

this bill, we draw a clear line on this issue and send a message to the world that we will hold countries who abide this practice accountable.

It should be pointed out that while prohibiting the killing of dogs and cats for food may be seen as a no-brainer, this legislation does take a sensitive approach to the issue with regard to the diverse cultural practices within our great Nation.

I appreciate the work of the two gentlemen from Florida, Messrs. BUCHANAN and HASTINGS, and their leadership on this issue. It is an opportunity to come together, and we should be united in our opposition to this unconscionable practice.

Mr. Speaker, I urge my colleagues to support this bill, and I reserve the balance of my time.

Mr. ABRAHAM. Mr. Speaker, I yield such time as he may consume to the gentleman from Pennsylvania (Mr. FITZPATRICK), my distinguished colleague.

Mr. FITZPATRICK. Mr. Speaker, I join my colleagues today to voice my strong support for H.R. 6720, the Dog and Cat Meat Trade Prohibition Act of 2018. It is critical that every single Member of this Chamber live up to our responsibilities to be a voice for the voiceless, and banning the individual sale of dog and cat meat is vital, clearly, to fulfilling that obligation.

Mr. Speaker, in my district of Bucks and Montgomery Counties, as is the case across this Nation, our pets are members of the family who contribute greatly to our society. In particular, dogs serve as invaluable partners in law enforcement, our military, and as service animals.

Today, we have before us bipartisan, commonsense legislation that protects these animals at the most basic level. It seems obvious that, in this day and age, dogs and cats are not edible species, period.

Mr. Speaker, I thank my friend from Florida (Mr. BUCHANAN) for introducing this vital legislation, and I urge my colleagues to support it in a bipartisan fashion to show a united front against the horrors of the dog and cat meat trade.

Ms. PLASKETT. Mr. Speaker, I yield such time as he may consume to the gentleman from Florida (Mr. HASTINGS), my very distinguished colleague.

Mr. HASTINGS. Mr. Speaker, I thank my distinguished colleague and good friend from the Virgin Islands as well as the distinguished gentleman from Louisiana for putting this measure forward today.

Obviously, I support H.R. 6720, to prohibit the slaughter of dogs and cats for human consumption. I was pleased to join my distinguished colleague and co-chairman of the Florida delegation, Congressman VERN BUCHANAN, in reintroducing the measure.

It might surprise you to learn that consumption of dogs and cats is still legal in 44 States, where there are no

laws prohibiting the purchasing, shipping, transporting, selling, or donating of dogs or cats to be slaughtered for human consumption. This bill would prohibit these actions and impose penalties to ensure that individuals involved in the dog or cat meat trade are held accountable.

The United States' position on this cruel and brutal practice should be unequivocal: Dogs and cats should not be killed in this country for the consumption of their meat. It is with the utmost importance that we unify our animal cruelty laws in all 50 States and explicitly ban the torture and killing of dogs and cats for human consumption.

Mr. Speaker, I thank Congressman BUCHANAN for his steadfast leadership in raising awareness on animal welfare issues in Congress, and I also give a big shout-out to all those who have helped us put this measure together in the United States, the number of people who have been involved.

I hope this body will expeditiously pass the measure. Doing so will reaffirm the United States' commitment to the humane treatment of our most beloved companions.

I might add, I misspoke a minute ago when I said the 50 States. I mean the 50 States and its territories should explicitly ban the torture.

Mr. Speaker, I urge a "yes" vote on the bill.

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

Mr. Speaker, I simply urge all Members to join me in support of this bill, and I yield back the balance of my time.

Ms. PLASKETT. Mr. Speaker, I urge all Members to support the passage of H.R. 6720, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. MCCAUL). The question is on the motion offered by the gentleman from Louisiana (Mr. ABRAHAM) that the House suspend the rules and pass the bill, H.R. 6720.

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.

FIGHTING FRAUD TO PROTECT CARE FOR SENIORS ACT OF 2018

Mr. ROSKAM. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 6690) to establish a smart card pilot program to combat fraud, waste, and abuse and to protect beneficiary identity under the Medicare program, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 6690

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 "Fighting Fraud to Protect Care for Seniors Act of 2018".

SEC. 2. MEDICARE SMART CARD PILOT PROGRAM.

Part E of title XVIII of the Social Security Act is amended by inserting after section 1866E the following new section:

"SEC. 1866F. SMART CARD PILOT PROGRAM.

"(a) IMPLEMENTATION.—

"(1) IN GENERAL.—Not later than 36 months after the date of the enactment of this section, the Secretary shall establish a pilot program (in this section referred to as the 'pilot program') to evaluate the feasibility of using smart card technology under this title.

"(2) SMART CARD TECHNOLOGY DEFINED.—In this section, the term 'smart card technology' means the following:

"(A) BENEFICIARY SMART CARD.—A machine readable, tamper-resistant card (in this section referred to as a 'smart card') that includes an embedded integrated circuit chip with a secure micro-controller (as defined by the National Institute on Standards and Technology) that enables the verification and secure, electronic authentication of the identity of a Medicare beneficiary at the point of service through a combination of the smart card and a personal identification number known by or associated with such beneficiary.

"(B) CARD READER TECHNOLOGY.—Information technology that enables a supplier and provider to authenticate the identity of a Medicare beneficiary through presentation of such a smart card and such components, with such authentication to be reflected through the use of a modifier or in another appropriate manner, as determined by the Secretary, in the claims adjudication process.

"(3) PROGRAM DESIGN ELEMENTS.—The pilot program shall be conducted for a period of 3 years consistent with the following:

"(A) SELECTION OF AREA.—In consultation with the Inspector General of the Department of Health and Human Services, the Secretary shall select at least 3 geographic areas in which the pilot program will operate.

"(B) SELECTION OF SUPPLIER AND PROVIDER TYPES.—In consultation with the Inspector General of the Department of Health and Human Services, the Secretary shall select supplier and provider types that will be required to participate in the pilot program (referred to in this section as 'participating suppliers and providers'). In selecting such supplier and provider types, the Secretary shall—

"(i) take into account the risk of fraud, waste, and abuse (as described in section 1866(j)(2)(B)) with respect to the category of provider or supplier) and other factors as determined appropriate by the Secretary; and

"(ii) limit the pilot program to no more than 2,000 suppliers and providers.

"(C) SUPPLIER AND PROVIDER HARDSHIP EXEMPTIONS.—The Secretary shall exempt from participation in the pilot program a supplier or provider that either—

"(i) does not have access to card reader technology (as described in paragraph (2)(B));

"(ii) does not have sufficient internet access;

or

"(iii) has a low volume (as determined by the Secretary) of Medicare claims for which payment is made under this title.

"(D) SMART CARD AND SMART CARD READER ISSUANCE.—

"(i) BENEFICIARY SMART CARD ISSUANCE.—The Secretary shall provide for, at no cost, the issuance (and, if necessary, replacement) of beneficiary smart cards described in paragraph (2)(A) to all Medicare beneficiaries residing in a geographic area in which the pilot program is conducted under subparagraph (A). Information that appears on Medicare cards used outside the pilot program may appear on the face of the beneficiary smart card.

"(ii) SUPPLIER AND PROVIDER SMART CARD READER ISSUANCE.—At the request of a participating supplier or provider, the Secretary shall provide for, at no cost, the issuance to such supplier or provider of smart card hardware and

software necessary to participate in the pilot program.

“(E) INFORMATION ON OPERATION OF PILOT PROGRAM.—The Secretary shall provide participating suppliers and providers and Medicare beneficiaries who are furnished items and services by such suppliers and providers, with information on the operation of the pilot program, including privacy protections described in subparagraph (I).

“(F) ACCESS TO SERVICES OUTSIDE THE PILOT PROGRAM.—

“(i) BENEFICIARIES.—Medicare beneficiaries who receive beneficiary smart cards may receive items and services from suppliers and providers not participating in the pilot program.

“(ii) SUPPLIERS AND PROVIDER CLAIMS.—

“(I) SUPPLIERS AND PROVIDERS NOT PARTICIPATING IN PILOT.—Suppliers and providers not participating in the pilot program may submit claims under this title for items and services furnished without use of smart card technology to Medicare beneficiaries who receive beneficiary smart cards.

“(II) PARTICIPATING SUPPLIERS AND PROVIDERS FURNISHING SERVICES TO NON-PARTICIPATING BENEFICIARIES.—Supplier and providers participating in the pilot program may submit claims under this title for items and services furnished to Medicare beneficiaries who do not receive beneficiary smart cards.

“(G) CLARIFICATION ON ACCESS TO SERVICES WITHOUT SMART CARDS.—In the case of a Medicare beneficiary who receives a beneficiary smart card and does not present such card at the time of receipt of items or services from a participating supplier or provider, the participating supplier or provider—

“(i) shall furnish such items or services to such Medicare beneficiary as if such beneficiary does present such card;

“(ii) may submit claims under this title for such items or services; and

“(iii) shall provide, in accordance with such manner, process, and timing as specified by the Secretary, information to the Secretary (through the contractor described in subparagraph (H)) that such beneficiary received such a smart card but did not have the smart card at the time the items or services were furnished.

“(H) PRIVATE SECTOR IMPLEMENTATION.—The Secretary shall select, by using a competitive procurement process in accordance with the provisions of chapter 1 of title 48, Code of Federal Regulations (or any successor regulations), a private sector contractor to implement and operate the pilot program.

“(I) PRIVACY PROTECTIONS.—The Secretary shall ensure that the pilot program complies with applicable Federal laws and regulations concerning individually identifiable health information, including the Privacy Act of 1974 and regulations promulgated under section 264(c) of the Health Insurance Portability and Accountability Act of 1996 and such individually identifiable information shall be exempt from disclosure under section 552(b)(3) of title 5, United States Code.

“(J) MANDATORY PARTICIPATION.—Subject to subparagraph (C), in the case of items or services furnished by a provider or supplier included in a supplier or provider type selected under subparagraph (B) in a geographic area selected under subparagraph (A), payment may only be made under this title for such items or services during the period of the pilot program if the provider or supplier is participating in the pilot program.

“(K) PROHIBITION OF SMART CARD FEES.—No transaction, utilization, or other fees may be imposed on Medicare beneficiaries or participating suppliers and providers with respect to the use of smart cards under the pilot program.

“(4) STAKEHOLDER INPUT.—

“(A) IN GENERAL.—Not later than 6 months after the date of the enactment of this section, the Secretary shall convene a panel consisting of stakeholders (including representatives of

providers, suppliers, technology vendors, Medicare beneficiaries, and claims processing contractors) selected by the Secretary for purposes of providing input to the Secretary on the implementation of the pilot program (including on the selection of areas and participants under subparagraphs (A) and (B) of paragraph (3) and the development of exemptions and requirements described in such paragraph).

“(B) NONAPPLICABILITY OF FACA.—The Federal Advisory Committee Act shall not apply to the panel convened pursuant to subparagraph (A).

“(5) DEFINITIONS.—In this section:

“(A) The terms ‘supplier’ and ‘provider’ have the meanings given the terms ‘supplier’ and ‘provider of services’ in subsections (d) and (u), respectively, of section 1861.

“(B) The term ‘Medicare beneficiary’ means an individual who is enrolled in the original Medicare fee-for-service program under parts A and B and is not enrolled in an MA plan under part C, an eligible organization under section 1876, or a PACE program under section 1894.

“(b) REPORTS TO CONGRESS.—The Secretary shall submit to Congress the following reports:

“(1) INTERIM PERFORMANCE REPORT.—Not later than 2 years after the date the pilot program is implemented, an interim report on the performance of such program.

“(2) FINAL PERFORMANCE REPORT.—Not later than 18 months after the date of the completion of the pilot program, a final evaluation on the effectiveness of the pilot program. The report shall include the following:

“(A) An evaluation of the effect of the pilot program on potential fraud under the insurance programs established under this title.

“(B) A description of any barriers to implementation of the pilot program.

“(C) Participant feedback on the pilot program.

“(D) Recommendations regarding the future use of smart cards to address fraud under this title.

“(E) Data on the information provided under subsection (a)(3)(G)(iii).”.

The SPEAKER pro tempore (Mr. ABRAHAM). Pursuant to the rule, the gentleman from Illinois (Mr. ROSKAM) and the gentleman from Michigan (Mr. LEVIN) each will control 20 minutes.

The Chair recognizes the gentleman from Illinois.

GENERAL LEAVE

Mr. ROSKAM. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 6690, currently under consideration.

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

There was no objection.

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

Mr. Speaker, we have an opportunity to do something together on a bipartisan basis that can bring a level of confidence to a program that all of us cherish and all of us want to defend, and that is Medicare. Medicare is an incredibly popular program. It is a necessary program, and it is a program that needs all of us to defend it, particularly on the integrity side.

If Medicare were to ask CMS today what their fraudulent or erroneous payment rate is, those two numbers together, they would come back and they would tell them it is about 10 percent. So, in other words, about \$40 billion a

year, Mr. Speaker, is going out the door not to benefit seniors, but it is going out the door either fraudulently or erroneously.

I thank Mr. BLUMENAUER from Oregon because, together, we have been working on this concept which would apply the same type of technology that we see in so many other parts of the economy right now, and that is smart card technology, and use it in a Medicare setting. The proposal is this: Let's try it. Let's see how it works. Let's have a pilot program.

Toward that end, what we are hoping and the expectation is that the same types of savings that we have seen in the private sector we will see in this sector to make sure that seniors are protected, not only the funds that seniors have come to rely on, but their identities and so forth.

This is a concept, again, that Mr. BLUMENAUER and I have worked on.

I thank Chairman BRADY for his work on this bill and the attention that this has gotten on a bipartisan basis.

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I think it is particularly interesting to note that AARP has weighed in very strongly in favor of it. Let me just read one quick snapshot from a letter that they sent to Mr. BLUMENAUER and me at the end of August, and I will just give you a couple of sentences.

“While the new cards are more secure than before, ‘smart cards’ could provide even greater security, and have the potential to contain useful health information and facilitate care. If enacted, this pilot program would also help Medicare learn more about the beneficiary engagement and education. This technology deserves to be tested and evaluated.”

Mr. Speaker, in a nutshell, this is a proposal to create a pilot program. I urge its passage, and I reserve the balance of my time.

COMMITTEE ON WAYS AND MEANS,
HOUSE OF REPRESENTATIVES,
Washington, DC, September 7, 2018.

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

DEAR CHAIRMAN WALDEN: I write to you regarding several health bills the Committee on Ways and Means ordered favorably reported to the House. The following bills were also referred to the Committee on Energy and Commerce.

I ask that the Committee on Energy and Commerce waive formal consideration of the following bills so that they may proceed expeditiously to the House Floor:

H.R. 6662, Empowering Seniors' Enrollment Decision Act of 2018;

H.R. 6690, Fighting Fraud to Protect Care for Seniors Act of 2018;

H.R. 6561, Comprehensive Care for Seniors Act of 2018; and

H.R. 3635, Local Coverage Determination Clarification Act of 2018.

I acknowledge that by waiving formal consideration of the bills, 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,
COMMITTEE ON ENERGY AND COMMERCE,
Washington, DC, September 7, 2018.

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

DEAR CHAIRMAN BRADY: Thank you for your letter regarding H.R. 3635, Local Coverage Determination Clarification Act of 2018; H.R. 6561, Comprehensive Care for Seniors Act of 2018; H.R. 6662, Empowering Seniors' Enrollment Decision Act of 2018; and H.R. 6690, Fighting Fraud to Protect Care for Seniors Act of 2018.

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

Mr. Speaker, this is the first of four bills that came out of the Ways and Means Committee. They came out without much controversy. The only one that really had any is this first bill. I am not sure we will have any speakers on our side. I will say a few words about this bill in a few minutes.

I first want to talk a bit about bipartisanship. These four bills do have some bipartisanship. Unfortunately, what isn't bipartisan is the basic dispute about healthcare and about the continuation of the reform that we on the Democratic side started some years ago with our President.

It has turned out to be an important piece of legislation—I think historic—and the more people look at it and the more they are covered by it, the greater the support for it.

Unfortunately, unlike the bipartisanship in these four bills, ACA continues to be hit by the worst kind of partisanship and continued efforts to undermine and destroy it.

In October 2017, the administration ended cost-sharing reduction subsidies. That has led to premium increases of 20 to 25 percent across the Nation. In June of this year, the Trump administration expanded the reach of junk insurance policies that have weakened the risk pool, and these policies are not subject to consumer protections.

In July, we saw the impact of this firsthand in Michigan. The administration announced another cut in so-called navigator organizations. They

slashed the funding from \$63 million just 2 years ago to \$10 million. It had an impact throughout this country, and I saw firsthand what it meant in the State of Michigan.

Essentially, the administration said we are going to cut and essentially eliminate help for outreach to people in terms of their knowing about the ACA and how, as millions of others have, they can obtain coverage.

I think maybe most disturbing, last week, the Federal court heard arguments in *Texas v. the United States*. It is a lawsuit launched by Republicans that could jeopardize healthcare for 130 million patients living with preexisting conditions. The Republicans like to point to language that says that won't happen. But essentially, I think they have their heads in the sand on this if the court were to rule in favor of the suit. I think, to the disgrace of the administration, they decided not to defend the government's position.

So we are here today with bipartisan bills, and it is really sad—indeed, worse than that. We haven't had a single hearing on any of the issues I mentioned. And the Republicans, while they come here and talk about bipartisanship, which has been so essential until recent years when it comes to healthcare, they now essentially are engaging in very partisan efforts to undermine healthcare for millions and millions of people.

So let me just say, Mr. Speaker, a brief word about this. Mr. ROSKAM has been working on this for a long time, working with Mr. BLUMENAUER, and I think the gentleman's efforts to strive for some bipartisanship have been a positive.

As I said at the beginning, of all four bills, this one had the most discussion in our committee and had some disagreement. The smart card idea has been examined by a number of entities, including the Government Accountability Office. According to their 2016 report—and I have copies of their report of 2016, and there is also another report that relates to this—according to that, their estimate was that smart cards would help in only a minority of cases. In fact, of the 739 healthcare fraud cases that the GAO examined, only 18 would have been fully addressed had Medicare used these cards. That is only about 2 percent of the cases.

Also, transition to smart cards is going to be significant, and the estimate is that it is going to cost about \$40 million. As we discussed in the committee, some thought there might be a better use of this money.

Be that as it may, this has been worked on, and Mr. ROSKAM and Mr. BLUMENAUER have combined forces to undertake this 3-year pilot program.

So under those circumstances, wishing we had more bipartisanship on healthcare issues that run more deeply and affect the needs of people even more broadly, with that caveat, I do

not suggest anything but support for this bill.

Mr. Speaker, I have no further conversation, and I yield back the balance of my time.

Mr. ROSKAM. Mr. Speaker, I want to thank Mr. LEVIN for his observations about this bill, that it is created in a spirit of bipartisanship, and I appreciate his support for it.

I think it is interesting, just a little bit of a point of clarification, because we were able to discuss in the committee the GAO report. There are two facets of it. There are two numbers, and those people who are tracking this closely will care about it. There is one 2 percent representation and then a 22 percent representation.

Here is the story. The GAO said only 2 percent of cases that they evaluated would have been completely changed by this. I think if we were talking about any other thing in Medicare as it relates to 2 percent, we would be chasing it. Be that as it may, 2 percent would be completely changed. Twenty-two percent of the cases they evaluated, however, would be impacted in some way.

So the bottom line here is that we have an opportunity to adopt technology at a cost of about \$40 million, we are told, to pursue \$40 billion in fraud and error. That is good math any day of the week. Both sides of the aisle recognize it.

Mr. Speaker, I urge its passage, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Illinois (Mr. ROSKAM) that the House suspend the rules and pass the bill, H.R. 6690, 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.

EMPOWERING SENIORS' ENROLLMENT DECISION ACT OF 2018

Mr. PAULSEN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 6662) to amend title XVIII of the Social Security Act to extend the special election period under part C of the Medicare program for certain deemed individuals enrolled in a reasonable cost reimbursement contract to certain nondeemed individuals enrolled in such contract, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 6662

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 "Empowering Seniors' Enrollment Decision Act of 2018".