

I want to acknowledge the extraordinary leadership of Congressman MOULTON, who has led this effort in the House, and my Senator, Senator WHITEHOUSE, in the Senate, and all the cosponsors.

As we all know, ALS is a terribly debilitating disease. For those of us who have friends or family members who have been diagnosed with this, we know what a family endures when the diagnosis is made, and they are overwrought with how they are going to manage this very serious health challenge. Imagine, in addition to all of that, if people have to worry about whether or not they have access to care in those critical first months of this disease.

So, I applaud everyone who has cosponsored this bill. Patients and families will benefit enormously from this legislation. They will have one less thing to worry about when they are confronting this very serious diagnosis.

I urge my colleagues to support this legislation, and I thank the gentleman again for yielding.

Mr. REED. Madam Speaker, I continue to reserve the balance of my time.

Mr. LARSON of Connecticut. Madam Speaker, I have great gratitude for my distinguished colleague from New York (Mr. REED), and I thank SETH MOULTON for his outstanding work on this bill.

I urge my colleagues to support S. 578, and I yield back the balance of my time.

Mr. REED. Madam Speaker, as we close this debate, I applaud my colleague from Connecticut who is a true, good friend, Mr. LARSON, and I mean that from the bottom of my heart.

I am just proud to stand in full support of this commonsense legislation that will make a difference, Madam Speaker, in the lives of so many Americans suffering from ALS. I know it will make a difference for Mick Palmesano. I know it will help alleviate and bring some comfort to the entire Palmesano family in our home district of New York.

But most importantly, I know we demonstrated to the folks in America that Congress can work, that Democrats and Republicans can come together on an important issue like this and pass important legislation that will improve the lives of Americans.

Last week, the Senate overwhelmingly passed this legislation, Madam Speaker. I urge all of my colleagues to join us in support of this fine legislation so we can get it to the President's desk for signature without delay.

I yield back the balance of my time.

Mr. DOGGETT. Madam Speaker, I join today in support of the ALS Disability Insurance Access Act to ensure that individuals diagnosed with amyotrophic lateral sclerosis (ALS) receive the financial support they need and for which they have already qualified. I congratulate Congressman MOULTON and Senator WHITEHOUSE on their successful leadership for this important effort of which I have been a cosponsor.

For individuals who are determined to have a sufficiently severe disability to qualify for Social Security Disability Insurance, the security that Social Security is intended to provide can come with a cost—two years without health insurance. This waiting period—which should really be called a suffering period—must be eliminated. Two unjustified delays prolong the suffering. The first, a five-month delay to receive any disability payment even though the recipient has already qualified. The second, is a two-year delay to access Medicare coverage for which they already qualified.

This means that the millions of individuals with disabilities in this waiting period may not be able to access necessary medical treatments and medications. This only makes existing health complications worse and increases overall health care spending. Many die waiting their turn for health coverage. In 2018 alone, about 16,000 workers with disabilities died during the 5-month waiting period and about 56,000 workers with disabilities died waiting for Medicare coverage.

These waiting periods only serve to harm the health of individuals with disabilities and delay the support they need. In addition to this bill for individuals with ALS, other colleagues have offered legislation to end the waiting periods for individuals with metastatic breast cancer, Huntington's Disease, and other life-threatening illnesses. I support all of these efforts. We must provide a healthy foundation for all individuals with disabilities, who already are experiencing unique health challenges.

I hope that this ALS bill represents a step forward in the eventual approval of the bipartisan Stop the Wait bill, H.R. 4386, that I introduced to eliminate the onerous waiting periods for Social Security Disability Insurance and Medicare. This bill now has 50 House cosponsors, and Senator BOB CASEY has introduced companion legislation. Having recognized the suffering of these waiting periods for Americans with ALS, I urge Congress to consider the suffering of all those subject to waiting periods and pass long-overdue reforms to Stop the Wait. We must ensure individuals with disabilities have access to health care when they need it. Social Security cannot truly provide health care security, until all individuals with disabilities have guaranteed access to prompt Medicare coverage. Let's Stop the Wait for all of them.

Ms. MOORE. Madam Speaker, today I rise in support of the ALS Disability Insurance Access Act. This important bill eliminates the mandatory five-month waiting period for patients with ALS seeking to access the Social Security Disability Insurance (SSDI) benefits they earned.

The waiting period creates an undue financial burden when ALS patients are already facing enormous financial stress. But while we act today to alleviate the hardship created by this waiting period for ALS patients, Congress must extend similar relief to other beneficiaries who are equally deserving.

What sense does it make to have require SSDI beneficiaries to endure a five-month waiting period after they have been determined eligible for their earned SSDI benefits? This requirement creates an unnecessary delay for some of our nation's most vulnerable.

We must ensure that all individuals who qualify for SSDI can access the benefits for which they have already qualified without

undue delay. I urge my colleagues to not only support the ALS Disability Insurance Access Act, but to end the waiting period for all SSDI beneficiaries.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Connecticut (Mr. LARSON) that the House suspend the rules and pass the bill, S. 578.

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.

PROVIDE ACCURATE INFORMATION DIRECTLY ACT

Mr. LARSON of Connecticut. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 1375) to amend title XVIII of the Social Security Act to provide for transparency of Medicare secondary payer reporting information, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1375

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 “Provide Accurate Information Directly Act” or “PAID Act”.

SEC. 2. TRANSPARENCY OF MEDICARE SECONDARY PAYER REPORTING INFORMATION.

(a) IN GENERAL.—Section 1862(b)(8)(G) of the Social Security Act (42 U.S.C. 395y(b)(8)(G)) is amended—

(1) by striking “INFORMATION.—The Secretary” and inserting “INFORMATION.—

“(i) IN GENERAL.—The Secretary”; and

(2) by adding at the end the following new clause:

“(ii) SPECIFIED INFORMATION.—In responding to any query from an applicable plan related to a determination described in subparagraph (A)(i), the Secretary, notwithstanding any other provision of law, shall provide to such applicable plan—

“(I) whether a claimant subject to the query is, or during the preceding 3-year period has been, entitled to benefits under the program under this title on any basis; and

“(II) to the extent applicable, the plan name and address of any Medicare Advantage plan under part C and any prescription drug plan under part D in which the claimant is enrolled or has been enrolled during such period.”.

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall apply with respect to queries from plans made on or after the date that is one year after the date of the enactment of this Act.

SEC. 3. DEPOSIT OF SAVINGS INTO MEDICARE IMPROVEMENT FUND.

Section 1898(b)(1) of the Social Security Act (42 U.S.C. 1395iii(b)(1)) is amended by striking “\$0” and inserting “\$30,000,000”.

SEC. 4. DETERMINATION OF BUDGETARY EFFECTS.

The budgetary effects of this Act, for the purpose of complying with the Statutory Pay-As-You-Go Act of 2010, shall be determined by reference to the latest statement titled “Budgetary Effects of PAYGO Legislation” for this Act, submitted for printing in the Congressional Record by the Chairman of the House Budget Committee, provided that

such statement has been submitted prior to the vote on passage.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Connecticut (Mr. LARSON) and the gentleman from Kansas (Mr. ESTES) each will control 20 minutes.

The Chair recognizes the gentleman from Connecticut.

GENERAL LEAVE

Mr. LARSON of Connecticut. Madam Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and to include any extraneous material on the bill under consideration.

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

There was no objection.

Mr. LARSON of Connecticut. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, H.R. 1375, the Provide Accurate Information Directly Act of 2019, as amended, or the PAID Act, improves financial accountability by strengthening reporting regarding Medicare Advantage enrollees between the Centers for Medicare and Medicaid Services, CMS, and liability and other nongroup health plans.

Similar measures are already in place for traditional Medicare. With one in three Medicare beneficiaries enrolled in a Medicare Advantage plan, it is time that we enact this measure to bring parity for the program. At its core, this is a good governance program, which will improve integrity overall, and that is always welcome.

I would like to especially thank our fellow Ways and Means Committee member RON KIND, who has worked tirelessly at this to make sure that we corrected this anomaly in the legislation.

I urge my colleagues to support this legislation, and I reserve the balance of my time.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON ENERGY AND COMMERCE,
Washington, DC, December 8, 2020.

Hon. RICHARD NEAL,
Chairman, Committee on Ways and Means,
Washington, DC.

DEAR CHAIRMAN NEAL: I write concerning H.R. 1375, the PAID Act, which was additionally referred to the Committee on Energy and Commerce (Committee).

In recognition of the desire to expedite consideration of H.R. 1375, the Committee agrees to waive formal consideration of the bill as to provisions that fall within the Rule X jurisdiction of the Committee. The Committee takes this action with the mutual understanding that we do not waive any jurisdiction over the subject matter contained in this or similar legislation, and that the Committee will be appropriately consulted and involved as this bill or similar legislation moves forward so that we may address any remaining issues within our jurisdiction. I also request that you support my request to name members of the Committee to any conference committee to consider such provisions.

Finally, I would appreciate the inclusion of this letter in the Congressional Record during floor consideration of H.R. 1375.

Sincerely,

FRANK PALLONE, Jr.,
Chairman.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON WAYS AND MEANS,
Washington, DC, December 8, 2020.

Hon. FRANK PALLONE,
Chairman, Committee on Energy and Commerce,
Washington, DC.

DEAR CHAIRMAN PALLONE: I am writing concerning H.R. 1375, the PAID Act, which as you are aware was referred to the Committee on Ways and Means and additionally to the Committee on Energy and Commerce.

I appreciate your willingness to work cooperatively on this legislation and I recognize that the bill contains provisions that fall within the jurisdiction of the Committee on Energy and Commerce under House Rule X. I acknowledge that your Committee will not consider H.R. 1375 and agree that the inaction of your Committee with respect to the bill does not waive any further jurisdictional claim over the matters contained in the bill that fall within your Committee's Rule X jurisdiction. I will also support the appointment of Committee on Energy and Commerce conferees during any House-Senate conference on this legislation.

I will ensure that our exchange of letters is included in the Congressional Record during floor consideration of the bill. I appreciate your cooperation regarding this legislation and look forward to continuing to work with you as this measure moves through the legislative process.

Sincerely,

RICHARD E. NEAL,
Chairman.

□ 1530

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

Madam Speaker, I rise in support of this legislation.

Right now, Medicare Advantage is an extremely popular program for seniors in the country, with a 99 percent satisfaction rate. Many in Kansas and across the United States rely on this program for quality, affordable healthcare.

It is critical that we work together to find solutions to strengthen and improve Medicare Advantage. The Provide Accurate Information Directly Act, or the PAID Act, does exactly that.

At a time when partisan bickering seems to be louder than the needs of Americans here in Washington, this bipartisan solution will improve healthcare processes for thousands of seniors. The PAID Act ensures that the Centers for Medicare and Medicaid Services, or CMS, is properly reimbursed for Medicare Advantage and Medicare part D costs that are covered by another settling party.

To better understand how this bill works for Medicare Advantage and its beneficiaries, let me offer you this scenario:

A 75-year-old Medicare beneficiary is crossing the street when she is hit by a car. She is taken to the hospital to be treated for her injuries where her care, subsequent physician visits, and prescription drugs are covered by her Medicare Advantage plan.

Following this, she files a claim with the auto insurer of the driver who accidentally hit her with his vehicle. Since her Medicare Advantage program paid for her hospital and follow-up care, the plan is entitled to seek reimbursement from the driver's auto insurer for healthcare costs resulting from this accident.

Due to the current reporting system, her Medicare Advantage plan or Medicare part D plan may never be reimbursed. This legislation would correct this issue, allowing Medicare to better share this information to determine if a claimant is a Medicare beneficiary and, if so, how much is owed on that beneficiary's behalf.

This information sharing is not new. Currently, Medicare parts A and B already share this information. Information of the related parties will only be shared once a request is filed and will protect the beneficiary's private medical information.

For too long, Medicare Advantage has been unable to receive proper reimbursement for the services they ensure are provided to our seniors. This bill is not only a significant process improvement, but it increases the longevity of this vital program.

Congress has not made any meaningful improvements to the process since 2007, when this body enacted reforms that allowed Medicare parts A and B to streamline this process. After 13 years of leaving other plans in the dark, this plan would provide a win for Medicare Advantage beneficiaries, settling parties so that they can close out claims on time, CMS so they are allowed to recoup medical expenses, and, ultimately, the American taxpayer.

As the Representative for Kansas' Fourth District, strengthening and improving healthcare, especially Medicare Advantage, has been some of the most valuable representation I can provide to my constituents. I am sure many colleagues can say the same.

Currently, more than 28,000 of my constituents rely on Medicare Advantage because it still allows them to benefit from private-sector innovation. It is truly the best way to give seniors the care they need without sacrificing quality and while maintaining fiscal responsibility.

Of all the process improvements that Congress can provide for this program in 2020, the PAID Act makes significant strides to ensure that our seniors and future generations can benefit from this program.

I hope my colleagues on both sides of the aisle will join me in supporting this bipartisan legislation at a time when bipartisan solutions are seemingly scarce. Together, we can build on reforms like this to continue to improve our healthcare, rebuild our economy, and deliver meaningful relief to Americans looking to Congress for leadership through the challenges our country is facing.

Madam Speaker, I yield 3 minutes to the gentleman from Florida (Mr. BILIRAKIS), who is one of the sponsors of this bill.

Mr. BILIRAKIS. Madam Speaker, I rise today in support of H.R. 1375, the Provide Accurate Information Directly Act, or the PAID Act.

Medicare secondary payer laws enacted in the 1980s have failed to stay current with Medicare. Medicare Advantage and part D have changed the way beneficiaries engage with Medicare and provide an opportunity for potential secondary payer issues due to a lack of coordination.

The PAID Act allows settling parties to repay MSP amounts and allows for the coordination of benefits by requiring CMS to share necessary information. Specifically, the PAID Act authorizes settling parties to receive the same information CMS currently provides group health plans about Medicare Advantage and part D plan enrollment information.

Madam Speaker, I urge my colleagues to pass this commonsense bill. I thank the leader, the manager, and also the chairman of the Ways and Means Committee for their leadership. I appreciate it. This is a really good bill. Let's get it done.

Madam Speaker, I rise today in support of H.R. 1375, the Provide Accurate Information Directly (or PAID) Act.

Medicare Secondary Payer laws enacted in the '80s have failed to stay current with Medicare. Medicare Advantage (or MA) and Part D have changed the way beneficiaries engage with Medicare and provide an opportunity for potential secondary payer issues due to a lack of coordination.

The PAID Act allows settling parties to repay MSP amounts, and allow for the coordination of benefits, by requiring CMS to share necessary information. Specifically, the PAID Act authorizes settling parties to receive the same information CMS currently provides Group Health Plans about MA and Part D plan enrollment information.

I urge my colleagues to pass this commonsense bill.

Mr. LARSON of Connecticut. Madam Speaker, I continue to reserve the balance of my time.

Mr. ESTES. Madam Speaker, I have no other speakers, and I yield myself the balance of my time.

Madam Speaker, at a time when bipartisan solutions are becoming rarer, the PAID Act is a meaningful, commonsense measure that will provide financial stability and longevity to Medicare Advantage.

Medicare Advantage is the best way to give seniors the care they need without sacrificing quality and maintaining fiscal responsibility. I urge my colleagues to join me in supporting this bipartisan measure to allow this program to continue serving our seniors.

America is looking toward Congress for leadership through all of the new challenges we face. Throughout our history, the United States has rarely needed bipartisanship more than it does now. We must work together to

improve healthcare, rebuild our economy, and deliver meaningful relief to our Nation.

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

Mr. LARSON of Connecticut. Madam Speaker, again, I would like to thank our colleagues on both sides of the aisle, with a special thanks to the gentleman from Kansas (Mr. ESTES) for his continued work on this.

RON KIND from Wisconsin has been fighting for practical, commonsense legislation like this almost every day that he has been in Congress since I have known him. A true sign of a Harvard quarterback is that he continues to be persistent. I want to thank him again for his hard work.

Madam Speaker, I urge my colleagues to support H.R. 1375, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Connecticut (Mr. LARSON) that the House suspend the rules and pass the bill, H.R. 1375, 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.

BENEFICIARY ENROLLMENT NOTIFICATION AND ELIGIBILITY SIMPLIFICATION ACT OF 2020

Mr. LARSON of Connecticut. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 2477) to amend title XVIII of the Social Security Act to establish a system to notify individuals approaching Medicare eligibility, to simplify and modernize the eligibility enrollment process, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2477

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 "Beneficiary Enrollment Notification and Eligibility Simplification Act of 2020" or the "BENES Act of 2020".

SEC. 2. BENEFICIARY ENROLLMENT NOTIFICATION AND ELIGIBILITY SIMPLIFICATION.

(a) ELIGIBILITY AND ENROLLMENT NOTICES.—

(1) AS PART OF SOCIAL SECURITY ACCOUNT STATEMENT FOR INDIVIDUALS ATTAINING AGES 63 TO 65.—

(A) IN GENERAL.—Section 1143(a) of the Social Security Act (42 U.S.C. 1320b-13(a)) is amended by adding at the end the following new paragraph:

“(4) MEDICARE ELIGIBILITY INFORMATION.—

“(A) IN GENERAL.—In the case of statements provided on or after the date that is 2 years after the date of the enactment of this paragraph to individuals who are attaining ages 63, 64, and 65, the statement shall also include a notice containing the information described in subparagraph (B).

“(B) CONTENTS OF NOTICE.—The notice required under subparagraph (A) shall include a clear, simple explanation of—

“(i) eligibility for benefits under the Medicare program under title XVIII, and in particular benefits under parts B and C of such title;

“(ii) the reasons a late enrollment penalty for failure to timely enroll could be assessed and how such late enrollment penalty is calculated, in particular for benefits under such part B;

“(iii) the availability of relief from such late enrollment penalty and retroactive enrollment under section 1837(h) (including as such section is applied under sections 1818(c) and 1818A(c)(3)), with examples of circumstances under which such relief may be granted and examples of circumstances under which such relief would not be granted;

“(iv) coordination of benefits (including primary and secondary coverage scenarios) pursuant to section 1862(b), in particular for benefits under such part B;

“(v) enrollment, eligibility, and coordination of benefits under title XVIII with respect to populations, for whom there are special considerations, such as residents of Puerto Rico and veterans; and

“(vi) online resources and toll-free telephone numbers of the Social Security Administration and the Centers for Medicare & Medicaid Services (including 1-800-MEDICARE and the national toll-free number of the Social Security Administration) that provide information on eligibility for benefits under the Medicare program under title XVIII, including under part C of such title.

“(C) DEVELOPMENT OF NOTICE.—

“(i) IN GENERAL.—The Secretary, in coordination with the Commissioner of Social Security, and taking into consideration information collected pursuant to clause (ii), shall, not later than 12 months after the last day of the period for the request of information described in clause (ii), develop the notice to be provided pursuant to subparagraph (A).

“(ii) REQUEST FOR INFORMATION.—Not later than 6 months after the date of the enactment of this paragraph, the Secretary shall request written information, including recommendations, from stakeholders (including the groups described in subparagraph (D)) on the information to be included in the notice.

“(iii) NOTICE IMPROVEMENT.—Beginning 4 years after the date of the enactment of this paragraph, and not less than once every 2 years thereafter, the Secretary, in coordination with the Commissioner of Social Security, shall—

“(I) review the content of the notice to be provided under subparagraph (A);

“(II) request written information, including recommendations, on such notice through a request for information process as described in clause (ii); and

“(III) update and revise such notice as the Secretary deems appropriate.

“(D) GROUPS.—For purposes of subparagraph (C)(ii), the groups described in this subparagraph include the following:

“(i) Individuals who are 60 years of age or older.

“(ii) Veterans.

“(iii) Individuals with disabilities.

“(iv) Individuals with end stage renal disease.

“(v) Low-income individuals and families.

“(vi) Employers (including human resources professionals).

“(vii) States (including representatives of State-run Health Insurance Exchanges, Medicaid offices, and Departments of Insurance).

“(viii) State Health Insurance Assistance Programs.

“(ix) Health insurers.