

number which is a target for identity thieves because it is the key to unlocking a stolen identity.

Identity theft is a growing problem and online hacking has led to major security breaches in both government, and extensively in the private sector. Americans of all ages, even children, are vulnerable to having their identity stolen. This can wreak havoc in people's lives.

One thing we can do, which we are doing today, is to make sure that individuals can get the assistance they need from the Social Security Administration, SSA, when identity theft has caused problems with their benefits, or if their number has been severely compromised.

For example, fraudsters have been able to steal a Social Security number and use it to file a fraudulent benefit application or to file a false tax return and claim a refund. For some individuals, the theft of their identity creates such damage that they are forced to request a new Social Security number.

Right now, identity theft victims trying to resolve an issue related to the misuse of their Social Security numbers may have to contact SSA multiple times, speaking to several different people, before the issue can be fully resolved.

This legislation provides individuals with a single point of contact in the Social Security Administration that will be responsible for resolving all Social Security-related issues in connection with a theft. This unit will be accountable to identity theft victims until completion, and will track the individual's case and coordinate with other units to resolve all of these issues as quickly as possible.

I certainly support this legislation, which was reported out of the Ways and Means Committee by a unanimous vote. I urge support for H.R. 6084, and I reserve the balance of my time.

Mr. BISHOP of Michigan. Mr. Speaker, I yield 3 minutes to the gentleman from Texas (Mr. SAM JOHNSON), one of the great leaders of this body.

Mr. SAM JOHNSON of Texas. Mr. Speaker, I want to thank my good friends, Representative BISHOP, and Ranking Member LARSON, for their work on this commonsense bill.

I have heard firsthand how hard it can be for victims of identity theft to work with the Social Security Administration.

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Recently, a man told me about his experience of someone trying to claim his benefit. First, he got a letter from Social Security telling him to call them about his claim. He hadn't made a claim, so he called Social Security at the number they gave him, and he never heard back. Later, when he tried to file a claim of his own, he ended up having to make four separate calls. Then, Social Security told him they couldn't help him over the phone. Because of the fraudulent claim, they

said he had to go to a field office. As a result of all this hassling, he decided to just put off filing his claim.

If this bill had been in place, he would have had someone in Social Security to help him. Instead, he got the runaround. Having a single point of contact at Social Security for victims of identity theft just makes sense.

Mr. Speaker, I urge my colleagues to support this bill.

Mr. NEAL. Mr. Speaker, I am prepared to close, and I yield myself the balance of my time.

Mr. Speaker, I want to thank the sponsors for their hard work, and I urge my colleagues on both sides of the aisle to support this legislation.

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

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

Mr. Speaker, as today's debate on this legislation has shown, victims of identity theft in this country are facing an uphill battle in getting assistance from the Social Security Administration. Simply put, the current disconnected structure at the Social Security Administration isn't working for the American people. In response, my bill would require the Social Security Administration to assign a single point of contact at the agency to those who need to solve a problem with the Social Security Administration because of the misuse of his or her Social Security number.

This simply put but important reform will bring an added level of comfort to victims of identity theft and will ensure that they are receiving the quality care that they deserve.

In closing, I thank Ranking Member LARSON for assisting in this bill and joining me in offering the bill. I also thank Chairman BRADY, Ranking Member NEAL, and my fellow Ways and Means members for their support.

Mr. Speaker, I ask all my colleagues to join me in supporting this important bipartisan legislation, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Michigan (Mr. BISHOP) that the House suspend the rules and pass the bill, H.R. 6084, 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.

IMPROVING SENIORS ACCESS TO QUALITY BENEFITS ACT

Mr. KELLY of Pennsylvania. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4952) to direct the Secretary of Health and Human Services to conduct a study and submit a report on the effects of the inclusion of quality increases in the determination of blended benchmark amounts

under part C of the Medicare program, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4952

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 "Improving Seniors Access to Quality Benefits Act".

SEC. 2. DETERMINATION OF BLENDED BENCHMARK AMOUNT STUDY.

(a) SENSE OF CONGRESS.—It is the sense of Congress that the inclusion of quality increases in the determination of blended benchmark amounts under section 1853(n)(4) of the Social Security Act (42 U.S.C. 1395w-23(n)(4)) undermines the goal of delivering high-quality care under the Medicare program under title XVIII of such Act.

(b) STUDY AND REPORT.—Not later than one year after the date of enactment of this section, the Secretary of Health and Human Services, in consultation with relevant stakeholders, shall conduct a study and submit to Congress a report on the effects of the inclusion of quality percentage increases under section 1853(n)(5) of such Act in the determination of blended benchmark amounts under section 1853(n)(4) of such Act. Such study and report shall include an analysis of the following:

(1) The authority of the Secretary to remove such increases from the determination of such amounts.

(2) The effects of including such increases in the determination of such amounts on Medicare Advantage organizations (including the effects on any contracts entered into by such organizations).

(3) The financial impact of including such increases in the determination of such amounts by county.

(4) The effects of including such increases in the determination of such amounts on individuals enrolled in a plan under part C of title XVIII of such Act.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Pennsylvania (Mr. KELLY) and the gentleman from Massachusetts (Mr. NEAL) each will control 20 minutes.

The Chair recognizes the gentleman from Pennsylvania.

GENERAL LEAVE

Mr. KELLY of Pennsylvania. 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 H.R. 4952, currently under consideration.

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

There was no objection.

Mr. KELLY of Pennsylvania. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, this bill, H.R. 4952, the Improving Seniors Access to Quality Benefits Act, will allow us to take a deeper look at how the Medicare Advantage benchmark cap is affecting people across the Nation. I have been working with Mr. KIND and other Members to address this inequity that affects seniors in high-quality plans across the country.

The Medicare Advantage program was designed to give seniors a choice in their healthcare and utilize the private

sector to provide better care and benefits. Medicare Advantage plans receive a capitated payment rate to cover the patient's total cost of care. In order to encourage quality, seniors enrolled in high-quality plans receive a quality bonus payment that goes directly to seniors in the form of reduced cost sharing or extra benefits.

The Medicare Advantage program is very popular and has been working well for many years. In my district in western Pennsylvania, more than half of Medicare beneficiaries choose Medicare Advantage. Nationwide, Medicare Advantage enrollment has grown to 30 percent of Medicare beneficiaries. That number is even higher with 48 percent of the Hispanic and 38 percent of African American Medicare beneficiaries choosing Medicare Advantage.

Unfortunately, the Affordable Care Act implemented a cap on payments to Medicare Advantage plans. This misguided benchmark cap policy has penalized approximately 5.8 million American seniors being denied important benefits like care coordination, vision, dental, and wellness programs.

This issue has cost seniors in my district and across the country millions of dollars in benefits that they are entitled to. We talk often about paying for value in the Medicare program, and this policy undermines that goal.

The benchmark cap is clearly a problem, and we need more information on it. The Improving Seniors Access to Quality Benefits Act requires the Secretary of HHS to analyze and report to Congress on the impact of including quality bonus payments in the Medicare Advantage benchmark cap. It also establishes a sense of Congress that this issue undermines the goal of delivering high-quality care in the Medicare program.

It is my understanding that the Department of Health and Human Services has limited secretarial authority to make this change on its own. I hope to work together with the Secretary on policies such as this to encourage high-quality plans for seniors.

Mr. Speaker, this legislation has broad support from many stakeholders, including America's Health Insurance Plans, the Better Medicare Alliance, the Healthcare Leadership Council, Meals on Wheels America, the National Minority Quality Forum, the Alliance of Community Health Plans, and many others.

Mr. Speaker, I urge the adoption of this legislation, and I reserve the balance of my time.

COMMITTEE ON WAYS AND MEANS,
HOUSE OF REPRESENTATIVES,
Washington, DC, July 13, 2018.

Hon. GREG WALDEN,
Chairman, Committee on Energy and Commerce,
Washington, DC.

DEAR CHAIRMAN WALDEN: I write to you regarding H.R. 4952, the "Improving Seniors Access to Quality Benefits Act" the Committee on Ways and Means ordered favorably reported that was also referred to the Committee on Energy and Commerce.

I ask that the Committee on Energy and Commerce waive formal consideration of the

bill so that it may proceed expeditiously to the House Floor.

I acknowledge that by waiving formal consideration of the bill, the Committee on Energy and Commerce is in no way waiving its jurisdiction over the subject matter contained in those provisions of the bills that fall within your Rule X jurisdiction. I would support your effort to seek appointment of an appropriate number of conferees on any House-Senate conference involving this legislation.

I will include a copy of our letters in the Congressional Record during consideration of this legislation on the House floor.

Sincerely,

KEVIN BRADY,
Chairman.

HOUSE OF REPRESENTATIVES, COM-
MITTEE ON ENERGY AND COM-
MERCE,

Washington, DC, July 16, 2018.

Hon. KEVIN BRADY,
Chairman, Committee on Ways and Means,
Washington, DC.

DEAR CHAIRMAN BRADY: Thank you for your letters regarding H.R. 4952, the "Improving Seniors Access to Quality Benefits Act," H.R. 6138, the "Ambulatory Surgical Center (ACS) Payment Transparency Act of 2018," and H.R. 6311, the "To amend the Internal Revenue Code of 1986 and the Patient Protection and Affordable Care Act to modify the definition of qualified health plan for purposes of the health insurance premium tax credit and to allow individuals purchasing health insurance in the individual market to purchase a lower premium copper plan."

The Committee on Energy and Commerce will forgo consideration of both bills so that they may proceed expeditiously to the House Floor.

I appreciate your assurance that by forgoing action on these bills, the Committee is in no way waiving its jurisdiction over the subject matter contained in the bills. I also appreciate your offer of support for the appointment of conferees from the Committee to any House-Senate conference involving this legislation.

Sincerely,

GREG WALDEN,
Chairman.

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

Mr. Speaker, I rise today to urge my colleagues to support H.R. 4952, the Improving Seniors Access to Quality Benefits Act.

More than 19 million Medicare beneficiaries were enrolled in Medicare Advantage plans in 2017—that is almost one-third of all Medicare beneficiaries—and that number is growing every year. This bill would require the Department of Health and Human Services to conduct a study and submit a report to Congress on the effect of including quality bonus payments in the benchmark cap.

The Centers for Medicare and Medicaid Services, or CMS, believes the benchmark payments made to Medicare Advantage plans include the bonuses Medicare Advantage plans may earn from delivering care that meets certain basic quality standards. On the other hand, plans argue that these quality bonuses should not be included in the benchmark cap. The Medicare Payment Advisory Commission has recommended, among other things, that this interaction be investigated.

This bill, by requiring a study of the issue, will help Congress come to a conclusion on possible solutions.

In closing, I thank the sponsors for their hard work. I urge my colleagues on both sides of the aisle to support H.R. 4952, and I yield back the balance of my time.

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

Mr. Speaker, it is estimated that the ACA's benchmark cap negatively impacts more than 40 percent of counties across our country. The Improving Seniors Access to Quality Benefits Act will require the Secretary to fully evaluate the impact of including quality bonus payments under the benchmark cap on our seniors residing in these counties.

This bill was brought through the committee process in a bipartisan fashion. Now on the floor, I strongly recommend my colleagues on both sides of the aisle to vote in favor of H.R. 4952 to ensure seniors are not missing out on additional healthcare benefits or reduced cost sharing as a result of the ACA's benchmark cap.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Pennsylvania (Mr. KELLY) that the House suspend the rules and pass the bill, H.R. 4952, 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.

AMBULATORY SURGICAL CENTER PAYMENT TRANSPARENCY ACT OF 2018

Mr. NUNES. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 6138) to amend title XVIII of the Social Security Act to provide for ambulatory surgical center representation during the review of hospital outpatient payment rates under part B of the Medicare program, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 6138

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 "Ambulatory Surgical Center Payment Transparency Act of 2018" or the "ASC Payment Transparency Act of 2018".

SEC. 2. ADVISORY PANEL ON HOSPITAL OUTPATIENT PAYMENT REPRESENTATION.

(a) ASC REPRESENTATIVE.—The second sentence of section 1833(t)(9)(A) of the Social Security Act (42 U.S.C. 1395l(t)(9)(A)) is amended by inserting "and at least one ambulatory surgical center representative" after "an appropriate selection of representatives of providers".