

information technology, with disappointing results and very little useful information about how it is even being spent.

The VA's annual IT operations budget is nearly \$5.8 billion. The disastrous Electronic Health Record Modernization Program received \$2.6 billion last year alone, and several hundred million more dollars go to other IT programs annually.

To be sure, every year VA produces hundreds of pages of budget documents about IT. But when I examined them, I found very little relevance to what is actually happening and zero accountability. That is why I introduced H.R. 2250, the VA IT Reform Act. It would require VA to report on major IT projects, costs estimates, schedules, and performance goals before they begin and before any money is spent on them. If the project is approved, that information would then become baseline that progress is measured against annually.

If we had already been getting all this information, several of the VA big-ticket IT projects would have been canceled, and some would never have been started at all. Instead, we are working to contain the damage from the EHR, while still piecing together how it even began.

At the same time, VA is now on its second attempt to modernize its supply chain and its third attempt to replace its financial systems.

My legislation would also reform how VA budgets for IT. It would require the Department to rank each requested project in terms of costs, risks, and benefits, and present each office's IT needs in plain language, not the indecipherable categories that now exist.

Finally, my bill would make the VA Chief Information Officer responsible for the Financial Services Centers IT's activities and make troves of information from the Office of Management and Budget about the VA IT programs available to Congress.

Once Congress has all of this information, it is our responsibility to oversee the spending decisions VA is making. Every IT project has to improve the services and benefits our veterans receive or it should not receive a single dollar more of taxpayer money.

I thank Mr. MRVAN and Mr. BANKS for working with me on this bill, and I urge all of my colleagues to support it.

Mr. ELLZEY. Mr. Speaker, I encourage my colleagues to support this bill, and I yield back the balance of my time.

Mr. TAKANO. Mr. Speaker, in view of the fact that I know this Congress, the 117th Congress, is coming to a close and I may not see you up on the rostrum and the dais again, I wanted to say mahalo for your service in our military, mahalo for your service to the people of Hawaii, mahalo for your service to the American people.

I ask all my colleagues to join me in passing H.R. 2250, as amended, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. TAKANO) that the House suspend the rules and pass the bill, H.R. 2250, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. ROSENDALE. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this motion will be postponed.

LYMPHEDEMA TREATMENT ACT

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3630) to amend title XVIII of the Social Security Act to provide for coverage of certain lymphedema compression treatment items under the Medicare program, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3630

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 "Lymphedema Treatment Act".

SEC. 2. MEDICARE COVERAGE OF CERTAIN LYMPHEDEMA COMPRESSION TREATMENT ITEMS.

(a) COVERAGE.—

(1) IN GENERAL.—Section 1861 of the Social Security Act (42 U.S.C. 1395x) is amended—

(A) in subsection (s)(2)—

(i) in subparagraph (GG), by striking "and" after the semicolon at the end;

(ii) in subparagraph (HH), by striking the period at the end and inserting "; and"; and

(iii) by adding at the end the following new subparagraph:

"(II) lymphedema compression treatment items (as defined in subsection (III));"; and

(B) by adding at the end the following new subsection:

"(III) LYMPHEDEMA COMPRESSION TREATMENT ITEMS.—The term 'lymphedema compression treatment items' means standard and custom fitted gradient compression garments and other items determined by the Secretary that are—

"(1) furnished on or after January 1, 2024, to an individual with a diagnosis of lymphedema for the treatment of such condition;

"(2) primarily and customarily used to serve a medical purpose and for the treatment of lymphedema, as determined by the Secretary; and

"(3) prescribed by a physician (or a physician assistant, nurse practitioner, or a clinical nurse specialist (as those terms are defined in section 1861(aa)(5)) to the extent authorized under State law)."

(2) PAYMENT.—

(A) IN GENERAL.—Section 1833(a)(1) of the Social Security Act (42 U.S.C. 1395l(a)(1)) is amended—

(i) by striking "and" before "(EE)"; and

(ii) by inserting before the semicolon at the end the following: "and (FF) with respect to lymphedema compression treatment items (as defined in section 1861(III)), the amount paid shall be equal to 80 percent of the lesser of the actual charge or the amount

determined under the payment basis determined under section 1834(z)".

(B) PAYMENT BASIS AND LIMITATIONS.—Section 1834 of the Social Security Act (42 U.S.C. 1395m) is amended by adding at the end the following new subsection:

"(z) PAYMENT FOR LYMPHEDEMA COMPRESSION TREATMENT ITEMS.—

"(1) IN GENERAL.—The Secretary shall determine an appropriate payment basis for lymphedema compression treatment items (as defined in section 1861(III)). In making such a determination, the Secretary may take into account payment rates for such items under State plans (or waivers of such plans) under title XIX, the Veterans Health Administration, and group health plans and health insurance coverage (as such terms are defined in section 2791 of the Public Health Service Act), and such other information as the Secretary determines appropriate.

"(2) FREQUENCY LIMITATION.—No payment may be made under this part for lymphedema compression treatment items furnished other than at such frequency as the Secretary may establish.

"(3) APPLICATION OF COMPETITIVE ACQUISITION.—In the case of lymphedema compression treatment items that are included in a competitive acquisition program in a competitive acquisition area under section 1847(a)—

"(A) the payment basis under this subsection for such items furnished in such area shall be the payment basis determined under such competitive acquisition program; and

"(B) the Secretary may use information on the payment determined under such competitive acquisition programs to adjust the payment amount otherwise determined under this subsection for an area that is not a competitive acquisition area under section 1847, and in the case of such adjustment, paragraphs (8) and (9) of section 1842(b) shall not be applied."

(3) CONFORMING AMENDMENT.—Section 1847(a)(2) of the Social Security Act (42 U.S.C. 1395w-3(a)(2)) is amended by adding at the end the following new subparagraph:

"(D) LYMPHEDEMA COMPRESSION TREATMENT ITEMS.—Lymphedema compression treatment items (as defined in section 1861(III)) for which payment would otherwise be made under section 1834(z)."

(b) INCLUSION IN REQUIREMENTS FOR SUPPLIERS OF MEDICAL EQUIPMENT AND SUPPLIES.—Section 1834 of the Social Security Act (42 U.S.C. 1395m) is amended—

(1) in subsection (a)(20)(D), by adding at the end the following new clause:

"(iv) Lymphedema compression treatment items (as defined in section 1861(III))."

(2) in subsection (j)(5)—

(A) by redesignating subparagraphs (E) and (F) as subparagraphs (F) and (G), respectively; and

(B) by inserting after subparagraph (D) the following new subparagraph:

"(E) lymphedema compression treatment items (as defined in section 1861(III))."

SEC. 3. MEDICARE IMPROVEMENT FUND.

Section 1898(b)(1) of the Social Security Act (42 U.S.C. 1395iii(b)(1)) is amended by striking "\$7,308,000,000" and inserting "\$6,738,000,000".

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 (Mr. CUELLAR). Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Florida (Mr. BILIRAKIS) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. 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. 3630.

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

There was no objection.

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

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Mr. PALLONE. Mr. Speaker, I rise to speak in support of H.R. 3630, the Lymphedema Treatment Act. This bipartisan legislation sponsored by Representative SCHAKOWSKY will help Medicare beneficiaries suffering from lymphedema access needed compression garments.

Lymphedema is a condition caused by a chronic failure of the lymphatic system that results in the accumulation of lymph fluid and swelling in various parts of the body. Lymphedema can sometimes be a congenital condition but is more often a secondary complication of common health issues like burns or cancer.

Altogether, an estimated 3 to 5 million Americans are affected by this chronic condition, and if left untreated, individuals have a higher risk of hospitalization, disability, and even death.

While there is no known cure for lymphedema, it can be effectively treated and managed. Compression therapy is a critical component of treatment.

While Medicare covers some lymphedema treatments like compression pumps, Medicare does not cover the compression garments needed for ongoing lymphedema management because it lacks the legislative authority to cover these items.

The Lymphedema Treatment Act will close the unintended gap in coverage that prevents Medicare beneficiaries from accessing medically necessary, prescribed compression garments.

I thank Representative SCHAKOWSKY for her longtime advocacy on this issue and the more than 350 bipartisan Members who signed on in support of this legislation. This bill passed out of the Energy and Commerce Committee in July by a unanimous vote, and it will help ensure that patients with lymphedema have access to the full range of treatment they need.

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

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

Mr. Speaker, I rise today in support of H.R. 3630, the Lymphedema Treat-

ment Act, introduced by my friend and fellow Committee on Energy and Commerce member JAN SCHAKOWSKY, as well as the Subcommittee on Health member BUDDY CARTER, along with myself and more than 350 Members on both sides of the aisle.

This legislation would create a new Medicare benefit category, lymphedema compression treatment items, including standard and custom-fitted garments, and other items determined by HHS, for treatment of lymphedema.

As many of us know, thanks to a passionate and committed group of patient stakeholders, lymphedema is a chronic condition that may cause significant swelling and discomfort. It is often located in the arms and legs but can also occur in other parts of the body.

Unfortunately, there is no cure today for this condition, but patients are able to receive care that can mitigate some of the symptoms caused by lymphedema. One of the most basic elements of care is the application of compression garments to swollen body parts.

As it stands today, fee-for-service Medicare covers various forms of treatment for lymphedema but does not cover the basic compression supplies typically used in the regular treatment for this condition. This is a result of the outdated structure of traditional fee-for-service Medicare, which does not have an existing benefit category that works for lymphedema compression garments.

This legislation is yet another reminder that the fee-for-service Medicare as structured today under part B simply cannot keep pace with medical innovation. Private payers, including Medicare Advantage plans, have more flexibility to provide coverage for these products, especially if they add value to the care patients need.

As the popularity of Medicare Advantage demonstrates, there is a built-in incentive to provide better value for patients, meaning better outcomes and lower costs. It has been proven.

It has been discouraging to see an ever-growing number of situations where a particular drug—for instance, an entire class of Alzheimer's drugs recently restricted by CMS—or other medical products are not covered for seniors in Medicare fee-for-service when other patients in the private market, or even in Medicare Advantage, may have them covered.

I am hopeful that bills like the one that we are here to discuss today, where Congress continues to patch the inefficiencies in the Medicare program, not only benefit seniors but also help all of us recognize that seniors deserve greater Medicare reforms. Those reforms should empower patients with greater control over their healthcare decisions and more ability to tailor their health benefits to their personal needs, all with the goal of no senior being denied or having to lobby Con-

gress to get the medical products they need. It makes sense.

Finally, I am encouraged to see that the new mandatory spending in this legislation will be fully offset, and I encourage my colleagues to continue to insist that we fully offset mandatory spending now and into the future. This is responsible. It is responsible legislating.

Mr. Speaker, I thank the sponsors for this bill, H.R. 3630, and the chairman, of course, and the ranking member of the full committee. I fully support this legislation and recommend a "yes" vote on final passage.

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

Mr. PALLONE. Mr. Speaker, I yield such time as she may consume to the gentlewoman from Illinois (Ms. SCHAKOWSKY), the sponsor of this legislation and the chairwoman of the subcommittee.

Ms. SCHAKOWSKY. Mr. Speaker, I thank the chairman of the committee for yielding.

I am just so happy that we see the Lymphedema Treatment Act on the floor today.

I thank my colleague on the Republican side, BUDDY CARTER, for being a cosponsor of the legislation and helping to put it forward with so many bipartisan sponsors of the legislation, over 350—what is it, 366?—cosponsors of the bill.

I look forward to passing it in the House today. There are enough Senators on the other side of the rotunda here that also have sponsored, so I look forward to it becoming the law of the land.

I thank all the advocates who worked so hard, including Heather Ferguson, who is the executive director of the Lymphedema Advocacy Group, and all the people whom she worked with to help make this pass. Heather is the mother of a son that has lymphedema. I thank all the constituents who worked so hard to make this happen.

Here is what it is about lymphedema. It is not only painful and debilitating; it is also incurable. But we are lucky that there actually is a remedy, a treatment for lymphedema.

Many of you may be familiar with it. You may not have known the name. Two-thirds of all lymphedema cases develop after cancer treatment. You see that swelling. But what we don't have is the kind of treatment that is actually needed.

Currently, Medicare does not cover these important compression garments, which is what can really help people so very much. My bill will actually finally expand access to these garments for lymphedema patients on Medicare.

This will absolutely help the 3 million Americans who have lymphedema to be able to have some of the relief that they need at a cost that they can afford. It will also reduce Medicare costs because instead of these people developing all kinds of other health

issues, they will be able to be treated with these compression garments.

Again, I thank Chairman PALLONE, Ranking Member CATHY McMORRIS RODGERS, Representative BUDDY CARTER, and all the Members on both sides of the aisle. Mr. Speaker, I urge everyone to endorse this wonderful bill and vote "yes."

Mr. BILIRAKIS. Mr. Speaker, this is a real good bill, a bipartisan bill. We worked very hard on it, and we have a great sponsor here and a Republican sponsor in Representative BUDDY CARTER, and I urge that we pass this as soon as possible. I assume the Senate will get to work and get this done, as well.

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

Mr. PALLONE. Mr. Speaker, I also urge passage of this bill, another bipartisan bill where we all worked together from the Energy and Commerce Committee, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 3630, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. ROSENDALE. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER. Pursuant to clause 8 of rule XX, further proceedings on this motion will be postponed.

ENSURING PHONE AND INTERNET ACCESS THROUGH LIFELINE AND AFFORDABLE CONNECTIVITY PROGRAM ACT OF 2022

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4275) to provide for certain reports on enrollment in the Lifeline 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. 4275

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 "Ensuring Phone and Internet Access Through Lifeline and Affordable Connectivity Program Act of 2022".

SEC. 2. REPORTS ON ENROLLMENT IN CERTAIN PROGRAMS.

(a) ANNUAL REPORT ON ENROLLMENT IN LIFELINE AND AFFORDABLE CONNECTIVITY PROGRAMS THROUGH QUALIFYING PROGRAMS.—Not later than 1 year after the date of the enactment of this Act, and annually thereafter for 2 calendar years after the calendar year during which the first report is submitted under this subsection, the Commission shall submit to Congress a report on—

(1) enrollment in the Lifeline program by individuals participating in each of the Lifeline qualifying programs, broken out by each of the Lifeline qualifying programs, to the extent the Commission holds or has access to the necessary data relating to such enrollment; and

(2) enrollment in the Affordable Connectivity Program by individuals participating in each of the Affordable Connectivity Program qualifying programs, broken out by each of the Affordable Connectivity Program qualifying programs, to the extent the Commission holds or has access to the necessary data relating to such enrollment.

(b) GAO STUDY AND REPORT ON EFFORTS TO PROMOTE ENROLLMENT IN LIFELINE AND AFFORDABLE CONNECTIVITY PROGRAMS.—Not later than 1 year after the date of the enactment of this Act, the Comptroller General of the United States shall submit a report to Congress identifying outreach and publicity efforts to promote participation and enrollment in the Lifeline program and, separately, the Affordable Connectivity Program.

(c) DEFINITIONS.—In this section:

(1) AFFORDABLE CONNECTIVITY PROGRAM QUALIFYING PROGRAM.—The term "Affordable Connectivity Program qualifying program" means the programs set forth in paragraphs (1), (3), (4), and (6) of section 54.1800(j) of title 47, Code of Federal Regulations, or any successor regulation.

(2) COMMISSION.—The term "Commission" means the Federal Communications Commission.

(3) LIFELINE QUALIFYING PROGRAM.—The term "Lifeline qualifying program" means the programs set forth in subsections (a)(2) and (b) of section 54.409 of title 47, Code of Federal Regulations, or any successor regulation.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Florida (Mr. BILIRAKIS) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

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

Mr. Speaker, I rise in strong support of H.R. 4275, the Ensuring Phone and Internet Access Through Lifeline and Affordable Connectivity Program Act of 2022.

Congress has long recognized the critical importance of ensuring that everyone in this country can access basic communication tools. Indeed, this body wisely included as a cornerstone of the Communications Act the directive that rapid, efficient, and nationwide communications service must be available to "all people of the United States, without discrimination on the basis of race, color, religion, national origin, or sex." The Communications Act also said that all Americans must have access to adequate facilities and reasonable charges.

There are two programs, the Lifeline and the Affordable Connectivity Program, that play a critical role in helping us advance these long-held, universal service goals. They move us closer to closing the digital divide by allowing millions of American families across the country to fit high-speed broadband internet access into their budgets.

Both programs are effectively targeted to families that need the help most, including those who are eligible for Medicaid, the Supplemental Nutrition Assistance Program, Supplemental Security Income, Bureau of Indian Affairs General Assistance, and the Veterans and Survivors Pension benefit.

As we all know too well, a broadband connection is necessary to participate

in our modern economy and society. Families without broadband are left without equal educational, career, healthcare, and economic opportunities compared to those with this essential service.

Continuing to strengthen these programs and make them more efficient and accessible not only benefits those who sign up but all Americans. That is why I support this bipartisan bill introduced by Representatives LURIA and KATKO. It provides us with more transparency into these programs and can help us better identify opportunities to maximize their support.

I commend Ranking Member RODGERS and Representative LATTA for working with me to advance this legislation on a bipartisan basis. It advanced out of the Energy and Commerce Committee unanimously in July by a vote of 48-0.

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

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

Mr. Speaker, I rise today in support of H.R. 4275, the Ensuring Phone and Internet Access Through Lifeline and Affordable Connectivity Program Act, which was unanimously reported out of the Energy and Commerce Committee.

The FCC currently administers two subsidy programs to help low-income Americans get connected, the Lifeline program and the Affordable Connectivity Program. The FCC uses criteria such as household income or participation in other Federal subsidy programs to determine eligibility.

The FCC's inspector general identifies fraud and risk in certain qualifying programs, highlighting the importance of congressional oversight.

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H.R. 4275 will help provide Congress with important information regarding how low-income Americans qualify for these programs as we continue our oversight duties.

Specifically, this bill will require the FCC to report to Congress on which eligibility criteria Americans use to qualify for the lifeline of affordable connectivity programs. In carrying out this report, the FCC will be limited to using existing data they currently can access to verify eligibility. It also requires the FCC to report on the outreach and publicity efforts to promote enrollment in these programs.

This legislation is an important first step toward oversight of the FCC and its administration of these programs.

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

GENERAL LEAVE

Mr. PALLONE. 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. 4275.

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