costs and improve care is to return to the simple house calls of the past.

The independence at home program puts patients and their families first by allowing them to stay at home as long as possible and incentivizing their providers to coordinate the care they provide to their patients.

This program targets Medicare beneficiaries with multiple chronic conditions who have the highest healthcare costs, require more services from providers, and have a greater need for coordinated care.

Independence at home allows providers to take a more active role in patient care and is proving to decrease unnecessary hospitalizations, unnecessary ER visits, and unnecessary nursing home visits.

Independence at home offers incentives to doctors, specialists, and nurse practitioners to better coordinate care for patients while also cutting costs. This is accomplished by requiring that these groups attain a savings of at least 5 percent of which each qualified patient would otherwise have cost the Medicare system.

I will say it again: The program has and must deliver savings by law. If these providers fail to achieve the mandatory 5 percent savings, they face removal from the program; however, if they are able to accomplish the 5 percent savings threshold, these groups may keep up to 80 percent of the savings.

This program is proving to reduce costs and increase quality by reducing duplicative and unnecessary services, delaying or eliminating the need for nursing home placement, and reducing readmissions to the hospital simply by having a coordinating team of providers.

In addition to saving Medicare money, the patient and their family are able to spend quality time at home, instead of the doctor's office or a hospital. In fact, these programs must improve patient and caregiver satisfaction for the program to continue.

This demonstration program is generating substantial savings and positive outcomes. While the Congressional Budget Office estimated a zero score on June 12, a week later, the Centers for Medicare and Medicaid Services released practice results from year one of the program, showing a savings of \$25 million the first performance year.

Since CMS has been able to release the data, we are confident that if the Congressional Budget Office were to look at this bill again, they would estimate savings for the program, and we expect higher savings in coming years.

Without this extension, there would be a disruption in care for Medicare beneficiaries and lost savings that are being generated for the Medicare Program.

A vote in favor of S. 971 is a vote in favor of ensuring improved, better managed care for chronically ill Medicare beneficiaries and smarter spending in the Medicare Program.

This bill has gone through regular order. It passed the Ways and Means Committee. I would like to thank Chairman RYAN and Ranking Member LEVIN for that. I would also like to thank the Ways and Means Committee staff on both sides of the dais, as well as the Energy and Commerce staffs, for discharging and advancing the bill.

I want to thank Representative ROSKAM and Representative THOMPSON and their staffs. I certainly want to thank J.P. Paluskiewicz and Lauren Fleming from my office who have worked to get this bill to the floor.

Mr. Speaker, the program has been a success. Mr. Speaker, the program has no cost. Mr. Speaker, the program is generating savings. If it does not generate savings in the future, it goes away.

This program is generating higher satisfaction for Medicare beneficiaries. If it does not generate beneficiary satisfaction in the future, it goes away.

The Senate has already passed this bill by unanimous consent. Mr. Speaker, there is no reason for us not to do so as well.

I urge everyone to vote in the affirmative.

Mr. MCDERMOTT. Mr. Speaker, I yield 4 minutes to the gentleman from California (Mr. THOMPSON).

Mr. THOMPSON of California. I thank the gentleman for yielding.

Mr. Speaker, I rise in strong support of S. 971, the Medicare Independence at Home Extension Medical Practice Demonstration Improvement Act. As was pointed out, it is a 2-year extension to a very important and critical component of ObamaCare.

I thank Mr. ROSKAM from Illinois and Mr. BURGESS from Texas, the two folks who coauthored the House bill with me. I appreciate them and their staff for the great work they did.

According to the Centers for Medicare and Medicaid, more than two-thirds of Medicare beneficiaries suffer from multiple chronic conditions, the care and the treatment for which account for more than a majority of the Medicare spending. These costs are expected to increase substantially with the growing population of seniors, particularly those living with multiple chronic conditions.

Consequently, there is a need for programs aimed at reducing unnecessary hospital admissions and ER visits, strengthening chronic care coordination for our sickest seniors, and slowing the growth in Medicare spending.

This program, the independence at home demonstration program, was created in ObamaCare to do just that. This program provides chronically ill Medicare beneficiaries with primary care services in the comfort of their homes, where they will be able to retain their independence, dignity, and quality of life. It is essential. In essence, it is doctors making house calls, a "back to the future" way of providing care.

The demonstration is targeted; it is immediate; it is proven; it is fiscally responsible, and it is in high demand by Medicare beneficiaries and their families in my home State of California and every State in the Nation.

During its first year, the demonstration saved over \$25 million, an average of over \$3,000 per benefactor. These are very real savings, and there is more to come if we act today to extend this important and successful demonstration for 2 more years. Without this extension, there would be a disruption in care for our most fragile seniors and lost savings to the Medicare Program.

The independence at home demonstration enjoys strong, bipartisan support in both the House and the Senate. It passed the Senate by unanimous consent and in the Ways and Means Committee on a voice vote. I hope that we do the same here. I urge everyone to vote for this important piece of legislation.

Mr. RYAN of Wisconsin. Mr. Speaker, I have no further speakers, and I am prepared to close.

Mr. McDERMOTT. Mr. Speaker, I have no further speakers. I urge Members to vote for the bill, and I yield back the balance of my time.

Mr. RYAN of Wisconsin. Mr. Speaker, I act on the sentiment of the gentleman from Washington.

I urge Members to vote for the bill, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Wisconsin (Mr. RYAN) that the House suspend the rules and pass the bill, S. 971.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

JDRF CHILDREN'S CONGRESS

(Mr. THOMPSON of Pennsylvania asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. THOMPSON of Pennsylvania. Mr. Speaker, I rise to recognize the Juvenile Diabetes Research Foundation, the leading global organization funding type 1 diabetes research.

This week, the JDRF Children's Congress took place here in our Nation's Capital. Delegates from across the country visited my colleagues and me to help us understand what life is like with type 1 diabetes and why research to fund life-changing therapies until a cure can be found is so critical.

As part of this important event, I had the honor of meeting Madyson Huston, an eighth-grader at Fort LeBoeuf Middle School located in my district. Madyson was diagnosed with type 1 diabetes 2 years ago and has since become a tremendous advocate for JDRF. I admire her courageous spirit and willingness to fight for a cure.

I was encouraged by the recent passage of the 21st Century Cures Act, and I look forward to working with my colleagues and advocates like Madyson to advance similar initiatives that will improve the lives and health of Americans.

RECOGNIZING THE LIFE OF JONATHAN ROSADO

(Mr. BRENDAN F. BOYLE of Pennsylvania asked and was given permission to address the House for 1 minute.)

Mr. BRENDAN F. BOYLE of Pennsylvania. Mr. Speaker, Jonathan Rosado

was a model citizen who generously shared his strong character and kind spirit through the act of teaching tennis to disadvantaged children.

Jonathan fostered the Legacy Youth Tennis program's presence in the Hunting Park community, a groundbreaking addition to youth programming for this Philadelphia neighborhood. His steadfast commitment to community service has served as a tremendous benefit to the many lives he touched.

Jonathan's sense of responsibility and dedication was instilled in him by his own childhood participation in the Legacy Youth Tennis program, and he chose to contribute those attributes right back into the program as he ascended into adulthood.

Jonathan was tragically murdered last year. Although he is sorely missed by all, his bright spirit will continue to be felt in the Hunting Park neighborhood and in Philadelphia long into the future.

I recognize Jonathan here on the floor of the House of Representatives, the people's House, so that his shining example can be more widely witnessed across the Nation.

□ 1715

UNCLE SAM OWNS OVER 27 PERCENT OF AMERICAN LAND

(Mr. POE of Texas asked and was given permission to address the House for 1 minute.)

Mr. POE of Texas. Mr. Speaker, the Federal Government is hoarding American land. The bureaucrats own about 640 million acres of it. That is 27 percent of America, larger than all of Western Europe.

The government cannot afford this massive estate. Notice this map. All the red area is what the Federal Government owns. Over half the West is owned by the Federal Government.

Day by day, unused and unmaintained land sits idle. Instead of Uncle Sam hoarding this land, the government should consider selling the land to Americans. To be clear, I am not talking about selling off national parks, monuments, forests, or protected areas—just unused land and unmaintained land the government doesn't take care of.

The revenue from the sales could go toward reducing the debt or improving transportation. Plus, the sale of land would help State and local governments because new property owners will be paying taxes on the land.

Time for the Federal Government to let Americans own more of America. Does Uncle Sam really need all of this land?

And that is just the way it is.

PURSUING PEACE THROUGH DIPLOMACY

The SPEAKER pro tempore (Mr. YOUNG of Iowa). Under the Speaker's announced policy of January 6, 2015,

the gentlewoman from New Jersey (Mrs. WATSON COLEMAN) is recognized for 60 minutes as the designee of the minority leader.

GENERAL LEAVE

Mrs. WATSON COLEMAN. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and include extraneous material on the subject of my Special Order.

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

There was no objection.

Mrs. WATSON COLEMAN. Mr. Speaker, yesterday, the United States and our allies reached a landmark agreement with Iran to prevent them from obtaining a nuclear weapon.

To get to this point, Mr. Speaker, we used diplomacy to find a potential solution that seeks to stabilize the entire Middle East region. Diplomacy affords us a clearer picture of what the Iranian Government is doing and what they are capable of.

We used peaceful means to promote peace in one of the most volatile regions in the world, and I am proud of the commitment of President Obama, this administration, and our allies, in keeping these negotiations alive.

Mr. Speaker, I am not saying that our job is done. Congress must and should take a very close look at this agreement in its final form. In fact, I firmly believe that Congress has a critical role to play in the next steps of this agreement.

Let's look at what this agreement does. Within the text, Iran affirms that it will not seek, develop, or acquire a nuclear weapon; but we must ensure that the language will fully deter them from going back on their word and duly punish them if they take that path.

Within the text of the agreement, we accept that the United States will lift the sanctions that we have placed on Iran, but we must have mechanisms that will allow for oversight on the ground in Iran that holds them accountable.

This is a difficult and sensitive balance, but if this agreement has managed to strike that balance, we would miss a once-in-a-generation opportunity to transform the Middle East if we reject this deal. That is not something we can afford to flippantly dismiss.

What this teaches us, Mr. Speaker, is that aggression is not the only answer we have to handle difficult relations across the globe. In fact, aggression would not have brought us to this point where, without any loss of life for us or our allies, without significant cost to our Nation or the global economy, we have managed to find compromise.

Sanctions cannot and should not be the only way we bring nations to the table. They serve a critical purpose, and certainly, they helped in bringing us to this point.

They also come at a significant cost; rather than starving their government