SEC. 2. EXTENDING THE SPECIAL ELECTION PERIOD UNDER PART C OF THE MEDICARE PROGRAM FOR CERTAIN DEEMED INDIVIDUALS ENROLLED IN A REASONABLE COST REIMBURSEMENT CONTRACT TO ANY MA ELIGIBLE INDIVIDUAL ENROLLED IN SUCH A CONTRACT DURING THE FINAL YEAR SUCH A CONTRACT IS EXTENDED; EXTENDING CONVERSIONS OF REASONABLE COST REIMBURSEMENT CONTRACTS TO MA PLANS.

(a) EXTENDING THE SPECIAL ELECTION PERIOD UNDER PART C OF THE MEDICARE PROGRAM FOR CERTAIN DEEMED INDIVIDUALS ENROLLED IN A REASONABLE COST REIMBURSEMENT CONTRACT TO ANY MA ELIGIBLE INDIVIDUAL ENROLLED IN SUCH A CONTRACT DURING THE FINAL YEAR SUCH A CONTRACT IS EXTENDED.—

(1) IN GENERAL.—Section 1851(e)(2)(F) of the Social Security Act (42 U.S.C. 1395w–21(e)(2)(F)) is amended—

(A) in the header, by striking ''DEEMED ELECTIONS'' and inserting ''INDIVIDUALS ENROLLED IN A REASONABLE COST REIMBURSEMENT CONTRACT''; and

(B) by amending clause (i) to read as follows:

''(i) IN GENERAL.—With respect to a reasonable cost reimbursement contract under section 1876(h) that is not extended or renewed, an individual enrolled in the contract for the final year in which such contract is extended or renewed may, at any time during the period beginning after the last day of the annual, coordinated election period under paragraph (3) occurring during such final year and ending on the last day of February of the first plan year following such final year, change the election under subsection (a)(1) (including changing the MA plan or MA–PD plan in which the individual is enrolled) for such first plan year following such final year.''.

(2) CLARIFICATION RELATING TO DEEMED INDIVIDUALS ENROLLED IN A REASONABLE REIMBURSEMENT CONTRACT.—Section 1851(c)(4)(A) of the Social Security Act (42 U.S.C. 1395w–21(c)(4)(A)) is amended—

(A) by amending clause (ii) to read as follows:

''(ii) such previous plan year was the final year in which such contract was extended or renewed;''; and

(B) in clause (iii) by striking ''subclause (III) of such section'' and inserting ''section 1876(h)(5)(C)(iv)(IV)''.

(b) EXTENDING CONVERSIONS OF REASONABLE COST REIMBURSEMENT CONTRACTS TO MA PLANS.—Section 1876(h)(5)(C) of the Social Security Act (42 U.S.C. 1395mm(h)(5)(C)) is amended—

(1) in clause (iv)—

(A) in subclause (I), by striking the last sentence;

(B) by redesignating subclauses (I) through (V) as subclauses (II) through (VI), respectively;

(C) by inserting before subclause (II), as so redesignated, the following subclause:

''(I) The final year in which such contract is extended or renewed is referred to in this subsection as the 'last reasonable cost reimbursement contract year for the contract'.''; and

(D) in subclause (V), as so redesignated, by striking ''subclause (III)'' and inserting ''subclause (IV)''; and

(2) in clause (v), by striking ''that is extended or renewed pursuant to clause (iv) provides the notice described in clause (iv)(III)'' and inserting ''that is not to be extended or renewed provides the notice described in clause (iv)(IV)''.

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

The Chair recognizes the gentleman from Minnesota.

GENERAL LEAVE

Mr. PAULSEN. 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. 6662, currently under consideration.

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

There was no objection.

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

Mr. Speaker, our seniors deserve to have adequate time to choose the Medicare plan that best fits their healthcare needs. This is especially important today for seniors who are currently enrolled in a Medicare cost plan that will be impacted by a mandatory transition date starting on January 1 of next year.

That is why I authored and introduced this legislation, H.R. 6662, the Empowering Seniors' Enrollment Decision Act, to ensure that cost plan enrollees have extra enrollment time when choosing a Medicare plan later this fall.

I want to thank my colleague, Congressman KIND, for his work on this legislation, as well and his bipartisan support.

It is recognized there are more than 630,000 cost plan enrollees nationwide. Approximately 400,000 of those enrollees are actually in my State in Minnesota. Now some cost plan beneficiaries will be allowed to stay with their current cost plan, and others will be deemed, or automatically enrolled, later at the end of this year to a new Medicare Advantage plan. Nondeemed beneficiaries, however, will be forced to shop for new Medicare coverage.

This bipartisan bill we have before us today extends and moves the special enrollment period for all cost plan enrollees from December 8 until the end of February of next year, 2019. So the bill would essentially fix current law to allow cost plans to deem existing enrollees into new Medicare Advantage plans in future years. H.R. 6662 provides much-needed certainty for our seniors.

Mr. Speaker, I want to thank the committee and Congressman KIND for their work on partnering with this effort, and I reserve the balance of my time.

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

Mr. Speaker, this is a technical change, and it needed to be done. The special enrollment period did not initially apply to nondeemed enrollees. So to address this concern, CMS has promulgated regulations allowing nondeemed enrollees to participate in this special enrollment period.

So what this bill does is to simply codify this regulation. So it is not clear that it is necessary to codify it, but, surely, there can be no harm. There is a need to take action, and, therefore, I support this bill.

As I discussed earlier on this legislation, there was bipartisan support. I wish that that kind of bipartisanship had been spread to issues that aren't technical and issues that involve the lives and health of millions of people. That never has been forthcoming. The opposite has been true.

This is an example of bipartisanship on this specific technical issue.

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

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

Mr. Speaker, just to remind our Members, I want to thank Mr. LEVIN for his comments on the bipartisan components of this bill as well.

The bill does provide and ensure that there is certainty for our seniors who may need a little bit of extra time as they navigate their Medicare choices and they decide which choices and options are best for them. This can be a cumbersome and confusing process.

I want to thank, again, Representative KIND, my colleague, for his work on this bill. We look forward to having a strong bipartisan vote in the House as it moves forward.

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

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The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Minnesota (Mr. PAULSEN) that the House suspend the rules and pass the bill, H.R. 6662, as amended.

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

The title of the bill was amended so as to read: ''A bill 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 any Medicare Advantage eligible individual enrolled in such a contract during the final year such contract is extended, and for other purposes.''.

A motion to reconsider was laid on the table.

COMPREHENSIVE CARE FOR SENIORS ACT OF 2018

Mrs. WALORSKI. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 6561) to direct the Secretary of Health and Human Services to finalize certain proposed provisions relating to the Programs of All-Inclusive Care for the Elderly (PACE) under the Medicare and Medicaid programs, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 6561

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 ''Comprehensive Care for Seniors Act of 2018''.

SEC. 2. DIRECTING THE SECRETARY OF HEALTH AND HUMAN SERVICES TO ISSUE A FINAL REGULATION BASED ON THE PROPOSED REGULATION RELATING TO THE PROGRAMS OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE) UNDER THE MEDICARE AND MEDICAID PROGRAMS.

Not later than December 31, 2018, the Secretary of Health and Human Services shall issue a final regulation based on the provisions of the proposed regulation titled ''Medicare and Medicaid Programs; Programs of All-Inclusive Care for the Elderly (PACE)'' (81 Fed. Reg. 54666).

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Indiana (Mrs. WALORSKI) and the gentleman from Michigan (Mr. LEVIN) each will control 20 minutes.

The Chair recognizes the gentlewoman from Indiana.

GENERAL LEAVE

Mrs. WALORSKI. 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. 6561, currently under consideration.

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

There was no objection.

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

Mr. Speaker, I rise today in support of H.R. 6561, the Comprehensive Care for Seniors Act of 2018. This bipartisan legislation would require the Secretary of HHS to finalize updated regulations for the Programs of All-Inclusive Care for the Elderly, commonly known as PACE, while still giving the Secretary the flexibility to make updates and changes to the proposed regulation.

The PACE program is a proven model for delivering high-quality, comprehensive, community-based healthcare for seniors. It helps seniors whose health conditions would otherwise land them in a nursing home to remain in their homes for as long as possible by allowing them to see health professionals and social service providers at local PACE centers.

There are currently 123 PACE organizations in 31 States that serve over 45,000 Medicare and Medicaid beneficiaries, enabling them to live safely in the community through the fully integrated services and support provided. This allows beneficiaries to live longer, experience better health, and have fewer hospital visits. Seniors facing health challenges should have the option to receive high-quality healthcare while continuing to live at home, and programs like St. Joseph PACE in Mishawaka, in my district, allow them to do just that.

In 2016, CMS released a proposed rule to update the original guidelines from 2006. A bipartisan group of Members of Congress sent letters in November of 2017 and June of 2018 urging CMS to prioritize updating the existing regulatory framework, which is more than a decade old. The agency has, unfortunately, not taken any action.

This much-needed update would allow PACE programs to customize their interdisciplinary team around the needs of each enrollee, provide more services in the community, and give greater flexibility to partner with community providers.

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

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

Mr. Speaker, my colleague from Indiana has described very well the purpose of this legislation. There are, I think, at least five sponsors of this legislation, Democrats and Republicans, and it is another example of bipartisanship on a rather technical issue, technical in this sense.

There was always a need for regulation, and CMS proposed, now, 2 years ago, a regulation updating the requirements governing PACE. Unfortunately, under this present administration, CMS has not finalized these rules. What this bill essentially requires is that CMS finalize these regulations by December 31, 2018. Hopefully, that can occur before 2031.

We sometimes do too much on December 31 of a year. I have been here in session a few times on December 31, I think.

Mr. Speaker, I support this bill and recommend its passage, and I yield back the balance of my time.

Mrs. WALORSKI. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, I want to thank my colleagues, Representatives JENKINS, BLUMENAUER, CHU, KIND, BILIRAKIS, DINGELL, and CHRIS SMITH, for their hard work getting this bill to this point and their previous work on this issue.

The PACE program is long overdue for an update. This bipartisan, commonsense legislation will ensure improvements are made quickly so more seniors can live in their communities longer.

Mr. Speaker, I urge my colleague to support this bill, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Indiana (Mrs. WALORSKI) that the House suspend the rules and pass the bill, H.R. 6561, as amended.

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

The title of the bill was amended so as to read: ''A bill to direct the Secretary of Health and Human Services to issue a final regulation based on the proposed regulation relating to the Programs of All-Inclusive Care for the Elderly (PACE) under the Medicare and Medicaid programs.''.

A motion to reconsider was laid on the table.

LOCAL COVERAGE DETERMINATION CLARIFICATION ACT OF 2018

Ms. JENKINS of Kansas. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3635) to amend title XVIII of the Social Security Act in order to improve the process whereby medicare administrative contractors issue local coverage determinations under 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. 3635

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 ''Local Coverage Determination Clarification Act of 2018''.

SEC. 2. IMPROVEMENTS IN THE MEDICARE LOCAL COVERAGE DETERMINATION (LCD) PROCESS FOR SPECIFIED LCDS.

(a) DEVELOPMENT PROCESS FOR SPECIFIED LCDS.—Section 1862(l)(5)(D) of the Social Security Act (42 U.S.C. 1395y(l)(5)(D)) is amended to read as follows:

''(D) PROCESS FOR ISSUING SPECIFIED LOCAL COVERAGE DETERMINATIONS.—

''(i) IN GENERAL.—In the case of a specified local coverage determination (as defined in clause (iii)) within an area by a medicare administrative contractor, such medicare administrative contractor must take the following actions with respect to such determination before such determination may take effect:

''(I) Publish on the public Internet website of the intermediary or carrier a proposed version of the specified local coverage determination (in this subparagraph referred to as a 'draft determination'), a written rationale for the draft determination, and a description of all evidence relied upon and considered by the intermediary or carrier in the development of the draft determination.

''(II) Not later than 60 days after the date on which the intermediary or carrier publishes the draft determination in accordance with subclause (I), convene one or more open, public meetings to review the draft determination, receive comments with respect to the draft determination, and secure the advice of an expert panel (such as a carrier advisory committee described in chapter 13 of the Medicare Program Integrity Manual in effect on August 31, 2015) with respect to the draft determination. The intermediary or carrier shall make available means for the public to attend such meetings remotely, such as via teleconference.

''(III) With respect to each meeting convened pursuant to subclause (II), post on the public Internet website of the intermediary or carrier, not later than 14 days after such meeting is convened, a record of the minutes for such meeting, which may be a recording of the meeting.

''(IV) Provide a period for submission of written public comment on such draft determination that begins on the date on which all records required to be posted with respect to such draft determination under subclause (III) are so posted and that is not fewer than 30 days in duration.

''(ii) FINALIZING A SPECIFIED LOCAL COVERAGE DETERMINATION.—A fiscal intermediary or carrier that has entered into a contract with the Secretary under section 1874A shall, with respect to a specified local coverage determination, post on the public Internet website of the fiscal intermediary or carrier the following information before