

where there is overlap. We don't want to repeat things that don't need to be done.

I have learned so much about how well this is working under the IACC, which is the Interagency Autism Coordinating Committee. They go overboard trying to prevent duplicative research so that we are not just spending money. We are trying to do it in a way that is very, very precise and very focused.

As the chairwoman a moment ago said, 1 in 36 children in the United States are on the spectrum. In my State, it is 1 in 35, so we are one of the top three in the country that have manifestations of autism. We need to do more on this.

The bill does also include the idea of the entirety of the age. No matter what age you are, if you have autism, we want to help and provide the necessary resources.

We started that last time, and it is making a difference. As my friend from New Jersey pointed out, it increases from five to seven the NIH Centers of Excellence. NIH does so much in every category to try to, again, help those.

Let me just remind my colleagues, and I will finish with this, that we now have the capability to detect autism as early as 18 months. Incredible advancements have been made in this area. Yet, the median age of diagnosis in the United States is not until 4 years of age. We are missing crucial early intervention opportunities by not identifying and then helping those who have it.

I urge passage, and again, I thank the chairwoman.

Mr. PALLONE. Mr. Speaker, I have no additional speakers, and I reserve the balance of my time.

Mrs. RODGERS of Washington. Mr. Speaker, I yield 3 minutes to the gentleman from Georgia (Mr. CARTER).

Mr. CARTER of Georgia. Mr. Speaker, I thank the gentlewoman for yielding.

Mr. Speaker, I rise today in strong support of H.R. 7213, the Autism CARES Act of 2024, which reauthorizes and strengthens the autism spectrum disorder initiative through 2029.

The Autism CARES Act is the single most important driver of Federal investment in autism research and training programs over the past two decades.

It has led to improvements in early intervention services, a better understanding of the prevalence of autism, and a better understanding of the co-occurring health conditions that autistic people experience.

Importantly, it has also been responsible for thousands of future health professionals being trained on how to screen, diagnose, and provide interventions to autistic people and other individuals with neurodevelopmental disabilities to improve their health and well-being.

Thanks to the Autism CARES Act, many health professionals are better

equipped to meet the ever-changing and diverse needs of autistic people and other people with neurodevelopmental disabilities.

This bill will ensure ongoing support by NIH of research at institutions like the Marcus Autism Center in Atlanta and the Georgia LEND program at Georgia State University.

Located in my home State of Georgia within Children's Healthcare of Atlanta, the Marcus Autism Center is one of the largest organizations in the country that blends research on autism with providing clinical services for children on the autism spectrum and their families.

I thank Representative CHRIS SMITH for working on this important issue, and I urge my colleagues to support this legislation.

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Mr. PALLONE. Mr. Speaker, I believe the gentlewoman has some additional speakers. I continue to reserve the balance of my time.

Mrs. RODGERS of Washington. Mr. Speaker, I yield 2 minutes to the gentleman from New York (Mr. MOLINARO).

Mr. MOLINARO. Mr. Speaker, I am certainly grateful to Representative CHRIS SMITH for his leadership.

The Autism CARES Act has made an immeasurable difference in the lives of countless Americans living with either autism, neurodivergence themselves or the family members who support them.

The massive investment made by this Federal Government in research, education, and intervention has not only ensured great advancement in how we diagnose, treat, and assist those living on the autism spectrum, but it has helped to bring dignity to their lives.

I join my colleagues in advocating for the bill. I certainly support the legislation. I do so as a Member of Congress, but I also do so as a father of an adult living on the autism spectrum. I cannot tell you the struggle, the challenge that families like ours and certainly individuals like my daughter have had to face.

Thanks to the Autism CARES Act originally adopted some years ago, now reauthorized, every step along the way we now have a partner in providing and ensuring that those caregivers, those who interact, those who provide care have the tools and the resources necessary to provide dignity and opportunity to her life.

On behalf of my daughter, Abigail Faith Molinaro, I join my colleagues on both sides of the aisle and encourage support for the Autism CARES Act reauthorization.

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

Again, I would say we can see this is a very important piece of legislation dealing with autism spectrum disorder, and I urge my colleagues on both sides of the aisle to support it.

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

Mrs. RODGERS of Washington. Mr. Speaker, in closing, I encourage a "yes" vote on this bill, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Washington (Mrs. RODGERS) that the House suspend the rules and pass the bill, H.R. 7213, as amended.

The question was taken.

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

Mrs. RODGERS. 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.

#### MEDICARE AND MEDICAID FRAUD PREVENTION ACT OF 2024

Mrs. RODGERS of Washington. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 8089) to amend title XIX of the Social Security Act to require certain additional provider screening under the Medicaid program, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 8089

*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 "Medicare and Medicaid Fraud Prevention Act of 2024".*

#### SEC. 2. MEDICAID PROVIDER SCREENING REQUIREMENTS.

*Section 1902(kk)(1) of the Social Security Act (42 U.S.C. 1396a(kk)(1)) is amended—*

*(1) by striking "The State" and inserting:*

*"(A) IN GENERAL.—The State"; and*

*(2) by adding at the end the following new subparagraph:*

*"(B) ADDITIONAL PROVIDER SCREENING.—Beginning January 1, 2027, as part of the enrollment (or reenrollment or revalidation of enrollment) of a provider or supplier under this title, and not less frequently than quarterly during the period that such provider or supplier is so enrolled, the State conducts a check of the Death Master File (as such term is defined in section 203(d) of the Bipartisan Budget Act of 2013) to determine whether such provider or supplier is deceased."*

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

The Chair recognizes the gentlewoman from Washington.

GENERAL LEAVE

Mrs. RODGERS of Washington. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and insert extraneous material in the RECORD on the bill.

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

There was no objection.

Mrs. RODGERS of Washington. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, H.R. 8089, the Medicare and Medicaid Fraud Prevention Act is a straightforward bill, and I thank the gentleman from California (Mr. MIKE GARCIA) for putting forth this proposal.

The bill would require States to regularly check the Social Security Administration's Death Master File for doctors who are enrolled in their Medicaid programs and to remove the doctors who are already dead. It almost sounds silly, but it can be quite serious.

When a doctor dies, their national provider identification, or NPI, is not immediately deactivated. The NPI of the deceased physician is low-hanging fruit for a hacker to steal and start billing Medicaid with. This can go on for a long time if no one is checking for suspicious activity.

To address waste, fraud, and abuse, States will need to be an active partner. Removing deceased doctors from a State's Medicaid program is a simple step States can take.

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

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

Mr. Speaker, I rise in support of H.R. 8089, the Medicare and Medicaid Fraud Prevention Act, sponsored by Representatives MIKE GARCIA and PETERS.

H.R. 8089 would clarify that State Medicaid agencies must check that a healthcare provider has not passed away as part of a provider's enrollment and revalidation of enrollment in the Medicaid program. States must perform this check using the Social Security Administration's Death Master File. This is the same system that H.R. 8084, the LIVE Beneficiaries Act, would require States to use in order to ensure deceased Medicaid enrollees do not remain enrolled in the program. We will also be discussing that bill today.

Ensuring that States check this file helps to identify and prevent waste and, in the case of providers, fraudulent activity of individuals who may attempt to use the identity of a deceased healthcare provider.

Mr. Speaker, I encourage my colleagues to vote "yes" on this legislation, and I reserve the balance of my time.

Mrs. RODGERS of Washington. Mr. Speaker, I yield 5 minutes to the gentleman from California (Mr. MIKE GARCIA).

Mr. MIKE GARCIA of California. Mr. Speaker, I thank Madam Chair for her leadership on these very important issues.

Since day one of representing my constituents of the beautiful 27th Congressional District in the Halls of Congress, I promised to never vote to cut Social Security, Medicare, or Medicaid. In fact, I have been committed to improving or fortifying these programs throughout my time in the House of Representatives. It is with this commitment in mind that I rise today in support of my bill H.R. 8089, the Medicare and Medicaid Fraud Prevention Act.

In these hyperpartisan times, it feels harder than ever to find issues where Republicans and Democrats can come together to find commonsense solutions to help American families and help their lives in what is otherwise a very tumultuous period. That is why I am grateful for the partnership of my fellow Californian, Representative SCOTT PETERS, who was the co-lead for this very important bill.

I also extend my heartfelt gratitude to the Chairwoman of the Energy and Commerce Committee, as well as the staff of Chair RODGERS. Her leadership has been unprecedented in this Chamber. For everything that she has done, I thank her.

Mr. Speaker, I have long said that programs like Social Security and Medicare are, literally, contracts between the government and its citizens. The American people need the government to uphold their end of the contract by paying into and supporting these programs. The American people, literally, are giving their money into these programs and in exchange expect the government to return that money to them on the back side.

Congress must uphold our end by ensuring these programs remain viable and accessible to those who need them. That includes paying out benefits in full to those who earned them, which is why it is so important that Congress prioritize repealing things like the windfall elimination program and other provisions of Social Security by passing bills like H.R. 82, which I am proud to support and hopefully we can bring to the floor for a vote, as well.

Part of this commitment is ensuring that these programs remain solvent for years to come. That is exactly what this bill does. This bill will save Medicare and Medicaid millions of dollars over time by implementing a commonsense measure to ensure that fraudsters and scammers don't, literally, steal dead doctors' credentials to bill Medicare and Medicaid for services that they never provided. Our seniors and Americans deserve to have the funds in these programs used for them, not for scammers and fraudsters.

This is not just about combating fraud. It is about honoring our commitment to programs like Medicare, Medicaid, and Social Security. These are programs that countless Americans rely on and deserve to be protected. I am proud to support them, and I will continue to support and never cut Medicare or Social Security. I once again urge support for my bill.

Mr. PALLONE. Mr. Speaker, I yield myself the balance of my time to close. I urge all my colleagues to vote for this bill. It is obviously very important to prevent any kind of fraud in the Medicare and Medicaid programs. I yield back the balance of my time.

Mrs. RODGERS of Washington. Mr. Speaker, in closing, I also encourage a "yes" vote on the bill, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by

the gentlewoman from Washington (Mrs. RODGERS) that the House suspend the rules and pass the bill, H.R. 8089, 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.

#### LEVERAGING INTEGRITY AND VERIFICATION OF ELIGIBILITY FOR BENEFICIARIES ACT

Mrs. RODGERS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 8084) to amend title XIX of the Social Security Act to require States to verify certain eligibility criteria for individuals enrolled for medical assistance quarterly, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 8084

*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 "Leveraging Integrity and Verification of Eligibility for Beneficiaries Act" or the "LIVE Beneficiaries Act".*

#### SEC. 2. VERIFICATION OF CERTAIN ELIGIBILITY CRITERIA FOR INDIVIDUALS ENROLLED FOR MEDICAL ASSISTANCE.

*Section 1902 of the Social Security Act (42 U.S.C. 1396a) is amended—*

*(1) in subsection (a)—*

*(A) in paragraph (86), by striking "and" and inserting a semicolon;*

*(B) in paragraph (87)(D), by striking the period at the end and inserting "and"; and*

*(C) by inserting after paragraph (87)(D) the following new paragraph:*

*"(88) provide that the State shall comply with the eligibility verification requirements under subsection (uu), except that this paragraph shall apply only in the case of the 50 States and the District of Columbia.";* and

*(2) by adding at the end the following new subsection:*

*"(uu) VERIFICATION OF CERTAIN ELIGIBILITY CRITERIA.—*

*"(1) IN GENERAL.—For purposes of subsection (a)(88), the eligibility verification requirements, beginning January 1, 2026, are as follows:*

*"(A) QUARTERLY SCREENING TO VERIFY ENROLLEE STATUS.—The State shall, not less frequently than quarterly, review the Death Master File (as such term is defined in section 203(d) of the Bipartisan Budget Act of 2013) to determine whether any individuals enrolled for medical assistance under the State plan (or waiver of such plan) are deceased.*

*"(B) DISENROLLMENT UNDER STATE PLAN.—If the State determines, based on information obtained from the Death Master File, that an individual enrolled for medical assistance under the State plan (or waiver of such plan) is deceased, the State shall—*

*"(i) treat such information as factual information confirming the death of a beneficiary for purposes of section 431.213(a) of title 42, Code of Federal Regulations (or any successor regulation);*

*"(ii) disenroll such individual from the State plan (or waiver of such plan); and*

*"(iii) discontinue any payments for medical assistance under this title made on behalf of such individual (other than payments for any items or services furnished to such individual prior to the death of such individual).*

*"(C) REINSTATEMENT OF COVERAGE IN THE EVENT OF ERROR.—If a State determines that an*