

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

individual was misidentified as deceased based on information obtained from the Death Master File, and was erroneously disenrolled from medical assistance under the State plan (or waiver of such plan) based on such misidentification, the State shall immediately reenroll such individual under the State plan (or waiver of such plan), retroactive to the date of such disenrollment.

“(2) *RULE OF CONSTRUCTION.*—Nothing under this subsection shall be construed to preclude the ability of a State to use other electronic data sources to timely identify potentially deceased beneficiaries, so long as the State is also in compliance with the requirements of this subsection (and all other requirements under this title relating to Medicaid eligibility determination and redetermination).”.

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, according to the HHS Office of Inspector General, States pay hundreds of millions per year to Medicaid-managed care organizations to care for beneficiaries who have passed away.

It feels almost impossible to believe that precious Medicaid dollars intended to help pregnant women, children, and those in need would instead go to insurance companies to help manage care for people who are already deceased. Yet, it is happening.

H.R. 8084 will hopefully change this by requiring States to check the Social Security Administration's Death Master File every quarter to identify individuals still enrolled in the State's Medicaid program who are deceased. This is a commonsense solution that will better serve the people Medicaid is intended to help. 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 today in support of H.R. 8084, the LIVE Beneficiaries Act, sponsored by Representatives CRAIG and BILIRAKIS.

This bipartisan bill would require State Medicaid agencies to use the database managed by the Social Security Administration to identify people who have passed away yet remain enrolled in the Medicaid program.

In recent years, the Department of Health and Human Services Office of the Inspector General has identified payments made by States to Medicaid-managed care plans for people who had already passed away.

H.R. 8084 would help to prevent this wasteful spending by requiring States to check the Social Security Administration's Death Master File on a quarterly basis at a minimum and to disenroll anyone who is deceased before any additional payments can be made inadvertently on their behalf.

Importantly, though, H.R. 8084 includes protections to ensure that in the rare circumstance an individual is falsely identified as deceased, the State must reinstate the person's coverage retroactive to the date that the person was improperly disenrolled.

Mr. Speaker, I hope my colleagues will join me in voting “yes” on this bill, and I reserve the balance of my time.

Mrs. RODGERS of Washington. Mr. Speaker, I yield 5 minutes to the gentleman from Florida (Mr. BILIRAKIS), the subcommittee chair of the Innovation, Data, and Commerce Subcommittee of Energy and Commerce, and the prime sponsor of this legislation.

Mr. BILIRAKIS. Mr. Speaker, I thank the chair for giving me the opportunity to speak. She has done such an outstanding job as chairman of the Energy and Commerce Committee. We are so very fortunate. She thinks of her constituents and the American people as a whole first, and we really appreciate her service.

I rise in strong support of my bill, H.R. 8084, the Leveraging Integrity and Verification of Eligibility, or the LIVE Beneficiaries Act.

I am grateful to have worked in a bipartisan fashion alongside Representative CRAIG, and I thank her for her support of this commonsense bill focused on Medicaid program integrity and preventing fraud, waste, and abuse to save taxpayer dollars.

Our legislation requires CMS to ensure that States are certifying, at least on a quarterly basis, that enrollees are not listed on the Social Security Administration's Death Master File database. We also include a provision to give States the ability to check other death records to make sure Medicaid beneficiaries are not deceased.

I mean, what we want is to save money for our senior citizens and those who need Medicaid, as well. This is a good bill. Unfortunately, it is a must-pass bill. It shouldn't have to happen, but we are going to save dollars, and we are going to take care of this with this particular bill.

We also require immediate disenrollment of beneficiaries should they verify the death of Medicaid enrollees. This repeals the current CMS guidance that forced States to collect additional information about their beneficiaries to ensure their records are correct.

CMS has started to recognize this problem and take some administrative steps with States but not enough. This bill will help ensure we are abiding by good governance standards in statute. We know that too often fraudulent,

wasteful payments occur in the Medicaid and Medicare programs, and we should continue to find ways to cut down and save taxpayer dollars wherever possible.

Again, the money is intended to go to our seniors and those who are on Medicaid. That is what we are doing with this bill. I commend Representative GARCIA for his bill, as well. I also thank the chairman and the ranking member. I ask my colleagues to support H.R. 8084.

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Mr. PALLONE. Mr. Speaker, I have no additional speakers, and I am prepared to close.

Mr. Speaker, again, this is a bill that addresses wasteful spending, and I think it is important for us to make sure we support it on a bipartisan basis.

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

Mrs. RODGERS of Washington. Mr. Speaker, in closing, I urge 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. 8084, 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.

REAUTHORIZATION OF LIFESPAN RESPITE CARE PROGRAM

Mrs. RODGERS of Washington. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 6160) to amend the Public Health Service Act to reauthorize a lifespan respite care program, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 6160

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. REAUTHORIZATION OF LIFESPAN RESPITE CARE PROGRAM.

Section 2905 of the Public Health Service Act (42 U.S.C. 300ii-4) is amended by striking “fiscal years 2020 through fiscal year 2024” and inserting “fiscal years 2025 through 2029”.

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 include extraneous material in the RECORD on the bill.

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