

Kilmer	Murphy (FL)	Scott (VA)
Kind	Nadler	Scott, David
Kirkpatrick	Napolitano	Serrano
Kuster	Neal	Sewell (AL)
Langevin	Nolan	Sherman
Larsen (WA)	Norcross	Simpson
Larson (CT)	O'Rourke	Sinema
Lawrence	Pallone	Sires
Lee	Pascrell	Slaughter
Levin	Pelosi	Smith (WA)
Lewis	Perlmutter	Speier
Lieu, Ted	Peters	Swalwell (CA)
LoBiondo	Peterson	Takai
Loeback	Pingree	Takano
Lofgren	Pocan	Thompson (CA)
Lowenthal	Polis	Thompson (MS)
Lowe	Price (NC)	Titus
Lujan Grisham	Quigley	Tonko
(NM)	Rangel	Torres
Luján, Ben Ray	Reichert	Tsongas
(NM)	Rice (NY)	Van Hollen
Lynch	Richmond	Vargas
Maloney,	Roybal-Allard	Veasey
Carolyn	Ruiz	Vela
Maloney, Sean	Ruppersberger	Velázquez
Matsui	Rush	Visclosky
McCollum	Ryan (OH)	Walz
McDermott	Sánchez, Linda	Wasserman
McGovern	T.	Schultz
McNerney	Sanchez, Loretta	Waters, Maxine
Meeks	Sarbanes	Watson Coleman
Meng	Schakowsky	Welch
Moore	Schiff	Wilson (FL)
Moulton	Schrader	Yarmuth

NOT VOTING—3

Fattah	Kelly (IL)	Payne
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□ 1807

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

MAKING IN ORDER CONSIDERATION OF VETO MESSAGE ON H.R. 1735

Mr. THORNBERRY. Mr. Speaker, I ask unanimous consent that if a veto message on H.R. 1735 is laid before the House, then after the message is read and the objections of the President are spread at large upon the Journal, further consideration of the veto message and the bill shall be postponed until the legislative day of Thursday, November 5, 2015; and that on that legislative day, the House shall proceed to the constitutional question of reconsideration and dispose of such question without intervening motion.

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

There was no objection.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on the motion to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote incurs objection under clause 6 of rule XX.

Any record vote on the postponed question will be taken tomorrow.

AMENDING TITLE XI OF THE SOCIAL SECURITY ACT

Mr. BRADY of Texas. Mr. Speaker, I move to suspend the rules and pass the

bill (S. 1362) to amend title XI of the Social Security Act to clarify waiver authority regarding programs of all-inclusive care for the elderly (PACE programs).

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 1362

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

SECTION 1. CLARIFICATION OF WAIVER AUTHORITY REGARDING PACE PROGRAMS.

Subsection (d)(1) of section 1115A of the Social Security Act (42 U.S.C. 1315a) is amended by striking “and 1903(m)(2)(A)(iii)” and inserting “1903(m)(2)(A)(iii), and 1934 (other than subsections (b)(1)(A) and (c)(5) of such section)”.

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

The Chair recognizes the gentleman from Texas.

GENERAL LEAVE

Mr. BRADY of Texas. 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 material on S. 1362 currently 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. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in strong support for S. 1362, the PACE Innovation Act of 2015.

The companion bill in the House, H.R. 3243, was introduced by my longtime colleague and a real champion for the elderly and the frail, CHRIS SMITH of New Jersey.

This legislation is a commonsense, bipartisan approach to increasing flexibility in our healthcare system.

PACE, or the Program of All-Inclusive Care for the Elderly, is an integrated care program that provides hands-on, long-term care and support to beneficiaries who need an institutional level of care but continue to live at home. Many of these beneficiaries are dual eligible, or eligible for both Medicare and Medicaid.

Hardworking Americans who care for these beneficiaries and want to keep their loved ones at home have relied on this program for well over a decade, as the program has now expanded to 32 States.

There are two programs currently operating back in Texas, and I am looking forward to monitoring the program's continued success back home.

However, currently, the PACE model is limited to seniors who meet a specific list of criteria, Federal and State, for needing a nursing home level of care. The PACE Innovation Act would allow Medicare to test the PACE benefit on other vulnerable populations.

With the popularity and success of the PACE program, it is clear that, to live up to its full potential nationally, other populations should be targeted to benefit from comprehensive PACE models.

These beneficiaries are some of our Nation's most vulnerable, who, along with their families, have chosen not to enter into full-time nursing home care at a facility.

Studies have shown that people receiving care from PACE organizations have better outcomes and less hospitalizations and, more importantly, have more time to spend with their families in their own homes—and that is key.

The PACE Innovation Act is revenue-neutral and widely supported.

I would like to thank fellow Ways and Means Committee members CHARLES BOUSTANY, MIKE KELLY, LYNN JENKINS, EARL BLUMENAUER, BILL PASCRELL, BILL MCDERMOTT, and RICHARD NEAL for their strong support of this effort and encourage that the whole House vote to pass S. 1362 under suspension of the rules and send it to the President's desk.

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

□ 1815

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

Mr. Speaker, I appreciate the comments from my friend from Texas. Mr. Speaker, there is occasionally a little bit of controversy around the House, a modest amount of disagreement, and, of course, that is just in the Republican conference. There are lots of things that get the spotlight.

But I appreciate the leadership of my friend with our Health Subcommittee on Ways and Means for there are things below the radar screen where we have been working in a thoughtful and bipartisan way to try and see if we can thread the needle on a number of these things that don't have to cost a lot of money, and they enable us to be able to refine healthcare opportunities.

One of the biggest accomplishments of the session was getting the SGR monkey off our back to deal with the sustainable growth rate in a bipartisan fashion, and there have been, I want to say, about 12 bills that have moved out of our Health Subcommittee that deal with initiatives going forward.

What my friend from Texas said about the PACE Act is absolutely true. This is an opportunity for us to take a proven set of techniques to help seniors who want to stay at home, who do not want to be in nursing facilities, being able to give them the flexible needs in terms of services, and it works.

I represent a program in Portland, Oregon, Providence ElderPlace. It serves over 1,000 Oregonians. It has got a solid track record. It has costs that are lower than average if they were Medicaid beneficiaries. In some States, these savings can be nearly 30 percent.

There are opportunities here to be able to give better ongoing service. The hospital readmission rate, for example, the program I mentioned in Oregon, is far under the national average of 15.2 percent. It is about half that rate.

This simply extends this opportunity to a broader range of beneficiaries, people who have complex health conditions, but who are younger, for instance. They are no less deserving of this opportunity. I am absolutely convinced that the results will be every bit as strong.

Mr. Speaker, I appreciate having this bill move forward, and I appreciate the advocacy of my friend, Mr. SMITH from New Jersey. We seem to find a variety of things to work on together in this Congress, and there is nothing that I think is more important and is going to have more long-term impact for people who are quite vulnerable. It is going to save the Federal Government money while it provides better outcomes for patients and for their families.

With that, Mr. Speaker, I reserve the balance of my time urging strong support from my colleagues.

Mr. BRADY of Texas. Mr. Speaker, I am really proud to yield 4 minutes to the gentleman from New Jersey (Mr. SMITH), a real champion for the elderly and the fragile who has really been a leader for so many years on this key issue.

Mr. SMITH of New Jersey. Mr. Speaker, first of all, let me thank KEVIN BRADY, the chairman, for his extraordinary leadership on this and so many other issues, and Mr. BLUMENAUER, with whom we have worked together to build a strong bipartisan push for this piece of legislation.

I do rise in strong support for passage of S. 1362, the PACE Innovation Act. Identical to the companion bill that I introduced along with Mr. BLUMENAUER, this bill will provide PACE programs with flexibility to bring a proven model of care to new populations. The program for all-inclusive care for the elderly, or PACE, is a widely popular program serving over 30,000 seniors around the country.

For those unfamiliar with PACE, the program delivers the entire range of medical and long-term services, including medical care and prescription drug services, physical or occupational therapy, day or respite care, and medical specialties such as dentistry, optometry, and podiatry.

Currently, eligibility for PACE is limited to those aged 55 and over who meet State-specified criteria for needing nursing home-level care. This program will provide wellness and keeps people in their homes. It is already doing it. Now more people will benefit from it. It improves outcomes. And this is all for people who otherwise would be paying catastrophic costs for nursing home care.

Mr. Speaker, PACE has seen a significant growth in recent years, including a 30 percent increase in the number

of people receiving services over the last 3 years alone.

PACE has a proven track record in my own State of New Jersey where programs currently serve roughly 900 seniors throughout the State.

Just last week, Mr. Speaker, I had the opportunity to attend the grand opening and ribbon cutting of a new PACE program in Monmouth County, and it is New Jersey's fifth program.

When I first heard about PACE, I worked hard to bring this valuable program to my State back in 2009. Even though it was around before that, it was one of the best kept secrets around.

They then formed the first PACE program called LIFE, Living Independently for Elderly, at St. Francis Medical Center in the Trenton and Hamilton area. I have visited St. Francis LIFE often since and on its fifth anniversary was overwhelmed by the appreciation of seniors and their families for the program's ability to raise or maintain their quality of life.

The limits, however, and operational restrictions placed on PACE do not allow these programs to serve many others in need. Chronological age should not be the determinant.

If somebody is disabled and could use and should use a nursing home and is eligible, this gives another option to the family to keep them at home. The legislation will allow CMS to establish pilot programs and waive restrictions and test how to best deliver results for new populations.

As Tim Clontz, the chairman of the National PACE Association's Public Policy Committee, testified before the Health Subcommittee on the Energy and Commerce Committee, he told stories about a man named Jim G., a 54-year-old man with early-onset Alzheimer's disease.

He was hospitalized for a lung infection and, as a result, stayed home alone during the day, where he was isolated and struggled with activities of daily living, such as personal grooming, household chores, and child care.

His wife quit her job to care for him full time, but his needs were more than she could handle. He was permanently placed in a memory care unit, and since PACE was not an option for Jim—remember, he is 54 years old—his wife is crowd-sourcing to try to pay his medical care. This heartbreaking story could have been eliminated.

I also chair the Alzheimer's Caucus, Mr. Speaker, here in the House, and I can tell you there are many patients with early onset who could benefit and benefit in a very, very significant way with this change in law.

I look forward to the President's signature. Again, I want to thank you, Kevin, for your leadership and your very distinguished staff.

Mr. BLUMENAUER. Mr. Speaker, I yield myself such time as I may consume to close just by saying, again, I express my appreciation to the chairman and to Mr. SMITH for moving this forward.

We find that the evaluations of the PACE program have proven that participants experience better health outcomes, fewer unmet needs, less pain, less likelihood of depression, and fewer hospitalizations and nursing home admissions.

There are people out there now, if we make this change, that are ready to extend this higher quality of care for very deserving, needy, and vulnerable people who are younger than the threshold 55 years of age.

Mr. Speaker, I urge we vote tonight, enact it into law, and let these people get to work serving these people in a new and profoundly improved way.

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

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

Mr. Speaker, I want to thank again these champions, Mr. SMITH and Mr. BLUMENAUER, for coming together on a very important program that makes so much sense.

This is our mom or our dad, our loved one who wants to get care, but doesn't want to be in that nursing home. It is good for them, it is great for the family, and it is good for the taxpayers.

It just makes common sense. Having this strong, bipartisan support for this bill I think is every reason for it to pass through this House, to be signed by the President, and be expanded all across America.

So, Mr. Speaker, I stand in strong support for the PACE Innovation Act and urge its passage. With that, I yield back the balance of my time.

The SPEAKER pro tempore (Mr. COSTELLO). The question is on the motion offered by the gentleman from Texas (Mr. BRADY) that the House suspend the rules and pass the bill, S. 1362.

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.

CONTINUATION OF THE NATIONAL EMERGENCY WITH RESPECT TO THE SITUATION IN OR IN RELATION TO THE DEMOCRATIC REPUBLIC OF THE CONGO—MESSAGE FROM THE PRESIDENT OF THE UNITED STATES (H. DOC. NO. 114-69)

The SPEAKER pro tempore laid before the House the following message from the President of the United States; which was read and, together with the accompanying papers, referred to the Committee on Foreign Affairs and ordered to be printed:

To the Congress of the United States:

Section 202(d) of the National Emergencies Act (50 U.S.C. 1622(d)) provides for the automatic termination of a national emergency unless, within 90 days prior to the anniversary date of its declaration, the President publishes in the *Federal Register* and transmits to