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.

HEALTH CARE EFFICIENCY THROUGH FLEXIBILITY ACT

Mr. SMITH of Missouri. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5347) to amend title XVIII of the Social Security Act to ensure the availability of appropriate collection types for quality reporting under the Medicare Shared Savings 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. 5347

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 ''Health Care Efficiency Through Flexibility Act''.

SEC. 2. ENSURING AVAILABILITY OF APPROPRIATE COLLECTION TYPES FOR QUALITY REPORTING UNDER THE MEDICARE SHARED SAVINGS PROGRAM.

Section 1899(b)(3)(B) of the Social Security Act (42 U.S.C. 1395jjj(b)(3)(B)) is amended—

(1) by striking ''An ACO shall submit'' and inserting the following:

''(i) IN GENERAL.—An ACO shall submit''; and

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

''(ii) REQUIRED AVAILABILITY OF COLLECTION TYPES FOR CERTAIN YEARS.—For performance years 2025 through 2029, the Secretary shall ensure that the following collection types (as described in section 414.1305 of title 42, Code of Federal Regulations (or a successor regulation)) are available with respect to each measure described in subparagraph (A)(i) required to be reported by an ACO under this paragraph:

''(I) Electronic clinical quality measures.

''(II) MIPS clinical quality measures.

''(III) Medicare Clinical Quality Measures for Accountable Care Organizations Participating in the Medicare Shared Savings Program.

''(iii) CLARIFICATION ON APPLICATION OF DATA COMPLETENESS REQUIREMENTS IN CERTAIN CASES.—

''(I) IN GENERAL.—In determining whether data submitted by an ACO with respect to a measure described in subparagraph (A)(i) for a performance year beginning on or after January 1, 2026, satisfies the data completeness requirements applicable to such measure under section 414.1340 of title 42, Code of Federal Regulations (or a successor regulation) (as applied pursuant to section 425.512 of title 42, Code of Federal Regulations (or a successor regulation)), the Secretary may not find such data to be unrepresentative of such ACO's performance for such year (as described in paragraph (e) of such section 414.1340) based solely on the fact that such data excludes applicable data from 1 or more ACO participants in such ACO if—

''(aa) such data submitted by the ACO otherwise complies with the data completeness requirements of such section 414.1340; and

''(bb) such ACO demonstrates to the satisfaction of the Secretary that such ACO participant was unable to collect such data through the collection type (as described in clause (ii)) selected by the ACO for the submission of such data.

''(II) DEFINITION.—In this clause, the term 'ACO participant' has the meaning given such term in section 425.20 of title 42, Code of Federal Regulations (or a successor regulation).

''(III) IMPLEMENTATION.—The Secretary may implement this clause by program instruction or otherwise.''.

SEC. 3. PILOT PROGRAM FOR DIGITAL QUALITY MEASURE REPORTING.

Section 1899(b)(3)(B) of the Social Security Act (42 U.S.C. 1395jjj(b)(3)(B)), as amended by section 2, is further amended by adding at the end the following new clause:

''(iv) PILOT PROGRAM FOR DIGITAL QUALITY MEASURE REPORTING.—

''(I) IN GENERAL.—For each of performance years 2028 through 2032, the Secretary shall establish a digital quality measure reporting pilot program (in this clause referred to as the 'program') under which ACOs selected under subclause (II) for such performance year report quality measures specified by the Secretary under subclause (III) for such performance year through a digital quality measure (as defined by the Secretary) collection type specified by the Secretary.

''(II) SELECTION.—The Secretary shall select ACOs to participate in the program for a performance year from ACOs that submit an application at such time and in such form and manner as specified by the Secretary.

''(III) SPECIFICATION OF QUALITY MEASURES.—For each performance year of the program, the Secretary shall specify 2 measures described in subparagraph (A)(i) otherwise required to be reported by ACOs for such performance year for which an ACO selected under subclause (II) shall submit data through the collection type specified in subclause (I).

''(IV) WAIVER OF REQUIREMENT TO REPORT OTHER MEASURES.—The Secretary may not require an ACO selected under subclause (II) for a performance year to report data on any measure described in subparagraph (A)(i) otherwise required to be reported by an ACO under this paragraph for such performance year, other than such a measure specified under subclause (III) for such performance year.

''(V) DISREGARD OF DATA FOR CERTAIN MEASURES.—The Secretary may not take into account any data for a measure specified under subclause (III) for a performance year submitted by an ACO selected under subclause (II) for such performance year, or any data for a measure with respect to which such ACO is not required to report data for such performance year under subclause (IV), in determining—

''(aa) whether such ACO has met quality performance standards established by the Secretary under subparagraph (C) for such performance year; or

''(bb) any score for the quality performance category (as described in section 1848(q)(2)(A)(i)) for an ACO participant (as defined in clause (iii)(II)) in such ACO for such performance year.

''(VI) TECHNICAL ASSISTANCE.—The Secretary shall provide such technical assistance to ACOs selected to participate in the program as is practicable.

''(VII) PROVISION OF INFORMATION.—Not later than December 31, 2032, the Secretary shall publicly post (or include as part of annual rulemaking for this section) the following:

''(aa) An analysis of the program.

''(bb) Any recommendations for increasing submissions of data for measures described in subparagraph (A)(i) through the collection type specified in subclause (I); and

''(cc) A proposed timeline for requiring such measures to be submitted through such collection type.''.

SEC. 4. IMPLEMENTATION FUNDING.

(a) IN GENERAL.—There are appropriated, out of any funds in the Treasury not otherwise obligated, $8,000,000 for fiscal year 2026, to remain available until expended, to the Centers for Medicare & Medicaid Services Program Management Account for purposes of implementing the amendments made by sections 2 and 3.

(b) MEDICARE IMPROVEMENT FUND.—Section 1898(b)(1) of the Social Security Act (42 U.S.C. 1395iii(b)(1)) is amended by striking ''$2,062,000,000'' and inserting ''$2,054,000,000''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Missouri (Mr. SMITH) and the gentleman from New York (Mr. SUOZZI) each will control 20 minutes.

The Chair recognizes the gentleman from Missouri.

GENERAL LEAVE

Mr. SMITH of Missouri. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and submit extraneous material on the bill under consideration.

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

There was no objection.

Mr. SMITH of Missouri. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of the Health Care Efficiency Through Flexibility Act led by Committee on Ways and Means members, the Subcommittee on Health Chairman VERN BUCHANAN and Representative JIMMY PANETTA.

As the lead sponsor of this legislation, Congressman BUCHANAN has been a strong champion for ensuring that our healthcare system is focused on the right outcomes—including improved patient health through chronic disease prevention—rather than Washington paperwork mandates.

This bill ensures that complex reporting requirements do not overwhelm healthcare providers or distract them from their primary job, caring for patients.

Accountable Care Organizations, or ACOs, are groups of healthcare providers who are responsible for improving patient health and reducing spending through value-based care. More than 500 such ACOs, comprising nearly 700,000 medical providers, cared for over 12 million Medicare beneficiaries just last year. In their 14-year history, ACOs have saved taxpayers $12 billion.

ACOs are required to submit data on patient outcomes and operations, known as quality measures, to the Federal Government to track their performance and determine their shared savings.

The current system for reporting quality measures is labor intensive. Some ACOs use as many as 15 different electronic health record systems to track and report this data. One health system spent $5.6 million and 100,000 staff hours on reporting in a single year.

Digital reporting could ease this burden, while potentially saving $14 billion

in national health costs and investing resources in better care.

However, the lack of guidance disrupts operations and means digital reporting has yet to lighten the load for many medical providers.

□ 1450

This bipartisan bill provides stability for quality measure reporting and flexibility for smaller provider practices. It also establishes a pilot program for digital reporting to determine best practices.

This policy is particularly helpful for over 12,000 small, rural, or independent providers who are committed to lowering costs and improving patient outcomes but often lack the sophisticated software needed to comply with the digital reporting regime.

Medical providers should not waste precious resources and man-hours on reporting data to Washington bureaucrats when the need for patient care is so great. This bill ensures that ACOs can put quality patient care first.

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

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

Mr. Speaker, I rise in support of H.R. 5347, the Health Care Efficiency Through Flexibility Act, which was introduced by two of my good friends, the gentleman from Florida (Mr. BUCHANAN) and the gentleman from California (Mr. PANETTA).

Mr. Speaker, this is a commonsense, bipartisan bill to improve care for Medicare patients while reducing burdens on healthcare providers. The bill does this by expanding quality reporting options for accountable care organizations.

These organizations, accountable care organizations, are groups of doctors, hospitals, and other healthcare professionals who work together with the aim of providing better care to patients on Medicare. They do this by coordinating their efforts and sharing information with one another rather than working separately.

These organizations were created under the Affordable Care Act to improve healthcare quality and to lower costs. When an accountable care organization is able to improve care and reduce costs, they get to share in the savings generated.

The legislation would provide for a wider variety of quality measure reporting methods to be used in Medicare through the year 2029. It also creates a digital quality measure pilot program to ensure that any transition to digital quality measures continues to assess care quality and reduce burdens for providers.

The Health Care Efficiency Through Flexibility Act is supported by the National Association of Accountable Care Organizations, America's Physician Groups, Epic Systems, Oracle Health, Accountable for Health, and the Healthcare Information and Management Systems Society.

Doctors in my district tell me, like many of my colleagues, all the time that they want to spend more time caring for their patients and less time with paperwork and medical records systems. Today's physicians are bogged down in insurance paperwork and are severely underpaid because Medicare reimbursement rates have not kept up with the rate of inflation.

Physicians work incredibly hard every day to care for us and our loved ones in our communities, and they deserve to be supported so that they can continue to provide quality care for patients across the country.

This bill is a step toward ensuring that physicians have the support they need to provide the best care possible for their parents. The Health Care Efficiency Through Flexibility Act received unanimous support from the members of the House Ways and Means Committee, and I urge my colleagues to support this bill on the floor today.

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

Mr. SMITH of Missouri. Mr. Speaker, I yield such time as he may consume to the gentleman from Florida (Mr. BUCHANAN), the vice chairman of the Ways and Means Committee.

Mr. BUCHANAN. Mr. Speaker, I thank Chairman SMITH for his incredible leadership over the years.

Mr. Speaker, I rise in strong support of my bill, the Health Care Efficiency Through Flexibility Act, which helps minimize burdens on value-based care organizations.

We must move away from fee-for-service. As someone who has been in business for a long time, the incentives are wrong. That is part of the problem. The more you do, the more you make. The sicker you are, the more you make, and I just don't like it. Not to say that doctors take advantage of it, but the incentives are wrong, and we need to fix that.

That is why I am in strong support of accountable care organizations. Americans are served better, and the focus needs to be on quality of care, not quantity. As our health system continues shifting toward value-based care, we need to do everything we can to make healthcare more supportive, especially in ACOs.

ACOs and Medicare share a portion of it in terms of the program. They save approximately $2 billion annually. My bill ensures a smooth transition to digital reporting so physicians can be more focused on their patients themselves.

I thank Mr. PANETTA for his bipartisan leadership and for helping me, working together on this. I thank Leader Scalise and the whip for letting me bring this to the floor today.

Mr. Speaker, I urge my colleagues to support the Health Care Efficiency Through Flexibility Act.

Mr. SUOZZI. Mr. Speaker, I yield myself the balance of my time to close.

Mr. Speaker, H.R. 5347, the Health Care Efficiency Through Flexibility Act, is a commonsense, bipartisan bill to provide more flexibility when accountable care organizations report on the care they provide to their patients.

This bill ensures that the CMS provides a smooth transition as it improves these reporting requirements, thereby reducing confusion and administrative burdens for physicians who are with us at the most vulnerable times in our lives.

While Congress continues to work on other legislation to address physician payment issues and more, I urge my colleagues to support this bill that Mr. BUCHANAN and Mr. PANETTA have worked on together in a bipartisan fashion. I yield back the balance of my time.

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

Mr. Speaker, this bill before us today was approved with total support by Ways and Means Republicans and Democrats. The purpose of value-based care is to implement solutions to some of this Nation's most pressing health challenges, including the high cost of care.

Digital reporting of quality measures holds the promise of relieving the administrative costs associated with accountable care organizations. However, that potential does not do doctors, patients, or taxpayers any good when the rules and timeline for digital reporting of quality measures are uncertain.

Ultimately, this bill keeps medical providers at accountable care organizations focused on providing better healthcare at a lower cost. That eliminates the potential distraction of complying with new digital reporting requirements that are yet to be finalized.

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

The SPEAKER pro tempore (Mr. BOST). The question is on the motion offered by the gentleman from Missouri (Mr. SMITH) that the House suspend the rules and pass the bill, H.R. 5347, 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.

□ 1500

TRIA PROGRAM REAUTHORIZATION ACT OF 2026

Mr. FLOOD. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 7128) to extend the Terrorism Risk Insurance 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. 7128

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 ''TRIA Program Reauthorization Act of 2026''.