

1 Diversified Reporting Services, Inc.

2 RPTS NOBLEZA

3 HIF138000

4

5

6 MARKUP OF:

7 H.R. 7667, THE FOOD AND DRUG AMENDMENTS OF 2022;

8 H.R. 7666, THE RESTORING HOPE FOR MENTAL HEALTH AND

9 WELL-BEING ACT OF 2022;

10 H.R. 7233, THE KIDS CARES ACT;

11 H.R. 623, THE GABRIELLA MILLER KIDS FIRST RESEARCH ACT 2.0;

12 H.R. 3771, THE SOUTH ASIAN HEART HEALTH AWARENESS ACT OF

13 2021; AND

14 H.R. 5585, THE ARPA-H ACT

15 WEDNESDAY, MAY 18, 2022

16 House of Representatives,

17 Committee on Energy and Commerce,

18 Washington, D.C.

19

20

21

22 The committee met, pursuant to call, at 10:07 a.m. in
23 the John D. Dingell Room, Room 2123, Rayburn House Office
24 Building, Hon. Frank Pallone [chairman of the committee]
25 presiding.

26

27 Present: Representatives Pallone, Rush, Eshoo, DeGette,

28 Doyle, Schakowsky, Butterfield, Matsui, Castor, Sarbanes,
29 McNerney, Welch, Tonko, Clarke, Schrader, Cardenas, Ruiz,
30 Peters, Dingell, Veasey, Kuster, Kelly, Barragan, McEachin,
31 Blunt Rochester, Soto, O'Halleran, Rice, Craig, Schrier,
32 Trahan, Fletcher; Rodgers, Upton, Burgess, Latta, Guthrie,
33 McKinley, Kinzinger, Griffith, Bilirakis, Johnson, Long,
34 Bucshon, Mullin, Hudson, Walberg, Carter, Duncan, Palmer,
35 Dunn, Curtis, Lesko, Pence, Crenshaw, Joyce, and Armstrong.

36

37 Staff Present: Lydia Abma, Policy Analyst; Vincent
38 Amatrudo, FDA Detailee; Shana Beavin, Professional Staff
39 Member; Jesseca Boyer, Professional Staff Member; Hilary
40 Carruthers, HE Fellow; Waverly Gordon, Deputy Staff Director
41 and General Counsel; Jessica Grandberry, Staff Assistant;
42 Tiffany Guarascio, Staff Director; Perry Hamilton, Clerk;
43 Fabrizio Herrera, Staff Assistant; Stephen Holland, Senior
44 Health Counsel; Ed Kacsmarsk, Policy Analyst; Zach Kahan,
45 Deputy Director Outreach and Member Service; Saha Khaterzai,
46 Professional Staff Member; Mackenzie Kuhl, Digital Assistant;
47 Una Lee, Chief Health Counsel; Jerry Leverich, Chief Counsel,
48 Communications and Technology; Meghan Mullon, Senior Policy
49 Analyst; Juan Negrete, Junior Professional Staff Member; Joe
50 Orlando, Policy Analyst; Lino Pena-Martinez, Policy Analyst;
51 Kaitlyn Peel, Digital Director; Caroline Rinker, Press
52 Assistant; Chloe Rodriguez, Clerk; Kylea Rogers, Policy

53 Analyst; Andrew Souvall, Director of Communications,
54 Outreach, and Member Services; Rick Van Buren, Senior Health
55 Counsel; Charlton Wilson, Fellow; Caroline Wood, Staff
56 Assistant; Alec Aramanda, Minority Professional Staff Member,
57 Health; Kate Arey, Minority Content Manager and Digital
58 Assistant; Sarah Burke, Minority Deputy Staff Director; Seth
59 Gold, Minority Professional Staff Member, Health; Grace
60 Graham, Minority Chief Counsel, Health; Nate Hodson, Minority
61 Staff Director; Sean Kelly, Minority Press Secretary; Peter
62 Kielty, Minority General Counsel; Emily King, Minority Member
63 Services Director; Bijan Koohmaraie, Minority Chief Counsel,
64 O&I Chief Counsel; Clare Paoletta, Minority Policy Analyst,
65 Health; Kristin Seum, Minority Counsel, Health; Kristen
66 Shatynski, Minority Professional Staff Member, Health; and
67 Olivia Shields, Minority Communications Director.

68

69 *The Chairman. The Energy and Commerce Committee will
70 come to order.

71 We are meeting today to consider six bills.

72 Due to the COVID-19 public health emergency members can
73 participate in today's markup either in person or remotely,
74 via online video conferencing.

75 For members participating remotely, your microphones
76 will be set on mute for the purpose of eliminating
77 inadvertent background noise. But members participating
78 remotely will need to unmute their microphone each time that
79 you wish to speak. So please note that, once you unmute your
80 microphone, anything that is said in Webex will be heard over
81 the loudspeaker in the committee room, and subject to be
82 heard by the livestream and C-SPAN.

83 Additionally, I ask that members participating remotely
84 use the "raise hand" feature of the software platform --

85 *Voice. [Inaudible.]

86 *The Chairman. What was that?

87 *Voice. I think somebody unmuted themselves.

88 *The Chairman. Oh, they unmuted themselves.

89 [Laughter.]

90 *The Chairman. Additionally, I ask that members
91 participating remotely use the "raise hand" feature of the
92 software platform when you wish to be recognized, including
93 to give an opening statement or to offer an amendment.

94 Now, during recorded votes you will need to unmute
95 yourself to respond to the clerk once your name is called.
96 In responding to the clerk I ask that, instead of just saying
97 aye or no, that you respond with a phrase like, "Frank
98 Pallone from New Jersey votes aye.'" And this will provide
99 additional time for the voting member to be identified and
100 made visible on the platform.

101 And since members are participating from different
102 locations at today's markup, all recognition of members will
103 be in the order of full committee seniority.

104 During this markup amendments will be sent to members
105 electronically. Members participating in person should not
106 bring paper copies of their amendments to the clerk's desk.
107 If a member participating in person would like a paper copy
108 of an amendment or bill, please alert staff during the
109 consideration of the amendment or the bill.

110 Amendments and motions should be sent to Chloe Rodriguez
111 and Perry Hamilton, and documents for the record to Caroline
112 Wood at the email addresses we have provided to staff.

113 So I am now going to recognize myself for three minutes
114 for an opening statement. We will have opening statements,
115 three minutes, from the full committee chair and ranking
116 member and the Health Subcommittee. These are all health
117 bills, so the subcommittee ranking member and chair on
118 Health, and then any other member can have an opening

119 statement for one minute, if they desire.

120 So I will start with myself for three minutes, and say
121 that, as I said, we are marking up six bipartisan health
122 bills including legislation to reauthorize and improve
123 programs at the FDA, address the mental health and substance
124 use disorder crisis, and establish President Biden's ARPA-H
125 initiative.

126 We will begin today by taking up the food and drug
127 amendments of 2022. This is comprehensive bipartisan
128 legislation to reauthorize FDA's user fee program and improve
129 FDA's review of drugs, biologics, and medical devices.

130 The bill will also reduce drug costs, improve program
131 integrity and oversight in the accelerated approval program,
132 and improve diverse representation in clinical studies.

133 With the ongoing infant formula shortage, I am pleased
134 the amendment in the nature of a substitute will extend an
135 authority first provided in the 21st Century Cures Act that
136 will allow FDA to retain top scientists and high-level
137 professionals not just for its drug, biologic, and medical
138 device centers, but also the center for food safety and
139 applied nutrition, and other product areas regulated by the
140 agency.

141 While we certainly have more work to do in this area,
142 including this provision today will improve the agency's
143 oversight of these products, including infant formula, and

144 help avoid tragedies that led to the death of two infants due
145 to contaminated formula.

146 Now, this bill has been crafted with consensus in mind
147 from the start, as it is critical we pass this on time before
148 FDA funding runs out. We don't want them sending out the
149 pink slips.

150 Next, after the FDA user fee bill, we will turn to the
151 consideration of the Restoring Hope for Mental Health and
152 Well-Being Act, which I introduced with Ranking Member
153 Rodgers. This is a comprehensive, bipartisan package that
154 includes provisions from members of the committee on both
155 sides of the aisle. It reauthorizes more than 30 programs
156 that aim to help Americans in need, providing access to
157 critical mental health and substance use disorder support and
158 care.

159 We will consider two amendments to the mental health
160 package that represents months of bipartisan negotiation on
161 two important bills: the MAT Act and the MATE Act. And
162 together, these policies will increase access to medication-
163 assisted treatment for opioid use disorder and substance use
164 disorder treatment, as well as help address some of the
165 stigma associated with addiction. And I am glad that we are
166 able to work together between our subcommittee markup and
167 today's markup on these two amendments, and I am hopeful they
168 will be included in our mental health package as it advanced

169 out of committee.

170 We will also consider another amendment that will help
171 strengthen mental health parity by providing funding to
172 states to implement and enforce parity. This is critical in
173 illuminating disparities in insurance coverage and treatment.
174 And I must say that this committee has worked for years to
175 try to address this parity issue, and we constantly have to,
176 you know, look back and see what else needs to be done. So
177 this is what we feel needs to be done.

178 The committee will also vote on three bipartisan bills
179 and the bipartisan Advanced Research Project Agency Health
180 Act, or ARPA-H, led by Chairwoman Eshoo. And this bill will
181 create an independent ARPA-H that accelerates biomedical
182 innovation and makes transformative breakthroughs in the most
183 challenging diseases.

184 So I look forward to advancing all six of the bipartisan
185 bills, and I really thank wholeheartedly our Ranking Member
186 Rodgers for her shared commitment to making this bipartisan
187 markup possible.

188 Thank you, and I will yield to the ranking member.

189 *Mrs. Rodgers. Thank you, Mr. Chairman, Health
190 Subcommittee Chair Eshoo, and Subcommittee Republican Leader
191 Guthrie, for your leadership on these solutions today.

192 In the FDA Act we are taking action to lower health care
193 cost, spur more innovation, secure our supply chains, and

194 provide hope to patients who believe in the promise of
195 America: innovation for new cures, breakthrough drugs, and
196 access to treatments. For them we are committed to
197 delivering the user fee agreements on time.

198 In addition, we are advancing the Restoring Hope for
199 Mental Health and Well-Being Act. This is the first major
200 effort to address the mental health crisis that has been
201 caused by government-driven lockdowns and school closures
202 during the pandemic.

203 Like many other communities, Spokane, Washington is
204 recognizing May as Mental Health Awareness Month, and the
205 worsening mental health challenges we now face.

206 Children, especially, are more stressed, anxious, and
207 depressed than ever. Our message to them is that they
208 matter.

209 Our solutions will help communities make a difference in
210 people's lives, to turn despair into hope. This package
211 includes reauthorizing programs like the Garrett Lee Smith
212 Memorial Act for youth suicide prevention, and programs to
213 help people with severe mental illness.

214 It also helps moms by supporting care for maternal
215 health and substance use disorders, which are among the
216 leading causes of death for pregnant and post-partum women.
217 Our goal is to help save lives, and support women at every
218 stage of pregnancy and beyond.

219 I want to personally thank Chairman Pallone,
220 wholeheartedly, for helping lead this package which includes
221 provisions by members on both sides of the aisle, and I am
222 grateful for your leadership on mental health, and your
223 commitment to working with me.

224 As we move forward there are improvements we are still
225 working on, and I greatly appreciate the chairman's
226 willingness to do so before the floor vote.

227 Finally, regarding ARPA-H, because Congress already
228 appropriated money for this, now is the time for us to
229 provide guardrails for the agency to be a success. After
230 extensive negotiations with the majority, the amendment today
231 will put ARPA-H on the right path, with a targeted mission,
232 increased accountability, and transparency, and a laser focus
233 on promoting American innovators.

234 Overall, we have a lot of meaningful, bipartisan bills
235 before us. This is the rich history of our committee, to
236 find solutions on the most pressing issues before us as a
237 nation.

238 Again, a big thank-you to Chairman Pallone, the
239 committee members, and all of our committee staff, who have
240 worked tirelessly, especially over the last few weeks, to get
241 us to this place today. Let's keep building on this on
242 behalf of those that we serve.

243 I yield back.

244 *The Chairman. Thank you, Mrs. Rodgers. And I want to
245 now recognize Ms. Eshoo, chairwoman of the Subcommittee on
246 Health for three minutes.

247 And obviously, much of what we are doing today comes
248 from both her and Ranking Member Guthrie. So thank you, and
249 I yield to the chairwoman.

250 *Ms. Eshoo. Thank you, Mr. Chairman. Today our
251 committee marks up, as has been stated, six bipartisan bills.

252 First, the Food and Drug Amendments of 2022, sponsored
253 by myself and ranking member of the Health Subcommittee, Mr.
254 Guthrie. It includes user fee agreements for both drugs and
255 medical devices. It also includes wider legislation to speed
256 the discovery of more cures, improve patient representation
257 in clinical trials, and enhance the FDA's ability to fulfill
258 their vital mission of ensuring the safety, efficacy, and
259 quality of America's drugs and medical devices.

260 The next bill is the Restoring Hope for Mental Health
261 and Well-Being Act by Chairman Pallone and Ranking Member
262 McMorris Rodgers. This legislation reauthorizes more than 30
263 important programs, from SAMHSA to HRSA, to supplying more
264 resources and support for mental health care and substance
265 use disorder across the country.

266 We will also mark up the KIDS CARES Act from
267 Representatives Hudson and Kuster to improve mental health
268 screening for at-risk youth in the criminal justice system

269 and in schools, under the Medicaid programs.

270 I support -- obviously, support these bipartisan mental
271 health bills, but I want to caution that our work to address
272 the mental health crisis in our country is not done yet,
273 because we do not have a comprehensive plan for children and
274 adolescents.

275 Today we are moving forward ARPA-H. This bipartisan
276 bill has been a top legislative priority of mine, as everyone
277 knows, and would establish the Advanced Research Projects
278 Agency of Health as an independent agency within HHS.

279 I thank the chairman of the full committee, and I thank
280 the Republican Leader Rodgers for working with me on today's
281 amendment in the nature of a substitute to ensure that the
282 legislation creates a responsible ARPA-H with strict
283 deliverables and clear lanes of authority to avoid
284 duplication in our research programs.

285 Finally, we are marking up two important bills focused
286 on medical research.

287 And I would just close on this note, that the -- this
288 markup is the culmination of months of work by committee
289 members. I think that, together, we have crafted a set of
290 bills that are worthy of the American people.

291 And with that I yield back, Mr. Chairman.

292 *The Chairman. Thank you, Chairwoman Eshoo, and I now
293 would recognize the ranking member of the subcommittee, Mr.

294 Guthrie, for three minutes.

295 *Mr. Guthrie. Thank you, Mr. Chair.

296 Today we are considering six pieces of legislation that
297 passed the Health Subcommittee last week. Two of these bills
298 address crucial parts of our health care system, and are
299 designed to help address access to lifesaving health care
300 services for those in need.

301 First, H.R. 7666, the Restoring Hope for Mental Health
302 and Well-Being Act, introduced by the leaders of this
303 committee, would reauthorize key Federal programs and promote
304 access to this -- to behavioral health care and comprehensive
305 services for those seeking help overcoming substance use
306 disorder.

307 We saw throughout the pandemic just how important access
308 to these services can be, especially in-person counseling
309 service and other wraparound services for those with mental
310 illness or substance use disorder. Onerous COVID-19
311 lockdowns created roadblocks for hundreds and thousands of
312 Americans to access these lifesaving services overnight.

313 We saw the highest number of recorded overdose deaths in
314 a single calendar year in 2021. Most of these deaths could
315 be attributed to synthetic opioids, including fentanyl
316 analogs, and are being trafficked into the United States
317 through our Southwest border, so we need to permanently --
318 act now to permanently schedule fentanyl-related substances

319 and get these poisons off our streets. The HALT Fentanyl
320 Act, championed by Mr. Latta and Griffith, would be -- would
321 permanently schedule fentanyl-related substances as schedule
322 one drugs.

323 Too bad we are not having that today, but we can act on
324 policies like the HALT Fentanyl Act, whilst also promoting
325 ideas that help individuals with a substance use disorder
326 gain access to comprehensive treatment and recovery services,
327 and I am proud that legislation like my bill, the Substance
328 Use Prevention, Treatment, and Recovery Support Services
329 Block Grant Act of 2022, was included. This would
330 reauthorize critical for -- programing designed to help
331 states address the unique needs of the communities with
332 substance use disorder.

333 I want to thank Representative Tonko for leading on this
334 bill, as well as Representative McKinley for his support on
335 this important bill.

336 We are also voting to reauthorize the FDA user fee
337 agreements in this -- from that this committee and,
338 ultimately, the entire House and Senate are charged with
339 reauthorizing every five years. It is critically important
340 that Congress conduct oversight and, ultimately, allows the
341 FDA to collect fees from industry in exchange for timely
342 review of drug and device applications, which, in turn, helps
343 patients access new medical products as quickly and safely as

344 possible.

345 The FDA Act of 2022, which passed the Health
346 Subcommittee unanimously last week, will preserve access to
347 lifesaving therapies, incentivize innovation in our medical
348 supply chains.

349 I urge my colleagues to support these bills, and I yield
350 back.

351 *The Chairman. Thank you, Mr. Guthrie.

352 Now, do any other members want to give an opening
353 statement for a minute?

354 I will -- yes, Mr. Doyle is recognized.

355 *Mr. Doyle. Thank you, Mr. Chairman. I want to bring
356 up an important issue that, while we are not focused on
357 today, I hope we can make progress on passing this Congress,
358 and that is H.R. 3932, the PASTEUR Act.

359 This bipartisan legislation ensures that new antibiotics
360 are developed as antibiotic resistant infections rise. Drug-
361 resistant infections already kill more people than HIV or
362 malaria each year, including over 35,000 Americans, with a
363 cost of 21 to 34 billion to the U.S. health care system.
364 Despite this, few new antibiotic drugs are coming to market.
365 The way the pharmaceutical market is structured discourages
366 research and development because of the small profit margin
367 on antibiotics. In fact, many pharmaceutical companies have
368 halted their antibiotic divisions altogether.

369 The PASTEUR Act would establish a subscription style
370 model offering antibiotic developers an upfront payment in
371 exchange for access to their antibiotics. Public health
372 experts and pharmaceutical industry agree that we need to
373 make these investments today to prevent future crisis. I
374 look forward to working with you, Mr. Chairman, and all of my
375 colleagues, to ensure that the PASTEUR Act is passed this
376 session.

377 I yield back.

378 *The Chairman. Thank you, and I agree this is
379 important, and, you know, we will work on it. Thank you.

380 On the Republican side? Dr. Burgess.

381 *Mr. Burgess. Thank you, Mr. Chairman. And I just want
382 to take a moment to express my support and gratitude to the
383 members of staff who have dedicated time to working on bills
384 that are included in today's markup. This is one of the most
385 important things we do every five years: reauthorize the
386 Food and Drug Administration.

387 I will say that I am a little concerned about some bills
388 that seem to be -- have been added to the markup that we
389 really haven't had time for adequate discussion.

390 Look, I pointed out the other day President Trump
391 declared a public health emergency for opiate deaths. This
392 committee responded with the SUPPORT Act. And we actually
393 saw overdose deaths tick down briefly in 2019. Then came the

394 pandemic. And today we have a much bigger problem. The
395 problem is fentanyl, and the rise of overdose deaths, it is,
396 I am feeling, a large part of the mental health problem in
397 this country.

398 In addition, fentanyl and opioid use disorder is a
399 multifaceted and complex condition. Individuals with this
400 have multiple other difficult health issues, and have
401 behavioral conditions that make it difficult for providers to
402 manage. I have personal experience in dealing with these
403 individuals, and it could be sad and stressful for both the
404 patient, their family, and the provider. So we should be
405 developing a more personalized care plan for individuals
406 struggling with this.

407 I plan to support several of the packages, but I am
408 concerned about the addition of some of the provisions that I
409 don't think give adequate representation to the seriousness
410 of this problem.

411 And I yield back.

412 *The Chairman. Thank you, Dr. Burgess.

413 On the Democratic side, anyone?

414 Mr. Peters, the gentleman from Vermont, is recognized
415 for one minute. Oh, oh, Scott, oh, I am sorry. Mr. Peters
416 from San Diego is recognized for one minute.

417 [Pause.]

418 *The Chairman. He is on remote?

419 *Voice. He is in front of the camera.

420 *The Chairman. Mr. Peters?

421 *Mr. Peters. Oh, sorry, Mr. Chairman. Thank you very
422 much. Thank you for holding the markup today. We are going
423 to do some terrific work here toward bipartisan consensus on
424 these critical pieces of legislation to strengthen the FDA,
425 support medical innovation, and address the behavioral health
426 crisis.

427 And I just want to amplify my colleagues' ongoing
428 conversations around the Clarifying Remanufacturing to
429 Protect Patient Safety Act. And I know we can't do
430 everything today, but this would be a very important thing to
431 get at, because medical device remanufacturing, if it is not
432 handled right, can reduce patient safety, including resulting
433 in patient death.

434 So I am committed to work with you, Mr. Chairman, to
435 solve this problem. I look forward to our work today, and
436 hope we can also get to this [inaudible].

437 *The Chairman. Thank you, and we will work together.

438 On the Republican side, anybody want to give an opening
439 statement?

440 Anybody remotely?

441 No? All right. Then how about on the Democratic side?

442 No? All right. Anybody else remotely or otherwise?

443 All right. Oh, wow, we are going to move fast here.

444 Okay, let us -- so that concludes opening statements.

445 Pursuant to committee rules, members' written opening
446 statements shall be made part of the record. Please submit
447 written opening statements electronically to the email
448 address that we provided.

449 So we are going to go to the FDA user fee. We will
450 begin consideration. The chair calls up H.R. 7667, the Food
451 and Drug Amendments of 2022, as forwarded by the Subcommittee
452 on Health, and the clerk will report the title of the bill.

453 *The Clerk. Committee print to H.R. 7667 to amend the
454 Federal --

455 *The Chairman. Madam Clerk, without objection, the
456 first reading of the bill will be dispensed with. The bill
457 is now considered as read.

458 And without objection, the bill is considered as read
459 and open for amendment at any point.

460 [The bill follows:]

461

462 *****COMMITTEE INSERT*****

463

464 *The Chairman. Well, I guess we could start. Are there
465 any members who seek recognition to speak on the underlying
466 bill before we get to amendments?

467 Okay, no?

468 *Mr. Latta. Mr. Chairman?

469 *The Chairman. Yes, Mr. Latta.

470 *Mr. Latta. Strike the last word.

471 *The Chairman. The gentleman is recognized.

472 *Mr. Latta. Well, thank you very much, Mr. Chairman.
473 Thanks very much for holding today's hearing.

474 Let me just say that I am concerned that, over the past
475 few years, while the FDA's Center for Drug Evaluation,
476 Research, or CDER, has announced a draft guidance titled,
477 "Innovative Approach for Nonprescription Drug Products," no
478 further action was taken to date. Potential changes were
479 first prescribed back in 2012. While some progress has been
480 made, we are years later still waiting for a rule. Without
481 this rule, consumers will further be denied the cost savings
482 from Rx to the OTC switches and convenience of the
483 availability of these medicines over the counter.

484 And with that, Mr. Chairman, I yield back the balance of
485 my time. Thank you.

486 *The Chairman. Thank you. Anyone else on the
487 underlying bill?

488 Otherwise, we are going to move to -- yes, the ranking

489 member, Mrs. Rodgers, you are recognized.

490 *Mrs. Rodgers. Thank you, Mr. Chairman. I move to
491 strike the last word, and I will be --

492 *The Chairman. The gentlewoman is recognized.

493 *Mrs. Rodgers. I will be brief with my remarks today.
494 But I would again like to thank Chairman -- or Chairwoman
495 Eshoo, Chairman Pallone, Ranking Member Guthrie, all of my
496 colleagues on the Energy and Commerce Committee for working
497 to get this critically important legislative package before
498 the full committee today.

499 Over the last year this committee has carried out our
500 tradition of reauthorizing these FDA user fee programs on
501 time and in -- with bipartisan support. I would like to
502 recognize the FDA and the industry's roles in delivering the
503 agreements, and the commitment letters to Congress, and for
504 your continued engagement as our committee considered your
505 proposals.

506 The package before us today reflects the same patient-
507 centered and pro-innovation proposals we unanimously
508 forwarded out of the subcommittee last week, as well as
509 several policies we have continued to work together on in
510 preparation for today's full committee markup. The
511 provisions included in this package will promote the use of
512 novel drug manufacturing technologies, address shortfalls in
513 FDA's drug inspections program, and facilitate the use of

514 decentralized clinical trials. These enhancements will
515 ensure Americans are able to have timely and dependable
516 access to future cures, essential medicines, and cutting-edge
517 health technologies.

518 Other bipartisan provisions included in this package
519 will incentivize domestic manufacturing and secure our supply
520 chains.

521 As parents across the country face dangerous shortfalls
522 of infant formula, we have a renewed responsibility to the
523 American people to ensure our public health agencies are
524 responding effectively to disruptions in our medical and
525 nutritional supply chains. The FDA Act may be a timely
526 opportunity to demonstrate our commitment to meaningfully
527 addressing failures of our Federal scientific agencies in
528 their program integrity and oversight responsibilities.

529 Trust needs to be rebuilt in public health, and my hope
530 is reauthorizing these user fee programs will be a step in
531 that direction. I look forward to considering the bills
532 before us today alongside my colleagues, and advancing these
533 critical pieces of legislation to the floor.

534 Thank you. I yield back.

535 *Mr. Tonko. Mr. Chair?

536 *The Chairman. I thank the ranking member --

537 *Voice. Mr. O'Halleran, Mr. O'Halleran, Mr. O'Halleran.

538 *The Chairman. Oh, Mr. O'Halleran would like to strike

539 the last word? Recognized for five minutes.

540 *Mr. O'Halleran. Oh, thank you, Mr. Chairman. I thank
541 the chairman and --

542 *The Chairman. Remote.

543 *Mr. O'Halleran. -- continuing to work in a bipartisan
544 manner to move important health-related legislation, the FDA
545 user legislative package that we will be considering today.

546 [Inaudible] authorization [inaudible] that we will be
547 considering today makes significant investments in
548 modernizing the FDA [inaudible] for patients by lowering
549 costs, and bringing a path to innovators, and address
550 longstanding shortages.

551 I also want to thank my colleague from Arizona,
552 Congresswoman Lesko, for her work with me on reauthorizing
553 the [inaudible] public-private [inaudible] 2027. This will
554 allow the FDA to continue its public-private partnerships
555 with universities and non-profit organizations. We have one
556 based out of Tucson, and it has been integral in helping to
557 work with the regulators, with industry to accelerate the
558 development of medical products.

559 This is an excellent example of how government can
560 partner with the private sector to improve and assess
561 critical drugs and medical devices, and accelerate the
562 development of lifesaving treatments, while promoting
563 important safety and efficiency standards.

564 One last item I would like to finally speak to and
565 highlight. I have been working on language to the
566 predetermined change controls plans. As medical devices have
567 become more advanced, I believe that this will be important
568 to the future of streamlining FDA resources, and ensure the
569 devices are as safe and effective as possible.

570 And I yield back.

571 *The Chairman. Thank you, Mr. O'Halleran. I like that
572 picture. It looks like the Grand Canyon in the back there.

573 *Mr. O'Halleran. Mr. Chairman, that is the Grand
574 Canyon.

575 *The Chairman. It is? Okay.

576 On the Republican side, is there any -- Dr. Joyce is
577 recognized.

578 *Mr. Joyce. Mr. Chair, I wish to strike the last word.

579 *The Chairman. The gentleman is recognized.

580 *Mr. Joyce. Thank you, Mr. Chair. I wish to briefly
581 touch on three issues within the user fee bill, and urge
582 adoption of this agreement by the full committee.

583 First, I would like to thank Representative Matsui and
584 Representative Griffith for working with me to introduce H.R.
585 7649, which will require the FDA to open up public docket on
586 what factors should be taken into consideration when they
587 reviewed proposed changes to a third-party vendor, aiding in
588 the implementation of an existing Risk Evaluation and

589 Mitigation Strategy, or REMS, for a particular drug. This is
590 specifically important to address the issues of vendor
591 switches because in the past we have seen instances where
592 patient data does not transfer from vendor to vendor,
593 creating a myriad of problems for both the doctor and the
594 patient.

595 While we are very pleased to see this specific bill
596 included in this agreement, this is only a first step in
597 addressing problems many of us have heard with the REMS
598 process, and making sure that patient and provider input is
599 heard so that the continued access to medications will not be
600 interrupted.

601 And second, I would like to thank committee leadership
602 for including H.R. 6988, the Drug Manufacturing Innovation
603 Act, which builds on the FDA's emerging technology program
604 which seeks to speed the approval of drugs made using novel
605 manufacturing technologies by providing more regulatory
606 certainty for drug sponsors. The use of these new
607 technologies will ultimately lower costs for patients and
608 address future supply chain issues.

609 I would also like to thank Representative Levin for
610 working with me on this issue.

611 And then, finally, I would like to touch on the issue of
612 remanufacturing of medical devices, and I would like to echo
613 comments made by my colleagues, Representative Peters, Dr.

614 Schrier regarding the remanufacturing of complex medical
615 devices. I want to be clear that this is an issue of patient
616 safety, and I want to distinctly state that this legislation
617 is not designed to target routine servicing and maintenance.
618 And we remain open to working with my colleagues to reach
619 consensus on language that achieves both of these important
620 goals. Again, we are only seeking to define remanufacturing
621 where devices are being fundamentally altered, resulting in
622 adverse patient outcomes.

623 I look forward to continuing our work on this matter,
624 and I yield back.

625 *The Chairman. Thank you, Dr. Joyce. So on our side we
626 have Doyle, Tonko, Schakowsky, Kuster. So let's see. Where
627 do we start, with Doyle?

628 Mr. Doyle.

629 *Mr. Doyle. Thank you, Mr. Chairman. I move to strike
630 the last word.

631 *The Chairman. The gentleman is recognized.

632 *Mr. Doyle. I think we can all agree on the importance
633 of our committee approving the FDA user fee programs today to
634 ensure the safety and efficacy of prescription drugs and
635 medical devices that Americans rely on.

636 I want to express my support for section 701 of the
637 bill. This section would advance FDA medical and
638 pharmaceutical testing by allowing for alternative methods to

639 be used when appropriate. We should take advantage of any
640 advancements in research technologies that can avoid
641 unnecessary harm to animals. I look forward to passing this
642 bill out of the committee today, and ensuring that we are
643 developing the best pharmaceuticals in the world in the most
644 humane way possible.

645 I yield back, Mr. Chairman.

646 *The Chairman. Thank you, Mr. Doyle.

647 Do we have a Republican member who wants to speak on the
648 underlying bill?

649 All right, so Ms. Schakowsky is next.

650 *Ms. Schakowsky. Thank you, Mr. Chairman. I move to
651 strike the last word.

652 *The Chairman. The gentlewoman is recognized.

653 *Ms. Schakowsky. So I am grateful to the chairman and
654 ranking member to see provisions included in this bill to
655 improve FDA and its program -- and its programs, including
656 work to improve the treatment of rare diseases and
657 conditions.

658 This week I met with ALS advocates who continue to face
659 barriers to treatment and cures, even though there are drugs
660 that have shown they are both safe and effective.

661 [Inaudible] was an enormous and hope-giving first step.

662 However -- the legislation that we passed.

663 However, the FDA has yet to use their 2019 guideline for

664 regulating -- what does that say? Oh, I am sorry, for
665 regulatory flexibility in the case of ALS treatment.

666 I urge the FDA to use the 2019 guidelines, and to move
667 forward on ALS treatments that have made their safety and
668 efficacy available.

669 So I am also very grateful to see improvements in the
670 accelerated approval program, particularly around
671 post-approval studies and programs -- and program integrity
672 action -- I am sorry, you know my reading is bad, but program
673 integrity for accelerated approval of drugs.

674 I urge my colleagues to consider further strengthening
675 the program with a -- with a modest proposal to require that
676 all drugs or biologics considered for accelerated approval
677 first be evaluated by external expert advisory committees.

678 We know that recent research published by Health Affairs
679 indicated that advisory committees, committee meeting users
680 -- that advisory committee meeting used by the FDA in the --
681 are now in the decline. That is dangerous. In 2010
682 [inaudible] percent of drug approvals went through an
683 advisory committee. As of 2021, only 6 percent of drug
684 approvals benefited from such careful pre-marketing review.

685 Again, we must ensure that drugs and treatments are not
686 only fast, and available fast, but safe and effective. And I
687 think the committee -- and I thank the committee for their
688 work on this. But I think that we have to see that these

689 advisory committees are considered in more cases.

690 Thank you. I yield back.

691 *The Chairman. Thank you, Ms. Schakowsky.

692 The Republican side? No?

693 I am just going to go back to seniority. I know some
694 people had their hands up earlier, but we will just do it
695 based on seniority. So next is Ms. DeGette.

696 *Ms. DeGette. Thank you, Mr. Chairman. I move to
697 strike the last word.

698 *The Chairman. The gentlewoman is recognized.

699 *Ms. DeGette. Thank you. Mr. Chairman, if there is one
700 thing we have learned as a result of the COVID-19 pandemic,
701 it is the importance of having accurate and reliable
702 diagnostic testing.

703 Every day, health care providers and patients across
704 this country use and rely on diagnostic tests to make
705 important and sometimes difficult decisions about their
706 health. The accuracy and reliability of these tests can
707 literally mean the difference between life and death for some
708 patients.

709 For years, public health officials have been calling for
710 greater oversight of these important tools to ensure that
711 patients and health care providers are relying on is as
712 accurate as possible (sic). And so, for nearly a decade,
713 Representative Bucshon and I have been working together on

714 legislation to do exactly that.

715 The VALID Act, which we introduced last summer with
716 Senators Bennet and Burr, would establish a framework at FDA
717 to regulate diagnostic tests, and it would give FDA the tools
718 necessary to help ensure that these tests are both safe and
719 effective. We were pleased to see the Senate take action to
720 include the VALID Act as part of the FDA user fee
721 reauthorization package. And yesterday we were pleased to
722 see that Senator Burr and Senator Murray have expressed their
723 strong support for the VALID Act as part of the user fee
724 package, and also their commitment to keeping it in.

725 And so, even though we thought about doing it as an
726 amendment to this bill, but we would prefer to really work
727 with our staff and with you, Mr. Chairman, as this VALID Act
728 moves through the Senate process to make sure, as we move
729 forward, that we put this important regulation of diagnostic
730 testing into the bill.

731 I have got three minutes left. I would be happy to
732 yield to Mr. Bucshon.

733 *Mr. Bucshon. I am going to speak on the AINS a little
734 later, so --

735 *Ms. DeGette. Okay. Then I will yield back, Mr.
736 Chairman.

737 *The Chairman. Thank you. Whenever the Senate takes
738 action on anything, we have to take notice because --

739 [Laughter.]

740 *Ms. DeGette. You are so right, Mr. Chairman.

741 *The Chairman. It is very difficult for them to take
742 action.

743 *Ms. DeGette. Right.

744 *The Chairman. Anyone on the Republican side?

745 We will go next to -- Ms. Matsui is recognized.

746 *Ms. Matsui. Thank you, Mr. Chairman. I move to strike
747 the last word.

748 *The Chairman. The gentlewoman is recognized.

749 *Ms. Matsui. Thank you. I would like to quickly
750 express my support for section 809 of the underlying bill,
751 establishing a public docket on proposed changes to third-
752 party vendors for the REMS program.

753 This provision would create a critical opportunity for
754 stakeholders to provide the FDA with important feedback on
755 what to consider when making changes to platforms that
756 implement and manage Risk Evaluation and Mitigation
757 Strategies, REMS. We must address the lack of communication
758 in oversight of the REMS process by working together with
759 providers and pharmacies who operate REMS platforms. FDA can
760 protect against potential disruptions in patient access and
761 delays in care.

762 Since I first raised these REMS issues with the FDA at
763 our hearing in February, I appreciate the efforts of my

764 colleague, Representative Joyce, and our work together
765 towards a meaningful solution. I also thank the committee
766 for working towards a compromise that could be included in
767 today's markup.

768 I think the opportunity to establish in this section
769 will be valuable, and I hope the comment period can be
770 implemented quickly to improve the REMS modification process
771 as it relates to third-party vendors.

772 That said, I view the agreement we got to today on REMS
773 modifications as just the starting point. We have more work
774 to do to fully address stakeholder concerns, particularly
775 around managing data and ensuring that providers can continue
776 to access the information they need to support patient care.
777 I look forward to continuing these discussions, and our work
778 to improve the REMS process.

779 And thank you, and I yield back.

780 *The Chairman. Thank you, Ms. Matsui. Next we go to --
781 Mr. Tonko is recognized for five minutes.

782 *Mr. Tonko. Thank you, Mr. Chair. I move to strike the
783 last word.

784 *The Chairman. The gentleman is recognized.

785 *Mr. Tonko. I thank you, Mr. Chair and Ranking Member
786 Rodgers, Chair Eshoo, and Ranking Member Guthrie for your
787 work on this important bipartisan legislation to help fund
788 critical programs at FDA, ensuring the safety of our nation's

789 drugs and medical devices. I am indeed pleased to see this
790 critical initiative advancing on a timely and bipartisan
791 basis.

792 In particular, I would like to highlight section 703 of
793 this legislation, which is based on the HEART Act that I
794 introduced earlier this year with my good friend and
795 colleague, Representative David McKinley. The idea for this
796 legislation was brought to us by a constituent, Melissa
797 Goetz, who is the co-founder of the FCS Foundation, and a
798 parent of a child with familial chylomicronemia syndrome.

799 The HEART Act aims to improve the FDA review process for
800 treatments for rare and ultra-rare diseases by shining a
801 light on current FDA review practices when it comes to
802 treatment for rare diseases, and ensuring that the patient
803 voice is heard when the FDA makes its decisions about patient
804 safety.

805 The legislation will also ensure that the FDA can
806 maintain lists of experts in small population studies, who
807 can then consult with -- on rare disease issues. These
808 experts are critical, as many rare disease treatments involve
809 extremely small clinical trials, which can be difficult for
810 regulators used to bigger drugs to assess.

811 I would like to thank the FCS Foundation and the
812 Haystack Project, in particular, for its advocacy on this
813 bill, and reiterate my commitment to getting this done in a

814 meaningful way.

815 While I am pleased that we are making progress on this
816 issue today with the provisions included in H.R. 7667, I am
817 hopeful we can continue to strengthen the HEART Act
818 provisions to amplify the patient voice as we move forward in
819 conversations with our Senate partners.

820 Additionally, as we are discussing FDA regulation, I
821 would like to bring up the issue of cosmetic animal testing,
822 which I have been concerned about for many years. Today
823 cosmetic animal testing no longer represents the best
824 possible science for protecting consumer safety, nor is it
825 often necessary. The Humane Cosmetics Act, led by a
826 bipartisan group of members, including Congressmembers Beyer,
827 Buchanan, Calvert, and myself, prohibits the production and
828 sale of cosmetics that have been newly tested on animals in
829 the U.S. It has been carefully developed to ensure that any
830 exceptions necessary for safety are allowed, and has strong
831 corporate support, including from the Personal Care Products
832 Council, which represents some 90 percent of the U.S.
833 cosmetic industry. It is also consistent with FDA's public
834 statements supporting replacement of animal tests with new
835 non-animal methods.

836 Our legislation would bring the Federal Government in
837 line with 8 states and 41 countries that have passed laws to
838 end or limit cosmetic animal testing, and would be a great

839 opportunity to update animal testing practices, while
840 ensuring consumer safety.

841 So Mr. Chair, reducing the use of animal testing is a
842 priority for me, and I would ask if you would be willing to
843 continue to work with me under the important issue of
844 reducing the use of animal testing in cosmetics.

845 *The Chairman. Yes, sir, I certainly will. And again,
846 taking notice of rare action by the Senate, they have
847 included cosmetics, from what I understand, in their bill
848 that is similar to us. So --

849 *Mr. Tonko. Well, that is good news. So thank you, Mr.
850 Chair. I appreciate your commitment on this. And I know you
851 are a longtime advocate for animal welfare for some of the
852 work that we have done together on horse racing and other
853 issues. So I look forward to working with you on this.

854 And with that, I yield back the balance of my time.

855 *The Chairman. Thank you, Mr. Tonko. Next we go to --
856 Ms. Kuster is recognized for five minutes.

857 *Ms. Kuster. Thank you, Mr. Chairman. I move to strike
858 the last word.

859 *The Chairman. The gentlewoman is recognized.

860 *Ms. Kuster. I am pleased to see this committee come
861 together across party lines to advance comprehensive
862 legislation to ensure that the Food and Drug Administration
863 has the resources it needs to ensure the safety and efficacy

864 of drugs and medical devices.

865 The Food and Drug Amendments Act also includes my
866 legislation in section 601 to lower drug costs for Granite
867 Staters and folks all across this country by removing
868 barriers in generic drug approvals. My bill, the Increasing
869 Transparency in Generic Drug Applications Act, introduced
870 with Dr. Schrier, will bring lower-cost drugs to market
871 faster, and boost competition so that Americans will pay less
872 for their prescriptions at the pharmacy counter. Families
873 should have lower-cost alternatives to lifesaving medication
874 so that they don't have to make the impossible decision
875 between paying the rent or getting the medicine they need.

876 I thank the chairman, Mr. Pallone, and chairwoman of the
877 Health Subcommittee, Ms. Eshoo, and our staff for working to
878 include these critical bills that will expand access to
879 lower-cost prescription medication, as well as the other
880 bills in this package on mental health and substance use
881 disorder treatment. I look forward to advancing these
882 proposals today.

883 And with that I yield back the balance of my time.

884 *The Chairman. I thank the gentlewoman. And next we go
885 to the vice chair of the full committee, Ms. Kelly.

886 *Ms. Kelly. Thank you, Mr. Chair. I would like to
887 strike the last word. Thank you --

888 *The Chairman. The gentlewoman is recognized.

889 *Ms. Kelly. Thank you, Chairman Pallone and Ranking
890 Member McMorris Rodgers. Thank you, Chairwoman Eshoo and
891 Ranking Member Guthrie, for your leadership in the effort to
892 diversify clinical trials.

893 A review of FDA data from 2020 shows that Black
894 individuals are severely under-represented in clinical trial
895 data, even when the disease burden is high. For example, the
896 death rate for Black men with prostate cancer is twice as
897 high as for White men, yet the clinical trial representation
898 of Black men in FDA-approved drug targeting prostate cancer
899 was only two to five percent. The lack of adequate
900 representation of Black populations in clinical trial
901 research means the science we rely on for medical treatment
902 of diseases has not been fully vetted across diverse
903 populations.

904 That is why I am thrilled that provisions from the
905 DEPICT Act, which I co-led with my colleagues, Chairwoman
906 Eshoo and Representative Fitzpatrick, have been included in
907 the Food and Drug Amendments of 2022. These provisions would
908 require FDA applicants to establish specific enrollment
909 targets based on race, ethnicity, age, and sex, and to
910 develop diversity action plans. This would ensure that
911 diverse populations are represented in clinical trial
912 research so that these communities can trust that new,
913 innovative therapies are safe and effective.

914 I look forward to continuing to work with my committee
915 and my colleagues in a bipartisan manner on this important
916 issue.

917 Thank you, and I yield back.

918 *The Chairman. Thank you. Mr. Cardenas had his hand
919 up.

920 *Mr. Cardenas. Yes. Thank you, Mr. Chairman. I move
921 to strike the last word.

922 *The Chairman. The gentleman is recognized.

923 *Mr. Cardenas. Thank you. There are a lot of good
924 things in this bill. I am especially excited to see
925 provisions that will support the development of biosimilars
926 and generics, as well as language to improve clinical trial
927 diversity.

928 But as we deliberate this user fee bill and discuss the
929 future of biomedical innovation, I want to also urge my
930 colleagues to support efforts to move away from a reliance on
931 animal testing. One area that I believe we have the
932 capability to transition away from animal testing is in the
933 cosmetics market. Our status quo vetting cosmetic products
934 is inhumane, and thus unnecessary to ensure consumer safety.

935 Animals are subject to harsh treatment when undergoing
936 these types of tests. They are smeared with or otherwise
937 forced to ingest potentially dangerous chemicals, and often
938 times are put down at the conclusion of the process. What is

939 worse is that this cruel type of treatment does not even
940 provide reliable results that will ensure human safety.
941 There are viable alternatives to forcing animals to undergo
942 these types of trials that will also yield more relevant
943 results for people. Even the FDA has expressed an interest
944 in "reducing the need for animal testing," calling it a "top
945 priority."

946 For these reasons I want to voice my support for
947 legislation such as the Humane Cosmetics Act, which I am
948 proud to support. Mr. Chairman, I hope we can work together
949 on this issue for the sake of animals, and to help people
950 like our constituents that we are trying to do the best job
951 we can for.

952 With that, I yield back.

953 *The Chairman. Thank you, Mr. Cardenas.

954 Do we have -- Mr. Ruiz has his hand up.

955 You are recognized for five minutes.

956 *Mr. Ruiz. Thank you. I move to strike the last word.

957 Thank you for holding this important markup today. I
958 will keep my remarks brief, because I know we have a lot to
959 go through, but I would be remiss if I didn't once again
960 raise the issue of the importance of diverse representation
961 in clinical trials.

962 I am thrilled that so many members of this committee are
963 committed to addressing the current disparity that exists in

964 our clinical trial system. As we know, gender, race,
965 ethnicity, age, and lifestyle play an important role in how
966 our bodies respond to medications, diagnostics, or medical
967 technology. It is, therefore, imperative that a wide array
968 of individuals are included when we are studying the safety
969 and efficacy of new therapies. If we want to address health
970 equity, we must address this issue.

971 My bill, the Diverse Trials Act, will help do just that.
972 One of the barriers that potential trial participants face is
973 that they might not have access to or the ability to travel
974 to a clinical site. We can help reduce that barrier by
975 increasing the ability for patients to participate remotely,
976 which is why my bill calls on the FDA to issue further
977 guidance on decentralized clinical trials.

978 I thank Chairman Pallone for including that policy in
979 the FDA bill that is being marked up today.

980 I also look forward to continuing to work with the
981 committee to advance the rest of the bill, which gives trial
982 sponsors statutory authority to pay for some of the ancillary
983 costs of trial participation, such as transportation,
984 lodging, and meals. This part is key to making sure that
985 these trials are not exclusively accessible to people with
986 means.

987 I would also like to thank my friend, Dr. Bucshon, for
988 working with me on this important piece of legislation.

989 Thank you, and I yield back.

990 *The Chairman. Thank you, Dr. Ruiz.

991 Anyone else who wants to make a statement on the
992 underlying bill?

993 Hearing none, we will go to amendments. I understand
994 Mr. Guthrie has --

995 *Mr. Guthrie. Mr. Chair, I have an amendment at the
996 desk, an amendment in the nature of a substitute.

997 *The Chairman. Okay. Well, I recognize -- well, I
998 think the clerk has to report the amendment, so --

999 *The Clerk. Amendment in the nature of a substitute to
1000 committee print of H.R. 7667 --

1001 *The Chairman. And without objection, Madam Clerk, the
1002 reading of the amendment will be dispensed with.

1003 [The amendment of Mr. Guthrie follows:]

1004

1005 *****COMMITTEE INSERT*****

1006

1007 *The Chairman. And Mr. Guthrie is recognized for five
1008 minutes.

1009 *Mr. Guthrie. Thank you, Mr. Chair. I would like to
1010 speak in support of the amendment.

1011 User fees allow Food and Drug Administration to collect
1012 fees from industry in exchange for timely review of their
1013 drug or device applications. This was originally authorized
1014 by Congress in the early 1990s to address lengthy drug review
1015 times at the Food and Drug Administration for prescription
1016 medications.

1017 Today the agreement --

1018 *The Chairman. Do I have any ability to deal with that?
1019 [Laughter.]

1020 *The Chairman. So you just --

1021 *Mr. Guthrie. Yes, I don't know --

1022 *Mr. Upton. I have the Michigan marching band out in
1023 the hall. They are going to come in next.

1024 *Mr. Guthrie. Yes, people online probably realize
1025 something is pounding under us right now.

1026 Anyway, so I will get back to it. So every -- I don't
1027 know how to answer the Michigan fight song. I got to come up
1028 with -- I am not as quick as Billy Long. All hail to all
1029 Michigan.

1030 Every five years Congress has the unique ability to
1031 reauthorize these critical user fee programs. This process

1032 represents an important opportunity for Congress, and
1033 specifically members of this committee, to build on past
1034 successes, conduct appropriate oversight over previously
1035 authorized agreements, improve FDA programing, and establish
1036 new policies that help promote access to new, lifesaving
1037 therapies and medications.

1038 The fees paid by the FDA -- paid to the FDA by industry
1039 can be used for hiring personnel to oversee timely drug
1040 reviews and approvals, or to establish new programing aimed
1041 to address emergent marketplace innovations. Importantly,
1042 these fees not only permit the FDA to carry out drug or
1043 device application reviews, but also represent significant
1044 percentages of the FDA's total operating budget without
1045 requiring significant taxpayer funding.

1046 In fact, these agreements may yield a significant return
1047 on investment -- they have yielded a significant return on
1048 investment since they were originally authorized.

1049 Most of the world's innovative drug and device approvals
1050 originate in the United States as a result of this -- these
1051 agreements. In 2021, 30 out of 50 of the world's novel drugs
1052 that were approved first were first approved in the United
1053 States. This was made possible by the FDA Amendments of
1054 2017. This was most recently reauthorized user fee
1055 agreements, which passed the House under suspension of the
1056 rules, and passed the Senate by a vote of 94 to 1.

1057 H.R. 7667, the FDA Act, which unanimously passed the
1058 Health Subcommittee last week by a vote of 30 to 0, would
1059 protect access to lifesaving cures, promote innovation,
1060 secure our medical supply chains, and lower costs for
1061 patients.

1062 I am proud to say the legislation includes my bill, the
1063 Approval Exchange -- Information Exchange Act. It includes -
1064 - provide guidance on a collection of Real-World Evidence for
1065 companies with products authorized under emergency use
1066 authorizations during the COVID-19 public health emergency.

1067 The FDA Act also incentivizes investment in advanced
1068 pharmaceutical manufacturing technologies that can build a
1069 more resilient and secure medical supply chain.

1070 And finally, the FDA Act of 2022 preserves access to
1071 lifesaving therapies approved under the accelerated approval
1072 pathway, which I know has been an important priority of
1073 Ranking Member Rodgers through this process. By preserving
1074 this pathway, we are giving patients hope to one day find
1075 cures for incurable diseases such as Alzheimer's disease or
1076 terminal cancers, as we heard Ms. Schakowsky this morning
1077 talk about ALS.

1078 I urge my colleagues to support this legislation, and I
1079 yield back.

1080 *The Chairman. Thank you, Mr. Guthrie.

1081 *Voice. Mr. Chairman?

1082 *The Chairman. Yes, so we are going to have members now
1083 speak on the AINS, starting with -- Chairwoman Eshoo is
1084 recognized.

1085 *Ms. Eshoo. Thank you, Mr. Chairman. I move to strike
1086 the last word --

1087 *The Chairman. The gentlewoman is recognized.

1088 *Ms. Eshoo. -- to speak on the amendment in the nature
1089 of a substitute to the bill.

1090 I am proud, along with Representatives Guthrie, you, Mr.
1091 Chairman, and the ranking member of the full committee, Mrs.
1092 McMorris Rodgers, to sponsor the strong bipartisan FDA user
1093 fee bill. With today's markup we are on track to pass this
1094 bill through the House with plenty of time before the
1095 September 30th user fee deadline.

1096 The user fee agreements included in the bill, in total,
1097 is going to provide the FDA with billions -- that is with a B
1098 -- dollars over the next five years, allowing the FDA to hire
1099 hundreds of new, full-time employees.

1100 Beyond the user fee agreements, the bill also includes
1101 several important legislative riders, key portions of my
1102 DEPICT Act, which I introduced with Representatives Kelly and
1103 Fitzpatrick earlier this week.

1104 The National Academies released a report that found the
1105 lack of equitable representations in clinical trials
1106 compounds health disparities, and will cost the United States

1107 hundreds of billions of dollars due to sickness and loss of
1108 productivity. So we are on the mark by passing legislation
1109 that addresses this problem.

1110 And the National Academies recommended a policy very
1111 similar to the DEPICT Act. That Act, which is included in
1112 the bill, which statutorily require drug companies to show
1113 how they will include diverse populations in their clinical
1114 trials by reporting to FDA a diversity action plan with
1115 targets by demographic subgroups. This is -- these diverse
1116 clinical trials are not only fair and really desperately
1117 needed, it is also good science.

1118 H.R. 7667 also includes important reforms to the FDA's
1119 inspections program, based on bills introduced by
1120 Representatives Griffith and Welch, as well as by myself and
1121 Representative Hudson. And I thank him for all the work that
1122 he has done. These provisions are going to help the FDA
1123 catch up from a two-year inspection backlog due to the
1124 pandemic, and conduct a pilot program of unannounced foreign
1125 inspections, something that I have called for, and other
1126 members have, as well.

1127 Today's amendment also includes an important policy to
1128 improve the FDA's ability to hire and retain highly-qualified
1129 staff, including for the regulation of food. This authority
1130 is clearly needed after we have seen FDA's challenges in its
1131 food and infant formula division.

1132 So overall, I think I am preaching to the choir, but it
1133 is worth restating this is a strong bill with many worthy
1134 reforms, and I encourage every member of the full committee
1135 to move to move it forward -- to vote to move it forward to
1136 the full House.

1137 And with that I yield back, Mr. Chairman.

1138 *The Chairman. Thank you, Chairwoman.

1139 Dr. Bucshon is recognized for five minutes.

1140 *Mr. Bucshon. Thank you, Mr. Chairman. I move to
1141 strike the last word and speak on the AINS.

1142 *The Chairman. The gentleman is recognized.

1143 *Mr. Bucshon. I want to thank the chair and ranking
1144 member for working with me on a clarification in this AINS
1145 surrounding the implementation of the new accelerated
1146 approval provisions in this FDA user fee reauthorization
1147 package.

1148 This clarity will ensure sponsors of pending
1149 applications won't have to worry about the FDA changing the
1150 rules of their application in the middle of the game. The
1151 accelerated approval pathway is key to innovation and making
1152 sure innovators have certainty in their application process,
1153 and is a good policy.

1154 I also want to thank the committee for including a
1155 policy I helped author to promote diverse participation in
1156 clinical trials. This has long been an issue that has needed

1157 to be addressed, and one that the COVID-19 pandemic helped to
1158 emphasize. I want to thank my friend, Dr. Ruiz, for working
1159 together with me on this provision.

1160 This policy will be key to helping promote diverse
1161 participation, increasing -- and increasing innovation.

1162 Speaking of innovation, I look forward to continuing to
1163 work with the chair and the ranking member on finding a path
1164 forward for diagnostic testing reform. I want to associate
1165 myself with the statement of Congresswoman DeGette.

1166 Yesterday Senate HELP introduced their user fee
1167 discussion draft, which included the VALID Act, legislation
1168 that I have been working on for many years with my good
1169 friend, Representative DeGette. This legislation would
1170 modernize the regulatory framework of diagnostic tests by
1171 establishing a risk-based framework that allows for leading-
1172 edge development and innovation to thrive, while assuring
1173 doctors and patients have the certainty that their test
1174 results are analytically and clinically valid.

1175 While I remain disappointed this committee didn't
1176 address the diagnostic testing reform in the user fee
1177 agreement we are considering today, it is my hope that, as we
1178 continue through the user fee process with the Senate, Energy
1179 and Commerce grabs a seat at the table and shows leadership
1180 on this critical issue that directly impacts patient safety.
1181 The time is now to answer the call and address the pitfalls

1182 that exist in the current regulatory framework surrounding
1183 laboratory-developed tests.

1184 I yield back the balance of my time.

1185 *The Chairman. Thank you, Dr. Bucshon, and I recognize
1186 myself to strike the last word, and speak in favor of the
1187 AINS.

1188 The FDA Amendments of 2022, basically, is a very strong
1189 bipartisan agreement that would reauthorize FDA's user fee
1190 programs, which are obviously important to ensure the agency
1191 has the funding it needs so that Americans can continue to
1192 trust that the drugs and medical devices they use are safe
1193 and effective.

1194 Further, FDA 2022 will serve as a critical asset in our
1195 nation's fight against COVID-19, improve post-market safety,
1196 increase diversity in clinical trials, and promote the
1197 development of novel therapeutics that will treat the
1198 diseases of today and tomorrow.

1199 So again, I want to thank members on both sides of the
1200 aisle for working together to advance this critically
1201 important legislation. But let me just talk a little bit
1202 about some aspects of the bill.

1203 First, the accelerated approval pathway. This includes
1204 important provisions from my bill to build program integrity
1205 into the accelerated approval pathway at FDA. We have heard
1206 from FDA officials that some drugs take years just to begin

1207 their required confirmatory studies after being approved
1208 under accelerated approval. And if the sponsors fail to show
1209 that the drug provides clinical benefit, it may take even
1210 more time to remove these drugs from the markets.

1211 And I think patients deserve to have confidence that the
1212 drugs they are taking are safe and effective, so that is why
1213 FDA 2022 aims to fix these issues by allowing the agency to
1214 require sponsors to begin their phase 4 studies before the
1215 approval is granted, and streamlines the process for
1216 withdrawing a drug if no clinical benefit is found, or if the
1217 sponsor fails to complete a study with due diligence, as FDA
1218 requires.

1219 I also wanted to talk about the -- well, let me also say
1220 this. It also helps ensure that patients have access to
1221 drugs they need, while providing them with the assurance that
1222 they are safe and effective. So I am glad that we have that
1223 provision.

1224 In addition, FDA 2022 improves the accuracy of clinical
1225 trials by ensuring that they are both representative and
1226 inclusive. It requires sponsors to submit diversity action
1227 plans as part of their applications. It requires FDA and
1228 stakeholders to examine how best we can increase the
1229 enrollment of historically under-represented populations in
1230 clinical studies. The -- our vice chair mentioned that.

1231 And as we have learned during the COVID-19 pandemic, the

1232 expansion of remote clinical trials helps ensure that we are
1233 reaching a diverse and representative sample of patients.
1234 Our bill will help expand the use of decentralized trials by
1235 requiring FDA to issue new guidance on trial design.

1236 And also, I know that Mrs. Rodgers mentioned the
1237 generics. The bill continues this committee's efforts to
1238 bring down drug costs by increasing competition from generic
1239 drugs, including by improving communications about regulatory
1240 requirements before generic drug sponsors and the FDA.

1241 And after our Health Subcommittee markup last week I
1242 worked with Ranking Member Rodgers and her members to clarify
1243 the scope of generic drug sponsors that can seek this
1244 information from FDA. And I am glad we were able to come to
1245 agreement on this provision to ensure it has bipartisan
1246 support.

1247 And also in the AINS today our committee is taking
1248 action to improve the workforce infrastructure at FDA,
1249 including for those that support the agency's work to
1250 regulate infant formula and the food supply chain:
1251 obviously, important issues. The AINS includes new language
1252 strengthening a provision first included in the 21st Century
1253 Cures Act -- again, thank you, Ms. DeGette and Mr. Upton --
1254 which would allow the agency to more quickly hire highly
1255 qualified scientists and other professionals at competitive
1256 wages and with less red tape.

1257 Currently, FDA's authorities from the Cures Act are
1258 limited to medical products. So this provision would expand
1259 these authorities to other centers at FDA, ensuring that the
1260 agency is able to hire highly qualified staff across the
1261 board, as recommended by GAO. It also requires the FDA to
1262 use this authority to develop an agency-wide workforce
1263 strategy.

1264 So FDA 2022 is a significant accomplishment for this
1265 committee, and a win for the American people. All members
1266 should be proud of the product we are advancing today. I
1267 look forward to seeing the bill pass on the floor of the
1268 House, and advancing -- well, we will see what the Senate
1269 does, but they are -- they issued a draft today, so that was
1270 certainly progress. And I just want to thank everyone for
1271 their work on the legislation, and yield back.

1272 Now, is there anyone else who wants to speak on the AINS
1273 on either side of the aisle?

1274 No?

1275 *Mr. Butterfield. Mr. Chairman, I have an amendment at
1276 the appropriate time.

1277 *The Chairman. Okay, we will move to your amendment.

1278 *Mr. Butterfield. Thank you, Mr. Chairman. I have an
1279 amendment at the desk. It is Butterfield [inaudible].

1280 *The Chairman. All right. And you have it, Madam
1281 Clerk?

1282 So the clerk will report Mr. Butterfield's amendment.

1283 *The Clerk. Amendment to the amendment in the nature of
1284 a substitute to H.R. 7667 --

1285 *The Chairman. And, Madam Clerk, without objection, the
1286 reading of the Butterfield amendment will be dispensed with.

1287 [The amendment of Mr. Butterfield follows:]

1288

1289 *****COMMITTEE INSERT*****

1290

1291 *The Chairman. And the gentleman from North Carolina is
1292 recognized for five minutes.

1293 *Mr. Butterfield. Thank you so much, Mr. Chairman. And
1294 to the ranking member, thank you for this very important
1295 markup today. I attended many markups over the years, and
1296 let me tell you, this is the spirit in which we need to
1297 conduct our business. And so thank you to the leadership on
1298 both sides of the aisle.

1299 Mr. Chairman, my amendment is based on H.R. 6972, the
1300 Give Kids A Chance Act, which I introduced with my friend and
1301 Childhood Cancer Caucus co-chair, Mike McCaul. My amendment
1302 gives the FDA the authority to direct companies developing
1303 new cancer drugs for adults to study those drugs in
1304 combinations -- in combinations -- for children with cancer.

1305 My colleagues on this committee know very well that a
1306 significant portion of my time here in Congress has been
1307 spent promoting policies that bring focus to the forgotten
1308 and support for the vulnerable, including children with
1309 cancer and other rare diseases. This focus is the reason I
1310 became involved in the bipartisan Childhood Cancer Caucus.

1311 Congress has already passed three laws. We have passed
1312 three laws which have provided hope to families across the
1313 country suffering from pediatric cancer. We passed the
1314 Creating Hope Act; we passed the RACE for Children Act; and
1315 the Childhood Cancer Star Act. Today, Mr. Chairman, we have

1316 a chance to further support these families and provide more
1317 hope for them in their dark and difficult days. It is my
1318 sincere hope that my colleagues will support my amendment
1319 today, so that we can build upon the progress we have already
1320 made to spur innovation and create more cures for children
1321 with cancer.

1322 I would like to sincerely thank the chairman and the
1323 ranking member and their staff, especially their staffs, for
1324 their tireless work to find agreement on the policy.

1325 I would also like to thank our industry partners, whom
1326 we have talked with daily, for providing my staff with
1327 feedback to improve my bill and this amendment -- including
1328 this amendment, Mr. Chairman -- shows kids and families
1329 across our country that we see them, we hear their stories,
1330 and are taking action to bring them hope, treatments, and
1331 cures.

1332 Thank you, Mr. Chairman. I urge the adoption of my
1333 amendment.

1334 *The Chairman. Thank you, Mr. Butterfield.

1335 Does anyone want to -- on the Republican side want to
1336 comment on this?

1337 *Ms. Eshoo. I just want to say something --

1338 *The Chairman. Yes, Ms. Eshoo is recognized.

1339 *Ms. Eshoo. Mr. Butterfield, I think that I speak for
1340 everyone on the committee. Thank you, thank you, thank you

1341 for your superb advocacy. This is a legacy, your legacy, and
1342 really an extraordinary contribution when it becomes law for
1343 children with cancer in our country. So bravo.

1344 *The Chairman. Would the gentlewoman yield to me?

1345 *Mr. Butterfield. Thank you.

1346 *Ms. Eshoo. I would be happy to.

1347 *The Chairman. Thank you. I just wanted to say that
1348 throughout his career, Representative Butterfield has been
1349 working tirelessly to make advances in treatments and cures,
1350 particularly for pediatric cancers. And whether it be his
1351 Creating Hope Act or the RACE for Children Act, both of which
1352 have been signed into law, he has remained focused on
1353 supporting R&D into these terrible diseases that strike our
1354 most vulnerable young Americans.

1355 And while members on both sides of the aisle are
1356 definitely sad to see him retire later this year, and I
1357 certainly am, he is showing us all that he is not done
1358 working on behalf of children and families.

1359 So with this amendment today, a modified version of the
1360 Give Kids a Chance Act, Congressman Butterfield is expanding
1361 on the RACE for Children Act by allowing FDA to require drug
1362 sponsors to conduct molecularly targeted investigations of
1363 combination drugs, where there is a promise that studying
1364 these combinations could deal clinically meaningful pediatric
1365 study data regarding dosing safety, preliminary efficacy to

1366 inform potential pediatric labeling of the drug.

1367 So in other words, the bill will advance our
1368 understanding of pediatric cancers in a meaningful way that
1369 could lead -- probably will lead to new treatments for
1370 children. So I am just glad we were able to come to a
1371 bipartisan agreement on this, and encourage members to vote
1372 in favor.

1373 *Mr. Upton. Will the gentleman yield?

1374 *The Chairman. Yes, I yield to -- well, you want your
1375 own time?

1376 *Mr. Upton. No, no, I don't need --

1377 *The Chairman. All right. Well, it is Ms. Eshoo's
1378 time.

1379 Do you yield to Mr. Upton?

1380 *Ms. Eshoo. I am happy to.

1381 *Mr. Upton. I just want to thank my colleague, Mr.
1382 Butterfield. He has been a very helpful leader on this. I
1383 am sorry he is not present. We have got to watch his face on
1384 the Zoom.

1385 But this is an important amendment, and a lot of us have
1386 been dealing with the FDA over the last couple of weeks. And
1387 I know that this is something that I believe the
1388 Administration supports. But as we solve these awful
1389 diseases, this is an important tool in the toolbox that we
1390 need to have, and certainly I am glad to support it. I am

1391 glad that it is part of this legislation.

1392 And I yield back to my friend.

1393 *The Chairman. Thank you --

1394 *Mr. Butterfield. Mr. Chairman, if I could say very,
1395 very briefly, Mr. Chairman, I would be there today, but I
1396 lost four friends over the weekend. One of the funerals is
1397 today, so thank you, and --

1398 *The Chairman. Oh, my God.

1399 *Mr. Butterfield. -- [inaudible]. Yes.

1400 *The Chairman. Well, thank you. Unbelievable.

1401 Ms. Eshoo, you yield back?

1402 *Ms. Eshoo. I do.

1403 *The Chairman. Okay, the gentlewoman yields back.

1404 Does -- anyone on either side would like to comment on
1405 the Butterfield amendment?

1406 If not, we will go to a voice vote. Okay. If there are
1407 no -- if there is no further debate, we will proceed to a
1408 vote on the amendment.

1409 All those in favor of the amendment will signify by
1410 saying aye.

1411 All those opposed will say no.

1412 In the opinion of the chair, the ayes have it. The
1413 amendment is agreed to.

1414 Are there any further amendments to the amendment in the
1415 nature of a substitute?

1416 I don't think so. Okay, so then we will go to the AINS.
1417 If there is no further discussion, we will proceed to a vote
1418 on the amendment in the nature of a substitute.

1419 Is this a voice vote? Voice vote?

1420 *Voice. A voice vote on the AINS.

1421 *The Chairman. Okay, all those in favor of the
1422 amendment, Mr. Guthrie's amendment in the nature of a
1423 substitute to H.R. 7667, as amended, will signify by saying
1424 aye.

1425 All those opposed, say no.

1426 In the opinion of the chair, the ayes have it, and the
1427 amendment in the nature of a substitute to H.R. 7667, as
1428 amended, is agreed to.

1429 The question now occurs on favorably reporting --

1430 *Voice. This is a recorded vote.

1431 *The Chairman. Oh, this is recorded, okay. All right.
1432 With that -- well, I still have to announce what it is.

1433 So the question now occurs on favorably reporting H.R.
1434 7667, as amended, to the House. A recorded vote has been
1435 ordered.

1436 Those in favor of reporting H.R. 7667, as amended, to
1437 the House will say aye, those opposed will say no, and the
1438 clerk shall call the roll.

1439 *The Clerk. Mr. Rush?

1440 [No response.]

1441 *The Clerk. Ms. Eshoo?
1442 *Ms. Eshoo. [Inaudible.]
1443 *The Clerk. Ms. Eshoo votes aye.
1444 Ms. DeGette?
1445 *Ms. DeGette. Aye.
1446 *The Clerk. Ms. DeGette votes aye.
1447 Mr. Doyle?
1448 *Mr. Doyle. Yes.
1449 *The Clerk. Mr. Doyle votes aye.
1450 Ms. Schakowsky?
1451 [No response.]
1452 *The Clerk. Ms. Schakowsky?
1453 [Pause.]
1454 *Voice. She is muted.
1455 *Ms. Schakowsky. Schakowsky votes aye.
1456 *The Clerk. Ms. Schakowsky votes aye.
1457 Mr. Butterfield?
1458 *Mr. Butterfield. Votes aye.
1459 *The Clerk. Mr. Butterfield votes aye.
1460 Ms. Matsui?
1461 *Ms. Matsui. Matsui votes aye.
1462 *The Clerk. Ms. Matsui votes aye.
1463 Ms. Castor?
1464 *Ms. Castor. Ms. Castor votes aye.
1465 *The Clerk. Ms. Castor votes aye.

1466 Mr. Sarbanes?

1467 *Mr. Sarbanes. Sarbanes votes aye.

1468 *The Clerk. Mr. Sarbanes votes aye.

1469 Mr. McNerney?

1470 *Mr. McNerney. McNerney votes aye.

1471 *The Clerk. Mr. McNerney votes aye.

1472 Mr. Welch?

1473 [No response.]

1474 *The Clerk. Mr. Tonko?

1475 *Mr. Tonko. Mr. Tonko from New York votes aye.

1476 *The Clerk. Mr. Tonko votes aye.

1477 Ms. Clarke?

1478 *Ms. Clarke. Ms. Clarke from New York votes aye.

1479 *The Clerk. Ms. Clarke votes aye.

1480 Mr. Schrader?

1481 *Mr. Schrader. Schrader votes aye.

1482 *The Clerk. Mr. Schrader votes aye.

1483 Mr. Cardenas?

1484 *Mr. Cardenas. Cardenas from California votes aye.

1485 *The Clerk. Mr. Cardenas votes aye.

1486 Mr. Ruiz?

1487 *Mr. Ruiz. Ruiz votes aye.

1488 *The Clerk. Mr. Ruiz votes aye.

1489 Mr. Peters?

1490 *Mr. Peters. Peters votes aye.

1491 *The Clerk. Mr. Peters votes aye.
1492 Mrs. Dingell?
1493 *Mrs. Dingell. Dingell votes aye.
1494 *The Clerk. Mrs. Dingell votes aye.
1495 Mr. Veasey?
1496 [No response.]
1497 *The Clerk. Ms. Kuster?
1498 *Ms. Kuster. Kuster votes aye.
1499 *The Clerk. Ms. Kuster votes aye.
1500 Ms. Kelly?
1501 *Ms. Kelly. Kelly votes aye.
1502 *The Clerk. Ms. Kelly votes aye.
1503 Ms. Barragan?
1504 *Ms. Barragan. Barragan votes aye.
1505 *The Clerk. Ms. Barragan votes aye.
1506 Mr. McEachin?
1507 [No response.]
1508 *The Clerk. Ms. Blunt Rochester?
1509 *Ms. Blunt Rochester. Blunt Rochester votes aye.
1510 *The Clerk. Ms. Blunt Rochester votes aye.
1511 Mr. Soto?
1512 *Mr. Soto. Aye.
1513 *The Clerk. Mr. Soto votes aye.
1514 Mr. O'Halleran?
1515 *Mr. O'Halleran. O'Halleran votes aye.

1516 *Voice. Sablan votes aye.
1517 *Voice. Mr. Sablan votes aye.
1518 Ms. Kuster?
1519 *Voice. Kuster votes aye.
1520 *Voice. Ms. Kuster votes aye.
1521 Ms. Bustos?
1522 *Mr. O'Halleran. O'Halleran votes aye.
1523 [Laughter.]
1524 *Voice. What are they doing?
1525 *The Clerk. Mr. O'Halleran?
1526 *Mr. O'Halleran. O'Halleran votes aye.
1527 *Voice. Mr. Maloney?
1528 [Laughter.]
1529 *The Clerk. Mr. O'Halleran, I can't see you.
1530 [Pause.]
1531 *Mr. O'Halleran. Mr. O'Halleran votes aye.
1532 *Voice. Mr. Chairman, how am I recorded?
1533 *The Clerk. Mr. O'Halleran votes aye.
1534 Miss Rice?
1535 *Voice. Mr. Maloney, you are not recorded.
1536 *Miss Rice. Rice votes aye.
1537 *The Clerk. Miss Rice votes aye.
1538 Ms. Craig?
1539 *Ms. Craig. Craig of Minnesota votes aye.
1540 *The Clerk. Ms. Craig votes aye.

1541 Ms. Schrier?
1542 *Ms. Schrier. Schrier votes aye.
1543 *The Clerk. Ms. Schrier votes aye.
1544 Mrs. Trahan?
1545 *Mrs. Trahan. Trahan votes aye.
1546 *The Clerk. Mrs. Trahan votes aye.
1547 Mrs. Fletcher?
1548 [No response.]
1549 *The Clerk. Mrs. Rodgers?
1550 *Mrs. Rodgers. [Inaudible.]
1551 *The Clerk. Mrs. Rodgers votes aye.
1552 Mr. Upton?
1553 *Mr. Upton. Votes aye.
1554 *The Clerk. Mr. Upton votes aye.
1555 Mr. Burgess?
1556 *Mr. Burgess. [Inaudible.]
1557 *The Clerk. Mr. Burgess votes aye.
1558 Mr. Scalise?
1559 [No response.]
1560 *The Clerk. Mr. Latta?
1561 *Mr. Latta. [Inaudible.]
1562 *The Clerk. Mr. Latta votes aye.
1563 Mr. Guthrie?
1564 *Mr. Guthrie. Aye.
1565 *The Clerk. Mr. Guthrie votes aye.

1566 Mr. McKinley?
1567 *Mr. McKinley. Aye.
1568 *The Clerk. Mr. McKinley votes aye.
1569 Mr. Kinzinger?
1570 *Mr. Kinzinger. Aye.
1571 *The Clerk. Mr. Kinzinger votes aye.
1572 Mr. Griffith?
1573 *Mr. Griffith. Aye.
1574 *The Clerk. Mr. Griffith votes aye.
1575 Mr. Bilirakis?
1576 *Mr. Bilirakis. Aye.
1577 *The Clerk. Mr. Bilirakis votes aye.
1578 Mr. Johnson?
1579 *Mr. Johnson. Aye.
1580 *The Clerk. Mr. Johnson votes aye.
1581 Mr. Long?
1582 *Mr. Long. The only Long in Congress votes aye.
1583 *The Clerk. Mr. Long votes aye.
1584 Mr. Bucshon?
1585 *Mr. Bucshon. Aye.
1586 *The Clerk. Mr. Bucshon votes aye.
1587 Mr. Mullin?
1588 *Mr. Mullin. Aye.
1589 *The Clerk. Mr. Mullin votes aye.
1590 Mr. Hudson?

1591 *Mr. Hudson. Aye.
1592 *The Clerk. Mr. Hudson votes aye.
1593 Mr. Walberg?
1594 *Mr. Walberg. Aye.
1595 *The Clerk. Mr. Walberg votes aye.
1596 Mr. Carter?
1597 *Mr. Carter. Aye.
1598 *The Clerk. Mr. Carter votes aye.
1599 Mr. Duncan?
1600 *Mr. Duncan. Aye.
1601 *The Clerk. Mr. Duncan votes aye.
1602 Mr. Palmer?
1603 *Mr. Palmer. Aye.
1604 *The Clerk. Mr. Palmer votes aye.
1605 Mr. Dunn?
1606 *Mr. Dunn. Dunn votes aye.
1607 *The Clerk. Mr. Dunn votes aye.
1608 Mr. Curtis?
1609 *Mr. Curtis. Aye.
1610 *The Clerk. Mr. Curtis votes aye.
1611 Mrs. Lesko?
1612 *Mrs. Lesko. Aye.
1613 *The Clerk. Mrs. Lesko votes aye.
1614 Mr. Pence?
1615 *Mr. Pence. Aye.

1616 *The Clerk. Mr. Pence votes aye.
1617 Mr. Crenshaw?
1618 *Mr. Crenshaw. Aye.
1619 *The Clerk. Mr. Crenshaw votes aye.
1620 Mr. Joyce?
1621 *Mr. Joyce. Joyce votes aye.
1622 *The Clerk. Mr. Joyce votes aye.
1623 Mr. Armstrong?
1624 *Mr. Armstrong. [Inaudible.]
1625 *The Clerk. Mr. Armstrong votes aye.
1626 Chairman Pallone?
1627 *The Chairman. Pallone votes aye.
1628 *The Clerk. Chairman Pallone votes aye.
1629 *The Chairman. Members who are not recorded?
1630 Mr. Veasey?
1631 *Mr. Veasey. Mr. Chairman, I vote aye.
1632 *Mr. Rush. Mr. Chairman --
1633 *The Clerk. Mr. Veasey votes aye.
1634 *Mr. Rush. Mr. Chairman, how am I --
1635 *The Chairman. Mr. Rush?
1636 *Mr. Rush. Rush votes aye.
1637 *The Clerk. Mr. Rush votes aye.
1638 *The Chairman. Mrs. Fletcher?
1639 *Mrs. Fletcher. Fletcher votes aye.
1640 *The Clerk. Mrs. Fletcher votes aye.

1641 *The Chairman. Anyone else who is not recorded?

1642 That is it?

1643 All right, the clerk will report the tally.

1644 *The Clerk. On that vote, Mr. Chairman, the yeas are 55
1645 and the nays are 0.

1646 *The Chairman. Give me that again.

1647 *The Clerk. The yeas are 55 and the nays are 0.

1648 *The Chairman. Wow, I forgot that we had so many
1649 members.

1650 All right, the vote is 55 ayes to 0 noes, and so H.R.
1651 7667, as amended, is reported to the full House. Thank you,
1652 everyone.

1653 So now we are going to go to H.R. 7666. The chair calls
1654 up H.R. 7666, the Restoring Hope for Mental Health and
1655 Well-Being Act of 2022.

1656 And the clerk will report the title of the bill.

1657 *The Clerk. H.R. 7666, a bill to amend the Public
1658 Health Service Act to reauthorize certain programs relating
1659 to mental health and substance --

1660 *The Chairman. And without objection, Madam Clerk,
1661 without objection, the first reading of the bill would be
1662 dispensed with, and the bill is now considered as read.

1663 Does there -- anyone -- I am sorry.

1664 Without objection, the bill is considered as read and
1665 open for amendment at any point.

1666 [The bill follows:]

1667

1668 *****COMMITTEE INSERT*****

1669

1670 *The Chairman. But why don't we start with those who
1671 would like to speak on the underlying bill?

1672 The Ranking Member, Mrs. Rodgers, is recognized.

1673 *Mrs. Rodgers. Thank you, Mr. Chairman. I move to
1674 strike the last word.

1675 *The Chairman. The gentlewoman is recognized.

1676 *Mrs. Rodgers. Mr. Chairman, I want to thank you again
1677 for working with us on this legislation, for your leadership
1678 on improving people's mental health.

1679 I know we have a commitment to keep working on some of
1680 the provisions.

1681 I also wanted to quickly make a note about the spending
1682 in this package. Many of the bills in this markup authorize
1683 discretionary spending, and often at currently appropriated
1684 levels. A few provisions and bills that we have included in
1685 this package, however, will have mandatory spending
1686 implications. I want to commit to my colleagues that, when
1687 the mental health package from Energy and Commerce is on the
1688 floor, that any mandatory spending will be fully offset.
1689 This has been the case for a number of bipartisan bills with
1690 mandatory spending that have moved through this committee in
1691 the past, including the SUPPORT Act.

1692 Mr. Chairman, just as you did last week in the Health
1693 Subcommittee, will you commit to working with me on mandatory
1694 spending in the mental health package before consideration on

1695 the floor?

1696 *The Chairman. Absolutely. And that has been our
1697 policy in general, that we will -- you know, this will be
1698 offset. Thank you.

1699 *Mrs. Rodgers. Thank you. I appreciate that
1700 commitment, as well as your partnership in working on this
1701 legislation.

1702 I yield.

1703 *The Chairman. Thank you.

1704 Anyone -- Ms. -- oh, okay. We are -- again, we are
1705 going to do this in order of seniority. So Ms. Clarke is
1706 recognized on the underlying bill.

1707 *Ms. Clarke. Thank you, Mr. Chairman. Mr. Chairman, I
1708 move to strike the last word.

1709 *The Chairman. The gentlewoman from Brooklyn is
1710 recognized. I say that because I like Brooklyn.

1711 *Ms. Clarke. Thank you, Mr. Chairman. A lot of folks
1712 are liking Brooklyn these days. But let me move forward with
1713 my statement.

1714 The need to invest more towards supporting mothers
1715 suffering from mental health issues and substance use
1716 disorders is extremely critical. It is astounding that -- to
1717 know that about 800,000 new moms in the United States each
1718 year experience a maternity-related mental health issue.

1719 Mental and emotional support and the access to mental

1720 health care has long been overlooked, yet it is critical to
1721 the overall health of both women, mothers, and their
1722 newborns.

1723 But the gift of life that it brings -- pregnancy can be
1724 a precious and blessed time in the lives of mothers who are
1725 experiencing it. Tragically, though, pregnancy also carries
1726 countless dangers to both mothers and their children that can
1727 persist long past birth. That is why I am proud to be
1728 co-leading the bipartisan, bicameral legislation, Into the
1729 Light for Mental -- Maternal Mental Health and Substance Use
1730 Disorder Act, along with my colleagues, Representatives
1731 Katherine Clark, Jaime Herrera Beutler, Doris Matsui, Michael
1732 Burgess, and Young Kim.

1733 This legislation is not only a necessary step towards
1734 providing new and expectant mothers and their children with
1735 the resources they need to stay healthy, both physically and
1736 mentally, but it reaffirms our commitment to support mothers
1737 through whatever difficulties they may face. Furthermore, it
1738 is an opportunity to protect and serve American mothers by
1739 providing them with the proper resources to lead a safe and
1740 healthy postpartum life. That is why I am proud to stand
1741 with my colleagues in this noble pursuit, and believe passing
1742 this legislation is an important step in ensuring no mother
1743 will suffer alone.

1744 I thank you, Mr. Chairman and Chairwoman Eshoo, for

1745 bringing up and supporting the mental health and well-being
1746 of communities in need. With that, I yield back the balance
1747 of my time.

1748 *The Chairman. Thank you.

1749 So now we -- these are statements on the underlying
1750 bill. Anyone on the -- Mr. Guthrie?

1751 *Mr. Guthrie. Thank you, Mr. Chair. I move to strike
1752 the last word.

1753 *The Chairman. The gentleman is recognized.

1754 *Mr. Guthrie. Thank you, Mr. Chair.

1755 H.R. 7666, the Restoring Hope for Mental Health and
1756 Well-Being Act, provides resources for building our
1757 behavioral health care workforce, treatment, and substance
1758 use disorder recovery resources, and access to mental health
1759 care services for those with mental illness.

1760 Recent Centers for Disease Control Prevention survey
1761 data underscores the stark toll school closures and lockdowns
1762 had on our youth throughout the pandemic. The data shows
1763 that nearly one in three of high school students surveyed
1764 experienced poor mental health during the pandemic, and
1765 nearly half the students felt persistently sad or hopeless.
1766 Some students even reported an experience of emotional abuse
1767 in the home, and more than 10 percent reported physical abuse
1768 in their home.

1769 The lockdown measures around the COVID-19 pandemic only

1770 compounded the substance use disorder issues impacting
1771 communities across the country, with my home state of
1772 Kentucky seeing one of the highest rises of drug annual
1773 overdoses between 2020 and 2021 in the country. Nationally,
1774 the CDC reported last week that the number of drug overdoses
1775 in 2021 is estimated to exceed 107,000 deaths.

1776 Ultimately, fighting the drug overdose epidemic will
1777 require a two-pronged approach. We need to equip our law
1778 enforcement with the tools they need to get these deadly
1779 poisons off the street, while making treatment and recovery
1780 resources available to those seeking help, especially
1781 vulnerable populations.

1782 Importantly, the proposals in the bill before us today
1783 will help to achieve these objectives, while helping us build
1784 our behavioral health care workforce to meet future needs.
1785 H.R. 7666 includes proposals designed to provide targeted
1786 resources to communities in need for the next several years.

1787 This bill unanimously passed the House subcommittee last
1788 week.

1789 Some specific highlights include the reauthorization of
1790 the Garrett Lee Smith Memorial Reauthorization Act. I would
1791 like to thank Ranking Member Rodgers and Representatives
1792 Trahan and Young Kim for leading on this issue.

1793 Representative Bucshon is also leading legislation
1794 alongside Representative Miller-Meeks, Axne, and Pappas to

1795 remove regulatory barriers to help those with opioid use
1796 disorder seek the care they need as quickly as possible.
1797 This is the Timely Treatment for Opioid Use Disorder Act.

1798 Representatives Curtis and Tonko are leading the Helping
1799 Enable Access to Lifesaving Services Act.

1800 And I am proud that my bill, the Substance Use
1801 Prevention, Treatment, and Recovery Support Services Block
1802 Grant, which I co-led with Representatives Tonko, McKinley,
1803 and Wild, is also included.

1804 I urge my colleagues to vote yes on Restoring the Hope
1805 for Mental Health and Well-Being, and I yield back.

1806 *The Chairman. Thank you, Mr. Guthrie. Next we have --
1807 Mr. Tonko is recognized for five minutes.

1808 *Mr. Tonko. Thank you, Mr. Chair. I move to strike the
1809 last word.

1810 *The Chairman. The gentleman is recognized.

1811 *Mr. Tonko. Thank you. I am proud to have worked on
1812 the bipartisan Substance Use Prevention, Treatment and
1813 Recovery Services Block Grant, which is incorporated as
1814 subtitle D of this bill, with my colleagues and friends,
1815 Representatives Guthrie, Wild, and McKinley.

1816 Thank you to Chair Eshoo and Ranking Member Guthrie and
1817 Chair Pallone and Ranking Member McMorris Rodgers and their
1818 staff for the focus on this legislation.

1819 Across our nation, millions of Americans are struggling

1820 with the disease of addiction, a crisis that has become even
1821 more dire during this pandemic. A staggering 101,306 people
1822 died of drug overdoses between April 2020 and April 2021, as
1823 -- 3 times more deaths than from traffic accidents. There is
1824 no corner of the country that has escaped the effects of this
1825 crisis.

1826 During my time in Congress I have fought hard to support
1827 programs that address this worsening crisis, and deliver
1828 critical resources to our communities. Last year I fought
1829 successfully to deliver funding to the Substance Abuse
1830 Prevention and Treatment Block Grant Program through our
1831 American Rescue Plan. And this reauthorization underscores
1832 our continuing commitment to ensuring we provide hope and,
1833 indeed, a path forward for our neighbors and loved ones who
1834 need it most.

1835 One of the best ways we can lessen the impacts of this
1836 epidemic is by strengthening and supporting state substance
1837 use prevention, treatment, and recovery efforts through the
1838 Substance Use Prevention, Treatment, and Recovery Services
1839 Block Grant reauthorization. The legislation will
1840 reauthorize this crucial block grant for another five years,
1841 guaranteeing sustained investment in evidence-based programs
1842 that support states, communities, and families battling the
1843 disease of addiction.

1844 It also updates services provided under the block grant

1845 to include screening and referral for treatment of viral
1846 hepatitis, in addition to existing services related to HIV
1847 and tuberculosis, and eliminates stigmatizing language
1848 related to substance use.

1849 This funding stream serves as the cornerstone of state
1850 substance use, treatment, prevention, and recovery systems.
1851 Block grant funds, which are distributed by formula to all
1852 states and territories, provide lifesaving treatment services
1853 to approximately one -- four million individuals per year.
1854 In some states, the block grant investment accounts for 100
1855 percent of substance use prevention dollars.

1856 While the overdose crisis predates the COVID-19
1857 pandemic, it has further impacted individuals struggling with
1858 or at risk for substance use disorders. So I think it is
1859 incredibly important that we did include this into our
1860 legislation.

1861 And with that, Mr. Chair, I yield back.

1862 *The Chairman. Thank you, Mr. Tonko.

1863 Does anyone else want to speak on the underlying bill?

1864 Anybody on the Republican side?

1865 If not, we will go to Chairwoman Eshoo.

1866 *Ms. Eshoo. Mr. Chairman, I move to strike the last
1867 word --

1868 *The Chairman. The gentlewoman is recognized.

1869 *Ms. Eshoo. -- [inaudible] amendment. I want to thank

1870 our colleague, Paul Tonko, for offering this amendment.

1871 Your years-long work expanding access to addiction
1872 treatment we all appreciate.

1873 Last year -- this is a terrible statistic. Oh, I see.
1874 Oh, I am -- yes, I am speaking on the amendment. So this is
1875 the AINS, so I will.

1876 *The Chairman. No, you can speak on it now, if you want
1877 to.

1878 *Ms. Eshoo. Okay, great. I will continue on this very
1879 well drawn remark. I know everyone is listening with bated
1880 breath.

1881 But this statistic -- and everyone on this committee
1882 cares about this -- last year, more than 106,000 Americans
1883 died from an overdose. And this is a record high. And one
1884 of the contributing factors to this overdose rate is how
1885 nearly impossible it is to find treatment. According to
1886 SAMHSA, in 2020 only 11 percent of people with an opioid
1887 addiction received medication-assisted treatment.

1888 There is an outdated Federal regulation known as the X
1889 waiver -- sounds like a movie -- puts unnecessary
1890 bureaucratic requirements on evidence-based care for opioid
1891 use disorder. This is not how we should be managing care in
1892 the midst of an epidemic that only continues to grow. The
1893 best way to treat the opioid crisis is to give patients
1894 evidence-based medications that are known to reduce the risk

1895 of overdose death, and help get long-term recovery.

1896 And Representative Tonko's amendment does just that. It
1897 removes the Federal restrictions on effective medical
1898 treatments by ending the stigmatizing X waiver, and it allows
1899 clinicians to prescribe the evidence-based care that is
1900 needed to save lives. So this is a very good bill. I think
1901 it is one of the best things we can do to prevent overdose
1902 deaths, and I urge everyone to vote for it.

1903 I yield back.

1904 *The Chairman. Thank you, Chairwoman.

1905 So we are going to do -- finish with the underlying bill
1906 statements. Then we are going to go to the AINS, and then we
1907 will have the Tonko amendment to the AINS.

1908 Anyone else on the underlying bill?

1909 Ms. -- on the Republican side now?

1910 All right. The gentlewoman from Michigan, Mrs. Dingell.

1911 *Mrs. Dingell. Thank you, Mr. Chairman. I move to
1912 strike the last word.

1913 I want to thank you and Ranking Member McMorris Rodgers
1914 for your efforts to build consensus in this important
1915 legislation to reauthorize and strengthen critical mental and
1916 behavioral health programs that will help address public
1917 health issues like the opioid epidemic, which claimed over
1918 107,000 lives in the United States last year alone.

1919 As was discussed last week in the subcommittee markup,

1920 the mental health package before us contains strong mental
1921 health parity provisions my colleague, Congresswoman Katie
1922 Porter, and I led, which closes a critical gap in health care
1923 coverage for mental health and substance abuse treatment for
1924 thousands of frontline workers across the country.

1925 I would also like to thank the chairman and ranking
1926 member for including a provision in today's AINS based off
1927 the Preventing Overdoses and Saving Lives Act 2.0, which I
1928 co-led with my friend and colleague, Congressman French Hill.
1929 This provision provides incentives for co-prescribing when a
1930 doctor pairs an opioid prescription with a prescription of an
1931 opioid overdose reversal drug like naloxone. As was noted
1932 during a hearing before this committee with the Office of
1933 National Drug Control Policy, co-prescribing is a proven
1934 intervention that helps save lives, and must be part of a
1935 comprehensive effort to address the opioid crisis.

1936 Additionally, we have seen bipartisan adoption of co-
1937 prescribing policies in states across the country. Inclusion
1938 of a co-prescribing provision in today's legislation
1939 strengthens the underlying package and our response to the
1940 opioid crisis.

1941 I appreciate the chairman, ranking member, as well as
1942 both Democratic and Republican committee staffs for the
1943 constructive efforts to engage on this issue with Congressman
1944 Hill and myself, and to incorporate it in today's

1945 legislation. This is a strong package that will improve our
1946 national response to some of the most pressing public health
1947 challenges facing Americans across the country, and it
1948 deserves our support.

1949 Thank you, Mr. Chairman, and I yield back.

1950 *The Chairman. Thank you, Mrs. Dingell.

1951 Anyone else on the underlying bill?

1952 Ms. Barragan is recognized.

1953 *Ms. Barragan. Thank you, Mr. Chairman, and I move to
1954 strike the last word.

1955 *The Chairman. The gentlewoman is recognized for five
1956 minutes.

1957 *Ms. Barragan. Thank you, Mr. Chairman.

1958 I support provisions of this bill, H.R. 766 (sic), but I
1959 want to point out and talk about one section, 301, of this
1960 bill. It makes important investments in the collaborative
1961 care model to increase access to primary and behavioral
1962 health care.

1963 These integrated models of care hold a lot of potential
1964 for expanding access to behavioral health services for
1965 under-served communities. However, I believe we should also
1966 invest in other evidence-based models of integrated care,
1967 such as the primary care behavioral health model, to ensure
1968 no communities get left behind.

1969 I would note that Dr. Sandy Chung, president-elect of

1970 the American Academy of Pediatrics, testified that Congress
1971 should support both models of integrated care during last
1972 month's Health Subcommittee hearing on mental health.

1973 I have also heard from constituents in my district that
1974 this model has helped them access much-needed behavioral
1975 health services.

1976 I am proud of the work the committee has done to support
1977 and invest in mental health care, but I believe there is more
1978 that we can do. Increasing access to mental health care is
1979 important to me, and I hope we can look at this a little more
1980 closely.

1981 I want to emphasize that I support this bill, and I
1982 encourage my colleagues to do the same.

1983 Thank you, and I yield back.

1984 *The Chairman. Thank you, Ms. Barragan.

1985 Anyone else on the underlying bill?

1986 *Mr. O'Halleran. Mr. Chairman?

1987 *The Chairman. Mr. O'Halleran is recognized.

1988 *Mr. O'Halleran. Mr. Chairman, I move to strike the
1989 last word.

1990 *The Chairman. The gentleman is recognized for five
1991 minutes.

1992 *Mr. O'Halleran. I want to thank the chair and ranking
1993 member for today's bipartisan markup of a significant and
1994 comprehensive mental health package and substance abuse

1995 package.

1996 Now, through my time on this committee, I have -- we
1997 have worked in a bipartisan manner on bills to address
1998 substance abuse, including opioid and alcohol dependency and
1999 mental health bills to improve access to much-needed mental
2000 health care for all Americans. I am pleased to see that work
2001 continued today.

2002 And I also want to thank the staff and the leadership of
2003 the committee on both sides of the aisle.

2004 More than five people die every day of opioid overdoses
2005 in Arizona. The influx of counterfeit opioids like fentanyl
2006 are highly addictive and very deadly. I rise in -- the rise
2007 in fentanyl deaths is tearing our communities apart. I see
2008 this in many of the tribal communities that I represent.

2009 We know the date of drug -- rate of overdose deaths
2010 involving opioids is higher among Native American natives and
2011 also Alaska natives. We also know that it is higher in rural
2012 communities than the national average. This is in part
2013 because those of us in rural communities and in the tribal
2014 communities that I represent lack access to the most basic
2015 health care services that many take for granted.

2016 The shortage of mental health providers is -- shortage of
2017 mental health providers is especially evident in our schools,
2018 where children struggle for access, and in our communities,
2019 where many patients are forced to travel long distances just

2020 to see a provider. Access to mental health services via
2021 telehealth has been particularly important, but we still are
2022 suffering from a lack of access to these services, and so are
2023 the families that are undergoing these tremendous, tragic
2024 events in their lives.

2025 I also thank the committee for including legislation
2026 that I helped lead, the Summer Barrow Prevention, Treatment,
2027 and Recovery Act, legislation which authorizes 11 SAMHSA
2028 programs that support mental health and substance use
2029 disorder prevention, treatment, and recovery services. This
2030 bold package includes substantial investments that will allow
2031 local and tribal leaders to put these funds to use in their
2032 communities to provide support for those suffering from
2033 opioid dependency, providing services to pregnant and
2034 postpartum women in need of substance use treatment, funding
2035 to combat underage drinking, and funding to improve access to
2036 overdose medication.

2037 Many local and regional non-profits take much of this
2038 work on themselves. For example, this package will help
2039 ensure the homeless shelter like Flagstaff Shelter Services
2040 in Arizona will -- it will be able to provide important
2041 services to much of northern Arizona population. They are
2042 the actual on-the-ground providers providing this overdose
2043 medication directly to individuals and treatment centers,
2044 saving lives and making our communities safer.

2045 There is a much -- much I like in this package. But I
2046 do want to highlight the extensive focus on mental health and
2047 support for children in this package. The burdens of social
2048 media and the targeted harassment we see, particularly of
2049 younger women and girls, has caused a dramatic increase in
2050 mental health issues, including unfortunate suicides in
2051 teenagers. This is a tragedy. I look forward to continuing
2052 that work to hold them accountable through this committee.
2053 But I applaud the immediate focus on mental health for
2054 children.

2055 I will be proud to support this package, and look
2056 forward to continuing to work across the aisle to ensure that
2057 it becomes law.

2058 Thank you, Mr. Chair, and I yield.

2059 *The Chairman. Thank you, Mr. O'Halleran.

2060 So we are still on the underlying bill, if anyone wants
2061 to speak on that.

2062 Mrs. Fletcher?

2063 *Voice. No, Ms. Schrier.

2064 *The Chairman. Oh, I am sorry. Dr. Schrier?

2065 *Ms. Schrier. Thank you, Mr. Chairman. I move to
2066 strike the last word to speak on the underlying bill.

2067 *The Chairman. The gentlewoman is recognized.

2068 *Ms. Schrier. Thank you. I am so excited about this
2069 really important package on mental and behavioral health,

2070 especially as a pediatrician who has seen the growing
2071 challenges over the past 20 years with children's mental
2072 health, has seen the impact of so many features. Even since
2073 2007 there has been a dramatic rise in anxiety and
2074 depression, self-harm, eating disorders. And this just
2075 skyrocketed during the pandemic.

2076 And one of our challenges in addressing this is that we
2077 just don't have enough mental health specialists, and we can
2078 improve the pipeline, there is a lot that we can do, but we
2079 need help right now. And that is why I am so excited about
2080 this bill, because the pediatric mental health care access
2081 program is one of the ways that an on-call psychiatrist, for
2082 example, could support hundreds of pediatricians right there
2083 in the office to provide care while the patient is there at
2084 the right moment, sometimes staving off crises and sometimes
2085 being able to handle a crisis that normally would require a
2086 psychiatrist to manage. And so it is just such a great way
2087 to leverage the resources that we have, while working to
2088 increase the number of providers because we are in a crisis
2089 moment now.

2090 So I am proud to vote on this critical package that will
2091 fund the programs that families and kids need to stay safe
2092 and healthy now and in the future.

2093 I wanted to highlight one other element that I am
2094 concerned about with kids' mental health and development,

2095 which is that, as the only pediatrician in Congress, I have
2096 also been watching screen time and social media. And I want
2097 to -- I just want to highlight that we know -- you have heard
2098 from my colleagues, social media has impacts on the mental
2099 health of children.

2100 Sometimes it is helpful -- a child who would otherwise
2101 be ostracized, and is in a very -- in an area that does not
2102 support, you know, whatever their challenge is, and they need
2103 a community. But more often, it is very damaging, as we have
2104 heard, particularly with girls.

2105 And research exists in this space. We have been
2106 evaluating the impact of screen time and social media on kids
2107 for over a decade now. And I am worried. So we need to just
2108 be able to bring together the experts in this space --
2109 academia, pediatricians, the private sector, the agencies
2110 that have jurisdiction to provide some evidence-based
2111 solutions -- to keep our kids healthy and safe. And I will
2112 have a bill on this coming up soon.

2113 Thank you very much, and I yield back.

2114 *The Chairman. Thank you, Dr. Schrier.

2115 I think we also have -- Mrs. Fletcher is recognized.

2116 *Mrs. Fletcher. Thank you, Mr. Chairman. I move to
2117 strike the last word.

2118 *The Chairman. The gentlewoman is recognized for five
2119 minutes.

2120 *Mrs. Fletcher. Thank you, Mr. Chairman. Thanks to you
2121 and the ranking member of the full committee, as well as the
2122 chairwoman and ranking member of the Health Subcommittee for
2123 including my bill, H.R. 5218, the Collaborate in an Orderly
2124 and Cohesive Manner bill, in H.R. 7666, the Restoring Hope
2125 for Mental Health and Well-Being Act of 2022. That is
2126 included in section 301.

2127 And I also want to thank my co-lead, Representative
2128 Herrera Beutler, for partnering with me on this legislation.

2129 As several of our colleagues have noted, the United
2130 States is experiencing a mental health crisis, and the
2131 pandemic has exacerbated it as well as our awareness of its
2132 many challenges. As Dr. Schrier just noted, Americans have
2133 experienced increased rates of anxiety, depression, and
2134 trauma. Approximately 4 in 10 adults are reporting symptoms
2135 of anxiety or depressive disorder. And recent census data
2136 shows that the number of Americans expressing the need for
2137 mental health assistance who did not receive it increased by
2138 one third last year.

2139 Many people first display symptoms of a mental health
2140 condition or substance use disorder in the primary care
2141 setting. But often they can't access the necessary follow-up
2142 treatment, either because it is too expensive or too
2143 difficult to find the necessary mental health professionals,
2144 the appropriate professionals, or they face other obstacles,

2145 including stigma.

2146 The collaborative care model addresses these issues by
2147 creating a team made up of a primary care physician, a
2148 psychiatric consultant, and a care manager that can meet the
2149 needs of their patients in the primary care setting, which
2150 improves the ability to detect and treat mental illness as
2151 soon as symptoms begin. This model is one of the most
2152 rigorously studied approaches to integrate mental health and
2153 substance use disorder services to patients within the
2154 primary care setting. It is already covered by Medicare,
2155 most private insurers, and many state Medicaid programs.

2156 And studies have shown that it is a cost saver. A cost
2157 benefit analysis showed that the model has a 12-to-1 benefit
2158 to cost ratio for the treatment of depression in adults.

2159 I introduced in the legislative hearing a letter of
2160 support from 44 organizations supporting this legislation,
2161 including the Meadows Institute from my home state of Texas.
2162 And I would like to submit a recent statement from the
2163 Meadows Institute for the record in this markup, as well,
2164 noting that this --

2165 *The Chairman. Without objection, so ordered.

2166 [The information follows:]

2167

2168 *****COMMITTEE INSERT*****

2169

2170 *Mrs. Fletcher. Thank you, Mr. Chairman. The letter
2171 reiterates its support for the model, and its estimate that,
2172 in their modeling, universal access to the collaborative care
2173 model could save more than 14,500 lives a year.

2174 Despite its success, despite the great promise, the
2175 uptake of this model remains low, mainly because many primary
2176 care practices operate on thin financial margins with limited
2177 support staff, making implementing a new delivery model
2178 difficult. This bill will address the issue by providing the
2179 necessary grant funding so that primary care physicians and
2180 practices looking to adopt the model have the resources they
2181 need.

2182 I am proud of the work we have done to address this
2183 important issue in this provision, as well as the other
2184 important mental health issues in the overall bill. And I
2185 will continue to work on these issues. I look forward to
2186 voting in favor of this bill today, and I urge my colleagues
2187 to do the same.

2188 Thank you, Mr. Chairman, and I yield back.

2189 *The Chairman. Thank you, Mrs. Fletcher. Next we are
2190 going to go to -- Mr. Curtis of Utah is recognized.

2191 *Mr. Curtis. Thank you, Mr. Chairman, Mr. Ranking
2192 Member. I move to strike the last word.

2193 *The Chairman. The gentleman is recognized for five
2194 minutes.

2195 *Mr. Curtis. Thank you. Thank you both to the chair
2196 and ranking member for including my legislation, the Helping
2197 Enable Access to Lifesaving Services Act, or the HEALS Act,
2198 in the mental health package today.

2199 This bill will help fund multiple programs that support
2200 education and training for mental and behavioral health and
2201 care professionals. Over the course of the pandemic, we have
2202 become acutely aware of the concerns within health care,
2203 including problematic workforce shortages, further COVID-
2204 exasperated and already troubled mental health crisis. This
2205 bill will help address both of these concerns.

2206 And Mr. Chairman, with 4 minutes and 30 seconds left, I
2207 yield my time back.

2208 *The Chairman. Thank you. Thank you. Next I go to --
2209 Mrs. Lesko is recognized.

2210 *Mrs. Lesko. Thank you, Mr. Chair. I move to strike
2211 the last word.

2212 *The Chairman. The gentlewoman is recognized for five
2213 minutes.

2214 *Mrs. Lesko. I think this is a very important issue
2215 because of the growing urgency of helping people with mental
2216 health.

2217 But I also am concerned about the extra cost in this
2218 bill that is an increase of over \$100 million. And I think
2219 we need to start balancing our needs of the American people

2220 with the cost that we are adding into our budget and,
2221 ultimately, our national debt and our interest.

2222 It is projected that, in 10 years from now, our interest
2223 payments in one year's time will be 1.2 trillion. And I
2224 think that estimate was done before interest rates started
2225 going up. \$1.2 trillion is more than I believe we spend on
2226 Medicare in a year. It is more than we spend on the health
2227 care for our veterans. I think it is 11 times more than
2228 that. It is more than we spend on a lot of things, and it is
2229 unsustainable.

2230 And so I know that you have committed to coming up with
2231 some pay-fors to help pay for the increased costs of this
2232 bill, and I look forward to hearing that.

2233 And with that, I yield back.

2234 *The Chairman. Thank you.

2235 I don't think we have any more opening statements, do
2236 we?

2237 No? So now we are going to go to the AINS, which -- I
2238 believe I have the AINS, so I will ask the clerk to report
2239 the amendment.

2240 *The Clerk. Amendment in the nature a substitutes H.R.
2241 7666, offered by Mr. Pallone of New Jersey.

2242 Strike all --

2243 *The Chairman. So Madam Clerk, without objection, the
2244 reading of the amendment will be dispensed with.

2245 [The amendment of The Chairman follows:]

2246

2247 *****COMMITTEE INSERT*****

2248

2249 *The Chairman. And I will recognize myself for five
2250 minutes.

2251 The amendment in the nature of a substitute is to H.R.
2252 7666, the Mental Health and Well-Being Act, and the reason we
2253 are doing this underlying bill, as well as the amendment, is
2254 because Americans are facing mental health and substance use
2255 disorder increasingly, to the point where I would say it is a
2256 crisis.

2257 Today one in five adults battle a mental illness, while
2258 youth face staggering risk of suicide, and the lives lost in
2259 substance use disorders continue to climb, with more than
2260 100,000 deaths due to drug overdoses last year, which is why
2261 I am pleased that, after months of planning, drafting, and
2262 negotiations, this committee will consider a bipartisan
2263 mental health and substance use disorder package that I
2264 introduced alongside Ranking Member Rodgers. And I am
2265 grateful for Mrs. Rodgers's dedication to working together on
2266 this bill.

2267 The package represents a shared recognition that we must
2268 rise to the moment and provide support and resources to the
2269 American people with the final product balancing funding
2270 needs and integrating new initiatives into existing programs.
2271 So the bill incorporates both Democratic and Republican-led
2272 provisions that I think will bring meaningful support to
2273 millions of Americans in particularly vulnerable communities

2274 that are battling mental health and substance use disorders.
2275 It includes the five-year reauthorization of critical SAMHSA
2276 and HRSA public health programs, and key additional
2277 activities to support the mental health of people of all
2278 ages, especially young people, and support substance use
2279 disorder prevention, treatment, and recovery support
2280 services.

2281 In addition to continued investment and flexibility of
2282 the community mental health services and the substance abuse
2283 prevention, treatment, and recovery services block grants,
2284 the package extends the Maternal Mental Health Screening and
2285 Treatment Grant Program and reauthorizes grants to support
2286 American Indian and Alaska Native communities with mental
2287 health and substance use disorder prevention, treatment, and
2288 recovery services.

2289 The bill also expands access to treatment for opioid use
2290 disorders, directing SAMHSA to assess opioid treatment
2291 programs flexibilities provided during the COVID-19 pandemic,
2292 and reducing unnecessary and arbitrary barriers to care.

2293 The bill expands the integration of mental health and
2294 physical health care, and closes a loophole in current law
2295 that allows self-funded state and local government health
2296 insurance plans to opt out of mental health parity.

2297 The AINS changes -- or I should say further strengthens
2298 the bill. In addition to technical changes, the AINS

2299 includes provisions from Representative Hill and
2300 Representative Dingell's bill, the Preventing Overdoses and
2301 Saving Lives Act 2.0, that supports the development of
2302 strategic opioid crisis response plans, and requires health
2303 care practitioners to prescribe an opioid reversal drug when
2304 prescribing an opioid for certain patients.

2305 Further, it includes new provisions from the Triumph for
2306 New Moms Act of 2021, introduced by Representatives Barragan
2307 and Dr. Bucshon, which requires the Secretary of HHS to make
2308 recommendations to coordinate and improve Federal responses
2309 to maternal mental health conditions.

2310 But there are -- and I want to point out -- there are
2311 several additional policy changes that are in the AINS. For
2312 example, we will consider the MAT Act amendment, which
2313 eliminates the requirement for medical practitioners to apply
2314 for an additional DEA registration to prescribe Bup, a proven
2315 FDA-approved medication to treat opioid use disorders.

2316 And I want to thank -- I want to take a moment to thank
2317 Priscilla Robinson, Heather Shachter, and all of the New
2318 Jersey organizing project advocates who have fought
2319 tirelessly for the MAT Act, and know firsthand access to Bup
2320 -- how Bup has saved lives.

2321 Let me also thank my state senator, or state Senator
2322 Vitale in my district, who chairs the health subcommittee in
2323 the state senate. He has been calling me regularly about

2324 this, and is going to be happy that we have included MAT and
2325 MATE.

2326 We -- the MATE Act, which provides eligible
2327 practitioners with critical training and education on
2328 treating and identifying substance use disorders, is in here.

2329 And finally, we will consider an amendment to expand
2330 mental health peer support in-person and virtual services,
2331 and an amendment to strengthen mental health parity by
2332 providing funding to states to implement and enforce parity.

2333 So again, I look forward to strengthening this
2334 legislation with bipartisan support for the AINS and the
2335 amendments to follow together in advancing the Restoring Hope
2336 Act. I mean, it truly is what its name says, Restoring Hope,
2337 and I think that will support -- or do a lot more to support
2338 mental health and well-being for all Americans.

2339 And with that, I yield back.

2340 Does anyone else want to speak on the AINS?

2341 Dr. Bucshon?

2342 *Mr. Bucshon. Thank you, Mr. Chairman. I want to thank
2343 the chair and ranking member for including two bills I
2344 authored in H.R. 7666, the Restoring Hope for Mental Health
2345 and Well-Being Act.

2346 First, the Timely Treatment for Opioid Use Disorder Act
2347 would revise opioid treatment program criteria to remove the
2348 requirement that patients must have been addicted for at

2349 least one year before being admitted for treatment. Nearly 1
2350 in 12 Hoosiers meet the criteria for having a substance use
2351 disorder, and they are now more likely to die from a drug
2352 overdose than a car crash. We need to continue to make sure
2353 Americans have access to treatment early, and this bill is a
2354 great stride forward in that effort.

2355 Second, the TRIUMPH for New Moms Act would establish a
2356 no-cost inter-departmental task force to address the U.S.
2357 maternal mental health crisis by closing gaps in treatment,
2358 eliminating duplication, and coordinating Federal resources
2359 towards maternal mental health.

2360 Current Federal efforts to support women suffering from
2361 maternal mental health conditions lack coordinated action and
2362 organization. And as a result, 50 percent of these moms
2363 never receive treatment. This bill will increase mental
2364 health support for pregnant and new mothers by offering
2365 targeted solutions that have proven success. With Indiana
2366 having one of the worst maternal mortality rates in the
2367 country, this legislation is timely and important to help
2368 save lives.

2369 With an increase in mental health issues over the course
2370 of the COVID-19 pandemic, it is critical we pass legislation
2371 to help provide resources for those who need it most. I look
2372 forward to supporting the underlying bill and urge my
2373 colleagues to support this legislation.

2374 Thank you, and I yield back the balance of my time.

2375 *The Chairman. Thank you, Dr. Bucshon.

2376 The gentlewoman from California, Ms. Barragan.

2377 *Ms. Barragan. Thank you, Mr. Chairman, and I move to
2378 strike the last word.

2379 *The Chairman. The gentlewoman is recognized for five
2380 minutes.

2381 *Ms. Barragan. I want to thank and share my
2382 appreciation with you, Mr. Chairman and Ranking Member
2383 Rodgers, for including language for my bill, the TRIUMPH for
2384 New Moms Act, to H.R. 7666 in section 113 of the AINS.

2385 The amendment being offered includes a provision that
2386 would create a national maternal mental health strategy, and
2387 integrate maternal mental health into existing maternal
2388 infant and mental health activities at the Federal level.

2389 Tragically, suicide and overdose combined are the
2390 leading cause of death for new mothers. Maternal mental
2391 health disorders are the most common complications of
2392 pregnancy and childbirth, affecting one in five pregnant
2393 women or new mothers. Nearly 800,000 American families each
2394 year struggle with this, and only 25 percent of those
2395 impacted receive treatment. This is so critical because
2396 women of color experience maternal mental health conditions
2397 at nearly double the rate of White women.

2398 Now, section 113 enhances Federal collaboration between

2399 agencies and departments, closes the gaps in existing Federal
2400 maternal health programs, and generates recommendations to
2401 state governors, agencies, and committees to improve their
2402 maternal mental health work.

2403 Also, it recognizes the important work maternal mental
2404 health organizations are already doing, and gathers their
2405 input and engagement.

2406 I want to also thank my co-lead, Mr. Bucshon, for
2407 working with me on this important bipartisan policy on
2408 maternal mental health.

2409 I look forward to everyone supporting this bill, and I
2410 encourage my colleagues to support the amendment and the
2411 underlying bill.

2412 Thank you, and I yield back.

2413 *The Chairman. Thank you, Ms. Barragan.

2414 Mr. -- do we have anyone on the Republican side who
2415 wants to speak on the AINS?

2416 Mr. Cardenas, you are recognized.

2417 *Mr. Cardenas. Thank you very much, Mr. Chairman. I
2418 move to strike the last word.

2419 *The Chairman. The gentleman is recognized for five
2420 minutes.

2421 *Mr. Cardenas. Thank you, Mr. Chairman.

2422 I have spoken on the importance of funding 988 before,
2423 and today there is -- this is not an exception. We are just

2424 2 months away from 988 going live across the country, and the
2425 stakes couldn't be higher to get it right.

2426 If we are serious about mental health having equivalence
2427 with other physical health, then we are missing a fundamental
2428 infrastructure to address urgent mental health needs. If I
2429 break a bone, for example, I can call 911 and an ambulance
2430 will arrive. But if I am experiencing a mental health
2431 crisis, I can't rely on a trained mental health professional
2432 to be dispatched to me to help me in my time of need. It is
2433 time to walk the talk, and actually build out a system across
2434 our country that addresses mental health with the same care
2435 and response as physical health as we are accustomed with
2436 911.

2437 Now, I know some of my colleagues may believe that 988
2438 is already funded, but let me tell you that is not the
2439 reality on the ground. And the consequences of being wrong
2440 are too high. If 988 launches and we are ill-equipped to
2441 handle the volume of calls, it will be catastrophic and set
2442 back our ability to implement a robust continuum of care.

2443 In this package there are key provisions that will help
2444 to ensure that anyone who calls will get a timely response,
2445 and that the situation is adequately managed.

2446 I urge my colleagues to support these provisions of the
2447 bill and others that will find and support crisis care
2448 services throughout the country -- that will fund.

2449 Also, I would like to talk about -- with that, I also
2450 want to raise one other issue that is closely related to
2451 providing public health services to those experiencing mental
2452 health and related issues, and specifically substance use
2453 disorders.

2454 I am disappointed to see that my colleagues on the other
2455 side of the aisle have pushed to narrow funding for evidence-
2456 based harm reduction measures. We must utilize all of the
2457 tools in our arsenal to treat addiction and substance use
2458 disorders. To -- not to do so is a grave misstep. And the
2459 proof is all around us, as we see skyrocketing rates of
2460 addiction and overdose deaths, even in teenagers.

2461 There is a lot of misinformation out there about harm
2462 reduction, so I want to be clear: Harm reduction has been
2463 shown, time and time again, to decrease overdose, decrease
2464 disease outbreaks. It saves lives, and even saves taxpayer
2465 dollars.

2466 Just this Monday I read about the stark success of a
2467 safe injection site in New York City that has been -- has not
2468 seen a single fatal overdose over the course of over 17,000
2469 visits. This success is all the more astonishing when you
2470 consider that New York City saw a massive rise of about 30
2471 percent in overdose deaths in the first half of 2021.

2472 If we are serious about tackling the addiction crisis in
2473 the country, we need to utilize all of the tools available to

2474 us, and legislate on the evidence. And the evidence is clear
2475 that harm reduction works. I urge my colleagues to really
2476 make sure that their constituents have access to all of the
2477 harm reduction tools needed to reduce overdose deaths.

2478 So I thank you, and I yield back the balance of my time.

2479 *The Chairman. Thank you, Mr. Cardenas.

2480 Anyone else on the AINS?

2481 If not, we will move -- I think Mr. Tonko has an
2482 amendment to the AINS.

2483 *Mr. Tonko. Yes, sir. I have an amendment at the desk,
2484 Mr. Chair.

2485 *The Chairman. All right. The clerk has the Tonko
2486 amendment?

2487 All right, the clerk will report the amendment.

2488 *The Clerk. Amendment to the amendment in the nature of
2489 a substitute to H.R. 7666, offered by Mr. Tonko of New York.

2490 At the end --

2491 *The Chairman. Madam Clerk, without objection, the
2492 reading of the Tonko amendment will be dispensed with.

2493 [The amendment of Mr. Tonko follows:]

2494

2495 *****COMMITTEE INSERT*****

2496

2497 *The Chairman. And the gentleman from New York is
2498 recognized for five minutes.

2499 *Mr. Tonko. Thank you, Mr. Chair. My amendment adds
2500 the text of my Mainstreaming Addiction Treatment Act to the
2501 underlying legislation.

2502 The Mainstreaming Addiction Treatment Act, which enjoys
2503 overwhelming bipartisan cosponsorship by members of this
2504 committee, would vastly expand access to safe and effective
2505 addiction treatment by eliminating the outdated and redundant
2506 requirement that health care providers obtain a special
2507 waiver from the DEA to prescribe buprenorphine for the
2508 treatment of addiction.

2509 Just last week we hit another grim record in what has
2510 been a decades-long losing battle against the scourge of drug
2511 addiction: 107,000 of our brothers and sisters, mothers and
2512 fathers were taken from us too early last year by drug
2513 overdoses.

2514 One all too common theme in these deaths is a lack of
2515 access to treatment. In our nation, the addicted -- only
2516 about 1 in 10 individuals with opioid use disorder receives
2517 medications like buprenorphine to treat their addiction,
2518 despite this being recognized as the gold standard of care
2519 that cuts the risk of overdose in half.

2520 Let me repeat that: we have a safe and effective
2521 medication that reduces mortality risk by 50 percent, yet we

2522 have a health care system that delivers it to only 1 in 10
2523 eligible patients. That is a glaring, systemic failure.

2524 One of the main reasons for this failure is the so-
2525 called X waiver, which requires health care providers that
2526 wish to offer buprenorphine for the treatment of addiction to
2527 submit to burdensome paperwork, record-keeping, and training
2528 requirements to obtain a special waiver from the DEA, all of
2529 this despite the fact that at this very moment health care
2530 providers can prescribe that exact same drug for the
2531 treatment of pain without a special waiver, and despite the
2532 fact that buprenorphine is less medically complex than
2533 commonly prescribed medications such as insulin and blood
2534 thinners.

2535 Because of these current barriers, we live in a country
2536 where 40 percent of counties -- home to more than 20 million
2537 Americans -- lack even a single physician that can prescribe
2538 buprenorphine for addiction.

2539 We live in a country where Black Americans, who are
2540 disproportionately at risk for opioid overdose, are
2541 significantly less likely to have health care providers in
2542 their neighborhoods who offer buprenorphine. Can you imagine
2543 how quickly we would be acting if insulin wasn't available in
2544 more than 40 percent of counties or some of the most high-
2545 need neighborhoods? This is the life-or-death crisis that we
2546 are facing.

2547 In recognition of the absurdities of the existing
2548 system, both the Trump and Biden Administrations took
2549 executive actions to reduce the burden of the X waiver and
2550 expand access to treatment, but were limited in their ability
2551 to do so by existing statutory requirements. Just this week,
2552 Jim Carroll, head of the Office of Drug Control Policy under
2553 former President Trump, called on Congress to pass the MAT
2554 Act and, once and for all, eliminate the X waiver. Today is
2555 our chance to answer that call, and to do so in a
2556 resoundingly bipartisan fashion.

2557 In my conversations with members of this committee on
2558 the amendment before us, I have heard of two primary concerns
2559 that I wanted to preemptively address.

2560 First, some have raised the concern that this
2561 legislation would increase illicit diversion of
2562 buprenorphine. This is false. The Drug Enforcement Agency
2563 and everyone else who has looked at this issue has found that
2564 the primary reason for buprenorphine diversion is the failure
2565 to access legitimate treatment, and that increasing and not
2566 limiting buprenorphine treatment may be an effective response
2567 to the diversion of buprenorphine.

2568 To that end, we heard these exact same diversion
2569 arguments when this committee took decisive action to expand
2570 access to buprenorphine in both the 21st Century Cures Act
2571 and the SUPPORT Act. And as the Committee has taken these

2572 actions, illicit diversion of buprenorphine has fallen over
2573 the past five years. Increasing access to legitimate
2574 treatment decreases illicit diversion. Full stop.

2575 The diversion argument is nothing more than a red
2576 herring, which is why legislation has been supported by major
2577 law enforcement organizations, including the National
2578 Sheriffs Association and the National Association of
2579 Attorneys General.

2580 Second, I have heard concerns that eliminating the X
2581 waiver requirement will reduce the quality of addiction
2582 treatment by eliminating existing training requirements. To
2583 be clear, any health care provider who would be authorized to
2584 prescribe buprenorphine for opioid use disorder under this
2585 legislation can already prescribe the exact same medication
2586 for pain today, as well as the powerful opioids that got us
2587 into this crisis in the first place.

2588 Furthermore, under the MAT Act, health care providers
2589 will still have to meet state licensure requirements and
2590 obtain a standard controlled substance license from the DEA
2591 to prescribe the medication.

2592 Finally, in conjunction with the MATE Act, which
2593 Representative Trahan introduces -- we will also be
2594 considering that today, and we will actually expand addiction
2595 training requirements by ensuring that all, not just some,
2596 DEA-licensed prescribers have at least eight hours of

2597 training in treating and managing substance use disorders,
2598 which is the same standard for physicians under the current X
2599 waiver system.

2600 In closing, let me just say that I know this is a
2601 powerful issue in all of our communities, as it is in mine.
2602 I have grieved with too many families in my district, with
2603 neighbors and friends, and I am sick and tired of this pain.
2604 We have to do better. Today we have a chance to make a
2605 difference in so many people's lives. We have the chance to
2606 bring hope where there is despair.

2607 I urge all of my colleagues to support this critically
2608 needed legislation, and with that, Mr. Chair, I yield back.

2609 *The Chairman. All right, thank you.

2610 And now, anyone on the Republican side?

2611 Dr. Burgess?

2612 *Mr. Burgess. Mr. Chairman, I have an amendment to the
2613 amendment.

2614 *The Chairman. All right. We are going to proceed with
2615 this, although I am a little confused, because this is
2616 essentially a third-degree amendment. But I understand Dr.
2617 Burgess is going to offer and speak and withdraw. So let's
2618 -- I don't know, Madam Clerk, I --

2619 *Voice. Ask her to report the amendment.

2620 *The Chairman. We -- can you report the Burgess
2621 amendment?

2622 *The Clerk. Amendment offered by Mr. Burgess of Texas
2623 to the amendment --

2624 *Voice. I would like to reserve a point of order.

2625 *The Clerk. -- offered by Mr. Tonko of New York.

2626 *The Chairman. You are raising a point of order?

2627 *Voice. Reserving.

2628 *The Chairman. Reserving a point of order, okay.

2629 *The Clerk. Page one, line --

2630 *The Chairman. I am sorry.

2631 Without objection, the gentlewoman's point of order
2632 is --

2633 *Voice. No, no. The reading of the amendment shall be
2634 dispensed with.

2635 *The Chairman. Oh, okay. So -- all right, go ahead,
2636 Madam Clerk.

2637 *The Clerk. Strike "two individuals," and insert --

2638 *The Chairman. All right. So, without objection, the
2639 reading of the Burgess amendment will be dispensed with.

2640 [The amendment of Mr. Burgess follows:]

2641

2642 *****COMMITTEE INSERT*****

2643

2644 *The Chairman. And the gentleman from Texas is
2645 recognized for five minutes.

2646 *Mr. Burgess. Thank you, Mr. Chairman.

2647 You know, under current law providers cannot prescribe
2648 buprenorphine to more than 275 patients for maintenance and
2649 detoxification treatment. This amendment to the MAT
2650 amendment would state that any provider who seeks to
2651 prescribe buprenorphine to over 275 patients would need to
2652 obtain separate registration to become an opiate treatment
2653 program.

2654 This will apply only to practitioners who do not
2655 practice in an area within 30 miles of another practitioner
2656 who dispenses narcotic drugs in schedule 2, 3 or 5 of the
2657 section 202 of the Controlled Substance Act for individuals
2658 for maintenance of detoxification and treatment.

2659 We heard it said during the discussion on the underlying
2660 amendment that an all-too-common theme is the number of
2661 people that we are losing from drug overdose. But really, as
2662 I outlined in comments during the subcommittee markup, the
2663 all-too-common theme is the lack of control at the southern
2664 border that allows fentanyl to flood into this country.

2665 It is a different disease that we are facing today than
2666 we faced when we passed the SUPPORT Act. The SUPPORT Act was
2667 undertaken by this committee, by the Health Subcommittee, by
2668 the full committee to deal with the problem of opiate use

2669 disorder. Fentanyl opioid use disorder is indeed a different
2670 disease.

2671 So this amendment would ensure that the MAT Act would
2672 not go into effect -- or, in addition, this amendment would
2673 ensure that the MAT Act would not go into effect until the
2674 Secretary of Health and Human Services reports to the
2675 Committee on Energy and Commerce and the Committee on Health,
2676 Education, Labor, and Pensions in the Senate that the
2677 Substance Abuse and Mental Health Services Administration
2678 publishes science-based guidance on effective treatment for
2679 individuals with fentanyl opiate use disorder.

2680 In addition, practitioners must receive training on such
2681 guidance in order to prescribe opioids.

2682 As I mentioned in my opening statement, these are
2683 difficult and complicated patients. This cannot be a casual
2684 association with a treatment modality. This is a commitment
2685 to a patient who has a serious disease which, if not treated
2686 properly, will surely be lethal, as we have seen 107,000
2687 times in the last calendar year. The issue today is not only
2688 access to treatment. The issue is access to the right
2689 treatment for those individuals with fentanyl opiate use
2690 disorder.

2691 This committee, under Chairman Upton's tenure, spent a
2692 good deal of time dealing with the phenomenon known as pill
2693 mills. We certainly do not want to create another problem

2694 that we faced back in 2014 and 2015 with pill mills. So
2695 there needs to be significant oversight when we are
2696 discussing treatment options.

2697 Now, the chairman is very generous to have not started
2698 the clock yet, but I appreciate the concern over the
2699 technical and parliamentary difficulties of a second-order or
2700 a third-order amendment. I realize that this is complicated,
2701 but I thought it was important to get this out there and, in
2702 fact, do so in a way that there is legislative language to
2703 actually fix a problem that would actually help people who
2704 are suffering from fentanyl opioid use disorder.

2705 And I am prepared to ask unanimous consent to withdraw
2706 the second-order amendment, unless someone else would like to
2707 speak to that.

2708 So I will ask unanimous consent to withdraw the second-
2709 order amendment.

2710 *The Chairman. I certainly appreciate that, Dr.
2711 Burgess, particularly since he is a member of the Rules
2712 Committee. I don't want to be arguing with you over third-
2713 degree amendments, because I know, if I don't hear it here, I
2714 will hear it at rules.

2715 *Mr. Burgess. Yes, let's synchronize our watches.

2716 [Laughter.]

2717 *The Chairman. Right. So the gentleman has asked to
2718 withdraw the amendment.

2719 Without objection -- oh, I am sorry. The gentlewoman
2720 from -- the vice chair from Illinois, are you with -- oh, he
2721 withdrew the amendment, so you don't need to withdraw your
2722 reservation.

2723 You want to talk on this? On the next one, okay, so --
2724 huh? Oh, yes, no, we will get to that.

2725 So the -- Dr. Burgess has withdrawn his amendment, and
2726 we will go back to the Tonko amendment. And the next person
2727 who wants to speak is Ms. Kuster.

2728 Oh, do you want to talk, too?

2729 You already spoke. No?

2730 *Voice. Mr. Chairman?

2731 *The Chairman. All right, well, let's have Ms. Kuster --
2732 - Kuster is recognized for five minutes.

2733 *Ms. Kuster. Thank you, Mr. Chairman. I move to strike
2734 the last word.

2735 *The Chairman. The gentlewoman is recognized for five
2736 minutes.

2737 *Ms. Kuster. In 2015 I founded the bipartisan Heroin
2738 Task Force that today has evolved into the bipartisan
2739 Addiction and Mental Health Task Force to better reflect the
2740 scope of this epidemic with my co-chairs David Trone, Brian
2741 Fitzpatrick, and Jamie Herrera Beutler.

2742 I would like to express my gratitude to the chair of the
2743 committee and the chair of the subcommittee for considering

2744 so many bills from our bipartisan Addiction and Mental Health
2745 Task Force legislative agenda. And I urge my colleagues to
2746 support the amendment offered by Congressman Tonko, and I
2747 thank him for his leadership.

2748 According to the CDC, more than one million Americans
2749 have died from overdoses during the last two decades. And
2750 2021 marked the deadliest year yet, with nearly 108,000
2751 overdose deaths just in the United States. Two-thirds of
2752 these overdose deaths involved fentanyl.

2753 We know that buprenorphine reduces heroin and fentanyl
2754 use, and can cut the risk of overdose death in half. In
2755 fact, the risk of overdose decreases immediately when a
2756 patient takes this medication. I know this from personal
2757 experience, with a relative of mine who relapsed during
2758 COVID, and now has returned to MAT treatment, likely saving
2759 his life. That is why the MAT Act is so important to today's
2760 discussion. It removes the outdated barriers that prevent
2761 health care providers from prescribing essential treatment
2762 for substance use disorder.

2763 We need this legislation now. In my state of New
2764 Hampshire overdose numbers rose by six percent, just from
2765 March to April of this year. And in the cities of Nashua and
2766 Manchester, our largest two cities, fatal overdoses doubled
2767 last month. We cannot delay common-sense legislation like
2768 this any longer, and I urge the members of this committee to

2769 support the legislation before us. We must increase access
2770 to treatment.

2771 Thank you, and I yield --

2772 *The Chairman. Could I ask you not to yield back, and
2773 yield to Mr. Tonko?

2774 *Ms. Kuster. I would be very grateful to yield to Mr.
2775 Tonko.

2776 *Mr. Tonko. Do I only have the two minutes left?

2777 *The Chairman. Yes, almost three.

2778 *Mr. Tonko. Mr. Doyle was going to yield five.

2779 *The Chairman. All right, then. We will wait. Okay,
2780 we will wait. Thank you.

2781 The gentlewoman yields back.

2782 *Ms. Kuster. I yield --

2783 *The Chairman. Does anyone want to -- yes, Dr. Bucshon?

2784 *Mr. Bucshon. Thank you, Mr. Chairman. I move to
2785 strike the last word and speak on the amendment.

2786 *The Chairman. The gentleman is recognized for five
2787 minutes.

2788 *Mr. Bucshon. Buprenorphine can be effective, if
2789 administered by properly educated and trained providers who
2790 counsel and educate the patient. However, the vast majority
2791 of individuals currently receive little or no counseling.
2792 Ongoing counseling is critical to success.

2793 I have been working with Congress to implement caps in

2794 the number of patients a practitioner can see at any one
2795 time, and increase prescriber education for buprenorphine.
2796 However, some of my friends in Congress continue to support
2797 expanding this -- the practice and scope to allow, in my
2798 opinion, almost anyone, regardless of their qualifications
2799 and/or training, to prescribe buprenorphine.

2800 In my opinion, that is exactly what this amendment does.
2801 It removes a needed requirement that ensures adequate
2802 training, and eliminates the existing caps on the number of
2803 patients practitioners could see at one time, making it
2804 easier to prescribe a medication known to be highly diverted
2805 and misused.

2806 Although very well intended, this is a huge mistake.
2807 This amendment will only expand access to an opioid used to
2808 treat opioid addiction, rather than focus on improving
2809 effective treatment for individuals with substance use
2810 disorder in a comprehensive way.

2811 I want to read from SAMHSA's website. "Buprenorphine is
2812 a medication approved by the Food and Drug Administration to
2813 treat opioid use disorder as a medication-assisted treatment,
2814 MAT. As with all medications used in MAT, buprenorphine
2815 should be prescribed as part of a comprehensive treatment
2816 plan that includes counseling and other behavioral therapies
2817 to provide patients with a whole-person approach.'`

2818 *Mr. Upton. Thank you.

2819 *Mr. Bucshon. In describing buprenorphine -- this is
2820 from Drugfree.org -- "It is a controlled substance, high risk
2821 for addiction and dependance, it can cause respiratory
2822 distress and death when taken in high doses or when combined
2823 with other substances, especially alcohol or other illicit
2824 drugs such as heroin or cocaine.'`

2825 At a time when practitioners are prescribing
2826 buprenorphine at record lows due to the lessons learned over
2827 the years of its diversion and misuse, the last thing
2828 Congress should do is lax the requirements for prescribing
2829 and dispensing narcotic drugs such as buprenorphine. We do
2830 need to expand access to addiction treatment, this just isn't
2831 the way to do it.

2832 For these reasons, and the medical concerns they bring,
2833 I will be voting no on this amendment, and I strongly urge my
2834 colleagues to join me in opposition.

2835 Thank you, and I yield back the balance of my time.

2836 *The Chairman. Thank you, Dr. Bucshon.

2837 I recognize Mr. Doyle for five minutes.

2838 *Mr. Doyle. Yes, I move to strike the last word, Mr.
2839 Chairman.

2840 *The Chairman. The gentleman is recognized.

2841 *Mr. Doyle. I would like to yield to Mr. Tonko.

2842 *The Chairman. Mr. Tonko?

2843 *Mr. Tonko. Thank you, Mr. Chair, and I appreciate the

2844 gentleman yielding.

2845 While I understand and appreciate that the gentleman has
2846 withdrawn his amendment, I would like to offer some brief
2847 thoughts on the underlying substance.

2848 The amendment attempted to limit the impact on the
2849 Mainstreaming Addiction Act (sic) only to places where there
2850 are currently severe issues with access to buprenorphine.

2851 From my vantage point, when you had a situation where
2852 only 1 in 10 struggling with opioid addiction is receiving a
2853 medication that can cut their risk of mortality from an
2854 overdose fully in half, it is indicative of an access crisis
2855 across our nation, not simply in select counties.

2856 The National Academy of Sciences, Engineering, and
2857 Medicine, which have studied the issue in depth, found that,
2858 even if all health care providers who currently have an X
2859 waiver prescribed up to their patient limits, only half of
2860 the nearly two million people who lack access to
2861 buprenorphine would receive the medication.

2862 I have already discussed that 40 percent of counties
2863 that lack a single waivered physician, the 20 million
2864 Americans who live in these counties, that Black and Latino
2865 Americans are seeing the biggest growth in overdose deaths --
2866 live neighborhoods with the least access to treatment, that
2867 our nation's veterans are 1.5 times more likely to die of an
2868 opioid overdose, that most pregnant women with opioid use

2869 disorder don't receive buprenorphine, despite being the gold
2870 standard of care in -- of care, as less than 1 in 100 OB-GYNs
2871 are rated providers.

2872 So, look, we all share the goal of preventing overdoses.
2873 Research demonstrates that the small amount of buprenorphine
2874 diversion that occurs today actually prevents overdoses and
2875 reduces heroin and fentanyl use. Buprenorphine has a ceiling
2876 effect, which protects against overdose from the medication,
2877 and buprenorphine also blocks the effect of other opioids,
2878 preventing overdoses from these drugs, as well.

2879 The National Academy of Sciences, Engineering, and
2880 Medicine has found that the risk of opioid overdose death
2881 declines immediately when patients with OUD initiate
2882 buprenorphine. And the DEA has noted that the small amount
2883 of diversion is a result of a lack of access to the
2884 medication through the health care system in a very
2885 disciplined fashion.

2886 So the best way to expand access to buprenorphine and
2887 prevent overdoses is to pass the Mainstream Addiction and
2888 Treatment Act.

2889 We have had many law enforcement groups and the --
2890 again, the Association of Attorneys General calling for this
2891 legislation. We will destroy that black market if we provide
2892 for a disciplined addressing of this issue with the
2893 professional MDs that will assist in this effort. I think

2894 this is the way for us to really address the crisis in our
2895 midst.

2896 *Ms. Eshoo. Would the gentleman yield?

2897 *Mr. Tonko. Yes, I will

2898 *Ms. Eshoo. Would the gentleman yield?

2899 I think -- I just asked the committee staff about
2900 national medical organizations, if they -- if any have
2901 endorsed Mr. Tonko's effort. The American Medical
2902 Association supports the legislation. The Academy of Family
2903 Physicians have -- are in support of the legislation. And,
2904 as was just mentioned, and I think very importantly, law
2905 enforcement professionals.

2906 So I know that there is a different view held by Dr.
2907 Bucshon, but I think it is important to note for the record
2908 the national organizations that do support it.

2909 So I thank the gentleman for yielding, and I yield back
2910 to him.

2911 *Mr. Tonko. And thank you, and I yield back, Mr. Chair.

2912 *The Chairman. And Mr. Doyle?

2913 *Mr. Doyle. And I yield back my time.

2914 *The Chairman. Thank you. Now, I understand Dr. Dunn
2915 would like to speak next.

2916 You are recognized.

2917 *Mr. Dunn. Thank you very much, and I will move to
2918 strike the last word.

2919 *The Chairman. The gentleman is recognized for five
2920 minutes.

2921 I don't know what is going on with the clock, though.
2922 Hold on a second. I am going to restart it. Okay, we are
2923 all set. You are recognized.

2924 *Mr. Dunn. So I thank you.

2925 First I want to associate myself with the comments of my
2926 colleagues, Dr. Bucshon and Dr. Burgess. I too am very
2927 opposed to this bill. I think it is a shame that the short-
2928 sighted policy will be likely wrapped up in what is otherwise
2929 a commendable bipartisan mental health package that we are
2930 considering today.

2931 The opioid epidemic has hit every single one of our
2932 districts, and I mourn the loss of my members of my community
2933 who have succumbed to this terrible addiction. However,
2934 recently my office heard from opioid addiction centers in the
2935 district who are extremely concerned of the consequences of
2936 the bill. When the folks on the ground actively working to
2937 end the opioid epidemic say Congress is getting it wrong, I
2938 think we need to listen.

2939 There is over 120,000 doctors waived to provide
2940 medication-assisted treatment to opioid addicts, and only
2941 half of them are engaged in treatment with patients. Ninety-
2942 nine percent of Americans live within thirty miles of X
2943 waived provider. I think it is clear that the X waiver is

2944 not the barrier to treatment here. This legislation fails to
2945 move the needle on opioid addiction and, in fact, end the
2946 epidemic. In fact, I think it makes it worse.

2947 Today most opioid deaths are due to fentanyl and
2948 fentanyl analogs, not prescribed opioids or heroin, which
2949 was, just three years ago, the driver of this epidemic. If a
2950 provider wants to engage in medication-assisted treatment, I
2951 believe they should obtain a waiver from the DEA
2952 demonstrating they know the ins and outs of fentanyl
2953 treatment.

2954 Further, there is significant risk of buprenorphine
2955 misuse and diversion, a fact that is not at all addressed in
2956 this bill. Buprenorphine is a major cause of overdose deaths
2957 in Europe. When Congress passed the SUPPORT Act in 2018 -- a
2958 solid bipartisan bill, by the way -- we requested data
2959 regarding the impact of increased access to buprenorphine
2960 from HHS, but they failed to deliver on that requirement. So
2961 we remain in the dark regarding how opening access to
2962 buprenorphine has worked for the American people.

2963 And so I am concerned about my colleagues throwing
2964 another poorly considered policy at the wall just to see if
2965 it sticks, and see if it moves the needle, which I don't
2966 think it will, and I think it will be a disservice to the
2967 American people.

2968 You know, I am a doctor of 40 years. I am strongly

2969 opposed to this amendment. I encourage my colleagues to vote
2970 against it.

2971 Thank you, Mr. --

2972 *Ms. Eshoo. Would the gentleman yield?

2973 *Mr. Dunn. I do.

2974 *The Chairman. Ms. Eshoo asks if you would yield, Dr.
2975 Dunn.

2976 *Mr. Dunn. I do.

2977 *The Chairman. Dr. Dunn?

2978 *Mr. Dunn. Yes, I yield.

2979 *Ms. Eshoo. Oh, thank you --

2980 *The Chairman. He yields to you, Ms. Eshoo.

2981 *Ms. Eshoo. Well, I appreciate your yielding to me.

2982 I think that what is being spoken to is related to the
2983 methadone clinics in our country, and I think that it may be
2984 about some competition in the area of treatment. But it is a
2985 fact that methadone is far more dangerous than the drug that
2986 we are talking about, and access to it.

2987 So I just wanted to make those points. I appreciate
2988 your yielding time, and I yield back to you.

2989 *Mr. Dunn. Thank you. I will reclaim my time, and --

2990 *Mr. Bucshon. Will Dunn yield to Bucshon?

2991 *Mr. Dunn. -- say that I understand -- reclaiming my
2992 time, I understand the difference between methadone and
2993 buprenorphine very intimately. I mean, that is -- for

2994 physicians, that is a pretty obvious distinction.

2995 You know, this is not about methadone clinics. This is
2996 about people overdosing on buprenorphine that has been
2997 diverted. And that is the single largest cause of overdose
2998 deaths in northern Europe as we speak today.

2999 I think fentanyl and fentanyl analogs are a totally
3000 different problem, and I am not sure we are addressing that
3001 intelligently with this problem. It is like we are still
3002 stuck on heroin.

3003 With that, I will yield back, Mr. Chairman, the
3004 remainder [inaudible] --

3005 *The Chairman. The --

3006 *Mr. Bucshon. Will the gentleman yield to Bucshon?

3007 *Mr. Dunn. I will yield to Dr. Bucshon my remaining
3008 time.

3009 *The Chairman. Dr. Bucshon wants you to yield. You got
3010 30 seconds.

3011 *Mr. Bucshon. Yes, I just want to say my opposition to
3012 this is for medical reasons that has nothing to do with
3013 financial reasons or competition.

3014 The methadone clinics are highly regulated, as everyone
3015 knows. It is not comparable. It is apples and oranges. I
3016 remain opposed to this amendment.

3017 *The Chairman. All right, Dr. Dunn, do you yield back?

3018 *Mr. Dunn. I yield back to the chair.

3019 *The Chairman. We will go to the Democratic side.

3020 I realized, Mr. Welch, that I have to be careful about
3021 saying bad things about the Senate, because, you know, you
3022 may not let me back into the state to visit my alma mater.

3023 *Mr. Welch. Well --

3024 *The Chairman. But I will yield to you.

3025 *Mr. Welch. We all know, as long as we are in the
3026 House, the Senate is the enemy.

3027 *The Chairman. Okay, all right. I am glad you agree
3028 with that.

3029 *Mr. Welch. I am going to speak in support of this
3030 amendment.

3031 But first of all, I want to say that it has been such a
3032 pleasure on this committee, the bipartisan support we have
3033 had, to take serious measures to try to deal with this
3034 extraordinarily savage attack on our -- the well-being of our
3035 citizens.

3036 And I often think of our ranking member's comment that
3037 these opioid deaths are deaths of despair. And ultimately,
3038 we have to build resilient communities so people have
3039 support, and really have a lot of optimism about life.

3040 But in the meantime, treatment really matters, and the
3041 ease of access to treatment really, really matters. And I,
3042 obviously, respect the comments of Dr. Bucshon, who is a very
3043 qualified and compassionate medical provider.

3044 And I heard your comments as being really concerned
3045 about the well-being of the patients. So I can't dispute
3046 that. But the well-being of the patients also includes ease
3047 of access to this lifesaving treatment. And it is a tough
3048 balance. And I think that Mr. Tonko's bill strikes the right
3049 balance, and that is why I am so in support of this.

3050 You know, I am not going to tell you about the tragedies
3051 we have had in Vermont, because all the stories that I can
3052 tell you, you can tell me, and we share that. So I start out
3053 with that. But we did, in Vermont, reach the grim milestone
3054 of the highest number of fatal doses in 2021. So it is
3055 really serious.

3056 I believe that this Act, the MAT Act, will help our
3057 state and many states and communities that are struggling to
3058 equip our health care providers with a really key treatment
3059 option that can save lives and support the healing that is so
3060 desperately needed.

3061 With that, I yield back and thank my colleague, Mr.
3062 Tonko, for this very important legislation.

3063 *The Chairman. Thank you, Mr. Welch.

3064 Mr. Armstrong is recognized.

3065 *Mr. Armstrong. Thank you, Mr. Chairman. And I move to
3066 strike the last word.

3067 *The Chairman. The gentleman is recognized for five
3068 minutes.

3069 *Mr. Armstrong. The Mainstreaming Addiction Treatment
3070 Act would remove the burdensome requirements that a health
3071 care provider practitioner apply for a separate waiver, known
3072 as the X waiver, through the Drug Enforcement Agency to
3073 prescribe certain drugs such as buprenorphine for substance
3074 use treatment.

3075 The X waiver requirements limit access to lifesaving
3076 treatment, which is particularly painful considering the
3077 recent news that drug overdose deaths hit a record of over
3078 107,000 in 2021. Just to highlight the arbitrary
3079 bureaucratic red tape involved with the X waiver, a health
3080 provider may prescribe buprenorphine for pain management, but
3081 must go through the process of acquiring the waiver to
3082 prescribe the same drug for substance abuse disorder.

3083 Last year, SAMHSA took a -- the step in the right
3084 direction, exempting providers from X waiver training when
3085 they are treating 30 or less patients. However, more needs
3086 to be done to address the opioid epidemic, particularly in
3087 rural states and communities, which lack access to lifesaving
3088 treatment.

3089 In much of North Dakota, primary care practices provide
3090 a wide range of care, and these providers are often the only
3091 nearby health provider maintaining a certain level of trust
3092 and respect within their community. This amendment would
3093 immediately benefit these local health providers by removing

3094 barriers to prescribing drugs to treat substance abuse
3095 disorders, and empower them to integrate more treatment
3096 options into their practice.

3097 Finally, I would like to address the concerns related to
3098 the illicit diversion of buprenorphine. When prescribing
3099 buprenorphine for substance use disorder, providers must
3100 monitor the patient throughout the treatment plan, and ensure
3101 they receive the counseling and behavioral guidance warranted
3102 by their condition. I trust our health care providers will
3103 exercise the necessary post-prescription monitoring, and
3104 prevent the diversion of buprenorphine.

3105 I do not want the potential risk of diversion to create
3106 barriers in accessing lifesaving treatments that could
3107 prevent thousands of overdoses we are seeing every year. We
3108 desperately need more providers with the ability to
3109 prescribe. Access to this treatment is necessary in rural
3110 communities, and I urge my colleagues on this committee to
3111 support the amendment.

3112 And with that, Mr. Chairman, I will yield back.

3113 *The Chairman. Thank you, Mr. Armstrong.

3114 Anyone on either side -- and we are still on the
3115 Tonko --

3116 *Voice. Ms. Matsui.

3117 *The Chairman. Ms. Matsui is recognized.

3118 *Ms. Matsui. Thank you, Mr. Chairman. I move to strike

3119 the last word.

3120 *The Chairman. The gentlewoman is recognized for five
3121 minutes.

3122 *Ms. Matsui. The MAT Act is a critical addition to the
3123 underlying mental health package, and I strongly support Mr.
3124 Tonko's amendment because it provides a common-sense solution
3125 that would prevent overdoses, increase access to treatment,
3126 and reduce stigmas.

3127 Now, outdated restrictions on prescribing safe,
3128 effective recovery medication have precluded far too many
3129 Americans struggling with an opioid use disorder from getting
3130 the treatment that they need. Like many communities across
3131 this country, increasing overdose deaths filled by fentanyl
3132 from counterfeit prescription pills are a serious problem in
3133 the Sacramento region. Fentanyl is more powerful, more
3134 addictive, and more dangerous than heroin. It has made the
3135 opioid epidemic even deadlier, and warrants sustained, bold
3136 responses from Congress.

3137 Including the Mainstreaming Addiction Treatment Act in
3138 this package is a step in the right direction, as it will
3139 enable millions of highly-trained health professionals to
3140 prescribe lifesaving addiction treatment. But we need to
3141 step up and do more for addiction and mental health. I want
3142 to echo Chairwoman Eshoo's opening remarks that our work on
3143 mental health in this committee is far from done, especially

3144 when it comes to youth mental health.

3145 Overdose can strike anyone and at any time, and even a
3146 small dose can be deadly. In my district, there are one-time
3147 casual users, including children, dying from an overdose.
3148 Adding to these tragedies is the bitter fact that overdose
3149 deaths are preventable.

3150 We must continue to work across the prevention
3151 continuum. A multi-pronged approach should include greater
3152 investment in harm reduction strategies and social support
3153 systems that will help educate kids and families, and ensure
3154 widespread distribution of naloxone.

3155 I look forward to continuing our work here to provide
3156 greater support to communities on the front lines of the
3157 fentanyl crisis.

3158 Thank you, Mr. Chairman. I yield back.

3159 *The Chairman. Thank you, Ms. Matsui.

3160 Anyone else on the Tonko amendment to the AINS?

3161 All right, then let's proceed to vote on that. Let's
3162 see. This is -- do they want a roll call? Dr. Bucshon, you
3163 want a -- okay, we are going to have a roll call. No? You
3164 don't -- you do want it, or you don't care?

3165 *Mr. Bucshon. Yes.

3166 *The Chairman. Okay. All right. So let's go to a
3167 recorded vote, as ordered on the Tonko amendment.

3168 Those in favor of the amendment will say aye, those

3169 opposed to the amendment will say no, and the clerk shall
3170 call the roll.

3171 *The Clerk. Mr. Rush?

3172 [No response.]

3173 *The Clerk. Ms. Eshoo?

3174 *Ms. Eshoo. Aye.

3175 *The Clerk. Ms. Eshoo votes aye.

3176 Ms. DeGette?

3177 [No response.]

3178 *The Clerk. Mr. Doyle?

3179 *Mr. Doyle. Yes.

3180 *The Clerk. Mr. Doyle votes aye.

3181 Ms. Schakowsky?

3182 *Ms. Schakowsky. Aye.

3183 *The Clerk. Ms. Schakowsky, can you please repeat your
3184 vote? I didn't see you on camera.

3185 *Ms. Schakowsky. I am on camera. See me?

3186 *The Clerk. Ms. Schakowsky votes aye.

3187 Mr. Butterfield?

3188 *Mr. Butterfield. Votes yes.

3189 *The Clerk. Mr. Butterfield votes aye.

3190 Ms. Matsui?

3191 *Ms. Matsui. Matsui votes aye.

3192 *The Clerk. Ms. Matsui votes aye.

3193 Ms. Castor?

3194 *Ms. Castor. Ms. Castor votes aye.
3195 *The Clerk. Ms. Castor votes aye.
3196 Mr. Sarbanes?
3197 *Mr. Sarbanes. Sarbanes votes aye.
3198 *The Clerk. Mr. Sarbanes votes aye.
3199 Mr. McNerney?
3200 *Mr. McNerney. McNerney votes aye.
3201 *The Clerk. Mr. McNerney votes aye.
3202 Mr. Welch?
3203 [No response.]
3204 *The Clerk. Mr. Tonko?
3205 *Mr. Tonko. Tonko of New York votes aye.
3206 *The Clerk. Mr. Tonko votes aye.
3207 Ms. Clarke?
3208 *Ms. Clarke. Ms. Clarke votes aye.
3209 *The Clerk. Ms. Clarke votes aye.
3210 Mr. Schrader?
3211 *Mr. Schrader. Schrader votes no.
3212 *The Clerk. Mr. Schrader votes no.
3213 Mr. Cardenas?
3214 *Mr. Cardenas. Cardenas from California votes aye.
3215 *The Clerk. Mr. Cardenas votes aye.
3216 Mr. Ruiz?
3217 *Mr. Ruiz. Ruiz votes aye.
3218 *The Clerk. Mr. Ruiz votes aye.

3219 Mr. Peters?

3220 *Mr. Peters. Peters votes aye.

3221 *The Clerk. Mr. Peters votes aye.

3222 Mrs. Dingell?

3223 *Mrs. Dingell. Dingell votes aye.

3224 *The Clerk. I am sorry, can you please repeat your
3225 vote?

3226 *Mrs. Dingell. Dingell votes aye. I am losing my
3227 voice.

3228 *The Clerk. Mrs. Dingell votes aye.

3229 Mr. Veasey?

3230 [No response.]

3231 *The Clerk. Mr. Veasey?

3232 *Mr. Veasey. [Inaudible.]

3233 *The Clerk. Mr. Veasey votes aye.

3234 Ms. Kuster?

3235 *Ms. Kuster. Kuster votes aye.

3236 *The Clerk. Ms. Kuster votes aye.

3237 Ms. Kelly?

3238 *Ms. Kelly. Kelly votes aye.

3239 *The Clerk. Ms. Kelly votes aye.

3240 Ms. Barragan?

3241 *Ms. Barragan. Barragan votes aye.

3242 *The Clerk. Ms. Barragan votes aye.

3243 Mr. McEachin?

3244 [No response.]

3245 *The Clerk. Mr. McEachin?

3246 *Mr. McEachin. McEachin votes aye.

3247 *The Clerk. Mr. McEachin votes --

3248 *Mr. McEachin. McEachin votes aye.

3249 *The Clerk. -- aye.

3250 Ms. Blunt Rochester?

3251 *Ms. Blunt Rochester. Blunt Rochester votes aye.

3252 *The Clerk. Ms. Blunt Rochester votes aye.

3253 Mr. Soto?

3254 *Mr. Soto. Aye.

3255 *The Clerk. Mr. Soto votes aye.

3256 Mr. O'Halleran?

3257 *Mr. O'Halleran. O'Halleran votes aye.

3258 [Pause.]

3259 *Mr. O'Halleran. O'Halleran votes aye.

3260 *The Clerk. Mr. O'Halleran votes aye.

3261 Miss Rice?

3262 *Miss Rice. Rice votes aye.

3263 *The Clerk. Miss Rice votes aye.

3264 Ms. Craig?

3265 *Ms. Craig. Craig of Minnesota votes aye.

3266 *The Clerk. Ms. Craig votes aye.

3267 Ms. Schrier?

3268 *Ms. Schrier. Schrier votes aye.

3269 *The Clerk. Ms. Schrier votes aye.
3270 Mrs. Trahan?
3271 *Mrs. Trahan. Trahan votes aye.
3272 *The Clerk. Mrs. Trahan votes aye.
3273 Mrs. Fletcher?
3274 *Mrs. Fletcher. Fletcher votes aye.
3275 *The Clerk. Mrs. Fletcher votes aye.
3276 Mrs. Rodgers?
3277 *Mrs. Rodgers. [Inaudible.]
3278 *The Clerk. Mrs. Rodgers votes aye.
3279 Mr. Upton?
3280 *Mr. Upton. [Inaudible.]
3281 *The Clerk. Mr. Upton votes aye.
3282 Mr. Burgess?
3283 *Mr. Burgess. [Inaudible.]
3284 *The Clerk. Mr. Burgess votes no.
3285 Mr. Scalise?
3286 [No response.]
3287 *The Clerk. Mr. Latta?
3288 *Mr. Latta. [Inaudible.]
3289 *The Clerk. Mr. Latta votes aye.
3290 Mr. Guthrie?
3291 *Mr. Guthrie. [Inaudible.]
3292 *The Clerk. Mr. Guthrie votes no.
3293 Mr. McKinley?

3294 *Mr. McKinley. [Inaudible.]

3295 *The Clerk. Mr. McKinley votes no.

3296 Mr. Kinzinger?

3297 [No response.]

3298 *The Clerk. Mr. Griffith?

3299 *Mr. Griffith. No.

3300 *The Clerk. Mr. Griffith votes no.

3301 Mr. Bilirakis?

3302 *Mr. Bilirakis. Mr. Bilirakis votes aye.

3303 *The Clerk. Mr. Bilirakis, can you please repeat your

3304 vote? I didn't see you on camera.

3305 *Mr. Bilirakis. Yes, votes aye.

3306 *The Clerk. Mr. Bilirakis votes aye.

3307 Mr. Johnson?

3308 *Mr. Johnson. [Inaudible.]

3309 *The Clerk. Mr. Johnson votes aye.

3310 Mr. Long?

3311 *Mr. Long. The only Long in Congress votes no.

3312 *The Clerk. Mr. Long votes no.

3313 Mr. Bucshon?

3314 *Mr. Bucshon. [Inaudible.]

3315 *The Clerk. Mr. Bucshon votes no.

3316 Mr. Mullin?

3317 *Mr. Mullin. No.

3318 *The Clerk. Mr. Mullin votes no.

3319 Mr. Hudson?
3320 *Mr. Hudson. Yes.
3321 *The Clerk. Mr. Hudson votes aye.
3322 Mr. Walberg?
3323 *Mr. Walberg. Aye.
3324 *The Clerk. Mr. Walberg votes aye.
3325 Mr. Carter?
3326 *Mr. Carter. Carter votes aye.
3327 *The Clerk. Mr. Carter votes aye.
3328 Mr. Duncan?
3329 *Mr. Duncan. Yes.
3330 *The Clerk. Mr. Duncan votes aye.
3331 Mr. Palmer?
3332 *Mr. Palmer. [Inaudible.]
3333 *The Clerk. Mr. Palmer votes no.
3334 Mr. Dunn?
3335 *Mr. Dunn. Dunn votes no.
3336 *The Clerk. Mr. Dunn votes no.
3337 Mr. Curtis?
3338 *Mr. Curtis. [Inaudible.]
3339 *The Clerk. Mr. Curtis votes aye.
3340 Mrs. Lesko?
3341 *Mrs. Lesko. [Inaudible.]
3342 *The Clerk. Mrs. Lesko votes aye.
3343 Mr. Pence?

3344 *Mr. Pence. Aye.

3345 *The Clerk. Mr. Pence votes aye.

3346 Mr. Crenshaw?

3347 *Mr. Crenshaw. Votes aye.

3348 *The Clerk. Mr. Crenshaw votes aye.

3349 Mr. Joyce?

3350 *Mr. Joyce. Joyce votes aye.

3351 *The Clerk. Mr. Joyce votes aye.

3352 Mr. Armstrong?

3353 *Mr. Armstrong. Yes.

3354 *The Clerk. Mr. Armstrong votes aye.

3355 Chairman Pallone?

3356 *The Chairman. Votes aye.

3357 *The Clerk. Chairman Pallone votes aye.

3358 *Mr. Welch. Madam Clerk, how am I recorded?

3359 *The Chairman. We have members who haven't -- who was

3360 that?

3361 *Mr. Welch. Congressman Welch.

3362 *The Chairman. Mr. Welch?

3363 *Mr. Welch. Votes aye.

3364 *The Clerk. Mr. Welch votes aye.

3365 *The Chairman. Ms. DeGette is not --

3366 *Ms. DeGette. DeGette votes aye.

3367 *The Clerk. Ms. DeGette votes aye.

3368 *The Chairman. Anyone else who is not recorded and

3369 wants to be?

3370 *The Clerk. Mr. Rush is not recorded.

3371 *The Chairman. Mr. Rush going once, going twice.

3372 All right. Anyone else who wants to be recorded?

3373 Otherwise, the clerk will report the tally.

3374 *The Clerk. On that vote, Mr. Chairman, the yeas were
3375 45 and the nays were 10.

3376 *The Chairman. So the vote is 45 ayes and 10 noes, so
3377 the Tonko amendment is agreed to.

3378 Are there further amendments to the amendment in the
3379 nature of a substitute?

3380 *Mrs. Trahan. I have an amendment --

3381 *The Chairman. Mrs. Trahan --

3382 *Mrs. Trahan. -- at the desk.

3383 *The Chairman. -- has an amendment?

3384 *Mrs. Trahan. Yes, thank you, Mr. Chairman. I want to
3385 thank you and Ranking Member Rodgers for your commitment to
3386 investing in --

3387 *The Chairman. I am sorry, but I -- we have to report
3388 the amendment first. The clerk has it, and the clerk will
3389 report the amendment.

3390 *The Clerk. Amendment to the amendment in the nature of
3391 a substitute to H.R. 7666, authored by Mrs. Trahan of
3392 Massachusetts.

3393 At the end of title --

3394 *The Chairman. All right, Madam Clerk, without
3395 objection, the reading of the Trahan amendment will be
3396 dispensed with.

3397 [The amendment of Mrs. Trahan follows:]

3398

3399 *****COMMITTEE INSERT*****

3400

3401 *The Chairman. And the gentlewoman from Massachusetts
3402 is recognized for five minutes.

3403 *Mrs. Trahan. Well, I want to thank you, Mr. Chairman
3404 and Ranking Member Rodgers, for your commitment to investing
3405 in mental health, wellness, and substance use disorder. The
3406 amendment that I am offering today will simply give
3407 prescribers of controlled substances the necessary tools to
3408 identify, treat, and manage their patients with a substance
3409 use disorder.

3410 The lack of adequate education and the identification,
3411 treatment, and management of patients with SUD is
3412 particularly acute among prescribers of DEA-controlled
3413 medications. Across different clinical settings, these
3414 health care professionals often interact with and have
3415 opportunities to provide effective interventions for
3416 individuals with substance use disorder, critical
3417 opportunities to saving lives. But far too often, those
3418 chances to help are missed.

3419 In fact, this point was brought up in this very
3420 committee during a hearing in reference to a National
3421 Academies paper that found that most clinicians could not
3422 confidently diagnose and treat patients with substance use
3423 disorder. Stigma, discrimination, and lack of understanding
3424 about addiction, including within the medical community, have
3425 prevented far too many Americans from accessing evidence-

3426 based care for this chronical -- for this chronic, treatable
3427 disease.

3428 The idea for the MATE Act came to light when a physician
3429 in my home state of Massachusetts, Dr. Jim Baker, came to me
3430 with the tragic story of his son, Max. Dr. Baker was
3431 visiting his primary care physician one day when his PCP
3432 asked if there was anything he could help with. Dr. Baker
3433 pleaded with his PCP for help with Max's opioid addiction.
3434 To Dr. Baker's surprise, his PCP did not have adequate
3435 education or understanding of OUD to point Dr. Baker in the
3436 direction of appropriate treatment for Max. Tragically, Max
3437 Baker died from an overdose at just 23 years old.

3438 Now, every member sitting here today knows that Dr.
3439 Baker's story is not unique. In fact, each and every one of
3440 us have heard similar stories from our constituents, from
3441 families who are willing to do anything, everything to save
3442 the life of a loved one battling addiction. In almost every
3443 hearing in markup this committee has held, the opioid crisis
3444 and the hundreds of thousands of lives it has claimed is
3445 almost always mentioned. Remarks delivered about the
3446 addiction crisis, the need to save lives, and not wasting
3447 another moment to act.

3448 With this amendment and the underlying package we have
3449 the chance to put those words into action. We have the
3450 chance to advance a meaningful policy today that works for

3451 the patient by requiring prescribers of controlled substances
3452 to take a one-time, non-burdensome training on substance use
3453 disorder.

3454 I will repeat it, so it is clear: this is a one-time,
3455 non-additive, eight-hour training that can also be used for
3456 other CME purposes, like satisfying state licensing
3457 requirements.

3458 The burden on doctors is light, and the benefit is
3459 enormous: being trained to effectively spot signs of
3460 addiction in a patient; to treat them with compassion,
3461 dignity, and care that they deserve; and to direct them to
3462 the right services so that they can treat their addiction,
3463 like prescribing evidence-based treatment. There is simply
3464 no argument as to why doctors who prescribe strong pain
3465 medications should not know about substance use disorder, as
3466 well. We have the chance to make a real difference by making
3467 education on substance use disorder the standard, not the
3468 exception. And I implore my colleagues to join me in voting
3469 yes on this amendment today.

3470 Thank you, I yield back.

3471 *The Chairman. Thank you, Mrs. Trahan.

3472 Anyone on the Republican side? Dr. Burgess is
3473 recognized.

3474 *Mr. Burgess. I would like -- I seek recognition to
3475 speak on the amendment.

3476 *The Chairman. The gentleman is recognized for five
3477 minutes.

3478 *Mr. Burgess. And I am opposed to the amendment. I
3479 appreciate the gentlelady having spoken with me individually
3480 on this.

3481 Again, I cannot stress enough the problem here is not
3482 your physician. The problem is that -- the enormity of
3483 fentanyl coming across the southern border.

3484 Look, when this committee had the opportunity to work on
3485 the SUPPORT Act two or three Congresses ago, it was a
3486 different disease. It was predominantly opiates that were
3487 prescribed that were being improperly used. It has morphed.
3488 Now it is fentanyl produced in China by Chinese scientists,
3489 and it is flooding across our southern border unchecked. And
3490 guess what? It is going to get worse when title 42
3491 restrictions are suspended later this month.

3492 We need to focus our efforts on interrupting the supply
3493 of fentanyl that is coming into this country and further
3494 burdening physicians. We already have to do this for our
3495 state licenses. We already spend four years in medical
3496 school, many of us years in residency. The addictive nature
3497 of drugs is not something that is new to your physician or
3498 your physician community.

3499 I appreciate the reason that this was brought forward.
3500 But again, I think the focus is wrong, and we need to be

3501 focused on security at the southern border, not further
3502 burdening our physicians.

3503 And I will be happy to yield to anyone else who wants to
3504 speak on this.

3505 *Mr. Bucshon. Will the gentleman yield?

3506 *Mr. Burgess. I will be happy to yield, Dr. Bucshon.

3507 *Mr. Bucshon. Thank you for yielding.

3508 I -- the irony just strikes me of what we are talking
3509 about here, this amendment and the previous amendment. The
3510 previous amendment, we are making an argument that we should
3511 eliminate training requirements to prescribe one of the most
3512 diverted drugs, narcotics in America in the hope that this
3513 will expand treatment programs when, as Dr. Dunn pointed out,
3514 it is killing patients in Europe. And in the very next
3515 amendment, of course, it is the physician's fault, so what we
3516 need to do is we need to add training -- specific training
3517 requirements for physicians to be able to assess and evaluate
3518 whether someone is addicted to narcotics or not.

3519 Again, the irony of, one, we try to loosen the
3520 requirements, and in previous changes to the law -- that I
3521 also opposed -- we allowed nurse midwives and others to
3522 prescribe buprenorphine. But now, now we want to add the
3523 requirement, oh, well, the doctors, the physicians out there,
3524 they have to have another requirement, training requirement,
3525 because that is clearly what the problem is, that doctors in

3526 this country, after going through medical school and state
3527 requirements, still don't understand how to assess and
3528 evaluate patients who may be addicted to narcotics. I mean,
3529 it is just absurd.

3530 And I want to associate myself with Dr. Burgess's
3531 requirements. Why don't we address the pounds and pounds --
3532 well, tens of pounds -- or medication. Last year we caught
3533 enough fentanyl going across the southern border to kill
3534 billions of people. Not millions, not tens of thousands,
3535 billions of people. And yet we ignore that, right? We are
3536 not doing anything about it. The most people who are dying
3537 -- 107,000 people died last year in this country from drug
3538 overdoses. People in my district are dying from fentanyl.
3539 You know, people use a medication they got off the street one
3540 time, they die from it. We are ignoring that.

3541 But again, again, Congress at the Federal level wants to
3542 add another training requirement on top of the states for
3543 physicians to be just better educated, and that is the
3544 problem we have in America with addiction.

3545 I will be voting against this amendment. And I just
3546 think the irony between these two amendments can't be
3547 overstated.

3548 I yield back to Dr. Burgess.

3549 *Mr. Burgess. I thank the gentleman for his comments.

3550 Again, let me stress it is fentanyl produced by Chinese

3551 scientists in Chinese labs infiltrated into our country by
3552 drug cartels in Mexico. That is the problem, and that is
3553 where Congress should focus.

3554 I yield back.

3555 *The Chairman. Thanks, Dr. Burgess.

3556 And Chairwoman Eshoo is recognized.

3557 *Ms. Eshoo. I thank the chairman. I think there are a
3558 couple of points that are important to state for the record.

3559 First of all, in the previous debate on buprenorphine,
3560 that is a schedule 3 drug. That is not -- it is not the most
3561 dangerous drug. So we need to know where these drugs are
3562 classified. The pain medications are schedule 2, they are
3563 methadone, oxycodone, fentanyl. Those are schedule 2 drugs.

3564 What -- as I understand the gentlewoman's amendment,
3565 this is education for all controlled substances. What is
3566 wrong with that? What is wrong with that? Do we assume -- I
3567 can't assume that my primary care physician is schooled, is
3568 educated, comfortable relative to one of these controlled
3569 substances.

3570 So this is in no way to hammer physicians. I think it
3571 adds to their portfolio. Who is going to benefit from it?
3572 Patients. They are the people that we want to help. That is
3573 what this is designed to do.

3574 So I think that we -- look, schedule 1 are deadly. We
3575 know that. Schedule 2 are, you know, the pain medications --

3576 not to be fooled around with, I am not diminishing what they
3577 represent. Schedule 3 should not be elevated to the most
3578 dangerous, because it is not. It is listed as schedule 3.

3579 But across the board I think that education is very
3580 important. And when you have educated physicians on all
3581 controlled substances, then the access that someone has is,
3582 most frankly, that much richer.

3583 So I yield back, Mr. Chairman. Thank you.

3584 *The Chairman. Thank you, Chairwoman Eshoo.

3585 Mr. Carter is recognized.

3586 *Mr. Carter. I move to strike the last word.

3587 *The Chairman. The gentleman is recognized for five
3588 minutes.

3589 *Mr. Carter. Thank you, Mr. Chairman.

3590 And may I remind my colleague, Ms. Eshoo, she just made
3591 the comment that schedule 1 drugs are killers. Marijuana is
3592 a schedule 1 drug. So thank you for pointing that out. I
3593 appreciate it.

3594 Also, I want to express my due respect to the physicians
3595 on this committee for their opinion on this legislation. And
3596 I do respect them. And I do understand how they feel about
3597 this. But as a pharmacist for many years, I also have strong
3598 feelings about this, primarily because of the inconsistencies
3599 of the composite boards of medicine throughout the country.
3600 And I do believe that we need something to be more uniform.

3601 I have witnessed it in my state and in other states that
3602 I have practiced in, that they are inconsistent in how they
3603 apply the continuing ed on this particular -- on the use of
3604 opioids.

3605 So I want to thank Chairman Pallone and Leader Rodgers
3606 for including this Medication Access and Training Expansion
3607 Act in today's markup.

3608 Representative Trahan and I appreciate the engagement
3609 with our colleagues on the committee and stakeholders,
3610 including provider groups and patient advocates, which
3611 resulted in improvements to the language before us today.
3612 And there were improvements to the language, and I appreciate
3613 that.

3614 We do have a problem. The CDC released new data last
3615 week showing a record number of overdose deaths, 107,000
3616 lives lost in 2020 and 2021. And experts predict that the
3617 crisis will not stop in the next few years. In 2019 the
3618 national non-profit, Shatterproof, conducted a provider study
3619 which [inaudible] that only one in four of those providers
3620 had received training on addiction during medical education.
3621 Less than one-third of surveyed emergency room OB/GYN or
3622 pediatric providers felt prepared to screen, diagnose,
3623 provide brief intervention for, or discuss and provide
3624 treatment for opioid use disorder.

3625 This MATE Act would establish a one-time substance use

3626 disorder education requirement tied to a provider's Federal
3627 DEA registration, which is required to prescribe controlled
3628 substances. Most states have continuing education
3629 requirements in place, and the one-time training requirement
3630 would not create any additional burden for those providers.

3631 As more and more individuals present with substance use
3632 disorders in a variety of settings, from primary care to the
3633 emergency room, all medical professionals need to be equipped
3634 to care for these patients in crisis. It is a matter of life
3635 and death. And I ask that my colleagues support the MATE Act
3636 for every American in need of treatment for substance use
3637 disorders.

3638 Again, I want to thank my physician friends on this
3639 committee, and colleagues on this committee for their very
3640 valid points. I could not agree more about the problem with
3641 fentanyl, and the fentanyl that is coming across our border.
3642 Yes, that is the problem. However, as a practicing
3643 pharmacist for many years, for over 30 years, I can tell you
3644 that at times I felt like a policeman, that I was supposed to
3645 be making a decision on whether a physician's prescription
3646 was legitimate or not. And I don't think that is what we
3647 were -- I know that is not what we were trained for.

3648 That is why I think this is necessary. I am not
3649 questioning anybody's training, and I understand that doctors
3650 are some of the most well-trained professionals, the most

3651 well-trained professionals, in my opinion, out there. I have
3652 an enormous amount of respect. But I do think this is
3653 necessary. I do think it is necessary because of the big
3654 problem that we have right now with addiction in our country.

3655 And because of my experience as a pharmacist, and seeing
3656 prescriptions being written by physicians in disciplines that
3657 -- they have no reason, no reason to be writing these
3658 prescriptions at all, and they should at least have some
3659 minimum training as a result of that.

3660 And with that, Mr. Chairman, again, I encourage people
3661 to vote for this, and I yield back.

3662 *The Chairman. Mr. Soto is recognized for five minutes.

3663 *Mr. Soto. Thank you, Mr. Chairman. We heard a lot
3664 about it already, the U.S. border. There has been 10,856
3665 pounds of fentanyl seized in 2021. Seized in 2021. Last
3666 time I checked, that is the Biden Administration and the
3667 Border Protection doing their job, seizing fentanyl from the
3668 border.

3669 And a little fact check moment. Border officials seized
3670 nearly as much fentanyl in the last nine months of Trump's
3671 presidency as had been seized in the first full month -- nine
3672 months of Biden's presidency. That means both
3673 administrations have been fighting to seize fentanyl from the
3674 border.

3675 This is an issue -- we all agree on that -- and that we

3676 need funding for. But that is not this committee's
3677 jurisdiction. That is Homeland Security. That is
3678 Appropriations. This committee is charged with dealing with
3679 the addiction itself, and that is why I applaud this
3680 bipartisan amendment. There is a stigma among some, and this
3681 training is going to help get over that stigma. And we do
3682 need to work together to continue to stop fentanyl from
3683 coming in.

3684 I yield back.

3685 *The Chairman. Dunn -- Mr. Dunn, and then we will go to
3686 -- after to Mrs. Lesko.

3687 Mr. Dunn?

3688 *Mr. Dunn. Thank you, Mr. --

3689 *The Chairman. You are recognized for five minutes.

3690 *Mr. Dunn. I move to strike the last word.

3691 *The Chairman. The gentleman is recognized for five
3692 minutes.

3693 *Mr. Dunn. Thank you. I would like to associate myself
3694 with the comments by Dr. Burgess and Dr. Bucshon.

3695 This committee voted favorably on an amendment to remove
3696 the X waiver requirement and educational requirement and its
3697 associated eight hours of training for providers who wish to
3698 engage in medication-assisted treatment of opioid use
3699 disorder. Now we are considering another amendment that will
3700 add an eight-hour training requirement for all prescribers of

3701 all drugs schedules 2 through 5. That is basically every
3702 prescription drug there is. Buprenorphine is a schedule 3
3703 drug included in this rule.

3704 This seems entirely inconsistent to me. Which is it?
3705 Do providers need more training, or is training the barrier
3706 to opioid treatment? Clearly we don't know.

3707 This committee should make informed decisions, but we
3708 don't have this critical data from HHS. This policy will not
3709 help those living with opioid use disorder and fentanyl
3710 addictions, especially the fentanyl overdoses.

3711 Not only are the requirements in this amendment
3712 duplicative, it is also extremely unclear how the extensive
3713 past training that essentially all physicians receive will be
3714 evaluated, or if it will satisfy the requirements. Boggling
3715 down doctors with additional training on information they
3716 already learned, not only in med school but regularly
3717 annually, or biennially through state CME requirements, isn't
3718 the answer here.

3719 This is a bad amendment. Providers don't support it, it
3720 doesn't belong in the mental health package. You know, I
3721 encourage my colleagues to vote against it.

3722 And with that, Mr. Chairman, I yield back to you.

3723 *The Chairman. Thank you, Dr. Dunn.

3724 Anyone else on the Democratic side?

3725 All right. I just want -- I will just --

3726 *Mr. Doyle. I do --

3727 *The Chairman. We do have someone?

3728 Mr. Doyle?

3729 *Mr. Doyle. May I strike the last word, Mr. Chairman?

3730 *The Chairman. The gentleman is recognized for five
3731 minutes.

3732 *Mr. Doyle. And I will yield to Mrs. Trahan.

3733 *Mrs. Trahan. Thank you, Mr. Doyle.

3734 You know, I have had many conversations with my
3735 colleagues on the other side, and I really do appreciate the
3736 openness by which Dr. Burgess and I have communicated. I
3737 wanted to -- just want to say a couple of things.

3738 Certainly, we need to do more to combat fentanyl and
3739 getting it off our streets, and we need to make sure that
3740 doctors are adequately trained.

3741 You know, despite the impact and the pervasiveness of
3742 the opioid epidemic, most clinicians cannot confidently
3743 diagnose and treat patients with SUD. A 2016 survey of
3744 general internists found that the majority felt unprepared to
3745 screen, diagnose, refer, or discuss treatment options with
3746 patients with SUD. So there is an urgent need to
3747 systematically increase the number of clinicians who are
3748 equipped to identify and treat OUD. Just like every time I
3749 go to the doctor's office and they ask me if I feel safe at
3750 home, we have to make that discussable at every point of

3751 contact with a doctor.

3752 And Dr. Bucshon, this is not blame here. This is us
3753 just answering the call for sufficient clinician training.

3754 And in terms of elimination of the X waiver, while we
3755 are giving tools to DEA prescribers to help patients, look,
3756 full elimination of the X waiver is aimed at removing
3757 barriers, taking the friction out of being able to prescribe
3758 a tried-and-true treatment in buprenorphine for treatment of
3759 OUD.

3760 The education requirement in MATE gives prescribers the
3761 tools they need to identify and then treat addiction. Many
3762 prescribers have said, as I mentioned previously, that they
3763 are just not comfortable with identifying addiction, and this
3764 is why MATE is so necessary.

3765 So while I so appreciate the debate back and forth, I
3766 just want to clarify, because we can't afford to miss any
3767 more opportunities because of a lack of training. And that
3768 is what this amendment is intended to do.

3769 Thank you. I yield back.

3770 *Mr. Doyle. Mr. Chairman, I yield back.

3771 *The Chairman. Okay, Mr. Doyle yields back.

3772 Mrs. Lesko is recognized for five minutes.

3773 *Mrs. Lesko. Thank you, Mr. Chairman. I move to strike
3774 the last word.

3775 *The Chairman. The gentlewoman is recognized.

3776 *Mrs. Lesko. I think all of us want to make sure that
3777 people that are addicted get help, and that doctors are
3778 educated on identifying these patients and what they can do
3779 about prescribing narcotics.

3780 I do think that Dr. Bucshon has a valid point. I
3781 believe doctors are educated on this issue, and I wanted to
3782 just share how some constituents have come to me and said
3783 that they are having a hard time getting their regular pain
3784 medication that they legitimately need for a chronic or -- or
3785 some type of pain issue.

3786 And I think sometimes we -- in our urge to help solve
3787 this problem, we over-regulate, and we do things that have
3788 unintended consequences, where doctors are now even a little
3789 bit nervous about prescribing narcotic drugs or pain
3790 medications, and so they refer the patient then to a
3791 psychiatrist, or someone else, and then the patient has to go
3792 to another doctor, which will add extra costs, or maybe they
3793 can't afford to go to that doctor.

3794 So I think I am going to vote no on this amendment, not
3795 because it is not a valid point, but just -- I think
3796 sometimes we regulate things too much that it has adverse
3797 effects. And with that, I yield back.

3798 *The Chairman. Thank you, Mrs. Lesko.

3799 I am just going to -- I don't want to prolong this, but
3800 I just want to strike the last word myself.

3801 *Mr. Ruiz. Mr. Chairman, I move to strike the last
3802 word, as well. I can speak after you, of course.

3803 *The Chairman. All right. I will yield to you, or
3804 whatever you want.

3805 I am very much supportive of the Trahan amendment. I --
3806 you know, I understand that no professional groups --
3807 lawyers, doctors, no one, accountants -- wants, you know,
3808 Federal mandates, you know, for their training. But I just
3809 think that, in this case, because of the overdose crisis,
3810 that we should step in and do this.

3811 I mean, there were over 100,000 Americans who died from
3812 overdoses last year. And I also -- my understanding -- and
3813 Mrs. Trahan, correct me if I am wrong, because I heard Dr.
3814 Dunn talk about state training -- but under your bill the
3815 state-required trainings would count towards the Federal
3816 requirement established by the bill, as with curriculum
3817 provided in most medical schools today. So if there is --
3818 for the majority of practitioners, no extra work is
3819 necessary. We are just trying to say that, if you don't get
3820 that training, you don't -- then it is -- we really think you
3821 should have it. And so I just wanted to add that point, as
3822 well.

3823 Did you want me to yield to you, Dr. Ruiz, or you want
3824 your own time?

3825 *Mr. Ruiz. Sure, I think -- no -- well, why don't you

3826 give --

3827 *The Chairman. I will yield to you.

3828 *Mr. Ruiz. I don't know if this is going to take more
3829 than the time allotted.

3830 *The Chairman. It is -- you have got four minutes. You
3831 might as well take my time, and then we will see.

3832 *Mr. Ruiz. Okay. So, Mr. Chairman, I understand the
3833 importance of provider training, and will vote for this
3834 amendment --

3835 *Voice. You can just say yes, or you could read it.

3836 *Mr. Ruiz. -- but I do have concerns about potential
3837 disruption for care, particularly --

3838 *Voice. At the --

3839 *Mr. Ruiz. -- amid severe health care workforce
3840 shortages.

3841 *Voice. About --

3842 *Mr. Ruiz. Giving rural, independent, or small
3843 practices more time to be aware of the requirement and to do
3844 the training will reduce the risk of them not being able to
3845 renew their DEA license and, as a result, not able to
3846 practice or care for patients.

3847 Specifically, I have concerns that medical providers
3848 will not have appropriate notice from the DEA for these new
3849 training requirements and enough time to fulfill them.

3850 I share Mrs. Trahan's goal of increasing provider

3851 education and patient access to substance use disorder
3852 treatment. But we should make sure providers are aware of
3853 new training requirements. This could be addressed by
3854 requiring DEA to provide all practitioners with the
3855 notification of these new requirements.

3856 So, Mr. Chairman, I feel strongly that these issues be
3857 resolved as we work towards final passage of the mental
3858 health package, and would like to ask for your commitment to
3859 work with me to address these concerns before full
3860 consideration on the House floor.

3861 *The Chairman. Yes, you yield to me -- oh, I guess it
3862 is my time. All right. I will take back my time.

3863 So, look, I appreciate your expressing your concern
3864 about administrative notification once the bill is enacted,
3865 and I discussed this with Ranking Member Rodgers, and
3866 Guthrie, and with Representative Trahan, and we agree to work
3867 on a proposal for an additional DEA notification. So I
3868 commit to working with you to address these concerns before
3869 final passage on the House floor.

3870 *Mr. Ruiz. Thank you, Mr. Chairman.

3871 *The Chairman. The gentleman --

3872 *Mr. Ruiz. Thank you, Mr. Chairman. I am just -- I
3873 just don't want to see patients not get the care, the
3874 legitimate care they need because the -- a physician wasn't
3875 able to get the DEA license renewed.

3876 And with that, Mr. Chairman, I thank you and yield back.

3877 *The Chairman. Thank you.

3878 Dr. Bucshon, I yield to you.

3879 *Mr. Bucshon. Yes, I would like to strike the last
3880 word. I will be brief.

3881 *The Chairman. Do you want to take my time, or do you
3882 want your own?

3883 *Mr. Bucshon. I will take my own. I am just going to
3884 be --

3885 *The Chairman. All right, all right. So I yield back.
3886 Has he already had time?

3887 Oh, so you want to --

3888 *Voice. Burgess did.

3889 *The Chairman. All right. Oh, you haven't had time?

3890 *Mr. Bucshon. No.

3891 *The Chairman. Okay, so I will recognize Dr. Bucshon
3892 for five minutes.

3893 *Mr. Bucshon. Yes, thank you, Mr. Chairman. I just
3894 want to point out that, under the buprenorphine expansion
3895 that we have been doing over the last three or four years,
3896 physicians, physician assistants, nurse practitioners,
3897 clinical nurse specialists, certified registered nurse
3898 anesthetists, and certified nurse midwives, and a couple of
3899 others can now prescribe buprenorphine.

3900 So we are making the argument in this amendment that the

3901 physicians, specifically physicians, need specialized
3902 training to identify patients who have a narcotic addiction
3903 so that they can properly treat them. So on one hand, we are
3904 saying, well, all of these people here -- and nothing against
3905 any of these professionals -- they can prescribe
3906 buprenorphine. Then we are eliminating -- in the current
3907 amendment we are eliminating the extra training requirement
3908 for them to be trained to get -- to prescribe buprenorphine.
3909 But in this one we are just addressing physicians.

3910 I mean, I would -- I think it would be more practical
3911 and less confusing of an amendment if it included everyone
3912 that is now eligible to prescribe buprenorphine should be
3913 required as part of their training and licensure if you are
3914 doing it the Federal level.

3915 First of all, I disagree with Federal-level licensure
3916 requirements. I think it should be -- continue to be state-
3917 driven. But that said, if we are going to do something at
3918 the Federal level, then maybe we should have every class of
3919 individual that can -- is going to treat people who have
3920 narcotic addiction with buprenorphine, maybe they should all
3921 have training for an extra eight hours so that they can
3922 adequately identify patients who need buprenorphine therapy.

3923 So I just think, you know, all of these things are well
3924 intended, and I totally understand that, and I -- and all my
3925 colleagues are doing what they think is right. And I get

3926 that. But it is just inconsistent. And I think we need more
3927 work on this.

3928 I mean, and again, if this amendment was requiring this
3929 training for everyone that currently we have authorized to
3930 prescribe buprenorphine or any medication-assisted treatment,
3931 I mean, I could see it would be more consistent. This is, in
3932 my -- this seems like this is singling out physicians, which
3933 would be MDs, DOs, for them to take this extra training, even
3934 though it is one time, but we are leaving behind nurse
3935 midwives, certified nurse anesthetists, clinical nurse
3936 specialists, nurse practitioners, physician assistants, and
3937 allowing them to prescribe buprenorphine with -- there is no
3938 extra training for them, I don't think, because the Tonko
3939 amendment is going to eliminate that.

3940 It just doesn't make sense --

3941 *Mrs. Trahan. Will the gentleman yield?

3942 *Mr. Bucshon. I am going to -- who is this?

3943 *Mrs. Trahan. It is --

3944 *Mr. Bucshon. Yes, I will -- Mrs. Trahan, sure.

3945 *Mrs. Trahan. No, I appreciate it. And so, just for
3946 clarification, it is the one-time sort of non-burdensome
3947 eight hours of training is for anyone who has a DEA license.
3948 So that includes non-physicians like nurse practitioners and
3949 physician assistants. So just -- we are not singling out
3950 physicians.

3951 *Mr. Bucshon. Great.

3952 *Mrs. Trahan. And I do want to keep sort of the
3953 buprenorphine and access and education -- the ability to
3954 prescribe that separate from, you know, all of the points of
3955 contact where somebody is coming in for care, whether that is
3956 in an emergency room, a primary care room, a specialty,
3957 whatnot, in -- with -- on every level --

3958 *Mr. Bucshon. Okay.

3959 *Mrs. Trahan. -- who they are meeting with. There
3960 could be an opportunity to have a conversation about
3961 addiction, and get the stigma right out of the providers --
3962 you know, right out of that room. And that is what this is
3963 trying --

3964 *Mr. Bucshon. Reclaiming my time, thanks for that
3965 clarification. I appreciate that. Anyone that has a DEA --
3966 is qualified to get a DEA licensure under their training,
3967 that makes more sense, because my impression was it was
3968 physicians for the training.

3969 So if that includes certified midwives, certified
3970 registered nurse anesthetists, which -- it would include them
3971 -- nurse practitioners, clinical nurse specialists, physician
3972 assistants, if all of those people want to apply and get a
3973 DEA license, and then they are covered under this extra
3974 training, then that makes sense to me.

3975 If they are -- but the reality is what we have done in

3976 the law, my understanding is, they can prescribe
3977 buprenorphine without -- under what we have done -- without a
3978 DEA. So hopefully, people will get their DEA. And if they
3979 do, then, I mean, this amendment would make a little more
3980 sense to me.

3981 So with that, I yield back.

3982 *The Chairman. All right. Dr. Bucshon -- so now we go
3983 to -- Ms. Eshoo is recognized.

3984 *Ms. Eshoo. Thank you, Mr. Chairman. I just -- I think
3985 it is important to state for the record that buprenorphine is
3986 schedule 3. That schedule requires training. This isn't
3987 something that is new. Isn't that correct? It is not?

3988 *Voice. It requires a DEA license.

3989 *Ms. Eshoo. It requires a DEA license, and -- that then
3990 requires --

3991 *Voice. Mrs. Trahan's amendment.

3992 *Ms. Eshoo. -- the training that this amendment has
3993 built into it.

3994 You are shaking your head no.

3995 *Mr. Bucshon. No, I mean, I would have to have
3996 clarification on that, but --

3997 *Ms. Eshoo. I would be happy to yield.

3998 *Mr. Bucshon. Oh, I am sorry.

3999 *Ms. Eshoo. Yes, we have to do that around here.

4000 *Mr. Bucshon. Yes, I know, sorry about that.

4001 [Laughter.]

4002 *Mr. Bucshon. Based on -- I thought you had asked me a
4003 question, so --

4004 *Ms. Eshoo. No.

4005 *Mr. Bucshon. Based on training, whoever is qualified
4006 can qualify to get a DEA number. That is what we are talking
4007 about here. Yes, and I --

4008 *Ms. Eshoo. Again, I --

4009 *Mr. Bucshon. -- off the top of my head, I don't know.
4010 I know --

4011 *Ms. Eshoo. Yes, reclaiming my time --

4012 *Mr. Bucshon. -- MDs, but I don't know --

4013 *Ms. Eshoo. Does the author of the amendment have any
4014 idea how many of those that are all covered, as you have
4015 stated to Dr. Bucshon -- an excellent clarification -- how
4016 many already have that training, you know, are required for
4017 the training?

4018 *Mrs. Trahan. Yes --

4019 *Ms. Eshoo. So we are not starting from scratch. Most
4020 of the covered professionals already take this training,
4021 correct?

4022 *Mrs. Trahan. Yes, so, like, I would not be able to
4023 give you exact numbers, Ms. Chair, Madam Chair. I -- look,
4024 one of the reasons why it is important, or it is incredibly
4025 complementary that MATE and MAT pass at the same time is, you

4026 know, requiring most controlled medication prescribers to
4027 attest on their initial registration or renewal of a DEA
4028 application that they are an addiction specialist physician,
4029 or have completed at least eight hours of education on
4030 treating and managing patients with SUD from one or more
4031 accredited organizations or an accredited health professional
4032 school or residency program, again, this would not prevent
4033 the use of this education both for purposes of satisfying the
4034 one-time DEA registration requirement and for other purposes
4035 such as satisfying state licensing requirements.

4036 So eliminate the requirement that practitioners apply
4037 for a separate DEA waiver to prescribe buprenorphine for OUD,
4038 along with the X waivers --

4039 *Ms. Eshoo. Right. But just reclaiming my time, we are
4040 doing nothing in the MAT Act that will allow a provider to
4041 prescribe the Bup without a DEA license. The X waiver was a
4042 requirement above the DEA license to describe (sic) the
4043 buprenorphine.

4044 So I think that the time that we have taken to clarify
4045 all of this is time well spent, but I am satisfied that we
4046 are on the right track here. And I want to thank the
4047 gentlewoman for the work, the time and the work that she has
4048 put into this and, you know, and the thoughtful comments of
4049 members on both sides of the issue and the aisle.

4050 I yield back.

4051 *The Chairman. I thank the gentlewoman.

4052 Does any -- we are on the Trahan amendment to the AINS.

4053 Does anyone else want to address this?

4054 Hearing none, we will move to a vote. I assume this is

4055 a recorded vote. Okay. A recorded vote is ordered on the

4056 Trahan amendment. Those in favor of the amendment will say

4057 aye, those opposed to the amendment will say no, and the

4058 clerk shall call the roll.

4059 *The Clerk. Mr. Rush?

4060 [No response.]

4061 *The Clerk. Ms. Eshoo?

4062 *Ms. Eshoo. Eshoo votes aye.

4063 *The Clerk. Ms. Eshoo votes aye.

4064 Ms. DeGette?

4065 [No response.]

4066 *The Clerk. Mr. Doyle?

4067 *Mr. Doyle. Yes.

4068 *The Clerk. Mr. Doyle votes aye.

4069 Ms. Schakowsky?

4070 *Ms. Schakowsky. Schakowsky votes aye.

4071 *The Clerk. Ms. Schakowsky votes aye.

4072 Mr. Butterfield?

4073 [No response.]

4074 *The Clerk. Ms. Matsui?

4075 *Ms. Matsui. Matsui votes aye.

4076 *The Clerk. Ms. Matsui votes aye.
4077 Ms. Castor?
4078 *Ms. Castor. Ms. Castor votes aye.
4079 *The Clerk. Ms. Castor votes aye.
4080 Mr. Sarbanes?
4081 *Mr. Sarbanes. Sarbanes votes aye.
4082 *The Clerk. Mr. Sarbanes votes aye.
4083 Mr. McNerney?
4084 *Mr. McNerney. McNerney votes aye.
4085 *The Clerk. Mr. McNerney votes aye.
4086 Mr. Welch?
4087 *Mr. Welch. Aye, Welch votes aye.
4088 *The Clerk. Mr. Welch votes aye.
4089 Mr. Tonko?
4090 *Mr. Tonko. Tonko votes aye.
4091 *The Clerk. Mr. Tonko votes aye.
4092 Ms. Clarke?
4093 [No response.]
4094 *The Clerk. Mr. Schrader?
4095 *Ms. Clarke. Ms. Clarke votes aye.
4096 *The Clerk. Ms. Clarke votes aye.
4097 Mr. Schrader?
4098 *Mr. Schrader. Schrader votes aye.
4099 *The Clerk. Mr. Schrader votes aye.
4100 Mr. Cardenas?

4101 *Mr. Cardenas. Cardenas from California votes aye.
4102 *The Clerk. Mr. Cardenas votes aye.
4103 Mr. Ruiz?
4104 *Mr. Ruiz. Ruiz votes aye.
4105 *The Clerk. Mr. Ruiz votes aye.
4106 Mr. Peters?
4107 *Mr. Peters. Peters votes aye.
4108 *The Clerk. Mr. Peters votes aye.
4109 Mrs. Dingell?
4110 *Mrs. Dingell. Dingell votes aye.
4111 *The Clerk. Mrs. Dingell votes aye.
4112 Mr. Veasey?
4113 *Mr. Veasey. Veasey votes aye.
4114 *The Clerk. Mr. Veasey votes aye.
4115 Ms. Kuster?
4116 *Ms. Kuster. Kuster votes aye.
4117 *The Clerk. Ms. Kuster votes aye.
4118 Ms. Kelly?
4119 *Ms. Kelly. Kelly votes aye.
4120 *The Clerk. Ms. Kelly votes aye.
4121 Ms. Barragan?
4122 *Ms. Barragan. Barragan votes aye.
4123 *The Clerk. Ms. Barragan votes aye.
4124 Mr. McEachin?
4125 *Mr. McEachin. McEachin votes aye.

4126 *The Clerk. Mr. McEachin votes aye.
4127 Ms. Blunt Rochester?
4128 *Ms. Blunt Rochester. Blunt Rochester votes aye.
4129 *The Clerk. Ms. Blunt Rochester votes aye.
4130 Mr. Soto?
4131 *Mr. Soto. Soto votes aye.
4132 *The Clerk. Mr. Soto votes aye.
4133 Mr. O'Halleran?
4134 *Mr. O'Halleran. O'Halleran votes aye.
4135 *The Clerk. Mr. O'Halleran votes aye.
4136 Miss Rice?
4137 *Miss Rice. Miss Rice votes aye.
4138 *The Clerk. Miss Rice votes aye.
4139 Ms. Craig?
4140 *Ms. Craig. Ms. Craig votes aye.
4141 *The Clerk. Ms. Craig votes aye.
4142 Ms. Schrier?
4143 *Ms. Schrier. Schrier votes aye.
4144 *The Clerk. Ms. Schrier votes aye.
4145 Mrs. Trahan?
4146 *Mrs. Trahan. Trahan votes aye.
4147 *The Clerk. Mrs. Trahan votes aye.
4148 Mrs. Fletcher?
4149 *Mrs. Fletcher. Fletcher votes aye.
4150 *The Clerk. Mrs. Fletcher votes aye.

4151 Mrs. Rodgers?

4152 *Mrs. Rodgers. Mrs. Rodgers votes aye.

4153 *The Clerk. Mrs. Rodgers votes aye.

4154 Mr. Upton?

4155 *Mr. Upton. Votes aye.

4156 *The Clerk. Mr. Upton votes aye.

4157 Mr. Burgess?

4158 *Mr. Burgess. Burgess votes no.

4159 *The Clerk. Mr. Burgess votes no.

4160 Mr. Scalise?

4161 [No response.]

4162 *The Clerk. Mr. Latta?

4163 *Mr. Latta. Aye.

4164 *The Clerk. Mr. Latta votes aye.

4165 Mr. Guthrie?

4166 *Mr. Guthrie. Aye.

4167 *The Clerk. Mr. Guthrie votes aye.

4168 Mr. McKinley?

4169 *Mr. McKinley. [Inaudible.]

4170 *The Clerk. Mr. McKinley votes aye.

4171 Mr. Kinzinger?

4172 [No response.]

4173 *The Clerk. Mr. Griffith?

4174 *Mr. Griffith. No.

4175 *The Clerk. Mr. Griffith votes no.

4176 Mr. Bilirakis?

4177 *Mr. Bilirakis. Bilirakis votes aye.

4178 *The Clerk. Mr. Bilirakis, can you please repeat your
4179 vote? I didn't see you on camera.

4180 *Mr. Bilirakis. Yes, I don't know why I am not on
4181 camera. Okay, now I think -- Bilirakis votes aye. Can you
4182 hear me? Do you see me?

4183 *The Clerk. Yes.

4184 *Mr. Bilirakis. Okay.

4185 *The Clerk. Mr. Bilirakis votes aye.

4186 Mr. Johnson?

4187 *Mr. Johnson. Aye.

4188 *The Clerk. Mr. Johnson votes aye.

4189 Mr. Long?

4190 *Mr. Long. No.

4191 *The Clerk. Mr. Long votes no.

4192 Mr. Bucshon?

4193 *Mr. Bucshon. No.

4194 *The Clerk. Mr. Bucshon votes no.

4195 Mr. Mullin?

4196 *Mr. Mullin. No.

4197 *The Clerk. Mr. Mullin votes no.

4198 Mr. Hudson?

4199 *Mr. Hudson. Aye.

4200 *The Clerk. Mr. Hudson votes aye.

4201 Mr. Walberg?
4202 *Mr. Walberg. Aye.
4203 *The Clerk. Mr. Walberg votes aye.
4204 Mr. Carter?
4205 *Mr. Carter. Carter votes aye.
4206 *The Clerk. Mr. Carter votes aye.
4207 Mr. Duncan?
4208 *Mr. Duncan. Aye.
4209 *The Clerk. Mr. Duncan votes aye.
4210 Mr. Palmer?
4211 *Mr. Palmer. Aye.
4212 *The Clerk. Mr. Palmer votes aye.
4213 Mr. Dunn?
4214 *Mr. Dunn. Dunn votes no.
4215 *The Clerk. Mr. Dunn votes no.
4216 Mr. Curtis?
4217 *Mr. Curtis. Aye.
4218 *The Clerk. Mr. Curtis votes aye.
4219 Mrs. Lesko?
4220 *Mrs. Lesko. No.
4221 *The Clerk. Mrs. Lesko votes no.
4222 Mr. Pence?
4223 *Mr. Pence. Aye.
4224 *The Clerk. Mr. Pence votes aye.
4225 Mr. Crenshaw?

4226 *Mr. Crenshaw. [Inaudible.]

4227 *The Clerk. Mr. Crenshaw votes aye.

4228 Mr. Joyce?

4229 *Mr. Joyce. [Inaudible.]

4230 *The Clerk. Mr. Joyce votes no.

4231 Mr. Armstrong?

4232 *Mr. Armstrong. [Inaudible.]

4233 *The Clerk. Mr. Armstrong votes aye.

4234 Chairman Pallone?

4235 *The Chairman. Pallone votes aye.

4236 *The Clerk. Chairman Pallone votes aye.

4237 *The Chairman. And yes, Ms. DeGette?

4238 *Ms. DeGette. DeGette votes aye.

4239 *The Clerk. Ms. DeGette votes aye.

4240 *The Chairman. Anybody else who hasn't voted and wants

4241 to be recorded?

4242 Mr. Butterfield?

4243 [Pause.]

4244 *The Chairman. Okay, I think that is everyone who seeks

4245 to be recorded.

4246 The clerk will call -- I mean, sorry, the clerk will

4247 report the tally.

4248 *The Clerk. On that vote, Mr. Chairman, the yeas were

4249 46 and the nays were 8.

4250 *The Chairman. Okay, so the vote on the Trahan

4251 amendment is 46 ayes to 8 noes. The amendment is agreed to.

4252 Do we have any further amendments to the AINS?

4253 *Mr. Upton. Mr. Chairman?

4254 *The Chairman. Yes?

4255 *Mr. Upton. I have an amendment at the desk.

4256 *The Chairman. The clerk will report the Upton
4257 amendment.

4258 *The Clerk. Amendment to the amendment in the nature of
4259 a substitute to H.R. 7666, offered by Mr. Upton of Michigan.

4260 At the end --

4261 *The Chairman. Without objection, the reading of the
4262 Upton amendment would be dispensed with.

4263 [The amendment of Mr. Upton follows:]

4264

4265 *****COMMITTEE INSERT*****

4266

4267 *The Chairman. And the gentleman from Michigan is
4268 recognized for five minutes.

4269 *Mr. Upton. Well, thank you, Mr. Chairman, and I thank
4270 you and your staff. I thank my leader, Mrs. Rodgers, and her
4271 staff, as well.

4272 This amendment is based on H.R. 2929, a bill that I
4273 worked on with my -- our colleague, Susie Lee. It expands
4274 upon the private-sector efforts to provide access to peer
4275 support services, including virtual peer support, to help
4276 folks with similar lived experiences, including veterans and
4277 those who have experienced homelessness, connect with each
4278 other and also offer support.

4279 We know that research and Real-World Evidence has shown
4280 that engaging with a trained mental health peer specialist in
4281 individual and group settings can offer needed support to
4282 maintain wellness, lead to better connectedness with mental
4283 health treatment, and assist individuals in crisis obtain
4284 needed care, which is so important. This program is similar
4285 to one that was authorized under the SUPPORT Act for
4286 individuals living with a substance use disorder.

4287 So the pandemic lockdowns demonstrated that access to
4288 mental health support and treatment is needed and can be
4289 delivered through virtual modalities. This amendment is
4290 going to help deliver much-needed access to support and care
4291 that individuals across the country are lacking, particularly

4292 in rural communities.

4293 One outcome of the amendment would be to help connect
4294 rural veterans and others who may not have individually --
4295 may not have individuals geographically nearby to each other.
4296 So the amendment also provides a provision placing priority
4297 on supporting efforts to engage rural communities. Access to
4298 these peer support groups improve individuals' relationships
4299 with their health care provider.

4300 For sure, it reduces expensive inpatient service use.
4301 It reduces recurrent psychiatric hospitalizations for
4302 patients at risk with re-admissions. It improves the
4303 individuals' relationships with their health care provider.
4304 It better engages individuals in care, and significantly
4305 increases individuals' abilities to manage their symptoms and
4306 reduce the reliance on formal services, while still achieving
4307 positive recovery outcomes.

4308 I would note that this amendment is supported by a whole
4309 slew of mental health advocacy groups, including the
4310 Depression and Bipolar Support Alliance, the National
4311 Association of Peer Supporters, the National Council for
4312 Mental Wellbeing, the National Alliance on Mental Illness,
4313 Mental Health America, the American Foundation for Suicide
4314 Prevention, the National Association of Behavioral Health,
4315 the National Association of County Behavioral Health and
4316 Development Disability Directors, and the National

4317 Association for Rural Mental Health.

4318 Thank you for the opportunity to offer this amendment.
4319 I would like to think that -- I know that it has strong
4320 bipartisan support, and it ought to be included as part of
4321 this.

4322 Those of us that return virtually every week to our
4323 districts know the need for this, as we sit down with many,
4324 many of our veterans who deserve this service. For all of
4325 us, I know veterans' votes are often the easiest ones that we
4326 ever cast. This ought to be an easy one, too.

4327 And with that, Mr. Chairman, I yield back the balance of
4328 my time.

4329 *The Chairman. Thank you, Mr. Upton. Ms. Kuster is
4330 recognized.

4331 *Ms. Kuster. Thank you, Chairman Pallone. I move to
4332 strike the last word.

4333 *The Chairman. The gentlewoman is recognized for five
4334 minutes.

4335 *Ms. Kuster. I would like to speak in support of this
4336 amendment, the Virtual Peer Support Act. I was proud to help
4337 introduce this legislation with my colleagues, Susie Lee and
4338 Congressman Fred Upton, and see it included in our bipartisan
4339 addiction and mental health task force legislative agenda.

4340 This amendment will increase access to peer support
4341 programing, an evidence-based, cost-effective way to expand

4342 affordable and accessible mental health care across the
4343 country.

4344 Peer support programs are programs where peer
4345 specialists use their own mental health and recovery
4346 experience and their state certified training to offer
4347 support, coping skills, and community to others living with
4348 mental health conditions. Peer support programs can be done
4349 via virtual settings or in person, allowing this in-demand
4350 care to reach at-risk populations such as rural areas,
4351 seniors, veterans, and adolescents.

4352 During the pandemic, organizations that host virtual
4353 peer support groups have seen registrations double, and the
4354 wait lists have grown by 166 percent. It is clear we are
4355 facing a national mental health crisis.

4356 This amendment is a timely, cost-effective, and common-
4357 sense way to meet our nation's need for affordable and
4358 accessible mental health care. I urge my colleagues to
4359 support this amendment, and I yield back.

4360 *The Chairman. Thank you. We are on the Upton
4361 amendment to the AINS. Does anyone else want to speak on
4362 this? It appears to be bipartisan.

4363 All right. Do we have a voice -- oh, Mrs. --

4364 *Voice. Mrs. Lesko.

4365 *The Chairman. Oh, Mrs. Lesko is recognized.

4366 *Mrs. Lesko. Thank you, Mr. Chair. I would move to

4367 strike the last word.

4368 *The Chairman. The gentlewoman is recognized for five
4369 minutes.

4370 *Mrs. Lesko. I guess I am going to make a statement
4371 which has a question in it. My understanding is this is a
4372 new program that will add \$12 million in cost. And I would
4373 like Mr. Upton or anyone else to tell me if that is not the
4374 case.

4375 My concern, as you can tell from my previous speaking,
4376 is about our cost and our budget. And I think we have to
4377 balance it out, even with worthy programs like this. So that
4378 is my question. Is this --

4379 *Mr. Upton. If the gentlelady is -- will yield --

4380 *Mrs. Lesko. I will yield.

4381 *Mr. Upton. The gentlelady is correct, it is a new
4382 program. And again, I would just note briefly that, as I
4383 have met with many of our returning vets to my district in
4384 southwest Michigan, this is -- and my mental health care
4385 providers -- this is a program that we ought to have, and
4386 that is why.

4387 But it is new, and you are right about the estimated
4388 cost.

4389 *Mrs. Lesko. Thank you --

4390 *Mr. Upton. Subject, of course, to appropriation.

4391 *Mrs. Lesko. Thank you, and I yield back.

4392 *The Chairman. Thank you.

4393 Anyone else want to speak on the Upton amendment?

4394 If not, we are going to go to -- a recorded vote has
4395 been requested. So a recorded vote is ordered.

4396 Those in favor of the Upton amendment will say aye,
4397 those opposed to the Upton amendment will say no, and the
4398 clerk shall call the roll.

4399 *The Clerk. Mr. Rush?

4400 *Mr. Rush. Rush votes aye.

4401 *The Clerk. Mr. Rush votes aye.

4402 Ms. Eshoo?

4403 *Ms. Eshoo. Eshoo votes aye.

4404 *The Clerk. Ms. Eshoo votes aye.

4405 Ms. DeGette?

4406 *Ms. DeGette. DeGette votes aye.

4407 *The Clerk. Ms. DeGette votes aye.

4408 Mr. Doyle?

4409 [No response.]

4410 *The Clerk. Ms. Schakowsky?

4411 *Ms. Schakowsky. Votes aye.

4412 *The Clerk. Schakowsky votes aye.

4413 Mr. Butterfield?

4414 [No response.]

4415 *The Clerk. Ms. Matsui?

4416 [No response.]

4417 *The Clerk. Ms. Matsui?
4418 *Mr. Butterfield. Votes yes. Butterfield votes yes.
4419 [Laughter.]
4420 *Voice. I was, like --
4421 *The Clerk. Mr. Butterfield votes aye.
4422 *Ms. Matsui. Matsui, yes.
4423 *Voice. Yes.
4424 *Ms. Matsui. Votes yes.
4425 *The Clerk. Ms. Matsui votes aye.
4426 Ms. Castor?
4427 [No response.]
4428 *The Clerk. Mr. Sarbanes?
4429 [No response.]
4430 *The Clerk. Mr. McNerney?
4431 *Mr. McNerney. McNerney votes aye.
4432 *The Clerk. Mr. McNerney votes aye.
4433 Mr. Welch?
4434 *Mr. Welch. Aye.
4435 *The Clerk. Mr. Welch votes aye.
4436 Mr. Tonko?
4437 *Mr. Tonko. Tonko from New York votes aye.
4438 *The Clerk. Mr. Tonko votes aye.
4439 Ms. Clarke?
4440 *Ms. Clarke. Ms. Clarke from New York votes aye.
4441 *The Clerk. Ms. Clarke votes aye.

4442 Mr. Schrader?

4443 *Mr. Schrader. Schrader votes aye.

4444 *The Clerk. Mr. Schrader votes aye.

4445 Mr. Cardenas?

4446 *Mr. Cardenas. Cardenas from California votes aye.

4447 *The Clerk. Mr. Cardenas votes aye.

4448 Mr. Ruiz?

4449 *Mr. Ruiz. Ruiz votes aye.

4450 *The Clerk. Mr. Ruiz votes aye.

4451 Mr. Peters?

4452 *Mr. Peters. Peters votes aye.

4453 *The Clerk. Mr. Peters votes aye.

4454 Mrs. Dingell?

4455 *Mrs. Dingell. Dingell votes aye.

4456 *The Clerk. Mrs. Dingell votes aye.

4457 Mr. Veasey?

4458 *Mr. Veasey. Veasey votes aye.

4459 *The Clerk. Mr. Veasey votes aye.

4460 Ms. Kuster?

4461 *Ms. Kuster. Kuster votes aye.

4462 *The Clerk. Ms. Kuster votes aye.

4463 Ms. Kelly?

4464 *Ms. Kelly. Kelly votes aye.

4465 *The Clerk. Ms. Kelly votes aye.

4466 Ms. Barragan?

4467 [No response.]

4468 *The Clerk. Mr. McEachin?

4469 *Mr. McEachin. McEachin votes aye.

4470 *The Clerk. Mr. McEachin votes aye.

4471 Ms. Blunt Rochester?

4472 *Ms. Blunt Rochester. Ms. Blunt Rochester votes aye.

4473 *The Clerk. Ms. Blunt Rochester votes aye.

4474 Mr. Soto?

4475 *Mr. Soto. Soto votes aye.

4476 *The Clerk. Mr. Soto votes aye.

4477 Mr. O'Halleran?

4478 *Mr. O'Halleran. O'Halleran votes aye.

4479 *The Clerk. Mr. O'Halleran votes aye.

4480 Miss Rice?

4481 *Miss Rice. Rice votes aye.

4482 *The Clerk. Miss Rice votes aye.

4483 Ms. Craig?

4484 *Ms. Craig. Craig of Minnesota votes aye.

4485 *The Clerk. Ms. Craig votes aye.

4486 Ms. Schrier?

4487 *Ms. Schrier. Schrier votes aye.

4488 *The Clerk. Ms. Schrier votes aye.

4489 Mrs. Trahan?

4490 *Mrs. Trahan. Trahan votes aye.

4491 *The Clerk. Mrs. Trahan votes aye.

4492 Mrs. Fletcher?
4493 *Mrs. Fletcher. Fletcher votes aye.
4494 *The Clerk. Mrs. Fletcher votes aye.
4495 Mrs. Rodgers?
4496 *Mrs. Rodgers. [Inaudible.]
4497 *The Clerk. Mrs. Rodgers votes aye.
4498 Mr. Upton?
4499 *Mr. Upton. Aye.
4500 *The Clerk. Mr. Upton votes aye.
4501 Mr. Burgess?
4502 *Mr. Burgess. [Inaudible.]
4503 *The Clerk. Mr. Burgess votes aye.
4504 Mr. Scalise?
4505 [No response.]
4506 *The Clerk. Mr. Latta?
4507 *Mr. Latta. [Inaudible.]
4508 *The Clerk. Mr. Latta votes aye.
4509 Mr. Guthrie?
4510 *Mr. Guthrie. Aye.
4511 *The Clerk. Mr. Guthrie votes aye.
4512 Mr. McKinley?
4513 *Mr. McKinley. [Inaudible.]
4514 *The Clerk. Mr. McKinley votes aye.
4515 Mr. Kinzinger?
4516 [No response.]

4517 *The Clerk. Mr. Griffith?
4518 *Mr. Griffith. [Inaudible.]
4519 *The Clerk. Mr. Griffith votes aye.
4520 Mr. Bilirakis?
4521 *Mr. Bilirakis. Bilirakis votes aye.
4522 *The Clerk. Mr. Bilirakis votes aye.
4523 Mr. Johnson?
4524 *Mr. Johnson. Aye.
4525 *The Clerk. Mr. Johnson votes aye.
4526 Mr. Long?
4527 *Mr. Long. Votes aye.
4528 *The Clerk. Mr. Long votes aye.
4529 Mr. Bucshon?
4530 *Mr. Bucshon. Aye.
4531 *The Clerk. Mr. Bucshon votes aye.
4532 Mr. Mullin?
4533 [No response.]
4534 *The Clerk. Mr. Hudson?
4535 *Mr. Hudson. Aye.
4536 *The Clerk. Mr. Hudson votes aye.
4537 Mr. Walberg?
4538 *Mr. Walberg. [Inaudible.]
4539 *The Clerk. Mr. Walberg votes aye.
4540 Mr. Carter?
4541 *Mr. Carter. Carter votes aye.

4542 *The Clerk. Mr. Carter votes aye.
4543 Mr. Duncan?
4544 *Mr. Duncan. [Inaudible.]
4545 *The Clerk. Mr. Duncan votes aye.
4546 Mr. Palmer?
4547 *Mr. Palmer. [Inaudible.]
4548 *The Clerk. Mr. Palmer votes aye.
4549 Mr. Dunn?
4550 *Mr. Dunn. Dunn votes aye.
4551 *The Clerk. Mr. Dunn votes aye.
4552 Mr. Curtis?
4553 *Mr. Curtis. [Inaudible.]
4554 *The Clerk. Mr. Curtis votes aye.
4555 Mrs. Lesko?
4556 *Mrs. Lesko. [Inaudible.]
4557 *The Clerk. Mrs. Lesko votes no.
4558 Mr. Pence?
4559 *Mr. Pence. Aye.
4560 *The Clerk. Mr. Pence votes aye.
4561 Mr. Crenshaw?
4562 *Mr. Crenshaw. [Inaudible.]
4563 *The Clerk. Mr. Crenshaw votes aye.
4564 Mr. Joyce?
4565 *Mr. Joyce. [Inaudible.]
4566 *The Clerk. Mr. Joyce votes aye.

4567 Mr. Armstrong?

4568 *Mr. Armstrong. Yes.

4569 *The Clerk. Mr. Armstrong votes aye.

4570 Chairman Pallone?

4571 *The Chairman. Pallone votes aye.

4572 *The Clerk. Chairman Pallone votes aye.

4573 *Mr. Doyle. Mr. Chairman, how am I --

4574 *The Chairman. Anyone who -- who is that?

4575 *Mr. Doyle. Mr. Chairman, this is Mr. Doyle. How am I

4576 recorded?

4577 *The Clerk. Mr. Doyle, you are not recorded.

4578 *Mr. Doyle. Doyle votes yes.

4579 *The Clerk. Mr. Doyle votes aye.

4580 *Ms. Castor. Mr. Chairman?

4581 *The Chairman. Ms. Castor?

4582 *Ms. Castor. Ms. Castor --

4583 *The Clerk. She is not recorded.

4584 *Ms. Castor. -- votes aye.

4585 *The Clerk. Ms. Castor votes aye.

4586 *Mr. Sarbanes. Mr. Chairman --

4587 *The Chairman. Mr. Sarbanes?

4588 *Mr. Sarbanes. -- [inaudible] recorded?

4589 *The Clerk. Mr. Sarbanes is not recorded.

4590 *Mr. Sarbanes. Sarbanes votes aye.

4591 *The Clerk. Mr. Sarbanes votes aye.

4592 *Mr. Mullin. How is Mr. Mullin --

4593 *The Chairman. Ms. Barragan?

4594 *Mr. Mullin. -- recorded?

4595 *The Chairman. Or Mr. Mullin?

4596 *The Clerk. Mr. Mullin is not recorded.

4597 *Mr. Mullin. Yes, aye.

4598 *The Clerk. Mr. Mullin votes aye.

4599 *Ms. Barragan. Mr. Chairman?

4600 *The Clerk. Ms. Barragan is not recorded.

4601 *Ms. Barragan. Barragan votes aye.

4602 *The Chairman. I think she is there.

4603 *The Clerk. Ms. Barragan votes aye.

4604 *The Chairman. Anyone else who is not recorded and
4605 wants to vote?

4606 *Ms. Clarke. Mr. Chairman, am I recorded?

4607 *The Chairman. Ms. Clarke?

4608 *The Clerk. I have Ms. Clarke as aye.

4609 *The Chairman. You are recorded as aye.

4610 Anyone else?

4611 All right, the clerk will report the tally.

4612 *The Clerk. On that vote, Mr. Chairman, the yeas were
4613 55 and the nays were 1.

4614 *The Chairman. All right. So the vote on the Upton
4615 amendment is 55 ayes to 1 no, the amendment is agreed to.

4616 Are there any further amendments to the AINS?

4617 Mr. Cardenas has an amendment.

4618 *Mr. Cardenas. Thank you. Yes, Mr. Chairman.

4619 *The Chairman. The clerk will report the Cardenas
4620 amendment.

4621 *The Clerk. Amendment to the amendment in the nature of
4622 a substitute to H.R. 7666, authored by Mr. Cardenas of
4623 California.

4624 At the end --

4625 *The Chairman. Without objection, Madam Clerk, the
4626 reading of the Cardenas amendment will be dispensed with.

4627 [The amendment of Mr. Cardenas follows:]

4628

4629 *****COMMITTEE INSERT*****

4630

4631 *The Chairman. And the gentleman from California is
4632 recognized for five minutes.

4633 *Mr. Cardenas. Thank you, Mr. Chairman. Thank you for
4634 recognizing me.

4635 It has been over a decade since Congress required by law
4636 that mental health must have parity with physical health in
4637 terms of insurance coverage. But just a few months ago, the
4638 U.S. Department of Labor, HHS, and the Department of Treasury
4639 issued a joint report which found, and I quote, "health plans
4640 and health insurance -- insurers are failing to deliver
4641 parity for mental health and substance use disorder benefits
4642 to those they cover.'`

4643 To be even clearer about what this report found, of more
4644 than 1,000 parity analyses requested of health plans, the
4645 Department of Labor did not receive a single one. Not one.
4646 And that was insufficient. That is inappropriate.

4647 I bring this up not only because non-compliance at this
4648 stage -- well over a decade later -- is unacceptable, but
4649 also because the success of our response to the mental health
4650 epidemic that we are seeing in this country depends on it.
4651 Without adequate coverage for mental health services,
4652 patients delay care. This often times leads to them
4653 worsening without any relief, sometimes ending up in the
4654 hospital and, yes, sometimes even death.

4655 Studies have indicated a dramatic disparity in coverage

4656 for mental health services. For example, one study found
4657 that between 2013 and 2017, the use of out-of-network
4658 behavioral health visits were between 7 to 11-and-a-half
4659 times higher than for primary care visits in an analysis of
4660 over 11 states.

4661 This lack of coverage also impacts youth mental health,
4662 as well. The same study found that out-of-network visit
4663 rates are higher among children. In fact, a behavioral
4664 health visit for a child was just over 10 times more likely
4665 to be out of network than a primary care visit. These
4666 statistics revealed just one small piece of a complex series
4667 of barriers to accessing mental health care in America.

4668 It is critical to maintain mental health care, just as
4669 we emphasize maintaining physical health care. But without
4670 adequate financial support to ensure those services are
4671 affordable, people are simply unable to access the type of
4672 services they need. This amendment would offer grant funding
4673 to states to ensure that there are enough resources to
4674 oversee insurance compliance with the parity requirements.
4675 People need relief now, and my bill will be a step towards
4676 offering much-needed help.

4677 I urge my colleagues to support the amendment, and with
4678 that I yield back the balance of my time, Mr. Chairman.

4679 *The Chairman. Thank you, Mr. Cardenas.

4680 Does anyone want to speak in support of this?

4681 Mr. Hudson. Or either way.

4682 *Mr. Hudson. I move to strike the last word.

4683 *The Chairman. The gentleman is recognized for five
4684 minutes.

4685 *Mr. Hudson. Thank you, Mr. Chairman.

4686 While I believe every member of this committee would
4687 agree on the importance of ensuring mental health and
4688 substance use disorder parity and access, I have concerns
4689 with the need, the appropriateness, and the precedent of the
4690 amendment offered today.

4691 I do believe states need to ensure plans are working
4692 towards proper compliance with the current parity
4693 requirements and with the prevention of unnecessary denials.
4694 However, I question the necessity of authorizing additional
4695 funds for another grant program to the states at this time.
4696 Just earlier this week, in unveiling a massive \$300 billion
4697 spending package for the State of California, Governor Gavin
4698 Newsom revealed the state was swimming in a flush \$97.5
4699 billion budget surplus. Even the governor admitted this
4700 level of surplus is, "simply without precedent," claiming
4701 "no other state in American history has ever experienced a
4702 surplus as large as this." Wow. That is something.

4703 And it is not just the State of California. Recent
4704 reporting found that all 50 states have a budget surplus in
4705 the millions of dollars. Twenty-nine states have more than a

4706 billion dollars. These 29 states together equate to more
4707 than \$173.9 billion in additional funds at the states'
4708 disposal.

4709 While it would be nice to commend the governors for
4710 their work tightening their budget belts, these surpluses are
4711 not the result of strong fiscal restraint. Many states point
4712 directly to the American Rescue Plan funding.

4713 *The Chairman. That is what we should have. We should
4714 have a rainy day --

4715 *Mr. Hudson. States are already required to enforce
4716 mental health and substance abuse parity. Should Congress be
4717 indefinitely subsidizing what states are already supposed to
4718 be doing?

4719 And with that, I oppose this amendment and urge my
4720 colleagues to do so. I thank you, and I yield back.

4721 *The Chairman. I thank the gentleman. Ms. Eshoo is
4722 recognized.

4723 *Ms. Eshoo. I move to strike the last word, Mr.
4724 Chairman.

4725 *The Chairman. The gentlewoman is recognized for five
4726 minutes.

4727 *Ms. Eshoo. Thank you. I want to thank Congressman
4728 Cardenas for offering this amendment, and for his hard work
4729 in improving enforcement of the Federal mental health parity
4730 law.

4731 Many of the members that are now part of this committee
4732 were not around in 2008, when the law was put into place. I
4733 can tell you on both sides of the aisle there were massive
4734 celebrations, massive celebrations. Senator Domenici in the
4735 Senate, in the House, our beloved Patrick Kennedy, they all
4736 helped to put in place the Mental Health Parity and Addiction
4737 Equity Act, and that was to ensure access to mental health
4738 services, that it would not be any more restrictive than
4739 access to any other health care.

4740 We all know that mental health has been the stepchild of
4741 America's health care system. And it really pains me that,
4742 14 years later, after what we did, some insurance companies
4743 are still denying care to people with mental illnesses. It
4744 is not just my constituents, it is across the country in
4745 every single congressional district. This doesn't only have
4746 dire consequences for patients; it is also against the law.

4747 This amendment helps right the wrong by providing states
4748 with the much-needed funding. And, you know, funding is in
4749 the eyes of the beholder. It is either an unfunded mandate
4750 that members would speak up against, or they don't need the
4751 money because they have the money. So whatever lens people
4752 view this through, remember this, that the law we put in
4753 place and who is doing what to it is unlawful.

4754 I think that these grants are a step in the right
4755 direction. Certainly, the appropriators are going to make

4756 that decision. I -- it is my hope that this committee -- and
4757 that legislation came out of this committee -- will continue
4758 to push forward any necessary legislation so that insurance
4759 companies can be accountable for their actions and no longer
4760 avoid their obligations under the law.

4761 I think it is time we finally end the unfair treatment
4762 of Americans that need mental health services. And I think
4763 that this is an important vote for each one of us to take. I
4764 hope that we send this to the full House with this amendment
4765 included, and I yield back.

4766 *Mr. Cardenas. Will the gentlewoman yield? This is
4767 Cardenas. Would the gentlewoman yield the balance of her
4768 time?

4769 *Ms. Eshoo. Sure, I am sorry, glad to. Glad to.

4770 *Mr. Cardenas. Yes, yes, thank you very much. I
4771 appreciate my colleagues voicing their concerns, et cetera,
4772 and it also gives me an opportunity to remind all of us that
4773 the State of California, the largest economy of any state in
4774 the nation, is a donor state to our Federal coffers.

4775 And there is nothing in this legislation that is going
4776 to -- in my amendment, that is going to contribute to the
4777 national debt. As a matter of fact, under this current
4778 President and this Administration and this Congress, we have
4779 actually been reducing the debt with the budget that we just
4780 passed, the appropriations that we just passed recently.

4781 So I just wanted to take the opportunity to remind all
4782 of us that, yes, this is something that needs to be
4783 corrected. These insurance companies throughout the country
4784 need to follow the law. It has been over a decade. It is
4785 high time that we get this in order, and mental health gets
4786 the attention it deserves. Because when it does, it will be
4787 lifesaving.

4788 So I just wanted to remind all of us that this is an
4789 opportunity for us to use the carrot and not the stick. And
4790 unfortunately, if we are not going to use grants, then we may
4791 have to look at other amendments in the future and other
4792 legislation in the future. So I think this is a great
4793 balance of opportunity for us to do the right thing and pass
4794 legislation to urge a well-overdue opportunity for mental
4795 health in America, for our American citizens, for our
4796 American taxpayers to finally get the law enacted in every
4797 community and every state in the nation.

4798 And with that, thank you. I thank the gentlewoman for
4799 yielding her time. I yield back.

4800 *Ms. Eshoo. Great. I yield back, Mr. Chairman.

4801 *The Chairman. I thank the gentlewoman.

4802 We are on the Cardenas amendment. Does anyone else want
4803 to speak about it?

4804 All right. We will go to a vote. Are we going to have
4805 a roll call --

4806 *Mrs. Rodgers. Yes, we would like a recorded --

4807 *The Chairman. Roll call? All right, there will be a
4808 recorded vote on the Cardenas amendment, and a recorded vote
4809 is ordered. Those in favor of the amendment will say aye,
4810 those opposed will say no, and the clerk shall call the roll.

4811 *The Clerk. Mr. Rush?

4812 *Mr. Rush. Rush votes aye.

4813 *The Clerk. Mr. Rush votes aye.

4814 Ms. Eshoo?

4815 *Ms. Eshoo. [Inaudible.]

4816 *The Clerk. Ms. Eshoo votes aye.

4817 Ms. DeGette?

4818 [No response.]

4819 *The Clerk. Mr. Doyle?

4820 *Mr. Doyle. Doyle votes yes.

4821 *The Clerk. Mr. Doyle votes aye.

4822 Ms. Schakowsky?

4823 *Ms. Schakowsky. Schakowsky votes aye.

4824 *The Clerk. Ms. Schakowsky votes aye.

4825 Mr. Butterfield?

4826 [No response.]

4827 *The Clerk. Ms. Matsui?

4828 *Ms. Matsui. Matsui votes aye.

4829 *The Clerk. Ms. Matsui votes aye.

4830 Ms. Castor?

4831 *Ms. Castor. Ms. Castor votes aye.
4832 *The Clerk. Ms. Castor votes aye.
4833 Mr. Sarbanes?
4834 *Mr. Sarbanes. Sarbanes votes aye.
4835 *The Clerk. Mr. Sarbanes votes aye.
4836 Mr. McNerney?
4837 *Mr. McNerney. McNerney, California, aye.
4838 *The Clerk. Mr. McNerney votes aye.
4839 Mr. Welch?
4840 [No response.]
4841 *The Clerk. Mr. Tonko?
4842 *Mr. Tonko. Tonko of New York votes aye.
4843 *The Clerk. Mr. Tonko votes aye.
4844 Ms. Clarke?
4845 *Ms. Clarke. Ms. Clarke of New York votes aye.
4846 *The Clerk. Ms. Clarke votes aye.
4847 Mr. Schrader?
4848 *Mr. Schrader. Schrader votes aye.
4849 *The Clerk. Mr. Schrader votes aye.
4850 Mr. Cardenas?
4851 *Mr. Cardenas. Cardenas from California votes aye.
4852 *The Clerk. Mr. Cardenas votes aye.
4853 Mr. Ruiz?
4854 *Mr. Ruiz. Ruiz votes aye.
4855 *The Clerk. Mr. Ruiz votes aye.

4856 Mr. Peters?

4857 *Mr. Peters. Peters votes aye.

4858 *The Clerk. Mr. Peters votes aye.

4859 Mrs. Dingell?

4860 *Mrs. Dingell. Dingell votes aye.

4861 *The Clerk. Mrs. Dingell votes aye.

4862 Mr. Veasey?

4863 *Mr. Veasey. Veasey votes aye.

4864 *The Clerk. Mr. Veasey votes aye.

4865 Ms. Kuster?

4866 *Ms. Kuster. Kuster votes aye.

4867 *The Clerk. Ms. Kuster votes aye.

4868 Ms. Kelly?

4869 *Ms. Kelly. Kelly votes aye.

4870 *The Clerk. Ms. Kelly votes aye.

4871 Ms. Barragan?

4872 [No response.]

4873 *The Clerk. Mr. McEachin?

4874 *Mr. McEachin. McEachin votes aye.

4875 *The Clerk. Mr. McEachin votes aye.

4876 Ms. Blunt Rochester?

4877 *Ms. Blunt Rochester. Ms. Blunt Rochester votes aye.

4878 *The Clerk. Ms. Blunt Rochester votes aye.

4879 Mr. Soto?

4880 *Mr. Soto. Soto votes aye.

4881 *The Clerk. Mr. Soto votes aye.
4882 Mr. O'Halleran?
4883 *Mr. O'Halleran. O'Halleran votes aye.
4884 *The Clerk. Mr. O'Halleran votes aye.
4885 Miss Rice?
4886 *Miss Rice. Miss Rice votes aye.
4887 *The Clerk. Miss Rice votes aye.
4888 Ms. Craig?
4889 [No response.]
4890 *The Clerk. Ms. Schrier?
4891 *Ms. Schrier. Schrier votes aye.
4892 *The Clerk. Ms. Schrier votes aye.
4893 Mrs. Trahan?
4894 *Mrs. Trahan. Trahan votes aye.
4895 *The Clerk. Mrs. Trahan votes aye.
4896 Mrs. Fletcher?
4897 *Mrs. Fletcher. Fletcher votes aye.
4898 *The Clerk. Mrs. Fletcher votes aye.
4899 Mrs. Rodgers?
4900 *Mrs. Rodgers. [Inaudible.]
4901 *The Clerk. Mrs. Rodgers votes no.
4902 Mr. Upton?
4903 *Mr. Upton. [Inaudible.]
4904 *The Clerk. Mr. Upton votes no.
4905 Mr. Burgess?

4906 *Mr. Burgess. Burgess votes no.
4907 *The Clerk. Mr. Burgess votes no.
4908 Mr. Scalise?
4909 [No response.]
4910 *The Clerk. Mr. Latta?
4911 *Mr. Latta. [Inaudible.]
4912 *The Clerk. Mr. Latta votes no.
4913 Mr. Guthrie?
4914 *Mr. Guthrie. [Inaudible.]
4915 *The Clerk. Mr. Guthrie votes no.
4916 Mr. McKinley?
4917 *Mr. McKinley. [Inaudible.]
4918 *The Clerk. Mr. McKinley votes no.
4919 Mr. Kinzinger?
4920 [No response.]
4921 *The Clerk. Mr. Griffith?
4922 *Mr. Griffith. No.
4923 *The Clerk. Mr. Griffith votes no.
4924 Mr. Bilirakis?
4925 *Mr. Bilirakis. Votes no.
4926 *The Clerk. Mr. Bilirakis votes no.
4927 Mr. Johnson?
4928 *Mr. Johnson. No.
4929 *The Clerk. Mr. Johnson votes no.
4930 Mr. Long?

4931 *Mr. Long. Long votes no.
4932 *The Clerk. Mr. Long votes no.
4933 Mr. Bucshon?
4934 *Mr. Bucshon. No.
4935 *The Clerk. Mr. Bucshon votes no.
4936 Mr. Mullin?
4937 *Mr. Mullin. No.
4938 *The Clerk. Mr. Mullin votes no.
4939 Mr. Hudson?
4940 *Mr. Hudson. No.
4941 *The Clerk. Mr. Hudson votes no.
4942 Mr. Walberg?
4943 *Mr. Walberg. [Inaudible.]
4944 *The Clerk. Mr. Walberg votes no.
4945 Mr. Carter?
4946 *Mr. Carter. Carter votes no.
4947 *The Clerk. Mr. Carter votes no.
4948 Mr. Duncan?
4949 *Mr. Duncan. No.
4950 *The Clerk. Mr. Duncan votes no.
4951 Mr. Palmer?
4952 *Mr. Palmer. [Inaudible.]
4953 *The Clerk. Mr. Palmer votes no.
4954 Mr. Dunn?
4955 *Mr. Dunn. Dunn votes no.

4956 *The Clerk. Mr. Dunn votes no.
4957 Mr. Curtis?
4958 *Mr. Curtis. [Inaudible.]
4959 *The Clerk. Mr. Curtis votes no.
4960 Mrs. Lesko?
4961 *Mrs. Lesko. No.
4962 *The Clerk. Mrs. Lesko votes no.
4963 Mr. Pence?
4964 *Mr. Pence. No.
4965 *The Clerk. Mr. Pence votes no.
4966 Mr. Crenshaw?
4967 *Mr. Crenshaw. [Inaudible.]
4968 *The Clerk. Mr. Crenshaw votes no.
4969 Mr. Joyce?
4970 *Mr. Joyce. [Inaudible.]
4971 *The Clerk. Mr. Joyce votes no.
4972 Mr. Armstrong?
4973 *Mr. Armstrong. [Inaudible.]
4974 *The Clerk. Mr. Armstrong votes no.
4975 Chairman Pallone?
4976 *The Chairman. Pallone votes aye.
4977 *The Clerk. Chairman Pallone votes aye.
4978 *The Chairman. Ms. DeGette?
4979 *Ms. DeGette. DeGette votes aye.
4980 *The Clerk. Ms. DeGette votes aye.

4981 *Mr. Butterfield. Mr. Chairman?
4982 *The Chairman. Anyone else?
4983 *Ms. Craig. Madam Clerk, how am I recorded?
4984 *Mr. Butterfield. Butterfield.
4985 *The Chairman. Who speaks?
4986 *The Clerk. Mr. Butterfield --
4987 *Mr. Butterfield. Butterfield.
4988 *The Clerk. -- is not recorded.
4989 *The Chairman. Mr. Butterfield?
4990 *Mr. Butterfield. Butterfield votes aye.
4991 *The Clerk. Mr. Butterfield votes aye.
4992 *Mr. Welch. Madam Clerk, how am I recorded?
4993 *The Clerk. Mr. Welch is not recorded.
4994 *Mr. Welch. I vote aye.
4995 *The Clerk. Mr. Welch votes aye.
4996 *Ms. Craig. Madam Clerk, how am I recorded? Craig of
4997 Minnesota.
4998 *The Clerk. Ms. Craig is not recorded.
4999 *Ms. Craig. Craig votes aye.
5000 *The Clerk. Ms. Craig votes aye.
5001 *The Chairman. Is there anyone else who seeks to be
5002 recorded and is not?
5003 No? All right. The clerk will report the tally on the
5004 Upton amendment. I am sorry, not the Upton; on the Cardenas
5005 amendment.

5006 *The Clerk. On that vote, Mr. Chairman, the yeas were
5007 31 and the nays were 24.

5008 *The Chairman. Okay, so the vote is 31 ayes to 24 noes
5009 on the Cardenas amendment, and the amendment is agreed to.
5010 Are there further amendments to the AINS?

5011 *The Chairman. Does Mr. Curtis -- Mr. Curtis has an
5012 amendment at the desk.

5013 *Mr. Curtis. Yes.

5014 *The Chairman. Madam Clerk, will you report the Curtis
5015 amendment?

5016 *The Clerk. Amendment to H.R. 7666, authored by Mr.
5017 Curtis of Utah.

5018 Page 122 --

5019 *The Chairman. Without objection, Madam Clerk, the
5020 reading of the Curtis amendment will be dispensed with.

5021 [The amendment of Mr. Curtis follows:]

5022

5023 *****COMMITTEE INSERT*****

5024

5025 *The Chairman. And the gentleman from Utah is
5026 recognized for five minutes.

5027 *Mr. Curtis. Thank you. I would like to thank you,
5028 Chair Pallone, and Ranking Member Rodgers, for holding this
5029 important hearing today. I intend to withdraw my amendment,
5030 but I want to raise awareness to a very important issue.

5031 My amendment is very simple. Everyone agrees mental
5032 health behavior health coverage is important. This is why
5033 Congress shouldn't place additional mandates on private
5034 businesses until the Administration provides guidance that
5035 Congress has requested for many years.

5036 Congress has expressed bipartisan support for this
5037 guidance. The last three times the House passed mental
5038 health parity standards, these bills included explicit
5039 language on illustrative examples of parity the Labor
5040 Department must provide: broad examples of compliance and
5041 non-compliance, specific examples of medical management
5042 standards, and network admissions standards. The language is
5043 very clear, very instructive, and very obvious as to what
5044 Congress is asking of the Labor Department with respect to
5045 issuing comprehensive, clear guidance. In fact, the latest
5046 version of the illustrative examples was cut and paste from a
5047 Joe Kennedy bill from last Congress.

5048 I support mental health parity, and I support additional
5049 guidance for plans to get this right. This language has been

5050 signed into law twice, and has cleared the chamber three
5051 times in less than a decade. Many of you have already voted
5052 to support illustrative compliance guidelines in committee
5053 and on the floor. The most recent time these guidelines --
5054 instructions passed four committees and two chambers, and
5055 agreed to the guidance in a bicameral, bipartisan fashion.

5056 Congress did not intend for compliance to be a mind-
5057 reading exercise. It is overdue to provide practical, real-
5058 life examples of how industry can comply with these
5059 standards. I urge members to support my bill.

5060 I am prepared to withdraw my amendment, but it is my
5061 hope we will work together in a bipartisan manner to find
5062 consensus before this package is enacted.

5063 And with that, Mr. Chairman, I withdraw my amendment and
5064 yield my time.

5065 *The Chairman. Thank you, Mr. Curtis. Yes, and we will
5066 work on it.

5067 *Mr. Curtis. Thank you.

5068 *The Chairman. So the Curtis amendment has been
5069 withdrawn. Do we have any other amendments to the AINS?

5070 Hearing none, we will go to the AINS.

5071 *Voice. The other way, the other way. Keep flipping,
5072 keep going, keep going.

5073 *The Chairman. Okay. Well, are you --

5074 *Voice. No, voice.

5075 *The Chairman. If there is no further discussion, we
5076 will proceed to a vote on the amendment in the nature of a
5077 substitute.

5078 All those in favor of the amendment in the nature of a
5079 substitute to H.R. 7666, as amended, will signify by saying
5080 aye.

5081 All those opposed will say no.

5082 In the opinion of the chair, the ayes have it, and the
5083 amendment in the nature of a substitute is adopted.

5084 Now we will go to the final passage of the bill, H.R.
5085 7666, to the House. The question now occurs on favorably
5086 reporting H.R. 7666, as amended, to the full House.

5087 All those in favor of reporting H.R. 7666, as amended,
5088 to the House will signify by saying aye.

5089 All those opposed will say no.

5090 In the opinion of the chair, the ayes have it and,
5091 therefore, H.R. 7666, as amended, is reported to the full
5092 House.

5093 All right. We have a few more bills. The chair now
5094 calls up H.R. 7233, the Keeping Incarceration Discharges
5095 Streamlined for Children and Accommodating Resources and
5096 Education Act, or the KIDS CARES Act, as forwarded by the
5097 Subcommittee on Health.

5098 And the clerk will report the title of this bill.

5099 *The Clerk. The committee print for H.R. 7233 to amend

5100 title 19 --

5101 *The Chairman. And without objection, Madam Clerk, the
5102 first reading of the bill will be dispensed with. The bill
5103 is now considered as read and open for amendment.

5104 [The bill follows:]

5105

5106 *****COMMITTEE INSERT*****

5107

5108 *The Chairman. Is there anyone that wants to speak on
5109 the underlying bill?

5110 Okay. Does anyone want to amend this bill?

5111 *Voice. Mr. Hudson.

5112 *The Chairman. Mr. Hudson?

5113 Oh, the ranking member is recognized, Mrs. Rodgers.

5114 *Voice. Hold on, hold on.

5115 *The Chairman. You spoke?

5116 *Voice. Is Mr. Hudson coming back?

5117 [Pause.]

5118 *The Chairman. Mr. Hudson, do you have an amendment in
5119 the nature of a substitute?

5120 *Mr. Hudson. Yes, Mr. Chairman.

5121 *The Chairman. All right. The clerk will report the
5122 Hudson AINS.

5123 *The Clerk. Amendment in the nature of a substitute to
5124 H.R. 7233, offered by Mr. Hudson of North Carolina.

5125 Strike all --

5126 *The Chairman. And without objection, Madam Clerk, the
5127 reading of the Hudson AINS will be dispensed with.

5128 [The amendment of Mr. Hudson follows:]

5129

5130 *****COMMITTEE INSERT*****

5131

5132 *The Chairman. And the gentleman is recognized for five
5133 minutes.

5134 *Mr. Hudson. Thank you, Mr. Chairman. I would like to
5135 offer an amendment in the nature of a substitute on H.R.
5136 7233, the Keeping Incarceration Discharges Streamlined for
5137 Children and Accommodating Resources and Education Act, also
5138 known as the KIDS CARE Act.

5139 I am proud to lead H.R. 7233, along with Representative
5140 Ann Kuster and Ashley Hinson, and urge the full committee to
5141 consider favorably and adopt this AINS.

5142 This bill was reported favorably from our Health
5143 Subcommittee by a vote of 32 to 0, and I hope for a similar
5144 support today. The KIDS CARE Act would support kids as they
5145 transition out of incarceration by having state Medicaid
5146 programs establish a plan to conduct physical, mental, and
5147 behavioral health screenings for eligible children prior to
5148 release from prison. After the screenings, these children
5149 would then be offered a referral service to seek additional
5150 help, support, and services, based on their own specific
5151 needs.

5152 The bill also aims to improve school-based health
5153 services. Currently, elementary and high schools have the
5154 ability to provide and receive reimbursement for certain
5155 health services carried out within the school system.
5156 However, we have heard from school administrators that this

5157 submissions and claims process is burdensome, disjointed, and
5158 confusing, essentially making it unworkable.

5159 Our bill would direct the Centers for Medicare and
5160 Medicaid Services to update its school-based claims guide,
5161 including providing best practices for schools and school
5162 health centers. This would help schools cut red tape,
5163 decrease administrative burdens, and increase the
5164 availability of already existing services. This is
5165 especially important for small and rural school districts
5166 like those in my community, which are more likely unable to
5167 manage the bureaucratic burdens.

5168 In talking to our own North Carolina department of
5169 health and human services and the department of juvenile
5170 justice and delinquency prevention, we received much support
5171 and very helpful feedback on this legislation. Experts agree
5172 not only will the screenings and referral process help
5173 establish a landing spot for those recently released, but
5174 they will improve coordination of services, and greatly
5175 improve the overall well-being of our vulnerable kids.

5176 I would encourage other members of the committee, if you
5177 have not done so, to talk to your own state agencies on the
5178 impact this bill will bring to your states. For instance, we
5179 incorporated direct feedback from our state partners on the
5180 addition of a case management transition service for the 30
5181 days post release. This will help to coordinate the

5182 necessary referrals and next steps upon re-entry to society.
5183 During our Health Subcommittee we also incorporated
5184 amendments from Representative Eshoo as well as
5185 Representatives Blunt Rochester and Burgess that would
5186 continue the goal to ensure our kids have access to health
5187 care.

5188 With the addition of these amendments, this bill will
5189 help expand telehealth options for children by requiring the
5190 Centers for Medicare and Medicaid Services to provide updated
5191 guidance, strategies, and best practices to states on how to
5192 effectively overcome barriers and to increase access to
5193 telehealth within their Medicaid and their children's health
5194 insurance program populations.

5195 In addition, it will provide clarifying guidance and
5196 best practices to states to ensure they are providing
5197 appropriate and comprehensive access and coverage of
5198 available mental, emotional, and behavioral health services
5199 for children.

5200 This bill will also incorporate provisions of the Due
5201 Process Continuity of Care Act, led by Representative David
5202 Trone, Tom Emmer, Mike Turner, and Paul Tonko. This bill
5203 would remedy a gap in Medicaid services by ensuring children
5204 serving pre-trial detention are not kicked off Medicaid while
5205 awaiting adjudication. Currently, these kids are denied
5206 access to coverage, even when presumed innocent. This

5207 conflicts with our constitutional right to due process,
5208 particularly when it applies to kids, which is why this
5209 policy was endorsed by the Major County Sheriffs and National
5210 Sheriffs Association, among others.

5211 Taken together, these common-sense solutions in this
5212 bill will go a long way towards reducing recidivism in our
5213 youth population, increasing access to mental, physical,
5214 behavioral, and telehealth services for our children within
5215 schools and health care settings, and improving collaboration
5216 strategies and best practices for our states.

5217 I am proud of the strong bipartisan work that we have
5218 done on this bill, and urge my fellow committee members to
5219 consider it favorably, and adopt the AINS. And with that,
5220 Mr. Chairman, I am happy to yield back.

5221 *The Chairman. Thank you, Mr. Hudson.

5222 Ms. Kuster is recognized.

5223 *Ms. Kuster. Thank you, Chairman Pallone. I move to
5224 strike the last word.

5225 *The Chairman. The gentlewoman is recognized for five
5226 minutes.

5227 *Ms. Kuster. I am so proud to lead the KIDS CARES Act
5228 with Congressman Hudson and Hinson, and offer this amendment
5229 with him.

5230 The KIDS CARES Act is critical legislation to close the
5231 gap in health care that kids experience in the juvenile

5232 justice system. I have seen the difference that appropriate
5233 mental health care can mean for folks caught up in the
5234 judiciary -- judicial system. In Sullivan County in my
5235 district in New Hampshire, the recidivism rate dropped from
5236 54 percent to 18 percent when behavioral health and treatment
5237 services were brought inside the county jail. By ensuring
5238 that mental health and substance use treatment was
5239 accessible, we saw the cruel cycle of addiction and
5240 incarceration disrupted.

5241 The KIDS CARES Act would ensure that children in the
5242 justice system received a mental health screening prior to
5243 release, so that they can have a fair chance at staying out
5244 of the justice system entirely.

5245 The amendment I am offering today with Congressman
5246 Hudson to KIDS CARE further ensures that kids in our justice
5247 system have access to critical health care. This amendment
5248 is based on the Due Process Continuity of Care Act that I
5249 introduced with my bipartisan addiction and mental health
5250 task force co-chair, Congressman David Trone. It would end
5251 the antiquated Medicaid inmate exclusion policy for juvenile
5252 pre-trial detainees, as Mr. Hudson referenced, not even
5253 considered convicted of any crime in a pre-trial basis, so
5254 that they will not be kicked off of Medicaid before they are
5255 ever found guilty of a crime.

5256 This means our youth will not be stripped of their

5257 health care while they await trial. They will have access to
5258 mental health care and existing treatments that they are
5259 already receiving.

5260 This legislation will help vulnerable youth all across
5261 this country, and save taxpayer dollars that currently foot
5262 the bill for inadequate health care in the justice system,
5263 leading to such a high rate of recidivism and cost to the
5264 taxpayers.

5265 I urge my colleagues to support this amendment, and I
5266 yield back.

5267 *The Chairman. Thank you, Ms. Kuster.

5268 Does anyone else want to speak on Hudson amendment in
5269 the nature of a substitute?

5270 All right. Hearing none --

5271 [Pause.]

5272 *The Chairman. -- or amendments, we will proceed to a
5273 vote on the Hudson amendment in the nature of a substitute.

5274 All those in favor of the amendment in the nature of a
5275 substitute to H.R. 7233, as amended, will signify by saying
5276 aye.

5277 All those opposed will say no.

5278 In the opinion of the chair, the ayes have it, and the
5279 -- oh, does that matter? Okay, all right, so the Hudson AINS
5280 is adopted. And I think we are going to go to final passage
5281 now.

5282 So a recorded vote is ordered on H.R. 7233, and so those
5283 in favor of reporting H.R. 7233, as amended, to the full
5284 House will say aye, those opposed will say no, and the clerk
5285 shall call the roll.

5286 *The Clerk. Mr. Rush?

5287 *Mr. Rush. Rush votes aye.

5288 *The Clerk. Mr. Rush votes aye.

5289 Ms. Eshoo?

5290 *Ms. Eshoo. Votes aye.

5291 *The Clerk. Ms. Eshoo votes aye.

5292 Ms. DeGette?

5293 [No response.]

5294 *The Clerk. Mr. Doyle?

5295 *Mr. Doyle. Doyle votes yes.

5296 *The Clerk. Mr. Doyle votes aye.

5297 Ms. Schakowsky?

5298 [No response.]

5299 *The Clerk. Ms. Schakowsky?

5300 *Ms. Schakowsky. Schakowsky votes aye.

5301 *The Clerk. Ms. Schakowsky votes aye.

5302 Mr. Butterfield?

5303 [No response.]

5304 *The Clerk. Ms. Matsui?

5305 *Ms. Matsui. Matsui votes aye.

5306 *The Clerk. Ms. Matsui votes aye.

5307 Ms. Castor?

5308 *Ms. Castor. Ms. Castor votes aye.

5309 *The Clerk. Ms. Castor votes aye.

5310 Mr. Sarbanes?

5311 *Mr. Sarbanes. Sarbanes votes aye.

5312 *The Clerk. Mr. Sarbanes votes aye.

5313 Mr. McNerney?

5314 *Mr. McNerney. McNerney votes aye.

5315 *The Clerk. Mr. McNerney votes aye.

5316 Mr. Welch?

5317 *Mr. Welch. Mr. Welch votes aye.

5318 *The Clerk. Mr. Welch votes aye.

5319 Mr. Tonko?

5320 *Mr. Tonko. Tonko of New York votes aye.

5321 *The Clerk. Mr. Tonko votes aye.

5322 Ms. Clarke?

5323 *Ms. Clarke. Ms. Clarke of New York votes aye.

5324 *The Clerk. Ms. Clarke votes aye.

5325 Mr. Schrader?

5326 *Mr. Schrader. Schrader votes aye.

5327 *The Clerk. Mr. Schrader votes aye.

5328 Mr. Cardenas?

5329 *Mr. Cardenas. Cardenas from California votes aye.

5330 *The Clerk. Mr. Cardenas votes aye.

5331 Mr. Ruiz?

5332 *Mr. Ruiz. Ruiz votes aye.
5333 *The Clerk. Mr. Ruiz votes aye.
5334 Mr. Peters?
5335 *Mr. Peters. Peters votes aye.
5336 *The Clerk. Mr. Peters votes aye.
5337 Mrs. Dingell?
5338 *Mrs. Dingell. Dingell votes aye.
5339 *The Clerk. Mrs. Dingell votes aye.
5340 Mr. Veasey?
5341 *Mr. Veasey. Veasey votes aye.
5342 *The Clerk. Mr. Veasey votes aye.
5343 Ms. Kuster?
5344 *Ms. Kuster. Kuster votes aye.
5345 *The Clerk. Ms. Kuster votes aye.
5346 Ms. Kelly?
5347 *Ms. Kelly. Kelly votes aye.
5348 *The Clerk. Ms. Kelly votes aye.
5349 Ms. Barragan?
5350 *Ms. Barragan. Barragan votes aye.
5351 *The Clerk. Ms. Barragan votes aye.
5352 Mr. McEachin?
5353 *Mr. McEachin. McEachin votes aye.
5354 *The Clerk. Mr. McEachin votes aye.
5355 Ms. Blunt Rochester?
5356 *Ms. Blunt Rochester. Blunt Rochester votes aye.

5357 *The Clerk. Ms. Blunt Rochester votes aye.
5358 Mr. Soto?
5359 *Mr. Soto. Soto votes aye.
5360 *The Clerk. Mr. Soto votes aye.
5361 Mr. O'Halleran?
5362 *Mr. O'Halleran. O'Halleran votes aye.
5363 *The Clerk. Mr. O'Halleran votes aye.
5364 Miss Rice?
5365 *Miss Rice. Rice votes aye.
5366 *The Clerk. Miss Rice votes aye.
5367 Ms. Craig?
5368 [No response.]
5369 *The Clerk. Ms. Schrier?
5370 *Ms. Schrier. Schrier votes aye.
5371 *The Clerk. Ms. Schrier votes aye.
5372 Mrs. Trahan?
5373 *Mrs. Trahan. Trahan votes aye.
5374 *The Clerk. Mrs. Trahan votes aye.
5375 Mrs. Fletcher?
5376 *Mrs. Fletcher. Fletcher votes aye.
5377 *The Clerk. Mrs. Fletcher votes aye.
5378 Mrs. Rodgers?
5379 *Mrs. Rodgers. Rodgers votes aye.
5380 *The Clerk. Mrs. Rodgers votes aye.
5381 Mr. Upton?

5382 *Mr. Upton. Upton votes aye.
5383 *The Clerk. Mr. Upton votes aye.
5384 Mr. Burgess?
5385 *Mr. Burgess. Burgess votes aye.
5386 *The Clerk. Mr. Burgess votes aye.
5387 Mr. Scalise?
5388 [No response.]
5389 *The Clerk. Mr. Latta?
5390 *Mr. Latta. Aye.
5391 *The Clerk. Mr. Latta votes aye.
5392 Mr. Guthrie?
5393 *Mr. Guthrie. Aye.
5394 *The Clerk. Mr. Guthrie votes aye.
5395 Mr. McKinley?
5396 *Mr. McKinley. Aye.
5397 *The Clerk. Mr. McKinley votes aye.
5398 Mr. Kinzinger?
5399 [No response.]
5400 *The Clerk. Mr. Griffith?
5401 *Mr. Griffith. Aye.
5402 *The Clerk. Mr. Griffith votes aye.
5403 Mr. Bilirakis?
5404 [No response.]
5405 *The Clerk. Mr. Johnson?
5406 [No response.]

5407 *The Clerk. Mr. Long?
5408 *Mr. Long. Long votes aye.
5409 *The Clerk. Mr. Long votes aye.
5410 Mr. Bucshon?
5411 *Mr. Bucshon. [Inaudible.]
5412 *The Clerk. Mr. Bucshon votes aye.
5413 Mr. Mullin?
5414 *Mr. Mullin. Aye.
5415 *The Clerk. Mr. Mullin votes aye.
5416 Mr. Hudson?
5417 *Mr. Hudson. Aye.
5418 *The Clerk. Mr. Hudson votes aye.
5419 Mr. Walberg?
5420 *Mr. Walberg. [Inaudible.]
5421 *The Clerk. Mr. Walberg votes aye.
5422 Mr. Carter?
5423 *Mr. Carter. Carter votes aye.
5424 *The Clerk. Mr. Carter votes aye.
5425 Mr. Duncan?
5426 [No response.]
5427 *The Clerk. Mr. Palmer?
5428 *Mr. Palmer. Aye.
5429 *The Clerk. Mr. Palmer votes aye.
5430 Mr. Dunn?
5431 *Mr. Dunn. Dunn votes aye.

5432 *The Clerk. Mr. Dunn votes aye.
5433 Mr. Curtis?
5434 *Mr. Curtis. Aye.
5435 *The Clerk. Mr. Curtis votes aye.
5436 Mrs. Lesko?
5437 *Mrs. Lesko. Aye.
5438 *The Clerk. Mrs. Lesko votes aye.
5439 Mr. Pence?
5440 [No response.]
5441 *The Clerk. Mr. Crenshaw?
5442 *Mr. Crenshaw. Aye.
5443 *The Clerk. Mr. Crenshaw votes aye.
5444 Mr. Joyce?
5445 *Mr. Joyce. Joyce votes aye.
5446 *The Clerk. Mr. Joyce votes aye.
5447 Mr. Armstrong?
5448 *Mr. Armstrong. [Inaudible.]
5449 *The Clerk. Mr. Armstrong votes aye.
5450 Chairman Pallone?
5451 *The Chairman. Pallone votes aye.
5452 *The Clerk. Chairman Pallone votes aye.
5453 *The Chairman. Ms. DeGette?
5454 *Ms. DeGette. DeGette votes aye.
5455 *The Clerk. Ms. DeGette votes aye.
5456 *Mr. Johnson. Mr. Chairman, how is Mr. Johnson

5457 recorded?

5458 *The Chairman. Mr. Johnson?

5459 *The Clerk. Mr. Johnson is not recorded.

5460 *Mr. Johnson. Johnson votes aye.

5461 *The Clerk. Mr. Johnson votes aye.

5462 *The Chairman. Mr. Pence?

5463 *Mr. Pence. Pence votes aye.

5464 *The Clerk. Mr. Pence votes aye.

5465 *The Chairman. Anyone else who is not recorded and
5466 wants to be?

5467 Who?

5468 [Pause.]

5469 *The Chairman. All right. The clerk will report the
5470 tally.

5471 *The Clerk. On that vote, Mr. Chairman, the yeas were
5472 52 and the nays were 0.

5473 *The Chairman. Fifty-two ayes and no -- zero noes?
5474 Okay. So the vote on H.R. 7233, as amended, is 52 ayes to 0
5475 noes, and so H.R. 7233, as amended, is reported to the full
5476 House.

5477 So the next bill we have, the chair calls up H.R. 623,
5478 the Gabriella Miller Kids First Research Act 2.0, as
5479 forwarded by the Subcommittee on Health, and the clerk will
5480 report that bill.

5481 *The Clerk. Committee print to H.R. 623, a bill to

5482 require certain civil penalties to be transferred to a
5483 fund --

5484 *The Chairman. And Madam Clerk, without objection, the
5485 first reading of the bill will be dispensed with. The bill
5486 is now considered as read and, without objection, open to
5487 amendment.

5488 [The bill follows:]

5489

5490 *****COMMITTEE INSERT*****

5491

5492 *The Chairman. Does anyone want to speak on the bill?
5493 No? Wow, okay. And are there any amendments? All
5494 right, we will go to a --
5495 *Mrs. Rodgers. Recorded vote.
5496 *The Chairman. -- recorded vote. Okay, let's skip to
5497 that. A recorded vote is ordered on 623. Those in favor of
5498 reporting H.R. 623, as amended, to the House will say aye,
5499 those opposed will say no, and the clerk shall call the roll.
5500 *The Clerk. Mr. Rush?
5501 *Mr. Rush. Rush votes aye.
5502 *The Clerk. Mr. Rush votes aye.
5503 Ms. Eshoo?
5504 *Ms. Eshoo. Eshoo votes aye.
5505 *The Clerk. Ms. Eshoo votes aye.
5506 Ms. DeGette?
5507 [No response.]
5508 *The Clerk. Mr. Doyle?
5509 *Mr. Doyle. Doyle votes aye.
5510 *The Clerk. Mr. Doyle votes aye.
5511 Ms. Schakowsky?
5512 *Ms. Schakowsky. Schakowsky votes aye.
5513 *The Clerk. Ms. Schakowsky votes aye.
5514 Mr. Butterfield?
5515 [No response.]
5516 *The Clerk. Ms. Matsui?

5517 *Ms. Matsui. Matsui votes aye.
5518 *The Clerk. Ms. Matsui votes aye.
5519 Ms. Castor?
5520 *Ms. Castor. Ms. Castor votes aye.
5521 *The Clerk. Ms. Castor votes aye.
5522 Mr. Sarbanes?
5523 *Mr. Sarbanes. Sarbanes votes aye.
5524 *The Clerk. Mr. Sarbanes votes aye.
5525 Mr. McNerney?
5526 *Mr. McNerney. McNerney votes aye.
5527 *The Clerk. Mr. McNerney votes aye.
5528 Mr. Welch?
5529 [No response.]
5530 *The Clerk. Mr. Tonko?
5531 *Mr. Tonko. Tonko of New York votes aye.
5532 *The Clerk. Mr. Tonko votes aye.
5533 Ms. Clarke?
5534 *Ms. Clarke. Clarke of New York votes aye.
5535 *The Clerk. Ms. Clarke votes aye.
5536 Mr. Schrader?
5537 *Mr. Schrader. Schrader votes aye.
5538 *The Clerk. Mr. Schrader votes aye.
5539 Mr. Cardenas?
5540 [No response.]
5541 *The Clerk. Mr. Ruiz?

5542 *Mr. Ruiz. Ruiz votes aye.
5543 *The Clerk. Mr. Ruiz votes aye.
5544 Mr. Peters?
5545 *Mr. Peters. Peters votes aye.
5546 *The Clerk. Mr. Peters votes aye.
5547 Mrs. Dingell?
5548 *Mrs. Dingell. Dingell votes aye.
5549 *The Clerk. Mrs. Dingell votes aye.
5550 Mr. Veasey?
5551 *Mr. Veasey. Votes aye.
5552 *The Clerk. Mr. Veasey votes aye.
5553 Ms. Kuster?
5554 *Ms. Kuster. Ms. Kuster votes aye.
5555 *The Clerk. Ms. Kuster votes aye.
5556 Ms. Kelly?
5557 *Ms. Kelly. Kelly votes aye.
5558 *The Clerk. Ms. Kelly votes aye.
5559 Ms. Barragan?
5560 *Ms. Barragan. Barragan votes aye.
5561 *The Clerk. Ms. Barragan votes aye.
5562 Mr. McEachin?
5563 *Mr. McEachin. McEachin votes aye.
5564 *The Clerk. Mr. McEachin votes aye.
5565 Ms. Blunt Rochester?
5566 *Ms. Blunt Rochester. Blunt Rochester votes aye.

5567 *The Clerk. Ms. Blunt Rochester votes aye.
5568 Mr. Soto?
5569 *Mr. Soto. Soto votes aye.
5570 *The Clerk. Mr. Soto votes aye.
5571 Mr. O'Halleran?
5572 *Mr. O'Halleran. O'Halleran votes aye.
5573 *The Clerk. Mr. O'Halleran votes aye.
5574 Miss Rice?
5575 *Miss Rice. Rice votes aye.
5576 *The Clerk. Miss Rice votes aye.
5577 Ms. Craig?
5578 *Ms. Craig. Craig of Minnesota votes yes.
5579 *The Clerk. Ms. Craig votes aye.
5580 Ms. Schrier?
5581 [No response.]
5582 *The Clerk. Mrs. Trahan?
5583 *Mr. Cardenas. Cardenas votes aye.
5584 *Mrs. Trahan. Trahan votes aye.
5585 *The Clerk. Mrs. Trahan votes aye.
5586 Mr. Cardenas votes aye.
5587 *Mr. Cardenas. Cardenas votes aye.
5588 *The Clerk. Mr. Cardenas votes aye.
5589 Mrs. Fletcher?
5590 *Mrs. Fletcher. Fletcher votes aye.
5591 *The Clerk. Mrs. Fletcher votes aye.

5592 Mrs. Rodgers?

5593 *Mrs. Rodgers. Rodgers votes aye.

5594 *The Clerk. Mrs. Rodgers votes aye.

5595 Mr. Upton?

5596 *Mr. Upton. Upton votes aye.

5597 *The Clerk. Mr. Upton votes aye.

5598 Mr. Burgess?

5599 *Mr. Burgess. [Inaudible.]

5600 *The Clerk. Mr. Burgess votes aye.

5601 Mr. Scalise?

5602 [No response.]

5603 *The Clerk. Mr. Latta?

5604 *Mr. Latta. Aye.

5605 *The Clerk. Mr. Latta votes aye.

5606 Mr. Guthrie?

5607 *Mr. Guthrie. Aye.

5608 *The Clerk. Mr. Guthrie votes aye.

5609 Mr. McKinley?

5610 *Mr. McKinley. Aye.

5611 *The Clerk. Mr. McKinley votes aye.

5612 Mr. Kinzinger?

5613 [No response.]

5614 *The Clerk. Mr. Griffith?

5615 *Mr. Griffith. Aye.

5616 *The Clerk. Mr. Griffith votes aye.

5617 Mr. Bilirakis?

5618 *Mr. Bilirakis. Bilirakis votes aye.

5619 *The Clerk. Mr. Bilirakis votes aye.

5620 Mr. Johnson?

5621 *Mr. Johnson. Aye.

5622 *The Clerk. Mr. Johnson votes aye.

5623 Mr. Long?

5624 *Mr. Long. Long votes yes.

5625 *The Clerk. Mr. Long votes aye.

5626 Mr. Bucshon?

5627 *Mr. Bucshon. Aye.

5628 *The Clerk. Mr. Bucshon votes aye.

5629 Mr. Mullin?

5630 *Mr. Mullin. Aye.

5631 *The Clerk. Mr. Mullin votes aye.

5632 Mr. Hudson?

5633 *Mr. Hudson. Aye.

5634 *The Clerk. Mr. Hudson votes aye.

5635 Mr. Walberg?

5636 *Mr. Walberg. Aye.

5637 *The Clerk. Mr. Walberg votes aye.

5638 Mr. Carter?

5639 *Mr. Carter. Carter votes aye.

5640 *The Clerk. Mr. Carter votes aye.

5641 Mr. Duncan?

5642 [No response.]

5643 *The Clerk. Mr. Palmer?

5644 *Mr. Palmer. Aye.

5645 *The Clerk. Mr. Palmer votes aye.

5646 Mr. Dunn?

5647 *Mr. Dunn. Dunn votes aye.

5648 *The Clerk. Mr. Dunn votes aye.

5649 Mr. Curtis?

5650 *Mr. Curtis. [Inaudible.]

5651 *The Clerk. Mr. Curtis votes aye.

5652 Mrs. Lesko?

5653 *Mrs. Lesko. [Inaudible.]

5654 *The Clerk. Mrs. Lesko votes aye.

5655 Mr. Pence?

5656 *Mr. Pence. Aye.

5657 *The Clerk. Mr. Pence votes aye.

5658 Mr. Crenshaw?

5659 *Mr. Crenshaw. [Inaudible.]

5660 *The Clerk. Mr. Crenshaw votes aye.

5661 Mr. Joyce?

5662 *Mr. Joyce. [Inaudible.]

5663 *The Clerk. Mr. Joyce votes aye.

5664 Mr. Armstrong?

5665 *Mr. Armstrong. [Inaudible.]

5666 *The Clerk. Mr. Armstrong votes aye.

5667 Chairman Pallone?

5668 *The Chairman. Pallone votes aye.

5669 *The Clerk. Chairman Pallone votes aye.

5670 *The Chairman. Ms. DeGette?

5671 *Ms. DeGette. DeGette votes aye.

5672 *The Clerk. Ms. DeGette votes aye.

5673 *Ms. Schrier. How am I recorded?

5674 *Voice. Ms. Schrier, Dr. Schrier.

5675 *The Clerk. Ms. Schrier is not recorded.

5676 *Ms. Schrier. Schrier votes aye.

5677 *The Clerk. Ms. Schrier votes aye.

5678 *The Chairman. Any other member who seeks to be
5679 recorded?

5680 *Voice. We are missing some, but I don't --

5681 *The Chairman. All right. The clerk will report the
5682 tally.

5683 *The Clerk. On that vote, Mr. Chairman, the yeas were
5684 53 and the nays were 0.

5685 *The Chairman. Okay, so on H.R. 623 the vote is 53 ayes
5686 to 0 noes. And so H.R. 623, as amended, is reported to the
5687 full House.

5688 Next the chair calls up H.R. 3771, the South Asian Heart
5689 Health Awareness Act of 2021, as forwarded by the
5690 Subcommittee on Health, and the clerk will report the bill.

5691 *The Clerk. Committee print on H.R. 3771 to amend the

5692 Public Health Service Act --

5693 *The Chairman. And Madam Clerk, without objection, the
5694 first reading of the bill will be dispensed with. The bill
5695 is now considered as read and open for amendment.

5696 [The bill follows:]

5697

5698 *****COMMITTEE INSERT*****

5699

5700 *Ms. Schrier. Mr. Chairman?

5701 *The Chairman. Yes. Ms. Schrier, did you want to speak
5702 on the underlying bill?

5703 *Ms. Schrier. Yes, I would. Thank you very much.

5704 *The Chairman. All right.

5705 *Ms. Schrier. I wanted to speak in [inaudible] of H.R.
5706 3771, the South Asian Heart Health Awareness and [inaudible]
5707 Act. [Inaudible] of South Carolina.

5708 Asian Americans have experienced the fastest population
5709 growth rate among all racial and ethnic groups in the United
5710 States, and are projected to be the largest immigrant group
5711 in the U.S. by 2055. However, many programs and activities
5712 to date classify the South Asian population with other Asian
5713 groups as Asian American or Pacific Islander.

5714 We also know that heart disease is the leading cause of
5715 death for men, women, and people of most racial and ethnic
5716 groups in the United States. Specifically, the American
5717 Heart Association, though, has found that South Asian
5718 Americans are more likely to die of specifically coronary
5719 artery disease than other Asian Americans and non-Hispanic
5720 White Americans.

5721 So this legislation will provide grant funds to support
5722 cardiovascular health promotion and heart health research
5723 among the South Asian community, but also for other groups.
5724 And to say that this legislation is too targeted on a

5725 specific population is really not accurate, and also
5726 dismisses advances made when studies of disease in specific
5727 populations have led to medical advances for all races and
5728 ethnicities. For example, a study on high cholesterol in the
5729 Black community led to the discovery of a blockbuster
5730 cholesterol-lowering drug called Repatha, now taken by tens
5731 of millions of Americans.

5732 So lastly, let me just remind my colleagues that this
5733 bipartisan legislation is not new. Our committee considered
5734 this legislation in the 116th Congress, and it was passed in
5735 the House by voice vote.

5736 There is an urgent need for these grants and this
5737 research, and we simply can't ignore these communities, these
5738 growing communities, anymore in our research and programs.

5739 And I urge my colleagues to support this bill, and I
5740 yield back.

5741 *The Chairman. I thank the gentlewoman.

5742 Mr. Carter is recognized.

5743 *Mr. Carter. I move to strike the last word.

5744 *The Chairman. The gentleman is recognized for five
5745 minutes.

5746 *Mr. Carter. Mr. Chairman, I want to discuss the South
5747 Asian Heart Health Awareness and Research Act that Democrats
5748 have brought before us today.

5749 As a pharmacist and a lifelong health care professional,

5750 I support initiatives to improve our health care system,
5751 especially for those in ethnic and minority communities.
5752 However, I have concerns with South Asian Heart Health
5753 Awareness and Research Act that Democrats have brought before
5754 us today. Unfortunately, this bill will not help address the
5755 cardiovascular health issues that Americans face, and might I
5756 add that particularly those of us in the South, which is
5757 known as the Cardiac Belt.

5758 In providing technical feedback on the bill, the CDC
5759 expressed concerns that the grants authorized under the
5760 legislation would be duplicative to their current efforts to
5761 address cardiovascular disease in disproportionately impacted
5762 communities.

5763 In addition, the CDC expressed concerns that it would
5764 not be able to provide the data that the bill is mandating
5765 the agency report on.

5766 Now that my Public Health Infrastructure Modernization
5767 Act is now law, the CDC can work together with states so that
5768 they can better understand the burdens of heart disease in
5769 their own South Asian populations and other populations
5770 disproportionately impacted with poor health. As we have
5771 more data on the issue, we can better tailor our efforts to
5772 these populations.

5773 The South Asian Heart Health Awareness and Research Act
5774 should not move forward, and I urge my colleagues to oppose

5775 this piece of legislation.

5776 Thank you, Mr. Chairman, and I yield back.

5777 *The Chairman. I know you guys want a vote. Thank you,
5778 but I just wanted to say quickly, because I know that -- I
5779 just wanted to, if I could, express -- or respond to some of
5780 the concerns that Mr. Carter mentioned. So I move to strike
5781 the last word, but I will be brief.

5782 First, I do want to say this is bipartisan in the sense
5783 that the sponsors, Ms. Jayapal -- and Mr. Wilson of South
5784 Carolina, of course, is a Republican, so there are
5785 Republicans that support it.

5786 In addition to that, we broadened the bill in the last
5787 Congress because I know there was some concerns by some on
5788 the Republican side that it was too narrow. So the
5789 legislation states that it will support communities
5790 disproportionately affected by heart disease, such as South
5791 Asian communities in the U.S., and therefore it can be used
5792 to support any disproportionately affected community. And
5793 heart disease disproportionately affects many racial and
5794 ethnic groups in the U.S., and is the leading cause of death
5795 for African Americans, American Indians, Alaska Natives,
5796 Hispanic, and White men. So this legislation, you know,
5797 stands to benefit many of these groups, in my opinion.

5798 I just -- I know that some -- you know, I know -- I
5799 heard what Mr. Carter said, but I really think that we have

5800 done quite a bit here to broaden this, to make it, you know,
5801 not only what the sponsors wanted, but also to address some
5802 of the concerns of the CDC. So I didn't want you to think
5803 that we weren't trying. You may still oppose it, but we have
5804 tried to deal with some of your concerns.

5805 And I yield back. Does anyone else want to speak on
5806 this?

5807 If not, we will go to a vote. We are going to have a
5808 recorded vote. A recorded vote is ordered. Those in favor
5809 of reporting H.R. 3771, as amended, to the House will say
5810 aye, those opposed will say no, and the clerk shall call the
5811 roll.

5812 *The Clerk. Mr. Rush?

5813 *Mr. Rush. Rush votes aye.

5814 *The Clerk. Mr. Rush votes aye.

5815 Ms. Eshoo?

5816 *Ms. Eshoo. Eshoo votes aye.

5817 *The Clerk. Ms. Eshoo votes aye.

5818 Ms. DeGette?

5819 *Ms. DeGette. Aye.

5820 *The Clerk. Ms. DeGette votes aye.

5821 Mr. Doyle?

5822 [No response.]

5823 *The Clerk. Ms. Schakowsky?

5824 *Ms. Schakowsky. Schakowsky votes aye.

5825 *The Clerk. Ms. Schakowsky votes aye.
5826 Mr. Butterfield?
5827 *Mr. Butterfield. Butterfield votes aye.
5828 *The Clerk. Mr. Butterfield votes aye.
5829 Ms. Matsui?
5830 *Ms. Matsui. Matsui votes aye.
5831 *The Clerk. Ms. Matsui votes aye.
5832 Ms. Castor?
5833 *Ms. Castor. Ms. Castor votes aye.
5834 *The Clerk. Ms. Castor votes aye.
5835 Mr. Sarbanes?
5836 *Mr. Sarbanes. Sarbanes votes aye.
5837 *The Clerk. Mr. Sarbanes votes aye.
5838 Mr. McNerney?
5839 *Mr. McNerney. McNerney votes aye.
5840 *The Clerk. Mr. McNerney votes aye.
5841 Mr. Welch?
5842 [No response.]
5843 *The Clerk. Mr. Tonko?
5844 *Mr. Tonko. Tonko of New York votes aye.
5845 *The Clerk. Mr. Tonko votes aye.
5846 Ms. Clarke?
5847 *Ms. Clarke. Ms. Clarke of New York votes aye.
5848 *The Clerk. Ms. Clarke votes aye.
5849 Mr. Schrader?

5850 *Mr. Schrader. Schrader votes aye.
5851 *The Clerk. Mr. Schrader votes aye.
5852 Mr. Cardenas?
5853 *Mr. Cardenas. Cardenas votes aye.
5854 *The Clerk. Mr. Cardenas votes aye.
5855 Mr. Ruiz?
5856 *Mr. Ruiz. Ruiz votes aye.
5857 *The Clerk. Mr. Ruiz votes aye.
5858 Mr. Peters?
5859 *Mr. Peters. Peters votes aye.
5860 *The Clerk. Mr. Peters votes aye.
5861 Mrs. Dingell?
5862 *Mrs. Dingell. Dingell votes aye.
5863 *The Clerk. Mrs. Dingell votes aye.
5864 Mr. Veasey?
5865 *Mr. Veasey. Veasey votes aye.
5866 *The Clerk. Mr. Veasey votes aye.
5867 Ms. Kuster?
5868 *Ms. Kuster. Kuster votes aye.
5869 *The Clerk. Ms. Kuster votes aye.
5870 Ms. Kelly?
5871 *Ms. Kelly. Kelly votes aye.
5872 *The Clerk. Ms. Kelly votes aye.
5873 Ms. Barragan?
5874 [No response.]

5875 *The Clerk. Mr. McEachin?

5876 *Mr. McEachin. McEachin votes aye.

5877 *The Clerk. Mr. McEachin votes aye.

5878 Ms. Blunt Rochester?

5879 *Ms. Blunt Rochester. Blunt Rochester votes aye.

5880 *The Clerk. Ms. Blunt Rochester votes aye.

5881 Mr. Soto?

5882 *Mr. Soto. Soto votes aye.

5883 *The Clerk. Mr. Soto votes aye.

5884 Mr. O'Halleran?

5885 [No response.]

5886 *The Clerk. Mr. O'Halleran?

5887 *Mr. O'Halleran. O'Halleran votes aye.

5888 *The Clerk. Mr. O'Halleran votes aye.

5889 Miss Rice?

5890 *Miss Rice. Rice votes aye.

5891 *The Clerk. Miss Rice votes aye.

5892 Ms. Craig?

5893 *Ms. Craig. Craig votes aye.

5894 *The Clerk. Ms. Craig votes aye.

5895 Ms. Schrier?

5896 *Ms. Schrier. Schrier votes aye.

5897 *The Clerk. Ms. Schrier votes aye.

5898 Mrs. Trahan?

5899 *Mrs. Trahan. Trahan votes aye.

5900 *The Clerk. Mrs. Trahan votes aye.
5901 Mrs. Fletcher?
5902 [No response.]
5903 *The Clerk. Mrs. Fletcher?
5904 *Mrs. Fletcher. Fletcher votes aye.
5905 *The Clerk. Mrs. Fletcher votes aye.
5906 Mrs. Rodgers?
5907 *Mrs. Rodgers. [Inaudible.]
5908 *The Clerk. Mrs. Rodgers votes no.
5909 Mr. Upton?
5910 *Mr. Upton. Votes no.
5911 *The Clerk. Mr. Upton votes nay.
5912 Mr. Burgess?
5913 *Mr. Burgess. Votes no.
5914 *The Clerk. Mr. Burgess votes nay.
5915 Mr. Scalise?
5916 [No response.]
5917 *The Clerk. Mr. Latta?
5918 *Mr. Latta. No.
5919 *The Clerk. Mr. Latta votes no.
5920 Mr. Guthrie?
5921 [No response.]
5922 *The Clerk. Mr. McKinley?
5923 *Mr. McKinley. No.
5924 *The Clerk. Mr. McKinley votes no.

5925 Mr. Kinzinger?
5926 [No response.]
5927 *The Clerk. Mr. Griffith?
5928 *Mr. Griffith. No.
5929 *The Clerk. Mr. Griffith votes no.
5930 Mr. Bilirakis?
5931 *Mr. Bilirakis. Bilirakis votes no.
5932 *The Clerk. Mr. Bilirakis votes no.
5933 Mr. Johnson?
5934 [No response.]
5935 *The Clerk. Mr. Long?
5936 *Mr. Long. Long votes no.
5937 *The Clerk. Mr. Long votes no.
5938 *Voice. Hold on, guys.
5939 *The Clerk. Mr. Bucshon?
5940 *Mr. Bucshon. [Inaudible.]
5941 *The Clerk. Mr. Bucshon votes no.
5942 Mr. Mullin?
5943 *Mr. Mullin. No.
5944 *The Clerk. Mr. Mullin votes no.
5945 Mr. Hudson?
5946 *Mr. Hudson. [Inaudible.]
5947 *The Clerk. Mr. Hudson votes no.
5948 Mr. Walberg?
5949 *Mr. Walberg. No.

5950 *The Clerk. Mr. Walberg votes no.
5951 Mr. Carter?
5952 *Mr. Carter. Carter votes no.
5953 *The Clerk. Mr. Carter votes no.
5954 Mr. Duncan?
5955 *Mr. Duncan. No.
5956 *The Clerk. Mr. Duncan votes no.
5957 Mr. Palmer?
5958 *Mr. Palmer. No.
5959 *The Clerk. Mr. Palmer votes no.
5960 Mr. Dunn?
5961 *Mr. Dunn. Dunn votes no.
5962 *The Clerk. Mr. Dunn votes no.
5963 Mr. Curtis?
5964 *Mr. Curtis. [Inaudible.]
5965 *The Clerk. Mr. Curtis votes no.
5966 Mrs. Lesko?
5967 *Mrs. Lesko. No.
5968 *The Clerk. Mrs. Lesko votes no.
5969 Mr. Pence?
5970 *Mr. Pence. No.
5971 *The Clerk. Mr. Pence votes no.
5972 Mr. Crenshaw?
5973 *Mr. Crenshaw. No.
5974 *The Clerk. Mr. Crenshaw votes no.

5975 Mr. Joyce?

5976 *Mr. Joyce. [Inaudible.]

5977 *The Clerk. Mr. Joyce votes no.

5978 Mr. Armstrong?

5979 *Mr. Armstrong. No.

5980 *The Clerk. Mr. Armstrong votes no.

5981 Chairman Pallone?

5982 *The Chairman. Pallone votes aye.

5983 *The Clerk. Chairman Pallone votes aye.

5984 *Mr. Welch. Madam Clerk, how am I --

5985 *Mr. Doyle. How am I recorded, Mr. Chairman?

5986 *Mr. Welch. -- Welch.

5987 *The Chairman. Mr. Johnson?

5988 *Mr. Doyle. Mr. Doyle.

5989 *Mr. Johnson. No.

5990 *The Clerk. Mr. Johnson votes no.

5991 *The Chairman. Mr. Doyle?

5992 *Mr. Doyle. Mr. Doyle votes aye.

5993 *Mr. Welch. Mr. Welch.

5994 *The Clerk. Mr. Doyle votes aye.

5995 *The Chairman. Mr. Welch?

5996 *Mr. Welch. Votes aye.

5997 *The Clerk. Mr. Welch is -- Mr. Welch votes aye.

5998 *Mr. Guthrie. Guthrie.

5999 *The Chairman. Mr. Guthrie?

6000 *Mr. Guthrie. Guthrie votes no.

6001 *The Clerk. Mr. Guthrie votes no.

6002 *The Chairman. Anyone else who is not recorded and
6003 wants to be?

6004 Hearing none, the clerk will report the tally.

6005 *The Clerk. On that vote the yeas were 31 and the nays
6006 were 24.

6007 *The Chairman. So the vote on H.R. 3771, as amended, is
6008 31 ayes to 24 noes. So H.R. 3771, as amended, is reported to
6009 the full House.

6010 And our last bill, the chair calls up H.R. 5585, the
6011 Advanced Research Project Agency Health Act, or the ARPA-H
6012 Act, last but certainly not least, Ms. Eshoo.

6013 The clerk will report the title of the bill.

6014 *The Clerk. H.R. 5585, a bill to establish the Advanced
6015 Research Projects --

6016 *The Chairman. Madam Clerk, without objection, the
6017 first reading of the bill will be dispensed with. The bill
6018 is now considered as read and open for amendment.

6019 [The bill follows:]

6020

6021 *****COMMITTEE INSERT*****

6022

6023 *The Chairman. Did you want to speak on the underlying
6024 bill?

6025 *Ms. Eshoo. Well, I appreciate your offering that, Mr.
6026 Chairman, but I think all of my colleagues have heard a lot
6027 from me about ARPA-H, so I can't add to what I have said
6028 before, and I will just speak to the amendment in the nature
6029 of a substitute.

6030 *The Chairman. Is that -- we can proceed to that. All
6031 right, let's go to the AINS.

6032 I recognize Ms. Eshoo to offer an amendment in the
6033 nature of a substitute, and the clerk will report the
6034 amendment.

6035 *The Clerk. Amendment in the nature of a substitute to
6036 H.R. 5585, offered by Ms. Eshoo of California.

6037 Strike all --

6038 *The Chairman. Madam Clerk, without objection, the
6039 reading of the amendment will be dispensed with.

6040 [The amendment of Ms. Eshoo follows:]

6041

6042 *****COMMITTEE INSERT*****

6043

6044 *The Chairman. And Ms. Eshoo is recognized for five
6045 minutes.

6046 *Ms. Eshoo. Thank you, Mr. Chairman. Suffice it to say
6047 that each one of us, as a Member of Congress, have met with
6048 hundreds -- or, if our tenure is a long one in the Congress,
6049 literally thousands -- of constituents who have pleaded for
6050 Congress to do more to address diseases, especially in the
6051 area where a diagnosis is a death sentence: pancreatic
6052 cancer, glioblastoma, ALS, Alzheimer's.

6053 I introduced this legislation to take these deadly
6054 diseases head on by creating the Advanced Research Projects
6055 Agency for Health, ARPA-H. The bill and its amendment
6056 establishes ARPA-H as an independent agency within HHS, with
6057 a presidentially-appointed, Senate-confirmed director who
6058 would have the authority to approve and end project funding,
6059 establish milestones, and coordinate with other health
6060 agencies. ARPA-H will be outside of NIH, and will embody the
6061 nimble spirit of the highly regarded and successful DARPA to
6062 pursue large-scale, high-risk projects.

6063 I really can't thank the following enough for working
6064 with me on this. To the Republican leader, Mrs. Rodgers,
6065 certainly to you, Chairman Pallone -- from the beginning you
6066 have supported this -- to Congresswoman DeGette, who has been
6067 a partner, to Congressman Upton and to Congressman Burgess,
6068 along the way each has leaned in and brought their critique

6069 to the legislation.

6070 And we are here today on this rework, and I think that
6071 it is a stronger bill, as amended. It is carefully written
6072 to define the clear authorities and mission so that it is an
6073 agency that will avoid duplication of effort in the Federal
6074 Government -- that was a concern that was raised some time
6075 ago -- or the private sector, as well as transparency
6076 requirements to ensure it responsibly spends the taxpayer
6077 funding.

6078 It breaks down the silos between Federal health programs
6079 by requiring both the FDA and CMS to closely coordinate with
6080 ARPA-H. And if the new agency creates a cutting-edge
6081 treatment, FDA should be ready to review it, and CMS should
6082 be ready to make a coverage determination.

6083 I am proud that the legislation has received widespread
6084 support from leading experts and organizations across the
6085 country, including bipartisan former officials from the NIH,
6086 CDC, the FDA, as well as respected research non-profits such
6087 as Friends of Cancer Research, UsAgainstAlzheimer's, and the
6088 Suzanne Wright Foundation.

6089 Two months ago the President signed into law the
6090 Bipartisan Consolidated Appropriations Act of 2022, which
6091 provided \$1 billion -- that is with a B -- to establish ARPA-
6092 H. Our committee now has the opportunity to pass this Act to
6093 provide the agency with the full authorities it needs to be

6094 successful from day one, and including ensuring that, again,
6095 that it will be a nimble, dynamic, and independent agency.

6096 So it is with a great deal of gratitude and more than a
6097 dose of humility that I urge my colleagues to vote for this
6098 important legislation.

6099 And I yield back, Mr. Chairman.

6100 *The Chairman. Thank you, Chairwoman Eshoo.

6101 The ranking member would like to speak on this. I
6102 recognize Mrs. Rodgers for five minutes.

6103 *Mrs. Rodgers. Thank you, Mr. Chairman. As I discussed
6104 at the last markup, I have been a long-time supporter of
6105 biomedical research and innovation, including projects like
6106 the BRAIN Initiative, intended to speed scientific research
6107 necessary to accelerate cures for neurologic diseases.

6108 When the concept of ARPA-H was first proposed to me, I
6109 expressed a healthy dose of skepticism.

6110 First, I did not see a clear and targeted strategic
6111 mission. An unfocused agenda, surely, is not a recipe for
6112 success.

6113 Second was the issue of duplication. The Federal
6114 Government has several agencies that advance biomedical
6115 innovation. Within the National Institutes for Health alone
6116 we already have the National Center for Advancing
6117 Translational Science, the Cures Acceleration Network, the
6118 Common Fund, and the Foundation of NIH's Accelerating

6119 Medicine's Partnership Program, to name a few.

6120 Third, I was concerned that the creation of a new agency
6121 would lack sufficient transparency and oversight. My
6122 questions to supporters of ARPA-H included how will projects
6123 be selected; how will the public be kept informed of projects
6124 and project funding; who will be assessing for duplication of
6125 Federal programs; and how will it be managed; what measure
6126 will be used to define success; what are the legislative
6127 guardrails to ensure that we are supporting American
6128 innovators?

6129 I am very pleased to say that, over the past few months,
6130 Chairwoman Eshoo and her team have listened, listened to my
6131 concerns. And we have had productive negotiations. And I
6132 believe that this amendment in the nature of a substitute
6133 sufficiently addresses those concerns.

6134 The amendment clearly defines the mission of ARPA-H as
6135 one that will foster the development of high-risk,
6136 transformative health technologies that are not being studied
6137 by existing public or private. ARPA-H is required to submit
6138 a strategic plan to Congress, and shall subject itself to an
6139 independent review to assess the degree of duplication and
6140 overlap between it and NIH, FDA, and BARDA.

6141 The new language requires the ARPA-H director to be
6142 Senate-confirmed, and ensures that funding will not go
6143 towards projects that do not meet the clear, specific goals

6144 of the agency.

6145 Importantly, this amendment requires ARPA-H to
6146 prioritize funding to domestic recipients conducting the
6147 research in the United States. Funding is prohibited from
6148 going to foreign recipients organized under the laws of
6149 adversarial nations, including China and the Russian
6150 Federation.

6151 And finally, the amendment provides a more sustainable
6152 authorization of funding that is in line with what has
6153 already been appropriated by Congress, and more closely
6154 resembles the funding level for ARPA-E.

6155 I am very pleased that we were able to come together.
6156 This amendment represents E&C's bipartisan record of success
6157 in moving legislation that enhances our biomedical research
6158 enterprise, and I urge its adoption.

6159 *Mr. Guthrie. Will the gentlelady yield?

6160 *Mrs. Rodgers. Yes, I would be happy to yield.

6161 *Mr. Guthrie. Just yield instead of taking additional
6162 time, just to say I agree with what you just said. I know we
6163 all worked together in agreement.

6164 I know we first met with -- all of us, several of us --
6165 with the President to try to see if we could get a pathway
6166 forward. And I wasn't sure we were going to get there, but
6167 everybody worked together, Ms. DeGette and Ms. Eshoo and Mr.
6168 Upton working on it originally, and all of us together. The

6169 staff has done -- so forth.

6170 So putting in the congressional oversight that you did,
6171 and really explicitly saying what can be researched with it,
6172 what can be part of this group and the other, ensuring that
6173 it is domestic, and if there is any international, that they
6174 have to work with domestic. This was well done, and good
6175 work, and I appreciate everybody and everybody's staff
6176 working together.

6177 And I yield back.

6178 *Mr. Upton. Will the gentlelady yield her time again?

6179 *Mrs. Rodgers. I am happy to.

6180 *Mr. Upton. I just want to say I really want to thank
6181 you and your staff on both sides, getting this in the
6182 position where I would like to think all of us can support
6183 it. This is going to be a game-changer. It really is. We
6184 are going to be allowed -- and we have heard testimony from
6185 outside sources, this is going to be yet another avenue to
6186 find breakthrough drugs to solve these diseases.

6187 You know, it has already been funded. That debate is
6188 over. It was in the fiscal year 2022 appropriation bill, it
6189 will be in the CR, for sure, as it moves forward.

6190 But we want it to work. And I think that it did improve
6191 on the underlying legislation.

6192 I want to thank Chair Eshoo for what she did. I was a
6193 cosponsor with others on the original bill. But again, I

6194 think this is an improvement. And I just want to really
6195 thank everyone that was involved the last couple of months
6196 getting this ready so that, in fact, we could include this
6197 with a mighty strong vote, and signal particularly to the
6198 patient community that we are on their side.

6199 Thank you, I yield back.

6200 *The Chairman. And the ranking member yields back?

6201 *Ms. DeGette. Mr. Chairman?

6202 *The Chairman. Thank you.

6203 I recognize Ms. DeGette for five minutes.

6204 *Ms. DeGette. I thank the gentleman.

6205 I just want to echo this is what this committee does
6206 best, because when -- as Mr. Guthrie said, a number of us
6207 were in the White House -- Chair Eshoo, Mr. Guthrie, Mr.
6208 Upton, myself, other Senators, we were there talking about
6209 this unique potential of establishing a lean, mean research
6210 machine to address the intractable issues that face us with
6211 cancer, Alzheimer's, the brain, as all of the other members
6212 have mentioned.

6213 And Chairman -- and Mr. Upton and I, as all of you know,
6214 have been working on Cures 2.0 to try to update our
6215 successful 2016 bill, 21st Century Cures. So we, working
6216 with the White House, put an ARPA-H section in our bill. But
6217 then Chair Eshoo also took this idea, and ran with it in a
6218 parallel way.

6219 So we all then came together to work for the good of
6220 every patient in America, and we put together -- well, Chair
6221 Eshoo spent countless hours working on this bill, and we all
6222 put our input in on both sides of the dais, and we were able
6223 to come up with a structure that we think is really going to
6224 work to achieve the goal.

6225 So, you know, I say this all the time, and so does Fred.
6226 Disease doesn't just pick one political party or the other.
6227 Disease hits every family in America. And it is our
6228 obligation -- I think it is one of our most important
6229 obligations, with all of the advances in biomedical research
6230 that we see today -- that we grab that, and that we keep the
6231 U.S.'s position as the preeminent place to do research and
6232 find cures. And I think ARPA-H is going to be revelatory in
6233 that.

6234 So we are excited to work with the chair and with
6235 Chairman Pallone on this, and with the ranking member,
6236 because I think it really is going to be a new endeavor that
6237 is going to be exciting.

6238 I can't finish my remarks, though, without saying that,
6239 even though we have taken our -- or we intend to take our
6240 ARPA-H section out of Cures 2.0, this is very much an
6241 important bill in and of itself to update the way we deliver
6242 cures to the patients of America. And we continue -- Mr.
6243 Upton and I are continuing to work out some of the final

6244 details with the Administration and also with the majority
6245 and minority. We are working very closely with Chair Eshoo
6246 and -- oh, and also, as she says, with Chair Eshoo's full
6247 support that this bill will become law this Congress. So
6248 hold on to your seats, because Cures 2.0 is the next thing
6249 that we are teeing up.

6250 With that, Mr. Chairman, thank you, and I will yield
6251 back.

6252 *Mr. Cardenas. Will the gentlewoman yield? This is
6253 Cardenas --

6254 *Ms. DeGette. I would be happy to yield.

6255 *Mr. Cardenas. Thank you, Mr. --

6256 *The Chairman. Mr. Cardenas?

6257 *Ms. DeGette. It sounds like Mr. Cardenas.

6258 *The Chairman. Mr. Cardenas?

6259 *Mr. Cardenas. Yes. Thank you very, very much.

6260 I just wanted to memorialize this moment of bipartisan
6261 work on behalf of the elected officials on this committee.
6262 It is unfortunate that tonight you are probably going to see
6263 where we differ, or where we disagree on the nightly news or
6264 in the local papers, et cetera. And we are probably not
6265 going to hear a peep about this incredible bill, Advanced
6266 Research Project Agency Health Act, ARPA-H. And I just
6267 wanted to say thank you to all of the members who came
6268 together and insisted -- and insisted -- on the amendments

6269 that eventually became part of what this bill is in its final
6270 product on both sides of the aisle.

6271 And I also want to give a special thank you to
6272 Chairwoman Eshoo for her committed insistence on making sure
6273 that we not give up. There are many, many good things that
6274 have endured one, two, three, four, five congresses and more
6275 that have never come to fruition. So I just wanted to say
6276 thank you, Ms. Eshoo, for your tenacity.

6277 And this is going to save lives. This is truly going to
6278 be a continuance of how the United States of America can do
6279 things well, and we can actually lead the world. And this is
6280 going to be another chapter going forward of how we are going
6281 to do that. And it is not about pride, it is not about ego,
6282 it is just about doing the right thing as a country. And
6283 today we are doing the right thing as Democrats and
6284 Republicans.

6285 So I just wanted to say thank you to everybody who put
6286 their heart and soul into this effort.

6287 And I yield back.

6288 *Ms. DeGette. I yield back.

6289 *The Chairman. Thank you.

6290 And Mr. DeGette yields back. Is there anyone else?

6291 Dr. Burgess is recognized.

6292 *Mr. Burgess. Thank you, Mr. Chairman. I would like to
6293 be heard on the amendment.

6294 I do want to also thank Chairwoman Eshoo for her
6295 willingness to work on this. I was concerned originally,
6296 because the almost unreasonable reliance on the heads of
6297 Federal agencies that were going to comprise some part of a
6298 super-board to which this ARPA-H would be coupled, I thought
6299 that was a mistake, and I really appreciate the flexibility
6300 that is now built into the AINS.

6301 I also am still concerned about what Secretary Becerra
6302 said, that this would be on -- basically, collocated with
6303 NIH. That is a mistake. That is wrong. This needs to be
6304 freestanding.

6305 And look, it is not often that I agree with the Dallas
6306 Morning News, but an editorial a couple of weeks ago
6307 suggested that perhaps Texas would be a good location for
6308 ARPA-H, and even recommended that Colin Allred and Marc
6309 Veasey be champions for moving this to Texas.

6310 So I just wanted to be the first to say, in a bipartisan
6311 fashion, I want to support Congressman Veasey and Congressman
6312 Allred in locating the new ARPA-H in the State of Texas.

6313 I am happy to support this, and I am glad we got it to a
6314 good place.

6315 I will yield back.

6316 *The Chairman. Thank you, Dr. Burgess. I am not
6317 getting into that.

6318 And Mr. Peters is recognized for five minutes.

6319 *Mr. Peters. Thank you, Mr. Peters of California, by
6320 the way, for Dr. Burgess.

6321 I move to strike the last word.

6322 *The Chairman. The gentleman is recognized for five
6323 minutes.

6324 *Mr. Peters. Thank you.

6325 As we all know, President Biden proposed the
6326 establishment of ARPA-H in is fiscal year 2022 budget
6327 request. I would like now to thank Chair Eshoo for her
6328 leadership in introducing this Act, and helping to move the
6329 proposal through this legislative process in such a
6330 bipartisan way.

6331 There is no better recent example of the American
6332 biomedical sector's strength than its response to the
6333 COVID-19 pandemic through development of safe and highly
6334 effective vaccines, monoclonal antibody treatments, and other
6335 therapeutics. These, along with advances in immunology and
6336 across the scientific enterprises, are revolutionary, but
6337 they are also stepping stones toward preventing, treating,
6338 and curing cancer, Alzheimer's, ALS, and other rare diseases.

6339 ARPA-H will focus on building out high-risk, high-reward
6340 research with the goal of driving breakthroughs in health
6341 care to help identify treatments and cures for all patients.

6342 And the structure of the current biomedical ecosystem
6343 creates a few critical gaps that ARPA-H will be able to fill.

6344 ARPA-H will deliver on unmet needs by using -- use -- by
6345 providing use-oriented pathways for the Federal Government to
6346 take on more risk in the high-cost process of developing
6347 drugs and therapies. This includes supporting research that
6348 is too applied for academia and too broad for any company to
6349 fully realize its value. The missions will allow the agency
6350 to support projects that are so ambitious they would die in
6351 commercial markets because of the incentive structures built
6352 into our biomedical innovation economy.

6353 And I am also particularly pleased that we are acting on
6354 ARPA-H today because the agency's work will complement San
6355 Diego's robust innovation ecosystem, and facilitate the
6356 robust investments the Federal Government has made in basic
6357 scientific research over the last decade.

6358 So I am proud that, when Congress authorizes ARPA-H as
6359 part of the final user fees package, we will begin the
6360 process of detecting, preventing, and treating cancers and
6361 diseases with the methods and platforms that might not
6362 otherwise reach patients.

6363 I would also like to make a quick note about the mental
6364 health package we just considered. I am excited to help pass
6365 the Restoring Hope for Mental Health and Well-Being Act of
6366 2022. The New Democrat Coalition recently endorsed a slate
6367 of legislation to address mental health and substance use
6368 disorders, and I am proud to see some of those bills were

6369 included in the package.

6370 And finally, I will speak on an exciting provision in
6371 the Food and Drug amendments that we just reported to the
6372 full House. The provision will allow applicants for new drug
6373 approval to use alternatives to animal testing as evidential
6374 support. Once enacted, applicants will be able to submit
6375 data collected through technologies like organ chips, cell-
6376 based assays, sophisticated computer modeling, along with
6377 other human biology-based testing methods to the FDA.

6378 An organ chip, for example, is a tiny, 3D chip created
6379 from human cells that look and function like miniature human
6380 organs. Those chips can be used to determine how human
6381 systems respond to different chemicals, and to find out
6382 exactly what happens during infection or disease because
6383 other animals' bodies don't respond to medicines the same
6384 ways that ours do. Different organ chips representing heart,
6385 liver, lungs, or skin could be linked together to create an
6386 integrated human-on-a-chip model that allows researchers to
6387 test the impacts of a substance on the human body at large.

6388 These technologies have revolutionized the speed at
6389 which we can test for the safety and efficacy of new
6390 treatments and therapeutics, and we know that there are
6391 methods more predictive of human safety than animal testing.
6392 We must strive to use them, because FDA should have access to
6393 the most thorough and accurate data when evaluating whether

6394 or not a drug meets the standards for approval.

6395 I am proud to say that researchers in San Diego are
6396 already using these methods to gain a better understanding of
6397 how the human body works, and how best to achieve positive
6398 treatment outcomes.

6399 I look forward to helping this legislation move us
6400 toward cures and away from animal testing, as these
6401 technologies become more widespread.

6402 And with that, Mr. Chairman, I thank you again for
6403 holding the markup and yield my time.

6404 *The Chairman. I thank the gentleman.

6405 Does anyone else want to speak on this?

6406 Mr. Soto is recognized.

6407 *Mr. Soto. Thank you, Mr. Chair. This is really a
6408 historic moment, the development of ARPA-H in a bipartisan
6409 fashion.

6410 It was 64 years ago that the Defense Advanced Research
6411 Project Agency was formed developing key military technology
6412 under President Eisenhower. The nation was -- just had World
6413 War II for a few years, and we knew we had to go to the next
6414 level to help protect the homeland.

6415 So now, with the Advanced Research Project Agency for
6416 Health Act, we get to do this for other key issues in
6417 President Biden's unity agenda that was outlaid in his State
6418 of the Union. He talked about the struggles with cancer,

6419 with Alzheimer's, with diabetes, many issues that central
6420 Florida families face every day, sadly.

6421 So this bill is going to accelerate innovation in health
6422 and medicine by investing in investing in high-risk, high-
6423 reward research projects. And we are putting our money where
6424 our mouth is with \$500 million annually for the next 5 years.
6425 Medical innovation has already been astounding over the last
6426 few years since I have been in Congress and in the state
6427 legislature: COVID-19 vaccines, immunology that is
6428 advancing, folks surviving cancer, emergency stroke
6429 surgeries, removing blood clots and allowing folks to get
6430 back to normal, improving quality of life, stability of
6431 families, and extending life spans.

6432 The lesson is, with an ample amount of funding, with
6433 time, and harnessing the power of the -- of American
6434 innovation, we can do many great things. We have the
6435 potential, we simply need the political will to get the job
6436 done. And with ARPA-H legislation, we have found it. And I
6437 remain hopeful that we will move forward on many medical
6438 miracles on the horizon.

6439 And I yield back.

6440 *The Chairman. Thank you, Mr. Soto.

6441 Anyone else?

6442 Okay, we are going to vote. Now, we are voting still on
6443 the AINS, not on the -- let me get to the final.

6444 [Pause.]

6445 *The Chairman. We are going to have a voice vote on the
6446 AINS. If there is no further debate, we will proceed to a
6447 vote.

6448 All those in favor of the Eshoo amendment in the nature
6449 of a substitute will signify by saying aye.

6450 Those opposed will say no.

6451 In the opinion of the chair the ayes have it, and the
6452 amendment in the nature of a substitute is agreed to.

6453 We are now going to go to a recorded vote on final
6454 passage. A recorded vote is ordered on H.R. -- sending H.R.
6455 5585 to the full House.

6456 Those in favor of reporting H.R. 5585, as amended, to
6457 the House will say aye, those opposed will --

6458 *Voice. Aye.

6459 *The Chairman. No, this is going to be recorded.

6460 And those opposed will say no.

6461 The clerk shall call the roll.

6462 *The Clerk. Mr. Rush?

6463 *Mr. Rush. Rush votes aye.

6464 *The Clerk. Mr. Rush votes aye.

6465 Ms. Eshoo?

6466 *Ms. Eshoo. Aye.

6467 *The Clerk. Ms. Eshoo votes aye.

6468 Ms. DeGette?

6469 *Ms. DeGette. Aye.
6470 *The Clerk. Ms. DeGette votes aye.
6471 Mr. Doyle?
6472 *Mr. Doyle. Doyle votes yes.
6473 *The Clerk. Mr. Doyle votes aye.
6474 Ms. Schakowsky?
6475 *Ms. Schakowsky. Schakowsky votes aye.
6476 *The Clerk. Ms. Schakowsky votes aye.
6477 Mr. Butterfield?
6478 *Mr. Butterfield. Butterfield votes aye.
6479 *The Clerk. Mr. Butterfield votes aye.
6480 Ms. Matsui?
6481 *Ms. Matsui. Matsui votes aye.
6482 *The Clerk. Ms. Matsui votes aye.
6483 Ms. Castor?
6484 *Ms. Castor. Ms. Castor votes aye.
6485 *The Clerk. Ms. Castor votes aye.
6486 Mr. Sarbanes?
6487 *Mr. Sarbanes. Sarbanes votes aye.
6488 *The Clerk. Mr. Sarbanes votes aye.
6489 Mr. McNerney?
6490 *Mr. McNerney. McNerney votes aye.
6491 *The Clerk. Mr. McNerney votes aye.
6492 Mr. Welch?
6493 *Mr. Welch. Welch votes aye.

6494 *The Clerk. Mr. Welch votes aye.
6495 Mr. Tonko?
6496 *Mr. Tonko. Tonko votes aye.
6497 *The Clerk. Mr. Tonko votes aye.
6498 Ms. Clarke?
6499 [No response.]
6500 *The Clerk. Mr. Schrader?
6501 *Mr. Schrader. Schrader votes aye.
6502 *The Clerk. Mr. Schrader votes aye.
6503 Mr. Cardenas?
6504 *Mr. Cardenas. Cardenas of California votes aye.
6505 *The Clerk. Mr. Cardenas votes aye.
6506 Mr. Ruiz?
6507 *Mr. Ruiz. Ruiz votes aye.
6508 *The Clerk. Mr. Ruiz votes aye.
6509 Mr. Peters?
6510 [No response.]
6511 *The Clerk. Mrs. Dingell?
6512 *Mrs. Dingell. Dingell votes aye.
6513 *The Clerk. Mrs. Dingell votes aye.
6514 Mr. Veasey?
6515 *Mr. Veasey. Veasey votes aye.
6516 *The Clerk. Mr. Veasey votes aye.
6517 Ms. Kuster?
6518 *Ms. Kuster. Kuster votes aye.

6519 *The Clerk. Ms. Kuster votes aye.
6520 Ms. Kelly?
6521 *Ms. Kelly. Kelly votes aye.
6522 [Pause.]
6523 *Ms. Kelly. Kelly votes aye.
6524 *The Clerk. Ms. Kelly votes aye.
6525 Ms. Barragan?
6526 *Ms. Barragan. Barragan votes aye.
6527 *The Clerk. Ms. Barragan votes aye.
6528 Mr. McEachin?
6529 *Mr. McEachin. McEachin votes aye.
6530 *The Clerk. Mr. McEachin votes aye.
6531 Ms. Blunt Rochester?
6532 *Ms. Blunt Rochester. Blunt Rochester votes aye.
6533 *The Clerk. Ms. Blunt Rochester votes aye.
6534 Mr. Soto?
6535 *Mr. Soto. Soto votes aye.
6536 *The Clerk. Mr. Soto votes aye.
6537 Mr. O'Halleran?
6538 *Mr. O'Halleran. O'Halleran votes aye.
6539 *The Clerk. Mr. O'Halleran votes aye.
6540 Miss Rice?
6541 *Miss Rice. Rice votes yes.
6542 *The Clerk. Miss Rice votes aye.
6543 Ms. Craig?

6544 *Ms. Craig. Craig votes yes.
6545 *The Clerk. Ms. Craig votes aye.
6546 Ms. Schrier?
6547 *Ms. Schrier. Schrier votes aye.
6548 *The Clerk. Ms. Schrier votes aye.
6549 Mrs. Trahan?
6550 *Mrs. Trahan. Trahan votes aye.
6551 *The Clerk. Mrs. Trahan votes aye.
6552 Mrs. Fletcher?
6553 *Mrs. Fletcher. Fletcher votes aye.
6554 *The Clerk. Mrs. Fletcher votes aye.
6555 Mrs. Rodgers?
6556 *Mrs. Rodgers. [Inaudible.]
6557 *The Clerk. Mrs. Rodgers votes aye.
6558 Mr. Upton?
6559 *Mr. Upton. Upton votes aye.
6560 *The Clerk. Mr. Upton votes aye.
6561 Mr. Burgess?
6562 *Mr. Burgess. Votes aye.
6563 *The Clerk. Mr. Burgess votes aye.
6564 Mr. Scalise?
6565 [No response.]
6566 *The Clerk. Mr. Latta?
6567 *Mr. Latta. Aye.
6568 *The Clerk. Mr. Latta votes aye.

6569 Mr. Guthrie?
6570 *Mr. Guthrie. Aye.
6571 *The Clerk. Mr. Guthrie votes aye.
6572 Mr. McKinley?
6573 *Mr. McKinley. [Inaudible.]
6574 *The Clerk. Mr. McKinley votes aye.
6575 Mr. Kinzinger?
6576 [No response.]
6577 *The Clerk. Mr. Griffith?
6578 *Mr. Griffith. Aye.
6579 *The Clerk. Mr. Griffith votes aye.
6580 Mr. Bilirakis?
6581 *Mr. Bilirakis. Bilirakis votes aye.
6582 *The Clerk. Mr. Bilirakis votes aye.
6583 Mr. Johnson?
6584 *Mr. Johnson. Aye.
6585 *The Clerk. Mr. Johnson votes aye.
6586 Mr. Long?
6587 *Mr. Long. [Inaudible.]
6588 *The Clerk. Mr. Long votes no.
6589 Mr. Bucshon?
6590 *Mr. Bucshon. Aye.
6591 *The Clerk. Mr. Bucshon votes aye.
6592 Mr. Mullin?
6593 *Mr. Mullin. Aye.

6594 *The Clerk. Mr. Mullin votes aye.
6595 Mr. Hudson?
6596 *Mr. Hudson. Aye.
6597 *The Clerk. Mr. Hudson votes aye.
6598 Mr. Walberg?
6599 *Mr. Walberg. Aye.
6600 *The Clerk. Mr. Walberg votes aye.
6601 Mr. Carter?
6602 *Mr. Carter. Carter votes aye.
6603 *The Clerk. Mr. Carter votes aye.
6604 Mr. Duncan?
6605 *Mr. Duncan. Aye.
6606 *The Clerk. Mr. Duncan votes aye.
6607 Mr. Palmer?
6608 *Mr. Palmer. Aye.
6609 *The Clerk. Mr. Palmer votes aye.
6610 Mr. Dunn?
6611 *Mr. Dunn. Mr. Dunn votes aye.
6612 *The Clerk. Mr. Dunn votes aye.
6613 Mr. Curtis?
6614 *Mr. Curtis. [Inaudible.]
6615 *The Clerk. Mr. Curtis votes no.
6616 Mrs. Lesko?
6617 *Mrs. Lesko. [Inaudible.]
6618 *The Clerk. Mrs. Lesko votes no.

6619 Mr. Pence?

6620 *Mr. Pence. Aye.

6621 *The Clerk. Mr. Pence votes aye.

6622 Mr. Crenshaw?

6623 *Mr. Crenshaw. Aye.

6624 *The Clerk. Mr. Crenshaw votes aye.

6625 Mr. Joyce?

6626 *Mr. Joyce. Joyce votes aye.

6627 *The Clerk. Mr. Joyce votes aye.

6628 Mr. Armstrong?

6629 *Mr. Armstrong. Yes.

6630 *The Clerk. Mr. Armstrong votes aye.

6631 Chairman Pallone?

6632 *The Chairman. Pallone votes aye.

6633 *The Clerk. Chairman Pallone votes aye.

6634 *Ms. Clarke. Mr. Chairman?

6635 *The Chairman. Anyone who is -- yes?

6636 *Ms. Clarke. Mr. Chairman?

6637 *The Chairman. Yes?

6638 *Ms. Clarke. This is Yvette Clarke. How am I recorded?

6639 *The Clerk. Ms. Clarke is not recorded.

6640 *Ms. Clarke. Mr. Chairman, Clarke of New York votes

6641 aye.

6642 *The Clerk. Ms. Clarke votes aye.

6643 *Mr. Schrader. How is Mr. --

6644 *The Chairman. Is there anyone else --

6645 *Mr. Schrader. -- [inaudible] recorded?

6646 *Voice. Great job, Anna.

6647 *Ms. Eshoo. Thank you.

6648 *Voice. That was --

6649 *The Chairman. Who was that?

6650 *Mr. Schrader. How is Mr. Schrader recorded?

6651 *The Chairman. Mr. --

6652 *The Clerk. Mr. Schrader is recorded as aye.

6653 *Mr. Schrader. Good.

6654 *The Chairman. You are an aye.

6655 *Mr. Schrader. Sounds good.

6656 *The Chairman. Anyone else? Anyone else who is not

6657 recorded and wants to be recorded?

6658 *Mr. Peters. Mr. Chairman, Peters, how is Peters

6659 recorded?

6660 *The Chairman. I don't think you are.

6661 *Mr. Peters. I am aye.

6662 *The Clerk. Mr. Peters votes aye.

6663 *The Chairman. Anyone else?

6664 I think we are -- I think we have got everybody. So the

6665 clerk will report the tally.

6666 *The Clerk. On that vote, Mr. Chairman, the yeas were

6667 53 and the nays were 3.

6668 *The Chairman. Okay, so on H.R. 5585, as amended, the

6669 vote is 53 ayes to 3 noes. H.R. 5585, as amended, is
6670 therefore reported to the full House.

6671 Now, before we adjourn, let me say, you know, when we
6672 have these wonderful markups and we all praise each other, it
6673 is wonderful. But I really have to say there was a lot of
6674 work that went into this over the last few months. And I
6675 want to thank not only the members and, of course, the
6676 ranking member, Mrs. Rodgers, and Chairwoman Eshoo, and
6677 Ranking Member Guthrie for all their hard work, but I also
6678 want to particularly pay attention to the staff.

6679 And I don't have to mention everybody by name, but I
6680 just want you all to know they spent a tremendous amount of
6681 time on weekends, during breaks, you know, during the
6682 holidays working to get us where we are today. And it is
6683 certainly a -- you know, I know we had a lot of compliments,
6684 but it really does show how well this committee works, not
6685 only works on a bipartisan basis, but everybody works
6686 together to try to accomplish the goal on an individual basis
6687 with their staff, as well.

6688 And, you know, somebody mentioned -- you know, made the
6689 contrast with the rest of the House and, you know, what goes
6690 on on the floor. I don't want to get into that, but I do
6691 think that we kind of serve as a shining example of not only
6692 working hard, but bipartisanship.

6693 So I do want to thank the staff and everybody before we

6694 adjourn.

6695 I don't know if --

6696 *Mrs. Rodgers. Yes, yes.

6697 *The Chairman. -- you would like to say something.

6698 I recognize the ranking member.

6699 *Mrs. Rodgers. Yes, yes, for sure.

6700 Well, thank you, Mr. Chairman. I want to associate
6701 myself with your comments about this markup, the important
6702 pieces of legislation that we were able to bring forward to
6703 today with strong votes, good debates.

6704 I join in just expressing gratitude to the members
6705 across the aisle for working in a -- working to find that
6706 common ground, and a big thank you to the staff also, the
6707 work that was done to answer every question, address every
6708 detail, late hours, weekends. You know, there is a lot that
6709 goes on to make this happen today, and it is a tribute to
6710 their commitment to addressing these issues that are so
6711 important to the people that we have the honor of
6712 representing.

6713 And I too want to just join in thanking the staff.
6714 Since you said you weren't going to list them by name, I
6715 won't either, but I will thank them.

6716 [Laughter.]

6717 *Mrs. Rodgers. Well, I know everyone wants to get out
6718 of here, but just a big thank you to all the members, all the

6719 staff that made this possible today. This is something that
6720 we can all be proud of.

6721 Thank you for your leadership, Mr. Chairman.

6722 [Applause.]

6723 *The Chairman. Thank you so much. Thank you, everyone.

6724 And without objection, the staff is authorized to make

6725 technical and conforming changes to the committee prints,

6726 consistent with the actions taken by the committee today.

6727 And with that, the committee stands adjourned.

6728 [Whereupon, at 3:20 p.m., the committee was adjourned.]