

his sister Nora died of the very same illness. The mission of A Love for Life is to ensure that pancreatic cancer research is properly funded.

Pancreatic cancer is a very, very devastating illness. The average survival rate for stage IV pancreatic cancer averages around 6 months. A Love for Life is looking to change that, partnering with the Abramson Cancer Center at the University of Pennsylvania to promote advanced research.

We offer our heartfelt thanks and gratitude to A Love for Life and Christine Edmonds for their work to eradicate pancreatic cancer in our community, in our country, and in our world.

Mr. Speaker, I encourage all of our constituents and everyone in our community to follow her courageous lead in standing up for and serving a cause bigger than herself.

□ 1215

#### RECOGNIZING VERA DULANEY'S RETIREMENT

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

Mr. SMITH of Nebraska. Mr. Speaker, I rise today to recognize Mrs. Vera Dulaney, who, after 36 years of official service to her community, will retire from her position as Scotts Bluff County clerk and election commissioner.

Vera is a faithful public servant who works to protect the integrity of our elections and sets an example for many others in her family and community to follow. In fact, her daughter, Kathy, is the city clerk of our city of Gering.

For over 30 years, Vera has served as a member of the board of directors for Oregon Trail Days, which is held each year to showcase the history and culture of western Nebraska. In cooperation with the Boy Scouts of America, Vera continues to provide leadership for the Ed Dulaney Canoe Derby, which is named after her late husband, who started it over 45 years ago.

When she was recently presented the Community Volunteer Award for public service, Vera said she could think of many others who she thought were actually more deserving of the award.

Please join me in honoring an incredibly humble, hardworking, and selfless advocate of western Nebraska, Mrs. Vera Dulaney.

#### SCOTT MCLEAN/PATHWAY TO FREEDOM

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

Mr. HILL. Mr. Speaker, I rise today to recognize Scott McLean, the founder and executive director of Pathway to Freedom, for being awarded the 2018 Marie Interfaith Civic Leadership Award. This award is given annually to recognize citizens whose work addresses important community issues in Arkansas.

Scott created the Pathway to Freedom program in 2011 with the goal of changing prison culture and breaking the cycle of recidivism in our State. The program provides educational, values-based prerelease services to prisoners, while also preparing inmates to reintegrate into society and return to being a productive citizen.

Pathway to Freedom seeks to transform prisoners' lives with an 18-month prerelease residential program through a contract with the Arkansas Department of Corrections. It also provides, importantly, 12 months of mentoring and support once our prisoners shift back to society.

I extend a hand of gratitude and congratulations to my good friend Scott and the entire Pathway to Freedom program for their selfless and worthwhile investment in our citizens and our State's future.

#### RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess subject to the call of the Chair.

Accordingly (at 12 o'clock and 17 minutes p.m.), the House stood in recess.

□ 1631

#### AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. YODER) at 4 o'clock and 31 minutes p.m.

#### COMMUNICATION FROM THE CLERK OF THE HOUSE

The SPEAKER pro tempore laid before the House the following communication from the Clerk of the House of Representatives:

OFFICE OF THE CLERK,  
HOUSE OF REPRESENTATIVES,  
Washington, DC, November 28, 2018.

Hon. PAUL D. RYAN,  
*The Speaker, House of Representatives,*  
Washington, DC.

DEAR MR. SPEAKER: Pursuant to the permission granted in Clause 2(h) of Rule II of the Rules of the U.S. House of Representatives, the Clerk received the following message from the Secretary of the Senate on November 28, 2018, at 12:26 p.m.:

That the Senate passed S. 3661.  
That the Senate agrees to the House amendment to the bill S. 440.

That the Senate agrees to the House amendment to the bill S. 2074.

That the Senate passed without amendment H.R. 1074.

That the Senate passed without amendment H.R. 5317.

That the Senate passed with an amendment H.R. 1918.

That the Senate passed with amendments H.R. 3946.

With best wishes, I am,

Sincerely,

KAREN L. HAAS.

#### 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 motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or votes objected to under clause 6 of rule XX.

The House will resume proceedings on postponed questions at a later time.

#### STRENGTHENING THE HEALTH CARE FRAUD PREVENTION TASK FORCE ACT OF 2018

Mr. BURGESS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 6753) to amend title XI of the Social Security Act to direct the Secretary of Health and Human Services to establish a public-private partnership for purposes of identifying health care waste, fraud, and abuse, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 6753

*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 "Strengthening the Health Care Fraud Prevention Task Force Act of 2018".

#### SEC. 2. PUBLIC-PRIVATE PARTNERSHIP FOR HEALTH CARE WASTE, FRAUD, AND ABUSE DETECTION.

(a) IN GENERAL.—Section 1128C(a) of the Social Security Act (42 U.S.C. 1320a-7c(a)) is amended by adding at the end the following new paragraph:

“(6) PUBLIC-PRIVATE PARTNERSHIP FOR WASTE, FRAUD, AND ABUSE DETECTION.—

“(A) IN GENERAL.—Under the program described in paragraph (1), there is established a public-private partnership (in this paragraph referred to as the ‘partnership’) of health plans, Federal and State agencies, law enforcement agencies, health care anti-fraud organizations, and any other entity determined appropriate by the Secretary (in this paragraph referred to as ‘partners’) for purposes of detecting and preventing health care waste, fraud, and abuse.

“(B) CONTRACT WITH TRUSTED THIRD PARTY.—In carrying out the partnership, the Secretary shall enter into a contract with a trusted third party for purposes of carrying out the duties of the partnership described in subparagraph (C).

“(C) DUTIES OF PARTNERSHIP.—The partnership shall—

“(i) provide technical and operational support to facilitate data sharing between partners in the partnership;

“(ii) analyze data so shared to identify fraudulent and aberrant billing patterns;

“(iii) conduct aggregate analyses of health care data so shared across Federal, State, and private health plans for purposes of detecting fraud, waste, and abuse schemes;

“(iv) identify outlier trends and potential vulnerabilities of partners in the partnership with respect to such schemes;

“(v) refer specific cases of potential unlawful conduct to appropriate governmental entities;

“(vi) convene, not less than annually, meetings with partners in the partnership for purposes of providing updates on the partnership's work and facilitating information sharing between the partners;

“(vii) enter into data sharing and data use agreements with partners in the partnership in such a manner so as to ensure the partnership has access to data necessary to identify waste, fraud, and abuse while maintaining

the confidentiality and integrity of such data;

“(viii) provide partners in the partnership with plan-specific, confidential feedback on any aberrant billing patterns or potential fraud identified by the partnership with respect to such partner;

“(ix) establish a process by which entities described in subparagraph (A) may enter the partnership and requirements such entities must meet to enter the partnership;

“(x) provide appropriate training, outreach, and education to partners based on the results of data analyses described in clauses (ii) and (iii); and

“(xi) perform such other duties as the Secretary determines appropriate.

“(D) SUBSTANCE USE DISORDER TREATMENT ANALYSIS.—Not later than 2 years after the date of the enactment of the Strengthening the Health Care Fraud Prevention Task Force Act of 2018, the trusted third party with a contract in effect under subparagraph (B) shall perform an analysis of aberrant or fraudulent billing patterns and trends with respect to providers and suppliers of substance use disorder treatments from data shared with the partnership.

“(E) EXECUTIVE BOARD.—

“(i) EXECUTIVE BOARD COMPOSITION.—

“(I) IN GENERAL.—There shall be an executive board of the partnership comprised of representatives of the Federal Government and representatives of the private sector selected by the Secretary.

“(II) CHAIRS.—The executive board shall be co-chaired by one Federal Government official and one representative from the private sector.

“(ii) MEETINGS.—The executive board of the partnership shall meet at least once per year.

“(iii) EXECUTIVE BOARD DUTIES.—The duties of the executive board shall include the following:

“(I) Providing strategic direction for the partnership, including membership criteria and a mission statement.

“(II) Communicating with the leadership of the Department of Health and Human Services and the Department of Justice and the various private health sector associations.

“(F) REPORTS.—Not later than September 30, 2021, and every 2 years thereafter, the Secretary shall submit to Congress and make available on the public website of the Centers for Medicare & Medicaid Services a report containing—

“(i) a review of activities conducted by the partnership over the 2-year period ending on the date of the submission of such report, including any progress to any objectives established by the partnership;

“(ii) any savings voluntarily reported by health plans participating in the partnership attributable to the partnership during such period;

“(iii) any savings to the Federal government attributable to the partnership during such period;

“(iv) any other outcomes attributable to the partnership, as determined by the Secretary, during such period; and

“(v) a strategic plan for the 2-year period beginning on the day after the date of the submission of such report, including a description of any emerging fraud and abuse schemes, trends, or practices that the partnership intends to study during such period.

“(G) FUNDING.—The partnership shall be funded by amounts otherwise made available to the Secretary for carrying out the program described in paragraph (1).

“(H) TRANSITIONAL PROVISIONS.—To the extent consistent with this subsection, all functions, personnel, assets, liabilities, and administrative actions applicable on the

date before the date of the enactment of this paragraph to the National Fraud Prevention Partnership established on September 17, 2012, by charter of the Secretary shall be transferred to the partnership established under subparagraph (A) as of the date of the enactment of this paragraph.

“(I) NONAPPLICABILITY OF FACAA.—The provisions of the Federal Advisory Committee Act shall not apply to the partnership established by subparagraph (A).

“(J) IMPLEMENTATION.—Notwithstanding any other provision of law, the Secretary may implement the partnership established by subparagraph (A) by program instruction or otherwise.

“(K) DEFINITION.—For purposes of this paragraph, the term ‘trusted third party’ means an entity that—

“(i) demonstrates the capability to carry out the duties of the partnership described in subparagraph (C);

“(ii) complies with such conflict of interest standards determined appropriate by the Secretary; and

“(iii) meets such other requirements as the Secretary may prescribe.”

(b) POTENTIAL EXPANSION OF PUBLIC-PRIVATE PARTNERSHIP ANALYSES.—Not later than 2 years after the date of the enactment of this Act, the Secretary of Health and Human Services shall conduct a study and submit to Congress a report on the feasibility of the partnership (as described in section 1128C(a)(6) of the Social Security Act, as added by subsection (a)) establishing a system to conduct real-time data analysis to proactively identify ongoing as well as emergent fraud trends for the entities participating in the partnership and provide such entities with real-time feedback on potentially fraudulent claims. Such report shall include the estimated cost of and any potential barriers to the partnership establishing such a system.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Texas (Mr. BURGESS) and the gentlewoman from Illinois (Ms. KELLY) each will control 20 minutes.

The Chair recognizes the gentleman from Texas.

#### GENERAL LEAVE

Mr. BURGESS. 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 in the RECORD on the bill.

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

There was no objection.

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

Mr. Speaker, I rise today to speak in support of H.R. 6753, the Strengthening the Health Care Fraud Prevention Task Force Act of 2018, authored by Chairman GREG WALDEN and Ranking Member FRANK PALLONE of the Energy and Commerce Committee.

H.R. 6753 seeks to codify the Health Care Fraud Prevention Partnership, which would better equip public and private organizations to combat and prevent fraud and abuse in our healthcare system.

Tens of billions of dollars are lost to healthcare fraud in the United States every year, and much of this fraud is preventable or, at the very least, detectable. Fraud and abuse within our

healthcare system comes in various forms, ranging from telephone or email scams to obtain patient information to fraudulent billing practices.

Healthcare fraud is not only costly to the Federal and State governments and an avoidable waste of taxpayer dollars. Fraud and abuse is costly for, and often hurtful to, American patients.

For example, in May of this year, a doctor in Texas was indicted in a fraud case involving \$240 million worth of claims. A Department of Justice investigation found that the rheumatologist had given patients false diagnoses, followed by chemotherapy and other treatments that they did not need.

Americans should feel confident in and be able to trust their doctors. The unfortunate reality is that there are bad actors who make decisions based solely on financial interests and not on what is best for the patient or for their fellow citizens.

Another Texas case was settled just last month as a hospital administrator in Houston was convicted for his involvement in a \$16 million fraud scheme. In this particular case, the hospital administrator had orchestrated a system of kickbacks with various individuals in return for sending Medicare patients to certain partial hospitalization program services. Thanks to various investigative bodies bridging the Departments of Justice and Health and Human Services, this fraud was uncovered and investigated in an effort to protect both patients and taxpayer dollars from exploitation.

Lastly, near my district in north Texas, there was a scheme in which a semiretired doctor signed off on fraudulent paperwork, including payments for fake patients. What started as a retirement gig rubber-stamping documents ended in his conviction, due to his involvement in a \$13 million home healthcare scam. The scam in its entirety stole \$373 million from Medicare and Medicaid.

I could go on with stories of healthcare fraud just in Texas, because these three examples are just the tip of the iceberg. Unfortunately, rampant healthcare fraud is not a Texas-specific issue. It is prevalent across our Nation. This is why we need to pass H.R. 6753 and codify the Health Care Fraud Prevention Partnership.

The partnership was established by the Secretary of the Department of Health and Human Services and the United States Attorney General in September 2012 through the signing of a charter. It is currently operated by the Centers for Medicare and Medicaid Services and has allowed for increased coordination in addressing healthcare fraud, waste, and abuse, but has not been codified in statute.

This partnership is voluntary among both private and public entities to reduce fraud in our healthcare system. Participants in this critical partnership include the Federal Government, State agencies, law enforcement, private health insurance plans, employer

organizations, and other associations. The partnership allows for robust analyses of healthcare across different players, including Medicare, Medicaid, and private insurers.

While these partners have access to their own data, cross-payer analyses are crucial in identifying savings and increasing detection of fraud, waste, and abuse. Collaborating through data sharing and other methods, the partners can paint a broad picture of the fraud networks and cast a wide net, increasing the ability to intervene and stop payments, and establish new and effective fraud prevention techniques.

It is worth noting that, in addition to codifying and formalizing the Health Care Fraud Prevention Task Force, the bill requires the task force to perform an analysis of abnormal or fraudulent billing patterns and trends by providers and suppliers of substance use disorder treatments. This effort fits nicely into what Congress has accomplished this year with the SUPPORT for Patients and Communities Act being signed into law.

H.R. 6753 will make a difference in cutting waste, fraud, and abuse in our healthcare system. I support this legislation and urge fellow Members to do the same.

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

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

Mr. Speaker, I rise today in support of the Strengthening the Health Care Fraud Prevention Task Force Act of 2018. This bipartisan bill would authorize the Healthcare Fraud Prevention Partnership and expand and enhance the task force's capabilities to fight waste, fraud, and abuse throughout our healthcare system. This, in turn, will reduce costs for families and taxpayers.

The Healthcare Fraud Prevention Partnership is a public-private partnership between the Department of Health and Human Services, private payers, Federal and State law enforcement agencies, and State healthcare agencies. The partnership aims to improve the detection and prevention of healthcare fraud by promoting the exchange of data and information between the public and private sectors on fraud trends, as well as successful anti-fraud practices.

The legislation we are considering today would require the partnership to report regularly to Congress and give the agency the tools it needs to enhance and expand its capability. This is a good bill that makes sense, a bill that will work.

We must continue to work, on a bipartisan basis, to enhance our fraud detection capabilities. I support this legislation and urge my colleagues to continue working together to find meaningful solutions to reduce costs by rooting out fraud, waste, and abuse in our healthcare system.

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

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

Mr. WALDEN. Mr. Speaker, I rise in support of H.R. 6753, the Health Care Fraud Prevention Task Force Act. This bipartisan bill—which I introduced with Ranking Member FRANK PALLONE, and is supported by Ways and Means Chairman KEVIN BRADY and Ranking Member RICHARD NEAL—passed the Energy and Commerce Committee unanimously earlier this year. This will be the 132nd bill that our committee has passed this Congress, 92 percent of which have been bipartisan just like this one. I look forward to continuing in that vein over the next two years.

By passing this bill, we will be codifying a program that already works. The Centers for Medicare and Medicaid Services (CMS) currently operates the Health Care Fraud Prevention Partnership—a voluntary collaboration between the federal government, state agencies, law enforcement, private health insurance plans, and anti-fraud associations. Together, this group works to detect and prevent fraud that threatens to undermine our nation's health care system. This program was created by the Obama Administration, and the Trump Administration has recommended codifying it into law. The bill before us today does just that, also strengthening and expanding the scope of partnership's work.

Mr. Speaker, I urge passage of this commonsense, bipartisan bill to improve the integrity of our nation's health care system.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Texas (Mr. BURGESS) that the House suspend the rules and pass the bill, H.R. 6753, 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.

#### ACTION FOR DENTAL HEALTH ACT OF 2017

Mr. BURGESS. Mr. Speaker, I move to suspend the rules and concur in the Senate amendment to the bill (H.R. 2422) to amend the Public Health Service Act to improve essential oral health care for low-income and other underserved individuals by breaking down barriers to care, and for other purposes.

The Clerk read the title of the bill.

The text of the Senate amendment is as follows:

Senate amendment:

Strike all after the enacting clause and insert the following:

#### SECTION 1. SHORT TITLE.

*This Act may be cited as the Action for Dental Health Act of 2018.*

#### SEC. 2. ORAL HEALTH EDUCATION.

*(a) IN GENERAL.—Section 399LL of the Public Health Service Act (42 U.S.C. 280k) is amended—*

*(1) in subsection (a)—*

*(A) in the subsection heading, by inserting “OF ORAL HEALTH EDUCATION CAMPAIGN” after “ESTABLISHMENT”; and*

*(B) by striking “focused on oral healthcare prevention and education” and inserting “focused on oral health education”;*

*(2) in subsection (b), in the matter preceding paragraph (1), by striking “campaign” and inserting “campaign under subsection (a)”; and*

*(3) by striking subsection (c) and inserting the following:*

*“(c) ACTION FOR DENTAL HEALTH PROGRAM.—*

*“(1) IN GENERAL.—The Secretary, in consultation with the Director of the Centers for Disease Control and Prevention and the Administrator of the Health Resources and Services Administration, may award grants, contracts, or cooperative agreements to eligible entities to collaborate with State or local public health officials, tribal health officials, oral health professional organizations, and others, as appropriate, to develop and implement initiatives to improve oral health, including activities to prevent dental disease and reduce barriers to the provision of dental services, including—*

*“(A) through community-wide dental disease prevention programs; and*

*“(B) by increasing public awareness and education related to oral health and dental disease prevention.*

*“(2) ELIGIBLE ENTITIES.—To be eligible to receive a grant, contract, or cooperative agreement under this subsection, an entity shall be—*

*“(A) a dental association;*

*“(B) a State or tribal health department or State or tribal oral health program;*

*“(C) an accredited dental education, dental hygiene, or postdoctoral dental education program; or*

*“(D) a non-profit community-based organization that partners with public and private non-profit entities, such as an academic institution, to facilitate the provision of dental services to underserved populations.”;*

*(b) TECHNICAL AMENDMENT.—Section 399LL-1(d) of the Public Health Service Act (42 U.S.C. 280k-1(d)) is amended—*

*(1) by striking “shall” and inserting “shall, as practicable and appropriate,” before “utilize”; and*

*(2) by striking “public education campaign” and inserting “oral health education campaign and action for dental health program”.*

*(c) REPORT TO CONGRESS.—Not later than 3 years after the date of enactment of this Act, the Secretary of Health and Human Services shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives, a report on the outcomes and effectiveness of programs and activities conducted under sections 399LL and 399LL-1 of the Public Health Service Act (42 U.S.C. 280k and 280k-1).*

#### SEC. 3. GRANTS FOR INNOVATIVE PROGRAMS.

*Section 340G of the Public Health Service Act (42 U.S.C. 256g) is amended—*

*(1) in subsection (b)(5)—*

*(A) in subparagraph (B), by striking “and” at the end; and*

*(B) by adding at the end the following:*

*“(D) the establishment or development of models for the provision of dental services to children and adults, such as dental homes, including for the elderly, blind, individuals with disabilities, and individuals living in long-term care facilities; and*

*“(E) the establishment of initiatives to reduce the use of emergency departments by individuals who seek dental services more appropriately delivered in a dental primary care setting;”;*

*(2) in subsection (f), by striking “\$25,000,000 for the 5-fiscal year period beginning with fiscal year 2008” and inserting “\$13,903,000 for each of fiscal years 2019 through 2023”.*

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Texas (Mr. BURGESS) and the gentlewoman from Illinois (Ms. KELLY) each will control 20 minutes.

The Chair recognizes the gentleman from Texas.

GENERAL LEAVE

Mr. BURGESS. Mr. Speaker, I ask unanimous consent that all Members