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6 MARKUP ON:

7 H.R. 824 (WALBERG), THE TELEHEALTH BENEFIT EXPANSION FOR  
8 WORKERS ACT OF 2023;

9 H.R. 3226 (ESHOO), THE PREMATURE RESEARCH EXPANSION AND  
10 EDUCATION FOR MOTHERS WHO DELIVER INFANTS EARLY (PREEMIE)  
11 REAUTHORIZATION ACT OF 2023;

12 H.R. 3838 (BURGESS), THE PREVENTING MATERNAL DEATHS  
13 REAUTHORIZATION ACT OF 2023;

14 H.R. 3843 (KELLY), THE ACTION FOR DENTAL HEALTH ACT OF 2023;

15 H.R. 3884 (BURGESS), THE SICKLE CELL DISEASE AND OTHER  
16 HERITABLE BLOOD DISORDERS RESEARCH, SURVEILLANCE, PREVENTION,  
17 AND TREATMENT ACT OF 2023;

18 H.R. 3821 (PASCRELL), THE FIREFIGHTER CANCER REGISTRY  
19 REAUTHORIZATION ACT OF 2023;

20 H.R. 2365 (BILIRAKIS), THE NATIONAL PLAN TO END PARKINSON'S  
21 ACT;

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22 H.R. 3391 (WEXTON), THE GABRIELLA MILLER KIDS FIRST RESEARCH  
23 ACT 2.0;

24 H.R. 4421 (HUDSON), THE PREPARING FOR ALL HAZARDS AND  
25 PATHOGENS REAUTHORIZATION ACT;

26 H.R. 4420 (HUDSON), THE PREPAREDNESS AND RESPONSE  
27 REAUTHORIZATION ACT;

28 H.R. 4529 (RODGERS), THE PUBLIC HEALTH GUIDANCE TRANSPARENCY  
29 AND ACCOUNTABILITY ACT OF 2023;

30 H.R. 4381 (MURPHY), THE PUBLIC HEALTH EMERGENCY CONGRESSIONAL  
31 REVIEW ACT;

32 H.R. 3813 (GUTHRIE), THE CDC LEADERSHIP ACCOUNTABILITY ACT OF  
33 2023;

34 H.R. 3836 (CRENSHAW), THE MEDICAID PRIMARY CARE IMPROVEMENT  
35 ACT;

36 H.R. 4531 (GUTHRIE), THE SUPPORT FOR PATIENTS AND COMMUNITIES  
37 REAUTHORIZATION ACT;

38 H.R. 4056 (BILIRAKIS), THE ENSURING MEDICAID CONTINUITY FOR  
39 FOSTER CARE ACT OF 2023; AND

40 H.R. 3887 (CRENSHAW), THE CHILDREN'S HOSPITAL GME SUPPORT  
41 REAUTHORIZATION ACT OF 2023

42 THURSDAY, JULY 13, 2023

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43 House of Representatives,  
44 Subcommittee on Health,  
45 Committee on Energy and Commerce,  
46 Washington, D.C.

47

48 The subcommittee met, pursuant to call, at 10:05 a.m. in  
49 Room 2123, Rayburn House Office Building, Hon. Brett Guthrie  
50 [chairman of the subcommittee], presiding.

51

52 Present: Representatives Guthrie, Burgess, Latta,  
53 Griffith, Bilirakis, Johnson, Bucshon, Hudson, Carter, Dunn,  
54 Pence, Crenshaw, Joyce, Harshbarger, Miller-Meeks, Obernolte,  
55 and Rodgers (ex officio); Eshoo, Sarbanes, Cardenas, Ruiz,  
56 Dingell, Kuster, Kelly, Barragan, Blunt Rochester, Craig,  
57 Schrier, Trahan, and Pallone (ex officio).

58

59

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60 Staff Present: Jolie Brochin, Clerk, Health; Sarah  
61 Burke, Deputy Staff Director; Lauren Eriksen, Clerk, O&I;  
62 Kristin Flukey, Professional Staff Member, Health; Seth Gold,  
63 Professional Staff Member, Health; Grace Graham, Chief  
64 Counsel, Health; Jessica Herron, Clerk, CPAC; Nate Hodson,  
65 Staff Director; Tara Hupman, Chief Counsel; Noah Jackson,  
66 Clerk, C&T; Peter Kielty, General Counsel; Emily King, Member  
67 Services Director; Clare Paoletta, Professional Staff Member,  
68 Health; Kaitlyn Peterson, Clerk, Energy & Environment; Carla  
69 Rafael, Senior Staff Assistant; Emma Schultheis, Staff  
70 Assistant; Olivia Shields, Communications Director; Michael  
71 Taggart, Policy Director; Lydia Abma, Minority Policy  
72 Analyst; Jacquelyn Bolen, Minority Health Counsel; Waverly  
73 Gordon, Minority Deputy Staff Director and General Counsel;  
74 Tiffany Guarascio, Minority Staff Director; Perry Hamilton,  
75 Minority Member Services and Outreach Manager; Stephen  
76 Holland, Minority Senior Health Counsel; Saha Khaterzai,  
77 Minority Professional Staff Member; Una Lee, Minority Chief  
78 Health Counsel; Emma Roehrig, Minority Staff Assistant;  
79 Andrew Souvall, Minority Director of Communications,  
80 Outreach, and Member Services; Tristen Tellman, Minority

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81 Health Fellow; Rick Van Buren, Minority Senior Health  
82 Counsel; and C.J. Young, Minority Deputy Communications  
83 Director.

84

85

86 \*Mr. Guthrie. The subcommittee will come to order, and  
87 the chair will recognize himself for an opening statement.

88 Today we are marking up legislation to help support moms  
89 and babies promote access to lifesaving therapies for rare  
90 and life-threatening diseases, and to bolster our ability to  
91 effectively respond to emerging biological and pathogenic  
92 threats.

93 We are also continuing this committee's work to address  
94 the fentanyl and opioid crisis.

95 First we will be marking up legislation that I am  
96 leading alongside Representative Kuster to reauthorize key  
97 provisions from the 218 [sic] Support Act for Patients and  
98 Communities Act before their expiration on September 30.  
99 This bill, H.R. 4531, the Support Act of 2023, would provide  
100 access to lifesaving treatment and recovery support services,  
101 prevention programing, and long-term recovery services for

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102 individuals seeking help overcoming their substance use  
103 disorder.

104         This bill also includes the scheduling of Xylazine.  
105 Xylazine, known as Tranq, is an animal tranquilizer that is  
106 increasingly found in illicit opioids and other drugs. It  
107 does not respond to overdose reversal medications like  
108 naloxone, which can make overdoses more fatal. This bill  
109 places Xylazine in the Schedule III of the Controlled  
110 Substances Act, which will help our law enforcement keep this  
111 substance off our streets while maintaining access for  
112 veterinarians and ranchers to use on animals.

113         The bill would also lift unnecessary barriers to  
114 treatment for vulnerable populations by promoting sustained  
115 access to medication-assisted treatment for Medicaid  
116 beneficiaries, and access to long-term and recovery services  
117 for individuals.

118         H.R. 4531 also includes solutions that would promote  
119 access to long-term recovery services like workforce training  
120 and peer support services. This also includes reauthorizing  
121 a key priority of mine, the Comprehensive Opioid Recovery  
122 Centers Program, which provides targeted resources to

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123 communities that are significantly impacted by the overdose  
124 epidemic.

125       Next is a set of bills to ensure our public health  
126 system is prepared to respond to emerging health threats.  
127 Mr. Hudson has two bills to address the emerging threats:  
128 H.R. 4421, Preparing for All-Hazards and Pathogens  
129 Reauthorization Act and H.R. 4420, Preparedness and Response  
130 Reauthorization Act. These two bills will accomplish several  
131 goals.

132       First, both pieces of legislation will streamline our  
133 response infrastructure within the Administration for  
134 Strategic Preparedness and Response, or ASPR.

135       Additionally, these bills include efforts to shore up  
136 our diagnostic testing infrastructure and domestic  
137 manufacturing capacity for medical countermeasures during a  
138 future public health emergency, areas of weakness in our  
139 current system that we saw -- all saw firsthand falter during  
140 our initial response to the COVID-19 pandemic.

141       On top of that, these bills also contain several  
142 provisions focused on improving our national strategic  
143 stockpile, including clarifying ASPR's responsibility over

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144 the Strategic National Stockpile. Many of the provisions  
145 incorporated in H.R. 4420 and 4421 are bipartisan, and I  
146 appreciate Mr. Hudson's longstanding leadership on this  
147 issue.

148         Despite these significant improvements to our public  
149 health system, it is a disappointing that these bills and  
150 overall efforts to reauthorize many of these programs is not  
151 going forward bipartisan, and I will say the Republicans have  
152 sought to work together as we move forward. We have been  
153 clear about the need to address drug shortages, which is why  
154 in March of this year we sent a letter to the Food and Drug  
155 Administration requesting information related to certain  
156 drugs in shortage, as well as how the agency has used its  
157 existing authorities to address and ensure that these drugs  
158 can get to patients as quickly as possible, and ensure there  
159 are no future shortages.

160         Chair Rodgers and Senator Crapo also released a request  
161 for information to solicit feedback from a wide range of  
162 stakeholders and identify thoughtful, targeted solutions to  
163 address these shortages, and announced yesterday we are  
164 hopeful to release a discussion draft in coming weeks.



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165 Committee Republicans stand ready to address this important  
166 issue, but we have made clear on countless occasions that  
167 this is not the process to engage on those.

168 Finally, there is a set of public relations -- public  
169 health bills that reauthorize programs that provide support  
170 for patients and their families. These include H.R. 3391  
171 from Mr. Bilirakis to help identify the root causes of  
172 pediatric cancers and other conditions; H.R. 3226 from Dr.  
173 Miller-Meeks and Ms. Eshoo to support better outcomes for  
174 pre-term babies, in addition to legislation to advance our  
175 knowledge of rare diseases that will help lead to the  
176 available -- availability of therapies for these diseases.

177 In closing, I am proud of the legislation we are marking  
178 up today, and I look forward to advancing these important  
179 bills to the full committee, and I yield back.

180 The Chair now recognizes the ranking member, Ms. Eshoo  
181 from California, for five minutes for an opening statement.

182 \*Ms. Eshoo. Thank you, Mr. Chairman, and good morning,  
183 members. We have a full day ahead of us, and I look forward  
184 to engaging with everyone on the 17 health bills that are  
185 being taken up.

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186           Eight of these bills are bipartisan policies that  
187 continue successful programs, including my PREEMIE Act, which  
188 aims to reduce premature births.

189           We are also voting on a bipartisan reauthorization of  
190 the Support Act to continue addressing the deadly scourge of  
191 the opioid epidemic by increasing access to prevention,  
192 treatment, and recovery for patients with substance use  
193 disorder. Urgent action is needed, since about 300 Americans  
194 die every day from a drug overdose. Today's Support Act  
195 reauthorization is a good start, but more needs to be done to  
196 address overdoses, including passing Mr. Tonko's Medicaid  
197 Reentry Act to help connect people who are leaving  
198 incarceration with treatment. People who are released from  
199 jail and prisons are 12 times more likely to die of an  
200 overdose than the general public.

201           I am really -- it is a dramatic word, but I am going to  
202 use it. I am shattered that we have missed a critical  
203 bipartisan opportunity to craft a comprehensive Pandemic and  
204 All-Hazards Preparedness Act, the PAHPA. Since November I  
205 have worked with Representative Hudson and Chairs Guthrie and  
206 McMorris Rodgers on drafting PAHPA. Together we issued a

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207 bipartisan RFI that received over 250 responses, showing the  
208 clear demand from stakeholders for improvements to the  
209 legislation.

210 But despite that positive start, the process has turned  
211 increasingly partisan. The resulting product is a disjointed  
212 package of under-funded health programs that do not, in my  
213 view, meet our nation's needs, and will leave us unprepared  
214 for the next public health emergency. Instead of a single,  
215 comprehensive PAHPA bill with the typical ASPR, CDC, and FDA  
216 policies, the bills we are voting on today are fragments of  
217 what is needed.

218 First we will consider a bill reauthorizing ASPR  
219 programs that includes partisan policy tying the hands of  
220 BARDA and ASPR that will keep them from nimbly responding to  
221 an emergency.

222 Second we will consider a CDC bill that does the bare  
223 minimum, and locks the CDC programs at low funding levels for  
224 five years. The Republican CDC bill does nothing to address  
225 our public health data needs or reduce the public health  
226 workforce shortage.

227 Third, the Republican bills completely ignore FDA

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228 policy. PAHPA has always had an FDA section, but because of  
229 the majority's opposition to FDA policy to address drug  
230 shortages, they have dropped everything related to the FDA.  
231 This is not good policy-making.

232 We will also vote on three partisan bills that inject  
233 politics into public health. Instead of working with  
234 Democrats on a bipartisan PAHPA bill, Republicans crafted  
235 hyper-partisan bills that will be subjected to what I think  
236 will be chaotic floor fights.

237 It didn't need to be this way. We still have time  
238 between this subcommittee markup and the full committee.  
239 And, you know, when you look at what this committee did  
240 previously on PAHPA reauthorizations, it passed with voice  
241 votes and on suspension. Obviously, suspension is passing  
242 with a two-thirds of members of the full House supporting it.

243 Finally, we are also voting today on legislation that  
244 will damage the Children's Hospitals Graduate Medical  
245 Education program irreparably by making hospitals choose --  
246 hospitals choose -- between providing the standard of care  
247 for children experiencing gender dysphoria or losing funding  
248 that keeps them afloat.

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249           For nearly 25 years the CHGME program has been the gold  
250           standard in our country, and has trained half of general  
251           pediatricians and a majority of pediatric specialists. It is  
252           difficult for me to comprehend why my Republican colleagues  
253           are subjecting children's hospitals to what I think is a  
254           manufactured culture war that puts politics between parents,  
255           children, and their pediatricians.

256           I joined the Energy and Commerce Committee in 1995, and  
257           have always taken great pride in our ability to pass  
258           bipartisan legislation. Some of the bills today make me  
259           question whether we will be able to continue that important  
260           legacy.

261           So with all of that, Mr. Chairman, thank you, and I  
262           yield back.

263           \*Mr. Guthrie. Thank you. The gentlelady yields back,  
264           and the chair now recognizes the chair of the full committee,  
265           Chair Rodgers, for five minutes for an opening statement.

266           \*The Chair. Good morning. Good morning, colleagues,  
267           everyone. I am glad that we are here today moving so many  
268           important pieces of legislation.

269           Our markup and work today is yet another example of the

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270 Energy and Commerce Committee plowing the hard ground  
271 necessary to legislate. We are doing the work to carefully  
272 review and reassess government programs to make sure that  
273 they best serve the American people. That is our job, as the  
274 people's representatives. So thank you to everyone leading  
275 on bills today.

276 Not only are we ensuring Federal programs are  
277 accountable to those we serve, we are helping to improve  
278 people's lives. For example, we are making sure moms and  
279 their babies get the support that they need at all phases of  
280 their lives. We are reauthorizing important programs to  
281 rescue people from despair and recover from substance use  
282 disorders. We are building on our work to stop fentanyl  
283 poisonings, and we are making sure hospitals can train the  
284 next generation of pediatricians. And we are also bringing  
285 accountability to the CDC.

286 In addition to all of this, we are making progress today  
287 on reauthorizing key authorities to help protect Americans  
288 from chemical, radiological, biological, nuclear, and cyber  
289 attacks. For months we have been working to bring everyone  
290 to the table so that it could be a bipartisan bill. These

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291 programs to ensure America is ready to respond to all hazards  
292 has expired before, and I made clear my top priority was  
293 doing all that I could to get these programs reauthorized on  
294 time. So I am glad that we are moving Mr. Hudson's  
295 legislation today, and I hope and invite the Democrats to  
296 come back to the table and support this legislation so that  
297 America is prepared to respond to public health threats from  
298 catastrophic natural disaster to biological threats to cyber  
299 attacks.

300 Not every bill is going to contain every member's  
301 priority, and we may have different views on the best path  
302 for success. But by putting every -- you know, and putting  
303 everything into one bill is not the way forward. It is not  
304 the best way to legislate. As I said yesterday, we are  
305 carefully reviewing more than 100 responses we received in  
306 response to our request for information on the underlying  
307 causes of the drug shortages. We need to address this, and  
308 we will. Our next step is a discussion draft that we will be  
309 releasing in the coming weeks.

310 The problem demands more attention than rushing a few  
311 broad FDA bills through committee, and I hope today Democrats

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312 will agree with me to join in working on this with a more  
313 thoughtful, comprehensive approach to address the root causes  
314 of the drug shortages. Whether it is looking at FDA  
315 authorities or how Medicare and Medicaid pay for medicines,  
316 let's work together.

317 With that, I will say again thank you to all my  
318 colleagues who are leading on bills, leading on solutions.  
319 Reviewing all these programs takes time, and it is a lot of  
320 work. Energy and Commerce has this reputation of attracting  
321 the best members -- I will say it -- because we are up to the  
322 task. And I look forward to today's discussion and moving  
323 these solutions to the full committee to consider.

324 Thank you, I yield back.

325 \*Mr. Guthrie. Thank you. The chair yields back. The  
326 chair now recognizes the ranking member of the full  
327 committee, the gentleman from New Jersey, Rep. Pallone, for  
328 five minutes for an opening statement.

329 \*Mr. Pallone. Thank you, Mr. Chairman. I regret that  
330 today we are considering a partisan reauthorization of the  
331 Pandemic and All-Hazards Preparedness Act, or PAHPA:  
332 something that has never been done in PAHPA's history.



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333           It is clear from the legislation before us today that  
334 the Republican majority has learned all the wrong lessons  
335 from the COVID-19 pandemic and the ongoing drug shortage and  
336 medical supply chain crisis.

337           Our government was not prepared for COVID-19, and we  
338 have not done enough to be ready for the next threat. The  
339 bills before us today will leave us unprepared going forward,  
340 and put politics over public health and science. The bills  
341 include no funding increases and no improvements to public  
342 health data.

343           Republicans also do nothing to address the medical  
344 supply chain, a critical failure of our COVID-19 response  
345 that continues to cause problems with the ongoing drug  
346 shortage crisis.

347           Now, last week I held a roundtable in my district to  
348 discuss this crisis. I heard from patients who have been  
349 unable to fill prescriptions and from doctors who are being  
350 forced to ration care. One oncologist, Dr. Eleonora  
351 Teplinsky, described how she has found herself sitting across  
352 the room from patients and their families, telling them that  
353 she could not guarantee they would receive their next

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354 chemotherapy on time, if at all.

355 By refusing to address the drug shortage crisis as part  
356 of PAHPA reauthorization, committee Republicans are putting  
357 American lives at risk. Democrats have put forward common-  
358 sense proposals that would improve our ability to quickly  
359 identify and respond to future pharmaceutical and medical  
360 device shortages. Those provisions should be included in the  
361 PAHPA reauthorization bill today. Republicans' claims that  
362 FDA policy is outside the scope of PAHPA defy reality,  
363 considering that all previous PAHPAs have included FDA  
364 policy.

365 Meanwhile, Republicans are pulling out all the stops to  
366 provide themselves with political cover and pretend like they  
367 are taking action with the partisan RFI they put forward, and  
368 announcement last night that the chair intends to circulate a  
369 discussion draft for comment in a few weeks. Patients are  
370 demanding action now, and Republicans are giving them an IOU  
371 for a rough draft. It doesn't have to be this way. Work  
372 with us. Drug shortages are a clear and present emergency  
373 right now, and there is simply no good excuse for inaction.

374 Now, while I am disappointed in our lack of progress in

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375 PAHPA, I am pleased that the same is not true for the Support  
376 for Patients and Communities Reauthorization Act. Five years  
377 ago this committee worked together to pass the Support Act to  
378 address the ongoing opioid epidemic. Today we will consider  
379 a package that will reauthorize critical programs included in  
380 the Support Act and some additional provisions to expand  
381 treatment options and response efforts to the opioid  
382 epidemic.

383 This markup does not include some important policies  
384 that will help justice involved populations access Medicaid,  
385 but we are continuing to work in a bipartisan fashion on  
386 those policies. It is important that we act and we have the  
387 support of 31 state attorney generals of both red states and  
388 blue states in support of the Medicaid Reentry Act and the  
389 Due Process Continuity of Care Act. The state AGs write that  
390 these bills -- and I am quoting -- "represent one of the  
391 118th Congress's strongest opportunities to increase public  
392 safety and improve public health outcomes nationwide," and I  
393 strongly support these policies, and I am hopeful that  
394 between now and the full committee we can find a bipartisan  
395 path forward on these provisions.

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396           We are also working together on strategies to address  
397 the rising threat of Xylazine, and will be considering a  
398 version of H.R. 1839. I remain concerned about whether this  
399 approach will really do anything to address the underlying  
400 epidemic and the harms posed by Xylazine. But further  
401 criminalization of substances does not -- does nothing to  
402 connect people to treatment and recovery, and instead is  
403 likely to perpetuate a cycle of incarceration, broken  
404 communities, and rising overdoses. But the language in the  
405 bill represents an improvement over the bill as introduced,  
406 and I look forward to receiving stakeholder feedback on our  
407 proposed approach.

408           I am disappointed, however, that Republicans have  
409 included H.R. 4056. This bill would weaken protections for  
410 foster children and create a financial incentive to place  
411 them in large institutional settings. I am concerned that it  
412 would undermine Federal law that encourages placing foster  
413 children in the most family-like settings, while effectively  
414 exempting these institutions from important beneficiary  
415 protections in Medicaid.

416           And finally, I am deeply disappointed and actually

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417 appalled that Republicans are using reauthorization of the  
418 Children's Hospital Graduate Medical program as a vehicle to  
419 peddle their dangerous and discriminatory attacks against  
420 transgender youth. Democrats have pushed for a clean  
421 reauthorization of this important program, which, like PAHPA,  
422 has traditionally been done in a bipartisan fashion. Yet my  
423 Republican colleagues insist on making this a partisan battle  
424 over extreme and destructive language to ban medically  
425 necessary care for transgender youth.

426 So thank you again, Mr. Chairman, and I yield back.

427 \*Mr. Guthrie. The gentleman yields back. The chair  
428 reminds members that, pursuant to the committee rules, all  
429 members' opening statements will be made part of the record.

430 Are there further opening statements?

431 The gentleman from Texas is recognized for three minutes  
432 for an opening statement. Mr. Burgess, the gentleman from  
433 Texas.

434 \*Mr. Burgess. Thank you, Chair Guthrie, and I want to  
435 thank you for advancing three critical pieces of legislation  
436 to the markup: the PREEMIE Act; the Preventing Maternal  
437 Deaths Act; the Sickle Cell Disease Research, Surveillance,

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438 and Prevention and Research Act of 2023.

439           At our last hearing I mentioned that my middle daughter  
440 spent some time in a neonatal intensive care unit on a  
441 ventilator. That was in 1976. The treatment of the very  
442 small, premature infant has vastly improved and increased  
443 over time. And the PREEMIE Act that we have in front of us  
444 today is going to help us with advanced innovation and  
445 research.

446           I want to thank everyone involved in the process for  
447 working on the bill, and I hope to see advances in how we can  
448 prevent, address, and treat premature babies.

449           I am also grateful that we are considering the  
450 Preventing Maternal Deaths Reauthorization Act. This  
451 important bill reauthorizes assistance to states for Maternal  
452 Mortality Review Committees to better understand the burden  
453 of maternal complications and mortality through research,  
454 education, and best practices.

455           I appreciate my fellow members, Representative DeGette,  
456 Representative Carter of Georgia, Representative Kelly,  
457 Representative Cammack, and Representative Castor for working  
458 with us on this.

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459           And lastly, I am grateful to the partnership of  
460 Congressman Danny Davis of the Ways and Means Committee and  
461 Buddy Carter on this committee for our sickle cell  
462 reauthorization legislation. I can remember back in the  
463 middle 1970s, as an intern at Parkland Hospital, treating  
464 patients in sickle crisis and then, here on this committee  
465 decades later, learning that there had been no new FDA-  
466 approved therapy for sickle cell disease in 40 years.

467           Now, fortunately, that has changed since 2016, and there  
468 have been significant advances made. But progress toward a  
469 cure for this disease -- we need to build on that momentum,  
470 and do all we can to help raise awareness and invest in  
471 research that will one day provide a cure for these patients.

472           I am also glad to see the committee will be advancing  
473 important public health preparedness reauthorizations to  
474 improve our nation's medical countermeasures and ensure  
475 threat protection and strengthen our Strategic National  
476 Stockpile. I have advocated for many of these vital policies  
477 to ensure that this nation is prepared with the diagnostics,  
478 therapeutics, and life-sustaining technologies in the case of  
479 a public health emergency.

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480           A bipartisan bill, the Disease X Act of 2023, which is  
481 also included, allows BARDA to support advanced research and  
482 development of countermeasures for emerging viral pathogens  
483 and viral families with significant pandemic potential.

484           I am grateful for the reauthorization of the Support  
485 Act. Although it didn't make it into the cut this time, I am  
486 hopeful that a bipartisan bill to look at removing the IMD --  
487 the Institute for Mental Disease -- exclusion in Medicaid can  
488 go forward. I think this is an important part of  
489 establishing the proper care of treatment with patients with  
490 mental illness.

491           Thank you, Mr. Chairman, for the recognition, and I will  
492 yield back.

493           \*Mr. Guthrie. The gentleman yields back. Are there any  
494 other members on the Democratic side seeking an opening  
495 statement?

496           On the Republican side?

497           I will remind the members, as well -- we just figured it  
498 out -- we had the clock set for five. So I was going to stop  
499 you at two, but now they are set for three. So we figured  
500 out the clock. So thank you. So the chair now recognizes



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501 the gentleman from North Carolina for three minutes.

502 Mr. Hudson, you are recognized.

503 \*Mr. Hudson. Thank you, Mr. Chairman. Today is a great  
504 day, because today we do the important work the American  
505 people expect us to do with the fourth generation of PAHPA  
506 moving through regular order.

507 I am disappointed that we are still without my  
508 colleague, Representative Eshoo, who has championed this  
509 legislation for decades, and who knows as well as anyone the  
510 importance of emergency preparedness.

511 Without PAHPA and these key authorities and programs,  
512 the attention and foresight of Representative Eshoo and  
513 previous champions of this bill and our leaders who put these  
514 operations in place, we would be in a different place as a  
515 country right now. There would have been no Operation Warp  
516 Speed, no partnerships between government and industry, no  
517 opportunity for more efficient distribution of tests and  
518 therapeutics, PPE, and vaccines. And as bad as the recent  
519 pandemic was, I shudder to think of how much worse it would  
520 have been without the authorities and the legislation of  
521 previous PAHPA. This bill is urgent and it is essential.

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522           After the lessons we learned from COVID and months of  
523 bipartisan discussions, there are numerous issues that we  
524 address through this legislation: government oversight and  
525 accountability, communication between public and private  
526 partners, supply chain viability and response efforts, just  
527 to name a few.

528           The drug shortage issue right now is devastating. I  
529 have repeatedly emphasized my commitment to working with  
530 Representatives Eshoo, Pallone, and my colleagues across the  
531 aisle to address it. Our chair, Mrs. McMorris Rodgers, has  
532 laid out a process. We will have a discussion draft. And  
533 once that is out, I will work with the chair and any Democrat  
534 colleague that wants to roll up their sleeves and get to  
535 work. This issue deserves our careful and thorough  
536 attention, and PAHPA also deserves to get across the finish  
537 line in a bipartisan way as quickly as we are able to do it.

538           I heard the concerns my colleague mentioned, including  
539 that this legislation may tie the hands of bureaucrats.  
540 Well, I disagree with her characterization because I think  
541 what we are doing is we are demanding more transparency from  
542 ASPR and BARDA. We are wanting to create a better

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543 relationship for these public-private partnerships that in  
544 the last pandemic proved to be essential.

545 It was also mentioned that we don't address the  
546 workforce shortage. But that is not true. We are giving  
547 additional powers to ASPR to hire in times of emergency. I  
548 think that is critical. Where we disagree is I am not  
549 prepared to give a whole lot of new authority to the entire  
550 enterprise at HHS, but I am open to those discussions.

551 It was also said that we ignored FDA completely. Well,  
552 in the past in PAHPA reauthorizations FDA has been addressed,  
553 but it has been addressed in terms of facilitating medical  
554 countermeasures and what authorities and requirements were  
555 necessary so that we would get better public-private  
556 partnerships, because that is the sweet spot. That is, to  
557 me, one of the greatest lessons learned from the pandemic.  
558 This country was saved by public-private partnerships, by a  
559 robust private sector and a Federal Government that was  
560 nimble enough, because of emergency powers, to work with that  
561 private sector to bring forth the solutions we needed.

562 And so I implore my colleagues, please work with us. We  
563 want this to be bipartisan, we want to get this right. My

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564 arms are extended, my hands are open. The American people  
565 demand it. Please, let's work together.

566 And with that, I yield back.

567 \*Mr. Guthrie. Thank you. The gentleman yields back.  
568 Are there any further opening statements?

569 Seeing none, I will now move -- we will call up our  
570 first bill. The chair calls up H.R. 824, and asks the clerk  
571 to report.

572 \*The Clerk. H.R. 824, a bill to amend title 27 of the  
573 Public Health Service Act, the Employee Retirement Income  
574 Security Act of 1974, and the Internal --

575 \*Mr. Guthrie. Without objection, the first reading of  
576 the bill is dispensed with, and the bill will be open for  
577 amendment at any point.

578 So ordered.

579 [The bill follows:]

580

581 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

582

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583           \*Mr. Guthrie. Does anyone seek to be recognized on the  
584 bill?

585           For what purpose does the gentleman from New Jersey seek  
586 recognition?

587           \*Mr. Pallone. To strike the last word.

588           \*Mr. Guthrie. The gentleman is recognized.

589           \*Mr. Pallone. Mr. Chairman, I have strong concerns with  
590 H.R. 824, which would expand accepted benefits and allow  
591 employers to offer telehealth as a separate standalone policy  
592 exempt from most of the Affordable Care Act's critical  
593 consumer protections. This would mean that employees would  
594 receive only telehealth and no other health care services  
595 like hospitalization or drugs.

596           The ACA included a comprehensive set of measures to  
597 protect pre-existing conditions. Under the AINS offered by  
598 my Republican colleagues, accepted benefits would still be  
599 exempt from most of the ACA's consumer protections, including  
600 limits on out-of-pocket costs and other key patient  
601 protections.

602           I am very concerned, as is the broader patient community  
603 made up of 31 patient organizations such as the Heart

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604 Association, the Lung Association, Leukemia and Lymphoma  
605 Society, and many more, that these changes are still  
606 inadequate and insufficient. This bill weakens ACA coverage  
607 and consumer protections in the name of competition.

608         These plans, unfortunately, don't offer better care at a  
609 lower price like true competition in the insurance market  
610 does. Instead, it means expanding options that would leave  
611 American families with inadequate health care coverage and at  
612 risk of surprise medical bills. And that is what the Trump  
613 Administration's rule on junk plans did. It allowed for  
614 short-term, limited duration plans to be offered essentially  
615 parallel to the ACA market, except without regulation. These  
616 plans provide grossly inadequate coverage.

617         Similarly, a telehealth-only accepted benefits policy  
618 would be virtually unregulated, and would likely include both  
619 coverage limitations and financial limitations on the  
620 telehealth benefit covered. And I am concerned that  
621 consumers who enroll in these products and fall sick could  
622 incur huge, potentially financially ruinous medical costs.

623         I am also very concerned that this could be deceptively  
624 marketed to Americans as comprehensive coverage, or that

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625 consumers would simply be confused, particularly in  
626 marginalized communities.

627         While the AINS includes a notice requirement that  
628 accepted benefits is not minimum essential coverage, I  
629 believe the notice is insufficient. The Trump Administration  
630 included a similar notice requirement for STLDI plans, but  
631 studies show that these plans often provide consumers with  
632 misleading information, and that limitations are not always  
633 made clear in marketing materials, making it extremely  
634 difficult for consumers to understand what they are  
635 purchasing.

636         And I want to emphasize that nothing in current law  
637 prevents employers from offering telehealth to their  
638 employees. They can and should offer telehealth as part of  
639 comprehensive health insurance. I am very supportive of  
640 telehealth, and I think it is an important mode of health  
641 care delivery. The ability of Americans to access telehealth  
642 services, including, in particular, behavioral health  
643 services since the COVID-19 pandemic has been a game changer.  
644 But I believe telehealth should be part of an integrated,  
645 comprehensive health care plan.

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646           Unfortunately, telehealth-only plans don't provide that.  
647   So I believe this bill would undermine the ACA, offer  
648   inadequate protection against medical costs, and expose  
649   American families to massive medical bills.

650           I urge my colleagues to oppose the AINS and the  
651   underlying bill, and with that I yield back, Mr. Chairman.

652           \*Mr. Guthrie. The gentleman yields back. Is anyone  
653   seeking any further -- seeking recognition to speak on the  
654   bill?

655           Seeing none, the chair recognizes Mr. Sarbanes. For  
656   what purpose does the gentleman from Maryland seek  
657   recognition?

658           \*Mr. Sarbanes. I move to strike the last word and speak  
659   in --

660           \*Mr. Guthrie. The gentleman is recognized.

661           \*Mr. Sarbanes. Thanks very much, Mr. Chairman. I just  
662   want to echo the concerns that were just expressed by  
663   Representative Pallone.

664           I have strong concerns, as well, with this bill, the  
665   Telehealth Benefits Expansion for Workers Act, which sounds  
666   good on its face, the name, but really runs contrary to what



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667 that name implies. It does not expand access to  
668 comprehensive health care coverage. Instead, it would put  
669 workers at risk of losing their access to comprehensive  
670 health, including telehealth coverage.

671 In other words, if we want telehealth to be a strong  
672 component of the services that we offer to people out there  
673 -- and certainly we do -- and have coverage for it, let's  
674 build that inside of comprehensive coverage that offers  
675 benefits protections and consumer protections to people so  
676 that telehealth can really be a robust option for people.  
677 That is not what this bill does.

678 As Chairman -- as Ranking Member Pallone said, we all  
679 support providing patients access to telehealth services.  
680 That has been proven very, very successful for patients and  
681 providers alike during and after the pandemic. We saw a real  
682 movement in that direction as a result of the pandemic's  
683 effects on all of us.

684 But this bill today is not the way you expand American  
685 workers' access to telehealth services. In fact, our concern  
686 is that it would undermine efforts to do that. The way you  
687 expand access to quality, affordable, and comprehensive

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688 health care coverage, including telehealth, is you build in a  
689 stronger structure and foundation for it with all of the  
690 protections that we want to make sure consumers, patients  
691 have out there.

692 At the subcommittee's recent hearing I raised similar  
693 concerns that the plan supported by this legislation excepted  
694 -- that is not e-x, not a-c -- excepted benefits plans do not  
695 provide adequate coverage, and are actually a form of junk  
696 plan. We have seen these junk plans come and go, and they  
697 are really destabilizing to our insurance coverage system.  
698 That is what these would be. They would not be subject to  
699 the strong patient and consumer protections that are provided  
700 by the ACA.

701 While the amendment offered by the majority today would  
702 make some changes to subject the plans provided under this  
703 bill to some -- some -- ACA protections, it still doesn't  
704 make the plans comprehensive by any measure at all, and it  
705 may actually, in some cases, harm individuals' abilities to  
706 access the ACA tax credits that allow them to obtain quality,  
707 affordable, comprehensive coverage in the marketplace.

708 Why would we want to do that? Why would we want to

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709 deprive some people of those very important tax credits that  
710 put comprehensive coverage within reach for them and their  
711 families?

712 I just want to observe in closing, just last week the  
713 Biden Administration took action to crack down on certain  
714 forms of junk insurance that fail to truly protect Americans  
715 from the high cost of health care services when they need it  
716 most. I applaud the President for doing that, for taking  
717 that action. I wish this committee would. Instead of  
718 considering legislation to continue and expand junk plans,  
719 this committee should take similar action to what the  
720 President did: strengthen Americans' access to comprehensive  
721 coverage.

722 So for all these reasons -- and again, echoing my  
723 colleague, Representative Pallone -- I urge my colleagues to  
724 oppose H.R. 824.

725 And, Mr. Chairman, I yield back.

726 \*Mr. Guthrie. Anyone -- the chair will recognize  
727 himself to move -- to strike the last word on the bill.

728 I was going to speak to the amendment, because the  
729 amendment does take some -- put some changes into place that

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730 was brought up in the hearing by the Democrat side, on the  
731 other side.

732           And I want to say what this bill does. It allows  
733 employers to offer telehealth benefits to their employees who  
734 currently don't have any benefits. These are -- they are  
735 largely part-time, they are largely -- there are seasonal  
736 workers. And this group of workers are -- the architects of  
737 the Affordable Care Act exempted from the employer -- or not  
738 required -- the employers aren't required to offer the full  
739 coverage because if they meet the standards or the  
740 requirements of the Affordable Care Act, they wouldn't fit  
741 this category because the employer would be offer -- required  
742 to offer full coverage in the employer mandate.

743           But during the COVID-19 pandemic the Trump  
744 Administration allowed employers this flexibility to increase  
745 access for -- to care for workers who might not have other  
746 options. And as I said, I am speaking to the amendment that  
747 is going to be offered because we did move to address. And  
748 what we moved to address, this -- the amendment that I am  
749 going to offer includes important protections for patients.

750           These include protections for individuals with pre-

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751 existing conditions, ensuring that telehealth benefits are  
752 compliant with mental health parity requirements, and  
753 additionally requiring employers to provide -- and my  
754 colleagues brought this up, a notice, and they said it is not  
755 sufficient -- but the employers, when they offer this, have  
756 to provide a notice to their employees that receive these  
757 telehealth-only benefits that simply states these plans are  
758 not major medical insurance, and then these workers may still  
759 be eligible for the major medical benefits through the  
760 exchange.

761         So if you look at the way the Affordable Care Act was  
762 designed, it had a employer mandate, but realizing there were  
763 some employees who don't work full-time and they work  
764 seasonal, so the Affordable Care Act does not require the  
765 employer to provide any health coverage to them. So if they  
766 are exempted out, they can go to the exchanges and have  
767 access to the subsidies.

768         And nothing in this telehealth bill -- if it is so, it  
769 certainly is not intended to. And if so, we will absolutely  
770 fix it. But I don't think it is accurate to say that if they  
771 receive these telehealth benefits this takes away any

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772 qualifications they have to apply for individual health  
773 benefits on the exchange.

774         So we are talking about employees who do not get  
775 coverage through their employer, who are fully capable of --  
776 or have the eligibility to go to the exchange. What this  
777 allows is additional benefits that the employer may offer for  
778 them to have. It is not intended to be a substitute for  
779 major medical coverage, intended to be an additional benefit  
780 to major medical coverage that the employee may have access  
781 to.

782         So simply put, this amendment increases access to care.  
783 We have taken in accounts that were brought up before by  
784 insuring pre-existing conditions are covered, mental health  
785 parity are covered, and that people have notice that they  
786 still have access to major medical health insurance through  
787 other means provided by the Affordable Care Act.

788         So it is not intended at all to undermine anything. It  
789 is intended to assist people who are part-time or seasonal  
790 employees, most of them struggling. And that is what this is  
791 intended for. And so I will -- this is the amendment that I  
792 will offer when it comes. I just wanted to go ahead and

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793 address what has been said before.

794 Time for the amendment? I will -- anybody want my -- I  
795 will yield back, and -- do you want time? My time, or do you  
796 want me -- your own time?

797 \*Mr. Ruiz. No, I would like my own time.

798 \*Mr. Guthrie. Okay. No one wanting my time, I will  
799 yield back, and the chair will now -- for what purpose does  
800 the gentleman from California seek recognition?

801 \*Mr. Ruiz. I move to strike the last word.

802 \*Mr. Guthrie. The gentleman is recognized.

803 \*Mr. Ruiz. As a physician who represents a medically  
804 underserved district and have practiced in medically  
805 underserved communities, I fully support the greater  
806 utilization of telehealth services to relieve the gaps and  
807 the barriers that many communities have in accessing health  
808 care.

809 Access to health care services is critical to overcoming  
810 those barriers to health care, like having to take off work  
811 or find transportation to get to a doctor's appointment, or  
812 living in areas where there is severe physician shortages,  
813 especially specialists. That said, consumer protections

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814 still matter. Making sure that patients still have coverage  
815 for the actual health care services that they need still  
816 matter. And unfortunately, this bill does not contain  
817 adequate consumer protections or, in other words, enough  
818 health care benefits that would be covered.

819         This bill would allow employers to offer workers  
820 standalone, telehealth-only insurance plans that are exempt  
821 from many of the key consumer protections -- in other words,  
822 health care benefits -- required under the ACA-compliant  
823 plans. They don't have to cover essential health benefits  
824 like hospitalization, emergency services, or prescription  
825 drugs, and they don't have to limit out-of-pocket costs. Yet  
826 employees who get these plans might not realize that they are  
827 buying junk plans.

828         Junk plans, you know, you pay for a plan, you don't get  
829 the services that you think you are going to get. That  
830 doesn't offer comprehensive coverage. They might not realize  
831 it until it is too late and they get a massive surprise  
832 medical bill. I said it: surprise medical bill.

833         You see, I say that and I emphasize that because we  
834 ended surprise medical bills last Congress. You remember



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835 that? We ended it last Congress. This bill will create a  
836 whole new set of surprise medical bills that we would have to  
837 address, so -- for a service that they didn't realize was not  
838 covered.

839 So these telehealth-only plans were created in the  
840 public health emergency, when going to the doctor for many  
841 people with pre-existing conditions could have been very  
842 dangerous during a pandemic. They cannot be a substitute for  
843 good medical coverage, comprehensive plans. And 31 patient  
844 and consumer advocacy organizations share these same  
845 concerns, as outlined in this letter they sent to the chair  
846 and ranking member of the full committee yesterday.

847 And I ask unanimous consent to insert this letter into  
848 the record.

849 \*Mr. Guthrie. Without objection.

850 [The information follows:]

851

852 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

853

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854           \*Mr. Ruiz. And as my constituents continue to face many  
855 barriers to care, I will continue to fight to get quality  
856 health coverage, regardless of where they live or how much  
857 money they make, including integration of telehealth into  
858 comprehensive health coverage.

859           So I urge my colleagues to vote no on this bill, and  
860 instead work towards expanding comprehensive, affordable care  
861 to our most vulnerable populations and all of Americans in  
862 our nations.

863           With that, I yield back.

864           \*Mr. Guthrie. The gentleman yields back. Is anyone  
865 seeking recognition for discussion on the bill?

866           We are going to do the amendment. Are there any  
867 bipartisan amendments to the bill?

868           Seeing none, are there any other amendments?

869           I have an -- Mr. Chair -- well, I am in the chair. I  
870 will recognize myself for -- I have an amendment at the desk.  
871 I will ask the clerk to report.

872           \*The Clerk. Amendment in the nature of a substitute to  
873 H.R. 824, offered by Mr. Guthrie.

874           Strike all after the enacting clause --

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875           \*Mr. Guthrie. Without objection, the reading of the  
876 amendment is dispensed with.

877

878

879           [The amendment of Mr. Guthrie follows:]

880

881           \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

882

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883           \*Mr. Guthrie. And I am recognized for five minutes in  
884 support of the amendment.

885           So I appreciate what everyone has said here, and we want  
886 people to have access to full coverage. And there is no  
887 intent -- and this bill does not undermine, it does not offer  
888 this as an alternative to comprehensive care.

889           If you look at the Affordable Care Act, seasonal  
890 employees and part-time employees were not -- employers were  
891 not mandated to provide this coverage. So the criticism of  
892 people in this group not getting coverage from their employer  
893 would be more towards the Affordable Care Act than what is  
894 happening here, because people in this category either don't  
895 have coverage or they go to the exchange or other  
896 opportunities. This is an additional benefit on top of  
897 comprehensive coverage not provided by the employer, but what  
898 this employee has access to.

899           And so I just want to say if you say that they are  
900 getting surprise billing, they are getting other things  
901 because they don't have access to coverage through their  
902 employer, the Affordable Care Act exempted this group of  
903 people. This is what it is targeted for.

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904           And so what this amendment does -- specifically, the  
905 bill -- we want to clarify that it has to cover pre-existing  
906 conditions, any telehealth has to -- any pre-existing  
907 conditions, any telehealth provided by the employer as an  
908 additional benefit has to have mental health parity, and that  
909 the -- and the -- brought forward. What if people think this  
910 is comprehensive coverage? That the employer has to let  
911 their employee know this is not comprehensive coverage. They  
912 are not mandated by law to provide them comprehensive  
913 coverage. That is not in the notice. But this is not  
914 comprehensive coverage. They have access to comprehensive  
915 coverage through the exchanges.

916           And having these benefits, I think, has been  
917 mischaracterized and said this can risk your eligibility on  
918 the exchanges because there is nothing in the underlying bill  
919 -- if someone can say, well, if you read the words a certain  
920 sideways or a different way and you apply this like some of  
921 the think tanks do that come here and try to go after our  
922 legislation that we are trying to move forward, then we will  
923 look at that language and fix it when it comes before the  
924 full committee. Because the intention is not to supplant,

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925 nor does the bill -- it is not even the intention.

926       The bill does not supplant comprehensive coverage. It  
927 gives additional coverage to employees who are not authorized  
928 legally -- employers can offer their employees who are not  
929 legally required under the Affordable Care Act to provide  
930 comprehensive health insurance for employees. The amendment  
931 does address some of the concerns moving forward. I know we  
932 addressed it in the bill and moving forward.

933       Anyone want any amount of time?

934       I will yield back, and I will -- the chair will  
935 recognize the gentlelady from California -- let me say that  
936 again. For what purpose does the gentlelady from California  
937 seek recognition?

938       \*Ms. Eshoo. I move to strike the last word, Mr.  
939 Chairman.

940       \*Mr. Guthrie. The gentlelady is recognized.

941       \*Ms. Eshoo. Thank you. Telehealth, I think, is one of  
942 the -- really, the silver linings of the pandemic. It made  
943 it easier, faster, safer for people across the country to  
944 meet with their doctors, and I am very proud, and I think  
945 every single member of the Energy and Commerce Committee is

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946 proud that we were all champions on the issue of telehealth.  
947 I consider myself one of those champions, and worked hard to  
948 pass laws to continue Medicare coverage for telehealth  
949 services.

950 So this has -- I know, pre-COVID at Stanford Hospital in  
951 the heart of my congressional district, they had about nine  
952 percent participation in terms of telehealth services. And  
953 when COVID hit, it kept moving up, went up to over 90  
954 percent, 90 percent. And people were polled to see what they  
955 thought of it. And those that were the most hesitant, they  
956 became champions of telehealth, as well.

957 So -- but I don't think this is about telehealth. This  
958 is an insurance policy. Anyone that thinks that the American  
959 people have a deep affection and regard for insurance  
960 companies in this country really needs to revisit that  
961 notion. It simply is not the case. And if a new insurance  
962 -- form of insurance is going to be offered to people,  
963 whether they are part-time, full-time, they deserve consumer  
964 protections.

965 This would allow these insurance policies and the  
966 standalone, telehealth-only plans not to have the consumer

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967 protections that everyone deserves, that everyone deserves.  
968 And out-of-pocket costs? Every single member here has heard  
969 from their constituents. It is a drumbeat across the country  
970 in terms of their complaints about out-of-pocket costs. So  
971 if there is no protection, what do you say to people? Well,  
972 we just allowed that? It is telehealth. You know what?  
973 That won't be a source of comfort to them.

974         And there is an increasing level of insurance companies  
975 relative to rescissions. And we have to pay very, very close  
976 attention to that. So this is going to put patients at risk  
977 for high out-of-pocket costs. Can anyone guarantee here that  
978 there won't be any high out-of-pocket costs? No one is  
979 addressing that here in this legislation. And I think that  
980 is why blue chip patient organizations like the Lung  
981 Association, the American Cancer Society, and the Heart  
982 Association opposed the bill.

983         So we are all champions of telehealth, and bravo to all  
984 of us for the work that we did on that. I think it would be  
985 wonderful to have telehealth services, but I think what has  
986 to accompany any kind of new insurance relative to health  
987 care needs to have consumer -- the American people deserve



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988 consumer protection, and that is where this really falls  
989 short.

990 And with that, Mr. Chairman, I yield back the balance of  
991 my time.

992 \*Mr. Guthrie. The gentlelady yields back. Any persons  
993 -- any other person seeking recognition on the amendment?

994 Seeing none, if there is no further discussion, the vote  
995 occurs on the amendment.

996 All those in favor shall signify by saying aye.

997 All the -- you want a roll call on this amendment or the  
998 full bill?

999 \*Mr. Pallone. I am sorry, just the bill.

1000 \*Mr. Guthrie. The bill? Okay.

1001 So we will do the amendment, and then the -- all those  
1002 say -- all those opposed, say nay.

1003 In the opinion of the chair, the ayes have it.

1004 Are there any further amendments offered?

1005 Seeing none, the question now occurs on forwarding H.R.  
1006 824, as amended, to the full committee. A roll call has been  
1007 requested. All those in favor will vote by saying aye; all  
1008 those opposed will vote by saying no; and the clerk will call

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1009 the roll.

1010 \*The Clerk. Guthrie? Chair Guthrie?

1011 \*Mr. Guthrie. Aye.

1012 \*The Clerk. Chair Guthrie votes aye.

1013 Burgess?

1014 \*Mr. Burgess. Votes aye.

1015 \*The Clerk. Burgess votes aye.

1016 Latta?

1017 [No response.]

1018 \*The Clerk. Griffith?

1019 \*Mr. Griffith. Aye.

1020 \*The Clerk. Griffith votes aye.

1021 Bilirakis?

1022 \*Mr. Bilirakis. Aye.

1023 \*The Clerk. Bilirakis votes aye.

1024 Johnson?

1025 \*Mr. Johnson. Aye.

1026 \*The Clerk. Johnson votes aye.

1027 Bucshon?

1028 \*Mr. Bucshon. Aye.

1029 \*The Clerk. Bucshon votes aye.

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1030 Hudson?  
1031 \*Mr. Hudson. Aye.  
1032 \*The Clerk. Hudson votes aye.  
1033 Carter?  
1034 [No response.]  
1035 \*The Clerk. Dunn?  
1036 \*Mr. Dunn. Aye.  
1037 \*The Clerk. Dunn votes aye.  
1038 Pence?  
1039 \*Mr. Pence. Aye.  
1040 \*The Clerk. Pence votes aye.  
1041 Crenshaw?  
1042 [No response.]  
1043 \*The Clerk. Joyce?  
1044 \*Mr. Joyce. Aye.  
1045 \*The Clerk. Joyce votes aye.  
1046 Harshbarger?  
1047 \*Mrs. Harshbarger. Aye.  
1048 \*The Clerk. Harshbarger votes aye.  
1049 Miller-Meeks?  
1050 \*Mrs. Miller-Meeks. Aye.

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1051 \*The Clerk. Miller-Meeks votes aye.

1052 Obernolte?

1053 \*Mr. Obernolte. Aye.

1054 \*The Clerk. Obernolte votes aye.

1055 Eshoo, Ms. Eshoo?

1056 \*Ms. Eshoo. No.

1057 \*The Clerk. Ms. Eshoo votes no.

1058 Sarbanes?

1059 \*Mr. Sarbanes. No.

1060 \*The Clerk. Sarbanes votes no.

1061 Cardenas?

1062 \*Mr. Cardenas. No.

1063 \*The Clerk. Cardenas votes no.

1064 Ruiz?

1065 \*Mr. Ruiz. No.

1066 \*The Clerk. Ruiz votes no.

1067 Dingell?

1068 [No response.]

1069 \*The Clerk. Kuster?

1070 \*Ms. Kuster. Kuster votes no.

1071 \*The Clerk. Kuster votes no.

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1072 Kelly?  
1073 \*Mrs. Dingell. Votes no.  
1074 \*The Clerk. Dingell votes no.  
1075 Kelly?  
1076 \*Ms. Kelly. Kelly votes no.  
1077 \*The Clerk. Kelly votes no.  
1078 Barragan?  
1079 \*Ms. Barragan. No.  
1080 \*The Clerk. Barragan votes no.  
1081 Blunt Rochester?  
1082 [No response.]  
1083 \*The Clerk. Craig?  
1084 \*Ms. Craig. Yes.  
1085 \*The Clerk. Craig votes aye.  
1086 Schrier?  
1087 \*Ms. Schrier. No.  
1088 \*The Clerk. Schrier votes no.  
1089 Pallone?  
1090 Excuse me. Mrs. Trahan?  
1091 \*Mrs. Trahan. No.  
1092 \*The Clerk. Trahan votes no.

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1093 Pallone?

1094 \*Mr. Pallone. No.

1095 \*The Clerk. Pallone votes no.

1096 Chair Rodgers?

1097 \*The Chair. Aye.

1098 \*The Clerk. Chair Rodgers votes aye.

1099 \*Mr. Guthrie. Any members not recorded?

1100 \*Mr. Latta. Mr. Chairman?

1101 \*Mr. Guthrie. How is Mr. Latta recorded?

1102 \*The Clerk. Mr. Latta is not recorded.

1103 \*Mr. Latta. Aye.

1104 \*The Clerk. Mr. Latta votes aye.

1105 \*Mr. Guthrie. Any member not recorded?

1106 Seeing none, the clerk will report.

1107 [Pause.]

1108 \*The Clerk. Chair Guthrie, on that vote we had 16 ayes  
1109 and 11 noes.

1110 \*Mr. Guthrie. With 16 ayes and 11 nays, the amendment  
1111 is agreed to -- or the bill, I am sorry, we are on the bill.  
1112 The bill is agreed to.

1113 The chair calls up H.R. 3226, and asks the clerk to

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1114 report.

1115           \*The Clerk. H.R. 3226, a bill to reauthorize the  
1116 Prematurity Research, Expansion, and Education for Mothers  
1117 who Deliver Infants Early Act.

1118           \*Mr. Guthrie. Without objection, the first reading of  
1119 the bill is dispensed with, and the bill will be open for  
1120 amendment at any point.

1121           So ordered.

1122           [The bill follows:]

1123

1124           \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

1125

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1126           \*Mr. Guthrie. Does anyone seek to be recognized on the  
1127 bill?

1128           For what purpose does the gentlelady from Iowa seek  
1129 recognition?

1130           \*Mrs. Miller-Meeks. I move to strike the last word  
1131 and --

1132           \*Mr. Guthrie. The gentlelady is recognized.

1133           \*Mrs. Miller-Meeks. Mr. Chairman, I have an amendment  
1134 at the desk.

1135           \*Mr. Guthrie. You will speak on the bill, or you are  
1136 going to offer an amendment?

1137           \*Mrs. Miller-Meeks. Offer an amendment.

1138           \*Mr. Guthrie. Offer an amendment? We will offer  
1139 amendments just -- anybody want to speak on the bill?

1140           The gentlelady from California is recognized.

1141           \*Ms. Eshoo. Thank you, Mr. Chairman.

1142           Colleagues, we are going to take up many contentious  
1143 issues today, but there is one I think we can all really  
1144 agree on: every baby deserves a healthy start, and swiftly  
1145 reauthorizing the PREEMIE Act will help us toward that goal.

1146           Every day, 1 in 10 infants are born premature in our



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1147 country, putting them and their mothers at an increased risk  
1148 of complicated health problems. America's prematurity rate  
1149 is one of the highest in the world, and its leading cause of  
1150 newborn deaths [sic]. Even babies born just a few weeks too  
1151 soon can face serious health challenges.

1152 In 2005 I introduced the original PREEMIE Act with  
1153 former Chairman Fred Upton, which was the first and remains  
1154 the only law to focus solely on the prevention of pre-term  
1155 births. And I especially appreciate the comments that Dr.  
1156 Burgess made in his opening statement, comparing the time  
1157 that -- it was your daughter, Dr. Burgess -- the birth of his  
1158 daughter, and where we are today.

1159 Since it was first passed, the PREEMIE Act has helped  
1160 researchers and doctors identify the causes of premature  
1161 births, and work to prevent them. This year's  
1162 reauthorization will improve future policy by studying what  
1163 could have led to the recent surge in pre-term deaths -- I  
1164 mean births -- and how we can address this. We saw a  
1165 significant 4 percent increase in pre-term births in 2021,  
1166 the highest recorded rate since 2007.

1167 The PREEMIE Act will help prevent newborn death and

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1168 disability, expand research into the causes of pre-term  
1169 birth, and promote the development, availability, and use of  
1170 evidence-based standards of care for pregnant women.

1171 I am proud to have worked on this legislation, to have  
1172 given birth to it legislatively in 2005 with our former  
1173 chairman, Fred Upton, and, you know, proud of -- that it is  
1174 on -- in our markup today. And I think this is something  
1175 that every single member can vote for with pride.

1176 With that, I yield back, Mr. Chairman.

1177 \*Mr. Guthrie. The gentlelady yields back. Does anybody  
1178 seek recognition on the bill?

1179 The gentlelady from Illinois is recognized to strike the  
1180 last word.

1181 \*Ms. Kelly. I would like to strike the last word. Pre-  
1182 term births have continued to increase at startling rates  
1183 across the country, impacting 383,000 babies each year.  
1184 Premature babies tend to have more health problems or need to  
1185 stay in the hospital longer than babies born on time. Some  
1186 of these babies also face long-term health effects like  
1187 problems that affect the brain, lungs, hearing, or vision.

1188 Due to the lack of any cures for pregnancy

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1189 complications, all practitioners and parents can do is  
1190 deliver and try their best to care for babies born pre-term.

1191       Furthermore, each year about 21,000 babies are  
1192 stillborn, and significant disparities are seen within Black,  
1193 American Indian, or Alaskan native and native Hawaiian and  
1194 Pacific Islander populations compared to White women. We  
1195 cannot sit complacently. We must act to better understand  
1196 the cause of pre-term birth, which is causing this shocking  
1197 increase and what we can do to prevent pre-term birth to  
1198 allow our moms and babies the best start at life possible.

1199       These inequities in the maternity care system have a  
1200 real-world impact, where maternity and newborn care account  
1201 for a large category of hospital payouts for most commercial  
1202 insurers and state Medicaid programs. With Medicaid as a  
1203 primary payer for 42 percent of births in the United States,  
1204 the Federal Government has a major responsibility for  
1205 ensuring the quality and value of maternal newborn care.  
1206 That is why I am honored to co-lead the PREEMIE Act with my  
1207 colleagues, Chairwoman Eshoo, Reps. Burgess, Blunt Rochester,  
1208 Kiggins, and Miller-Meeks.

1209       The PREEMIE Act will help reduce pre-term birth, prevent

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1210 newborn death and disabilities caused by pre-term birth,  
1211 expand research into the causes of pre-term birth, and  
1212 promote the development, availability, and uses of evidence-  
1213 based standards of care for pregnant women. I encourage my  
1214 colleagues to support this bill.

1215 Thank you, and I yield back.

1216 \*Mr. Guthrie. The gentlelady yields back. Is anyone  
1217 seeking recognition on the bill?

1218 Seeing none on the bill, are there any bipartisan  
1219 amendments to the bill?

1220 Are there any other amendments?

1221 The gentlelady from Iowa is recognized.

1222 \*Mrs. Miller-Meeks. Thank you, Mr. Chairman. I would  
1223 like to speak in favor of my amendment to H.R. 3226, which  
1224 makes technical fixes to the bipartisan, bicameral --

1225 \*Mr. Guthrie. We need the clerk to report the  
1226 amendment, and then we will -- thanks.

1227 \*The Clerk. Amendment to H.R. 3226, offered by Mrs.  
1228 Miller-Meeks of Iowa.

1229 \*Mr. Guthrie. Without objection, the reading of the  
1230 amendment is dispensed with.

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1231 [The amendment of Mrs. Miller-Meeks follows:]

1232

1233 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

1234

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1235           \*Mr. Guthrie. And the gentlelady from Iowa is  
1236 recognized for five minutes in support of the amendment.

1237           \*Mrs. Miller-Meeks. I am proud to lead this legislation  
1238 with my friends and colleagues, Representatives Eshoo,  
1239 Burgess, Kiggins, Blunt Rochester, and Kelly.

1240           As a mother and a physician, I understand the harmful  
1241 health implications of pre-term birth, and recognize the  
1242 importance of public health programs like PREEMIE, which seek  
1243 to address the root causes. In fact, as a director of the  
1244 Iowa Department of Public Health, I helped to promote and  
1245 advance these programs.

1246           In 2021 Iowa mothers gave birth to almost 3,700 pre-term  
1247 babies, which represented 10 percent of all births in the  
1248 state that year. Not only do pre-term births pose great  
1249 health risk to the mother and the baby, but they are also  
1250 very costly to our health care system. Over 28 percent of  
1251 infant deaths are pre-term-related, and the average cost  
1252 associated with pre-term births in Iowa is 58,000.

1253           This legislation will provide crucial funding to address  
1254 and reduce this public health epidemic, and I urge my  
1255 colleagues to support my amendment and the underlying bill.

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1256 I yield back.

1257 \*Mr. Guthrie. The gentlelady yields back. Is there  
1258 further discussion on the amendment?

1259 Seeing none, all those in favor will vote -- now the  
1260 chair will now vote the amendment. The vote occurs on the  
1261 amendment.

1262 All those in favor shall signify by saying aye.

1263 All opposed, nay.

1264 The ayes have it, and the amendment is agreed to.

1265 Are there any further amendments?

1266 Seeing none, the question now occurs on forwarding H.R.  
1267 3226, as amended, to the full committee. There will be a  
1268 roll call vote. All those in favor will designate by saying  
1269 aye; those opposed will say no; the clerk will call the roll.

1270 \*The Clerk. Chair Guthrie?

1271 \*Mr. Guthrie. Aye.

1272 \*The Clerk. Chair Guthrie votes aye.

1273 Burgess?

1274 \*Mr. Burgess. Burgess votes aye.

1275 \*The Clerk. Burgess votes aye.

1276 Latta?

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1277           \*Mr. Latta. Aye.  
1278           \*The Clerk. Latta votes aye.  
1279           Griffith?  
1280           \*Mr. Griffith. Aye.  
1281           \*The Clerk. Griffith votes aye.  
1282           Bilirakis?  
1283           \*Mr. Bilirakis. Aye.  
1284           \*The Clerk. Bilirakis votes aye.  
1285           Johnson?  
1286           \*Mr. Johnson. Aye.  
1287           \*The Clerk. Johnson votes aye.  
1288           Bucshon?  
1289           \*Mr. Bucshon. Aye.  
1290           \*The Clerk. Bucshon votes aye.  
1291           Hudson?  
1292           \*Mr. Hudson. Aye.  
1293           \*The Clerk. Hudson votes aye.  
1294           Carter?  
1295           [No response.]  
1296           \*The Clerk. Dunn?  
1297           \*Mr. Dunn. Aye.



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1298           \*The Clerk.   Dunn votes aye.  
1299           Pence?  
1300           \*Mr. Pence.   Aye.  
1301           \*The Clerk.   Pence votes aye.  
1302           Crenshaw?  
1303           [No response.]  
1304           \*The Clerk.   Joyce?  
1305           \*Mr. Joyce.   Aye.  
1306           \*The Clerk.   Joyce votes aye.  
1307           Harshbarger?  
1308           \*Mrs. Harshbarger.   Aye.  
1309           \*The Clerk.   Harshbarger votes aye.  
1310           Miller-Meeks?  
1311           \*Mrs. Miller-Meeks.   Aye.  
1312           \*The Clerk.   Miller-Meeks votes aye.  
1313           Oberholte?  
1314           \*Mr. Oberholte.   Aye.  
1315           \*The Clerk.   Oberholte votes aye.  
1316           Eshoo, Ms. Eshoo?  
1317           \*Ms. Eshoo.   Aye.  
1318           \*The Clerk.   Ms. Eshoo votes aye.

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1319 Sarbanes?  
1320 \*Mr. Sarbanes. Aye.  
1321 \*The Clerk. Sarbanes votes aye.  
1322 Cardenas?  
1323 [No response.]  
1324 \*The Clerk. Ruiz?  
1325 \*Mr. Ruiz. Aye.  
1326 \*The Clerk. Ruiz votes aye.  
1327 Dingell?  
1328 \*Mrs. Dingell. Aye.  
1329 \*The Clerk. Dingell votes aye.  
1330 Kuster?  
1331 \*Ms. Kuster. Aye.  
1332 \*The Clerk. Kuster votes aye.  
1333 Kelly?  
1334 \*Ms. Kelly. Aye.  
1335 \*The Clerk. Kelly votes aye.  
1336 Barragan?  
1337 \*Ms. Barragan. Aye.  
1338 \*The Clerk. Barragan votes aye.  
1339 Blunt Rochester?

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1340 [No response.]

1341 \*The Clerk. Craig?

1342 \*Ms. Craig. Yes.

1343 \*The Clerk. Craig votes aye.

1344 Schrier?

1345 \*Ms. Schrier. Aye.

1346 \*The Clerk. Schrier votes aye.

1347 Trahan?

1348 \*Mrs. Trahan. Aye.

1349 \*The Clerk. Trahan votes aye.

1350 Pallone?

1351 [No response.]

1352 \*The Clerk. Chair Rodgers?

1353 \*The Chair. Aye, Rodgers votes aye.

1354 \*The Clerk. Chair Rodgers votes aye.

1355 \*Mr. Guthrie. How is the gentleman from New Jersey

1356 recorded?

1357 \*The Clerk. Mr. Pallone is not recorded.

1358 \*Mr. Pallone. Votes aye.

1359 \*The Clerk. Pallone votes aye.

1360 \*Mr. Guthrie. Anyone else seeking to answer the roll?

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1361           Seeing none, the clerk will report.

1362           \*The Clerk. Chair Guthrie, on that vote we had 26 yeas  
1363 and 0 noes.

1364           \*Mr. Guthrie. With 26 yeas and 0 noes, the yeas have it  
1365 and the bill is agreed to.

1366           The chair calls up H.R. 3838, and asks the clerk to  
1367 report.

1368           \*The Clerk. H.R. 3838, a bill to amend title 3 of the  
1369 Public Health Service Act to reauthorize Federal support of  
1370 states in their work to save and sustain the health of  
1371 mothers --

1372           \*Mr. Guthrie. Without objection, the first reading of  
1373 the bill is dispensed with, and the bill will be open for  
1374 amendment at any point.

1375           So ordered.

1376           [The bill follows:]

1377

1378           \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

1379

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1380           \*Mr. Guthrie. Does anyone seek to be recognized on the  
1381 bill?

1382           Are there bipartisan amendments to the bill?

1383           Are there other amendments to the bill?

1384           For what purpose does the gentleman from Texas seek  
1385 recognition?

1386           \*Mr. Burgess. Thank you, Mr. Chairman, I have an  
1387 amendment at the desk.

1388           \*Mr. Guthrie. The clerk will report.

1389           \*The Clerk. Amendment in the nature of a substitute to  
1390 H.R. 3838, offered by Mr. Burgess of Texas.

1391           \*Mr. Guthrie. Without objection, the reading of the  
1392 amendment is dispensed with.

1393           [The amendment of Mr. Burgess follows:]

1394

1395           \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

1396

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1397           \*Mr. Guthrie. And the gentleman from Texas is  
1398 recognized for five minutes in support of the amendment.

1399           \*Mr. Burgess. Thank you, Mr. Chairman.

1400           It was 2018 this committee actually did pass Jaime  
1401 Herrera Beutler's bill that was signed into law by President  
1402 Trump in that year. So it is now necessary to reauthorize,  
1403 and this bill is a reauthorization. The amendment in the  
1404 nature of a substitute increases the authorization amount to  
1405 \$108 million for each of fiscal years 2024 through 2028.

1406           The maternal mortality rate in the United States rose  
1407 yet again in 2021 to over 32 deaths per 100,000 live births,  
1408 compared to a rate of 23 in 2020. It is reported in the  
1409 literature that 80 percent of pregnancy-related deaths are  
1410 preventable, but we all know one death is too many.

1411           The Preventing Maternal Deaths Reauthorization Act of  
1412 2023 reauthorizes the assistance to states for Maternal  
1413 Mortality Review Committees to better understand the burden  
1414 of maternal complications and mortality through research,  
1415 education, best practices, and prevention efforts. Through  
1416 these state Maternal Mortality Review Committees, this body  
1417 was able to discover that 53 percent of pregnancy-related

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1418 deaths happen between 7 days and 1 year, leading to a  
1419 critical extension of postpartum coverage for Medicaid  
1420 beneficiaries.

1421 This amendment increases the authorization amount to be  
1422 consistent with the amount provided in fiscal year 2023 for  
1423 CDC Safe Motherhood and Infant Health programs.

1424 So this amendment was a result of technical assistance  
1425 from the agencies, and I urge members to support the  
1426 amendment in the nature of a substitute, support the  
1427 underlying bill on the subsequent vote, and I will yield  
1428 back.

1429 \*Mr. Guthrie. The gentleman yields back. Is there any  
1430 other discussion on the amendment?

1431 For what purpose does the gentlelady from Illinois seek  
1432 recognition?

1433 \*Ms. Kelly. [Inaudible.]

1434 \*Mr. Guthrie. The gentlelady is recognized.

1435 \*Ms. Kelly. One of the most glaring inequities in our  
1436 country is the disparities in maternal health outcomes.  
1437 Frustratingly, the number of women dying of maternal health  
1438 causes continue to rise. Over 1,000 women died in 2021 due

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1439 to maternal complications, compared to 861 in 2020 and 754  
1440 women in 2019.

1441           What is even worse is that the color of your skin  
1442 determines whether or not you are more likely to become a  
1443 maternal mortality statistic. Black women are nearly three  
1444 times more likely to die from pregnancy-related causes as  
1445 non-Hispanic White women, indigenous women, and more than  
1446 twice as likely to die from pregnancy-related causes as  
1447 non-Hispanic White women. This is unacceptable.

1448           We are all aware of the problem, but I am glad that we  
1449 are here to discuss a promising solution for addressing the  
1450 maternal health mortality crisis. The Preventing Maternal  
1451 Deaths Act would strengthen and expand Federal support for  
1452 Maternal Mortality Review Committees, or MMRCs. State-  
1453 fashioned MMRCs are tasked with identifying maternal deaths,  
1454 analyzing the factors that contributed to those deaths, and  
1455 translating the lessons into policy.

1456           I would like to thank my colleague, Rep. Burgess, for  
1457 including a piece of my MOMMA's bill in the Preventing  
1458 Maternal Death Act, and I will continue to lock arms with  
1459 anyone who wants to make this country the safest place to



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1460 give birth.

1461 I encourage my colleagues to support this bill. Thank  
1462 you, and I yield back.

1463 \*Mr. Guthrie. Thank you. The gentlelady yields back.  
1464 Anyone seeking recognition?

1465 The gentleman from -- for what purpose does the  
1466 gentleman from Georgia seek recognition?

1467 \*Mr. Carter. Mr. Chairman, I move to strike the last  
1468 word.

1469 \*Mr. Guthrie. The gentleman is recognized.

1470 \*Mr. Carter. Mr. Chairman, I am pleased to see the  
1471 Preventing Maternal Deaths Act, which I am co-leading with  
1472 Dr. Burgess, is included in this markup.

1473 Our nation's maternal mortality crisis, which severely  
1474 impacts Georgians, which baffles me, is alarming and trending  
1475 in the wrong direction. In 2021 the maternal mortality rate  
1476 increased in the U.S. to almost 33 deaths per 100,000 live  
1477 births compared to a rate of 20 in 2019. For women of color  
1478 and people in living in rural communities, those numbers are  
1479 much higher. In Georgia, maternal death rates have doubled,  
1480 doubled since 1999. This is despicable. It is unacceptable,

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1481 and we have to do something about it.

1482       The U.S. is trending in the wrong direction, and we need  
1483 to understand why moms are dying despite us spending \$4.2  
1484 trillion on health care every year. As a father, a  
1485 grandfather, and a health care professional, I believe that  
1486 we can and we must do better. It is time for this to become  
1487 a national priority, which is why I am proud to be co-leading  
1488 the Preventing Maternal Deaths Act with Dr. Burgess.

1489       This legislation would ensure continued support for the  
1490 critically important work that the State Maternal Mortality  
1491 Review Committees have in addressing the maternal mortality  
1492 crisis. State Maternal Mortality Review Committees are  
1493 crucial to collecting data so that each state can form a plan  
1494 to address maternal health issues impacting their community.  
1495 This bipartisan bill is an important step towards ending the  
1496 maternal mortality crisis in the U.S.

1497       We value women. We value life. And this bipartisan  
1498 bill prioritizes both. I would like to thank Dr. Burgess for  
1499 working with me on this important issue, and I would like to  
1500 thank -- and I would like to ask all my colleagues on this  
1501 committee to support this legislation.

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1502 Thank you, Mr. Chairman, and I will yield back.

1503 \*Mr. Guthrie. The gentleman yields back. Are there any  
1504 further discussion on the amendment?

1505 Seeing none, so if there is no further discussion on the  
1506 amendment, the vote occurs on the amendment.

1507 All those in favor shall signify by saying aye.

1508 All opposed, nay.

1509 The ayes have it, and the amendment is agreed to.

1510 The question now occurs on forwarding H.R. 3838, as  
1511 amended, to the full committee, and the clerk shall call the  
1512 roll.

1513 \*The Clerk. Chair Guthrie?

1514 \*Mr. Guthrie. Aye.

1515 \*The Clerk. Chair Guthrie votes aye.

1516 Burgess?

1517 \*Mr. Burgess. Burgess votes aye.

1518 \*The Clerk. Burgess votes aye.

1519 Latta?

1520 \*Mr. Latta. Aye.

1521 \*The Clerk. Latta votes aye.

1522 Griffith?

**This is an unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker.**

1523 [No response.]  
1524 \*The Clerk. Bilirakis?  
1525 \*Mr. Bilirakis. Aye.  
1526 \*The Clerk. Bilirakis votes aye.  
1527 Johnson?  
1528 \*Mr. Johnson. Aye.  
1529 \*The Clerk. Johnson votes aye.  
1530 Bucshon?  
1531 \*Mr. Bucshon. Aye.  
1532 \*The Clerk. Bucshon votes aye.  
1533 Hudson?  
1534 \*Mr. Hudson. Aye.  
1535 \*The Clerk. Hudson votes aye.  
1536 Carter?  
1537 \*Mr. Carter. Aye.  
1538 \*The Clerk. Carter votes aye.  
1539 Dunn?  
1540 \*Mr. Dunn. Aye.  
1541 \*The Clerk. Dunn votes aye.  
1542 Pence?  
1543 \*Mr. Pence. Aye.

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1544           \*The Clerk. Pence votes aye.  
1545           Crenshaw?  
1546           [No response.]  
1547           \*The Clerk. Joyce?  
1548           \*Mr. Joyce. Aye.  
1549           \*The Clerk. Joyce votes aye.  
1550           Harshbarger?  
1551           \*Mrs. Harshbarger. Aye.  
1552           \*The Clerk. Harshbarger votes aye.  
1553           Miller-Meeks?  
1554           \*Mrs. Miller-Meeks. Aye.  
1555           \*The Clerk. Miller-Meeks votes aye.  
1556           Oberholte?  
1557           \*Mr. Oberholte. Aye.  
1558           \*The Clerk. Oberholte votes aye.  
1559           Eshoo?  
1560           \*Ms. Eshoo. Aye.  
1561           \*The Clerk. Eshoo votes aye.  
1562           Sarbanes?  
1563           \*Mr. Sarbanes. Aye.  
1564           \*The Clerk. Sarbanes votes aye.

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1565 Cardenas?  
1566 \*Mr. Cardenas. Aye.  
1567 \*The Clerk. Cardenas votes aye.  
1568 Ruiz?  
1569 \*Mr. Ruiz. Aye.  
1570 \*The Clerk. Ruiz votes aye.  
1571 Dingell?  
1572 \*Mrs. Dingell. Aye.  
1573 \*The Clerk. Dingell votes aye.  
1574 Kuster?  
1575 \*Ms. Kuster. Aye.  
1576 \*The Clerk. Kuster votes aye.  
1577 Kelly?  
1578 \*Ms. Kelly. Aye.  
1579 \*The Clerk. Kelly votes aye.  
1580 Barragan?  
1581 \*Ms. Barragan. Aye.  
1582 \*The Clerk. Barragan votes aye.  
1583 Blunt Rochester?  
1584 [No response.]  
1585 \*The Clerk. Craig?

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1586 \*Ms. Craig. Aye.

1587 \*The Clerk. Craig votes aye.

1588 Schrier?

1589 \*Ms. Schrier. Aye.

1590 \*The Clerk. Schrier votes aye.

1591 Trahan?

1592 \*Mrs. Trahan. Aye.

1593 \*The Clerk. Trahan votes aye.

1594 Pallone?

1595 \*Mr. Pallone. Aye.

1596 \*The Clerk. Pallone votes aye.

1597 Chair Rodgers?

1598 \*The Chair. Aye.

1599 \*The Clerk. Chair Rodgers votes aye.

1600 \*Mr. Griffith. Griffith votes aye.

1601 \*The Clerk. Mr. Griffith votes aye.

1602 \*Mr. Bucshon. [Presiding] Any other members wish to

1603 have their vote recorded?

1604 Seeing none, the clerk will call the roll.

1605 [Pause.]

1606 \*The Clerk. Chair, on that vote we have 28 yeas and 0

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1607 nays.

1608 \*Mr. Bucshon. The ayes have it, and the bill is agreed  
1609 to.

1610 The chair calls up H.R. 3843, and asks the clerk to  
1611 report.

1612 \*The Clerk. H.R. 3843, to amend title 3 of the Public  
1613 Health --

1614 \*Mr. Bucshon. Without objection, the first reading of  
1615 the bill is dispensed with, and the bill will be open for  
1616 amendment at any time.

1617 So ordered.

1618 [The bill follows:]

1619

1620 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

1621



**This is an unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker.**

1622 \*Mr. Bucshon. Does anyone seek recognition on the bill?

1623 For what purpose does the gentlelady from Illinois seek  
1624 recognition?

1625 \*Ms. Kelly. I would like to strike the last word.

1626 \*Mr. Bucshon. The gentlelady is recognized for five  
1627 minutes to strike the last word.

1628 \*Ms. Kelly. Thank you, Chair Guthrie and Ranking Member  
1629 Eshoo, for holding today's markup and including H.R. 3843,  
1630 the Action for Dental Health Act that I am proud to co-lead  
1631 with Rep. Mike Simpson.

1632 Oral health is a critical part of our overall health,  
1633 and preventative dental care can reduce costs for families  
1634 and help so many people live better lives. Oral disease is a  
1635 common risk factor with chronic diseases such as  
1636 cardiovascular diseases, cancer, diabetes, and respiratory  
1637 diseases. Additionally, oral health affects our ability to  
1638 eat, speak, smile, and show emotions. Oral health also  
1639 affects a person's self-esteem, school performance, and  
1640 attendance at work or school.

1641 Regular preventive dental care is essential for good  
1642 oral health, so one can find problems earlier when they are

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1643 easier to treat. Unfortunately, many don't get the care they  
1644 need. More people are unable to afford dental care than any  
1645 other types of health care. Children, low-income Americans,  
1646 minorities, and the elderly are especially at risk for having  
1647 limited dental care and poorer oral health outcomes.

1648 We must address the barriers to oral health care  
1649 services. The more we can address early diagnosis,  
1650 intervention, and preventative dental treatments, the better  
1651 off our patients and our health care system will be.

1652 I encourage my colleagues to support this bill. Thank  
1653 you, and I yield back.

1654 \*Mr. Bucshon. The gentlelady yields back. Does anyone  
1655 else seek recognition?

1656 Seeing none, are there any bipartisan amendments to the  
1657 bill?

1658 Are there any amendments, other amendments to the bill?

1659 Seeing none, the question now occurs on forwarding H.R.  
1660 3843 to the full committee. The clerk will call the roll.

1661 \*The Clerk. Chair Guthrie?

1662 [No response.]

1663 \*The Clerk. Burgess?

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1664 \*Mr. Burgess. Burgess votes aye.  
1665 \*The Clerk. Burgess votes aye.  
1666 Latta?  
1667 \*Mr. Latta. Aye.  
1668 \*The Clerk. Latta votes aye.  
1669 Griffith?  
1670 [No response.]  
1671 \*The Clerk. Bilirakis?  
1672 \*Mr. Bilirakis. Aye.  
1673 \*The Clerk. Bilirakis votes aye.  
1674 Johnson?  
1675 \*Mr. Johnson. Aye.  
1676 \*The Clerk. Johnson votes aye.  
1677 Bucshon?  
1678 \*Mr. Bucshon. Aye.  
1679 \*The Clerk. Bucshon votes aye.  
1680 Hudson?  
1681 \*Mr. Hudson. Aye.  
1682 \*The Clerk. Hudson votes aye.  
1683 Carter?  
1684 \*Mr. Carter. Aye.

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1685           \*The Clerk. Carter votes aye.  
1686           Dunn?  
1687           \*Mr. Dunn. Aye.  
1688           \*The Clerk. Dunn votes aye.  
1689           Pence?  
1690           \*Mr. Pence. Aye.  
1691           \*The Clerk. Pence votes aye.  
1692           Crenshaw?  
1693           [No response.]  
1694           \*The Clerk. Joyce?  
1695           \*Mr. Joyce. Aye.  
1696           \*The Clerk. Joyce votes aye.  
1697           Harshbarger?  
1698           \*Mrs. Harshbarger. Aye.  
1699           \*The Clerk. Harshbarger votes aye.  
1700           Miller-Meeks?  
1701           \*Mrs. Miller-Meeks. Aye.  
1702           \*The Clerk. Miller-Meeks votes aye.  
1703           Oberholte?  
1704           \*Mr. Oberholte. Aye.  
1705           \*The Clerk. Oberholte votes aye.

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1706 Eshoo?  
1707 \*Ms. Eshoo. Aye.  
1708 \*The Clerk. Eshoo votes aye.  
1709 Sarbanes?  
1710 \*Mr. Sarbanes. Aye.  
1711 \*The Clerk. Sarbanes votes aye.  
1712 Cardenas?  
1713 \*Mr. Cardenas. Aye.  
1714 \*The Clerk. Cardenas votes aye.  
1715 Ruiz?  
1716 [No response.]  
1717 \*The Clerk. Dingell?  
1718 \*Mrs. Dingell. Aye.  
1719 \*The Clerk. Dingell votes aye.  
1720 Kuster?  
1721 \*Ms. Kuster. Aye.  
1722 \*The Clerk. Kuster votes aye.  
1723 Kelly?  
1724 \*Ms. Kelly. Aye.  
1725 \*The Clerk. Kelly votes aye.  
1726 Barragan?

**This is an unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker.**

1727 [No response.]

1728 \*The Clerk. Blunt Rochester?

1729 [No response.]

1730 \*The Clerk. Craig?

1731 \*Ms. Craig. Yes.

1732 \*The Clerk. Craig votes aye.

1733 Schrier?

1734 \*Ms. Schrier. Aye.

1735 \*The Clerk. Schrier votes aye.

1736 Trahan?

1737 \*Mrs. Trahan. Aye.

1738 \*The Clerk. Trahan votes aye.

1739 Pallone?

1740 \*Mr. Pallone. Aye.

1741 \*The Clerk. Pallone votes aye.

1742 Chair Rodgers?

1743 \*The Chair. Aye.

1744 \*The Clerk. Chair Rodgers votes aye.

1745 \*Mr. Bucshon. How is Mr. Griffith recorded?

1746 \*The Clerk. Mr. Griffith is not recorded.

1747 \*Mr. Griffith. Griffith votes aye.

**This is an unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker.**

1748 \*The Clerk. Griffith votes aye.

1749 \*Mr. Bucshon. How is Mr. Guthrie recorded?

1750 \*Mr. Guthrie. Aye.

1751 \*The Clerk. Mr. Guthrie votes aye.

1752 \*Mr. Bucshon. Any other members wish to be recorded?

1753 Seeing none, the ayes have it, the bill is agreed to.

1754 Actually, report the vote first.

1755 \*Ms. Eshoo. Dr. Ruiz?

1756 \*The Clerk. Mr. Ruiz is not recorded.

1757 \*Mr. Bucshon. Dr. Ruiz, okay.

1758 \*Mr. Ruiz. Aye.

1759 \*The Clerk. Ruiz votes aye.

1760 \*Mr. Bucshon. At the last minute, Dr. Ruiz, yes. Got

1761 it.

1762 \*Mr. Ruiz. Exactly.

1763 \*Mr. Bucshon. Okay, the clerk will call the roll --

1764 will report the vote.

1765 \*The Clerk. Chair, on that vote there were 27 ayes and

1766 0 noes.

1767 \*Mr. Bucshon. The ayes have it and the bill is agreed

1768 to.

**This is an unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker.**

1769           The chair will now call up H.R. 3884, and ask the clerk  
1770 to report.

1771           \*The Clerk. H.R. 3884, to amend title 11 of the Public  
1772 Health Service Act to reauthorize the program providing for  
1773 sickle cell disease and other heritable blood disorders  
1774 research, surveillance, prevention --

1775           \*Mr. Bucshon. Without objection, the first reading of  
1776 the bill is dispensed with. The bill will be open to  
1777 amendment at any point.

1778           So ordered.

1779           [The bill follows:]

1780

1781           \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

1782



**This is an unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker.**

1783           \*Mr. Bucshon. Does anyone seek to be recognized on the  
1784 bill?

1785           Anyone?

1786           Any are there any bipartisan amendments to the bill?

1787           Are there any amendments to the bill?

1788           \*Mr. Burgess. Mr. Chairman, I have an amendment.

1789           \*Mr. Bucshon. The gentleman from Texas is recognized to  
1790 introduce his amendment.

1791           \*Mr. Burgess. I have an amendment at the desk.

1792           \*Mr. Bucshon. The clerk will report the amendment.

1793           \*The Clerk. Amendment in the nature of a substitute to  
1794 H.R. 3884, offered by Mr. Burgess.

1795           \*Mr. Bucshon. Without objection, the reading of the  
1796 amendment is dispensed with, and the gentleman is recognized  
1797 for five minutes to support the amendment.

1798           \*Mr. Burgess. Thank you, Mr. Chairman. This amendment  
1799 in the nature of a substitute to H.R. 3884 will increase the  
1800 authorization level to the last-enacted appropriated level of  
1801 8,205,000 for each of the fiscal years 2024 through 2028.

1802           Speaking to the underlying bill, the 70,000 to 100,000  
1803 Americans who have sickle cell disease, it is the most common

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1804 inherited blood disorder. The disease, which is present in  
1805 individuals at birth, causes a production of an abnormal  
1806 hemoglobin which causes the red blood cells to take on a  
1807 typical sickling manifestation.

1808         We cannot prevent sickle cell disease, but we can  
1809 prevent the complications of the condition. Since the  
1810 landscape of how we treat and manage sickle cell disease  
1811 continues to evolve, we need to prioritize funding for  
1812 research and investment into better treatment options for  
1813 individuals who are suffering.

1814         In addition to the increase in authorization level, this  
1815 amendment would make technical changes to allow for  
1816 admittance into a contract grant or cooperative agreement  
1817 with an entity to serve as a National Coordinating Center for  
1818 the demonstration program under the legislation. Currently,  
1819 the National Coordinating Center operates as a contract under  
1820 existing statute. Having the flexibility to use a grant  
1821 mechanism would allow the National Coordinating Center to  
1822 provide assistance to grantees in communities.

1823         So I would urge support of the amendment, as well as the  
1824 underlying legislation, and I will yield back.

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1825           \*Mr. Bucshon. The gentleman yields back. Is there  
1826 discussion on the amendment?

1827           I recognize the gentleman from Georgia, Mr. Carter.

1828           \*Mr. Carter. Mr. Chairman, I move to strike the last  
1829 word.

1830           \*Mr. Bucshon. The gentleman is recognized.

1831           \*Mr. Carter. Mr. Chairman, I am pleased to support the  
1832 Sickle Cell Disease Reauthorization Act, which I am  
1833 co-leading with Dr. Burgess.

1834           As a pharmacist for over four decades, I have seen  
1835 firsthand the heartbreaking toll sickle cell disease takes on  
1836 patients and their families. Unfortunately, Georgia is home  
1837 to one of the largest sickle cell disease populations in the  
1838 country, which is why it is so important that we act quickly  
1839 to save lives and prevent further pain.

1840           The bill before us today reauthorizes critical sickle  
1841 cell disease programs so that patients have the support and  
1842 resources they need to battle this terrible disease. I have  
1843 always and will continue to put patients first, and I believe  
1844 these programs do just that. I encourage my colleagues to  
1845 support H.R. 3884, the Sickle Cell Disease Reauthorization

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1846 Act.

1847 Thank you, Mr. Chairman, and I yield back.

1848 \*Mr. Bucshon. The gentleman yields back. Is there any  
1849 other member wishing to seek recognition on the amendment?

1850 If there is no further discussion, the vote occurs on  
1851 the amendment.

1852 All those in favor shall signify by saying aye.

1853 All those opposed?

1854 The ayes have it, and the amendment is agreed to.

1855 The question now occurs on forwarding H.R. 3884, as  
1856 amended, to the full committee. The clerk will call the  
1857 roll.

1858 \*The Clerk. Chair Guthrie?

1859 [No response.]

1860 \*The Clerk. Burgess?

1861 \*Mr. Burgess. Burgess votes aye.

1862 \*The Clerk. Burgess votes aye.

1863 Latta?

1864 \*Mr. Latta. Aye.

1865 \*The Clerk. Latta votes aye.

1866 Griffith?

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1867 [No response.]  
1868 \*The Clerk. Bilirakis?  
1869 \*Mr. Bilirakis. Aye.  
1870 \*The Clerk. Bilirakis votes aye.  
1871 Johnson?  
1872 \*Mr. Johnson. Aye.  
1873 \*The Clerk. Johnson votes aye.  
1874 Bucshon?  
1875 \*Mr. Bucshon. Aye.  
1876 \*The Clerk. Bucshon votes aye.  
1877 Hudson?  
1878 \*Mr. Hudson. Aye.  
1879 \*The Clerk. Hudson votes aye.  
1880 Carter?  
1881 \*Mr. Carter. Aye.  
1882 \*The Clerk. Carter votes aye.  
1883 Dunn?  
1884 \*Mr. Dunn. Aye.  
1885 \*The Clerk. Dunn votes aye.  
1886 Pence?  
1887 \*Mr. Pence. Aye.

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1888           \*The Clerk. Pence votes aye.  
1889           Crenshaw?  
1890           [No response.]  
1891           \*The Clerk. Joyce?  
1892           \*Mr. Joyce. Aye.  
1893           \*The Clerk. Joyce votes aye.  
1894           Harshbarger?  
1895           \*Mrs. Harshbarger. Aye.  
1896           \*The Clerk. Harshbarger votes aye.  
1897           Miller-Meeks?  
1898           \*Mrs. Miller-Meeks. Aye.  
1899           \*The Clerk. Miller-Meeks votes aye.  
1900           Oberholte?  
1901           \*Mr. Oberholte. Aye.  
1902           \*The Clerk. Oberholte votes aye.  
1903           Eshoo?  
1904           [No response.]  
1905           \*The Clerk. Ms. Eshoo?  
1906           \*Ms. Eshoo. Aye.  
1907           \*The Clerk. Eshoo votes aye.  
1908           Sarbanes?

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1909           \*Mr. Sarbanes. Aye.  
1910           \*The Clerk. Sarbanes votes aye.  
1911           Cardenas?  
1912           \*Mr. Cardenas. Aye.  
1913           \*The Clerk. Cardenas votes aye.  
1914           Ruiz?  
1915           \*Mr. Ruiz. Aye.  
1916           \*The Clerk. Ruiz votes aye.  
1917           Dingell?  
1918           \*Mrs. Dingell. Aye.  
1919           \*The Clerk. Dingell votes aye.  
1920           Kuster?  
1921           \*Ms. Kuster. Aye.  
1922           \*The Clerk. Kuster votes aye.  
1923           Kelly?  
1924           \*Ms. Kelly. Aye.  
1925           \*The Clerk. Kelly votes aye.  
1926           Barragan?  
1927           [No response.]  
1928           \*The Clerk. Blunt Rochester?  
1929           [No response.]

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1930           \*The Clerk. Craig?  
1931           \*Ms. Craig. Aye.  
1932           \*The Clerk. Craig votes aye.  
1933           Schrier?  
1934           \*Ms. Schrier. Aye.  
1935           \*The Clerk. Schrier votes aye.  
1936           Trahan?  
1937           \*Mrs. Trahan. Aye.  
1938           \*The Clerk. Trahan votes aye.  
1939           Pallone?  
1940           \*Mr. Pallone. Aye.  
1941           \*The Clerk. Pallone votes aye.  
1942           Chair Rodgers?  
1943           \*The Chair. Aye.  
1944           \*The Clerk. Chair Rodgers votes aye.  
1945           \*Mr. Bucshon. How is Mr. Griffith recorded?  
1946           \*The Clerk. Mr. Griffith is not recorded.  
1947           \*Mr. Griffith. Aye.  
1948           \*The Clerk. Mr. Griffith votes aye.  
1949           \*Mr. Bucshon. How is Mr. Guthrie recorded?  
1950           \*Mr. Guthrie. Aye.



**This is an unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker.**

1951           \*The Clerk. Chair Guthrie votes aye.  
1952           \*Mr. Bucshon. How is Mr. Crenshaw recorded?  
1953           \*The Clerk. Mr. Crenshaw is not recorded.  
1954           \*Mr. Crenshaw. Crenshaw votes aye.  
1955           \*The Clerk. Crenshaw votes aye.  
1956           \*Mr. Bucshon. Any other members wishing to record their  
1957 vote?  
1958           Seeing none, the clerk will report the result.  
1959           \*The Clerk. Chair, on that vote we had 28 yeas and 0  
1960 noes.  
1961           \*Mr. Bucshon. The yeas have it, and the bill is agreed  
1962 to.  
1963           The chair now calls up H.R. 3821, and asks the clerk to  
1964 report.  
1965           \*The Clerk. H.R. 3821, to reauthorize the Firefighter  
1966 Cancer Registry Act of 2018.  
1967           \*Mr. Bucshon. Without objection, the first reading of  
1968 the bill is dispensed with, and the bill will be open for  
1969 amendment at any point.  
1970           So ordered.  
1971           [The bill follows:]

**This is an unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker.**

1972

1973 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

1974

**This is an unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker.**

1975           \*Mr. Bucshon. Does anyone seek recognition on the bill?

1976           The gentleman from New Jersey, Mr. Pallone, is  
1977 recognized for five minutes.

1978           \*Mr. Pallone. Thank you, Mr. Chairman.

1979           This legislation would reauthorize the national  
1980 Firefighter Cancer Registry that has been implemented by CDC  
1981 to identify trends, risk factors, and other important  
1982 information that may help provide greater data on the impacts  
1983 of firefighting on cancer risk and exposure, and help guide  
1984 prevention, detection, and treatment efforts in the future.

1985           I am pleased we are considering this bill today, and I  
1986 want to thank my New Jersey delegation colleague,  
1987 Representative Pascrell, for sponsoring this important bill.

1988           I am also glad we were able to hear from a  
1989 representative from the International Association of  
1990 Firefighters during our hearing on the bill, who testified on  
1991 the importance of the Registry and reauthorizing it in order  
1992 to fully understand the risks that firefighters undertake and  
1993 how to identify important trends in the future.

1994           This bill is supported by the International Association  
1995 of Fire Chiefs, the National Volunteer Fire Council, and

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1996 National Fallen Firefighters Foundation, among others.

1997 And I urge my colleagues to support this important bill,  
1998 and yield back, Mr. Chairman.

1999 \*Mr. Bucshon. The gentleman yields back. Anyone else  
2000 seeking recognition to speak on the bill?

2001 Are there any bipartisan amendments to the bill?

2002 Are there any other amendments to the bill?

2003 Seeing none, the question now occurs on forwarding H.R.  
2004 3821 to the full committee.

2005 All those in favor, say aye.

2006 All those opposed, say no.

2007 A roll call vote has been requested, so the clerk will  
2008 record the -- will call the roll.

2009 \*The Clerk. Chair Guthrie?

2010 [No response.]

2011 \*The Clerk. Burgess?

2012 \*Mr. Burgess. Burgess votes aye.

2013 \*The Clerk. Burgess votes aye.

2014 Latta?

2015 \*Mr. Latta. Aye.

2016 \*The Clerk. Latta votes aye.

**This is an unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker.**

2017 Griffith?  
2018 [No response.]  
2019 \*The Clerk. Bilirakis?  
2020 \*Mr. Bilirakis. Aye.  
2021 \*The Clerk. Bilirakis votes aye.  
2022 Johnson?  
2023 \*Mr. Johnson. Aye.  
2024 \*The Clerk. Johnson votes aye.  
2025 Bucshon?  
2026 \*Mr. Bucshon. Aye.  
2027 \*The Clerk. Bucshon votes aye.  
2028 Hudson?  
2029 \*Mr. Hudson. Aye.  
2030 \*The Clerk. Hudson votes aye.  
2031 Carter?  
2032 \*Mr. Carter. Aye.  
2033 \*The Clerk. Carter votes aye.  
2034 Dunn?  
2035 \*Mr. Dunn. Aye.  
2036 \*The Clerk. Dunn votes aye.  
2037 Pence?

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2038 \*Mr. Pence. Aye.  
2039 \*The Clerk. Pence votes aye.  
2040 Crenshaw?  
2041 \*Mr. Crenshaw. Aye.  
2042 \*The Clerk. Crenshaw votes aye.  
2043 Joyce?  
2044 \*Mr. Joyce. Aye.  
2045 \*The Clerk. Joyce votes aye.  
2046 Harshbarger?  
2047 \*Mrs. Harshbarger. Aye.  
2048 \*The Clerk. Harshbarger votes aye.  
2049 Miller-Meeks?  
2050 \*Mrs. Miller-Meeks. Aye.  
2051 \*The Clerk. Miller-Meeks votes aye.  
2052 Obernolte?  
2053 \*Mr. Obernolte. Aye.  
2054 \*The Clerk. Obernolte votes aye.  
2055 Eshoo?  
2056 \*Ms. Eshoo. [Inaudible.]  
2057 \*The Clerk. Sarbanes?  
2058 \*Mr. Sarbanes. Aye.

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2059 \*The Clerk. Sarbanes votes aye.

2060 Cardenas?

2061 [No response.]

2062 \*The Clerk. Mr. Cardenas?

2063 \*Mr. Cardenas. Aye.

2064 \*The Clerk. Cardenas votes aye.

2065 Ruiz?

2066 \*Mr. Ruiz. Aye.

2067 \*The Clerk. Ruiz votes aye.

2068 Dingell?

2069 \*Mrs. Dingell. Aye.

2070 \*The Clerk. Dingell votes aye.

2071 Kuster?

2072 \*Ms. Kuster. Aye.

2073 \*The Clerk. Kuster votes aye.

2074 Kelly?

2075 \*Ms. Kelly. Aye.

2076 \*The Clerk. Kelly votes aye.

2077 Barragan?

2078 [No response.]

2079 \*The Clerk. Blunt Rochester?

**This is an unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker.**

2080 [No response.]  
2081 \*The Clerk. Craig?  
2082 \*Ms. Craig. Aye.  
2083 \*The Clerk. Craig votes aye.  
2084 Schrier?  
2085 \*Ms. Schrier. Aye.  
2086 \*The Clerk. Schrier votes aye.  
2087 Trahan?  
2088 \*Mrs. Trahan. Aye.  
2089 \*The Clerk. Trahan votes aye.  
2090 Pallone?  
2091 \*Mr. Pallone. Aye.  
2092 \*The Clerk. Pallone votes aye.  
2093 Chair Rodgers?  
2094 \*The Chair. Aye.  
2095 \*The Clerk. Chair Rodgers votes aye.  
2096 \*Mr. Bucshon. How is Mr. Griffith recorded?  
2097 \*The Clerk. Mr. Griffith is not recorded.  
2098 \*Mr. Griffith. Aye.  
2099 \*The Clerk. Mr. Griffith votes --  
2100 \*Mr. Bucshon. How is --



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2101 \*The Clerk. -- aye.

2102 \*Mr. Bucshon. -- Mr. Guthrie recorded?

2103 \*Mr. Guthrie. Aye.

2104 \*The Clerk. Guthrie votes aye.

2105 \*Mr. Bucshon. Any other members wishing to be recorded?

2106 Seeing none, the ayes have it and the bill -- the chair  
2107 calls up H.R. 2365, and asks the clerk to report.

2108 [Pause.]

2109 \*Mr. Bucshon. Oh, you need to announce the result of  
2110 the vote. Sorry about that.

2111 \*The Clerk. Yes, sir. Chair, on that vote we had 28  
2112 ayes and 0 noes.

2113 \*Mr. Bucshon. The ayes have it, and the bill is  
2114 referred -- the bill is agreed to and referred to the full  
2115 committee.

2116 The chair now calls up H.R. 2365, and asks the clerk to  
2117 report.

2118 \*The Clerk. H.R. 2365, a bill to direct the Secretary  
2119 of Health and Human Services to carry out a national project  
2120 to prevent and cure Parkinson's to be known as the National  
2121 Parkinson --

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2122           \*Mr. Bucshon. Without objection, the first reading of  
2123 the bill is dispensed with, and the bill will be open to  
2124 amendment at any point.

2125           So ordered.

2126           [The bill follows:]

2127

2128           \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

2129

**This is an unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker.**

2130 \*Mr. Bucshon. Does anyone seek recognition on the bill?

2131 \*Mr. Bilirakis. Mr. Chairman?

2132 \*Mr. Bucshon. The gentleman from Florida, Mr.

2133 Bilirakis, is recognized.

2134 \*Mr. Bilirakis. Thank you, Mr. Chairman, I appreciate  
2135 it very much. I move to strike the last --

2136 \*Mr. Bucshon. The gentleman is recognized.

2137 \*Mr. Bilirakis. I am so grateful to have the National  
2138 Plan to End Parkinson's Act, H.R. 2365, included in today's  
2139 markup. I really appreciate it. I want to thank the full  
2140 committee chair, the ranking member, and, of course, the  
2141 chair of the subcommittee, you, Doctor, as well. And of  
2142 course, my friend, the ranking member of the subcommittee.

2143 This no-cost legislation will, for the first time, unite  
2144 the Federal Government in a mission to cure and prevent  
2145 Parkinson's, alleviate financial and health burdens on  
2146 American families, and reduce government spending over time.

2147 I have been proud to work with Mr. Tonko on this bill  
2148 for almost a year.

2149 It is time that we take proactive measures, ladies and  
2150 gentlemen, and the National Plan to End Parkinson's Act will

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2151 do just that by creating an advisory council comprising  
2152 members of Federal agencies that support research, care, and  
2153 services for Parkinson's disease, plus patients care and care  
2154 partners, that will be part of it. Researchers, of course,  
2155 clinicians, and other non-Federal experts. It is time for a  
2156 national effort and strategy to support research and  
2157 development recommendations with the goal of treating and  
2158 curing Parkinson's disease once and for all.

2159         We must end Parkinson's disease, as I said. The  
2160 National Plan to End Parkinson's Act is the best way to  
2161 start. And by the way, this is supported by the Michael J.  
2162 Fox Foundation, as well.

2163         This is a very -- it is very personal to me, Mr.  
2164 Chairman. I understand the tolls that the family -- what  
2165 they face on a daily basis, as I just recently lost my  
2166 brother, Dr. Emmanuel Bilirakis, a great physician and a  
2167 wonderful, wonderful human being. He battled Parkinson's  
2168 disease for many years prior to his passing. I also have  
2169 other family members who have Parkinson's.

2170         This disease impacts patients and their families -- I  
2171 want to emphasize that -- physically, emotionally, and

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2172 financially. The lack of treatment options leaves patients,  
2173 families, and the American taxpayer in a terrible  
2174 predicament. We have to solve this. It is time to act.

2175 And I know there is more work to be done, but I look  
2176 forward to working with all of us, especially Congressman  
2177 Tonko, who is the cosponsor of this bill, to have this  
2178 legislation ready for full committee markup.

2179 And with that, I yield back.

2180 \*Mr. Guthrie. [Presiding] Would the gentleman yield?

2181 \*Ms. Eshoo. Would the gentleman yield?

2182 \*Mr. Bilirakis. Yes.

2183 \*Mr. Guthrie. I was going to -- did you yield?

2184 \*Mr. Bilirakis. Yes.

2185 \*Mr. Guthrie. I just wanted to say --

2186 \*Mr. Bilirakis. Okay.

2187 \*Mr. Guthrie. From the committee's perspective, as the  
2188 chair, that our thoughts and prayers are with you. I know  
2189 your father was on this committee and beloved by so many  
2190 people that knew him when -- prior to your service here. And  
2191 our thoughts and prayers are with you.

2192 I yield back to the gentleman.

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2193 \*Mr. Bilirakis. Thank you.

2194 \*Ms. Eshoo. Would the gentleman yield?

2195 \*Mr. Bilirakis. Thank you, I yield to the gentlelady.

2196 \*Ms. Eshoo. I want to thank the gentleman for offering  
2197 the legislation, and I would like to make a suggestion that  
2198 you name the bill after your brother.

2199 [Pause.]

2200 \*Mr. Guthrie. We need to work on that between now and  
2201 full committee, then.

2202 \*Mr. Bilirakis. Thank you so very much.

2203 \*Ms. Eshoo. A fitting tribute.

2204 \*Mr. Bilirakis. I yield back.

2205 \*Mr. Guthrie. The gentleman yields back. Is there any  
2206 discussion on the bill, any further discussion on the bill?  
2207 Are there any amendments to the bill?

2208 Seeing none, we will move to the passage of the bill.  
2209 This will be a voice vote. We will do a voice vote, unless  
2210 there is a -- there is no request for a roll call? This will  
2211 be a voice vote.

2212 All those in favor for the bill, for -- the question now  
2213 occurs on forwarding H.R. 2365, as -- to the full committee

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2214 -- not as amended -- to the full committee.

2215 All those in favor will say aye.

2216 All opposed will say no.

2217 The ayes have it, and the bill is agreed to.

2218 The chair calls up H.R. -- congratulations, Mr. -- our  
2219 good friend from Florida.

2220 The chair calls up H.R. 3391, and asks the clerk to  
2221 report.

2222 \*The Clerk. H.R. 3391, a bill to extend the Gabriella  
2223 Miller Kids First pediatric research program at the National  
2224 Institutes of Health, and for other purposes.

2225 \*Mr. Guthrie. Without objection, the first reading of  
2226 the bill is dispensed with, and the bill will be open for  
2227 amendment at any point.

2228 So ordered.

2229

2230 [The bill follows:]

2231

2232 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

2233

**This is an unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker.**

2234 \*Mr. Guthrie. Does anyone seek recognition on the bill?

2235 \*Mr. Bilirakis. Mr. Chairman?

2236 \*Mr. Guthrie. Oh, the gentleman from Florida on the  
2237 bill. I know you have an --

2238 \*Mr. Bilirakis. Well, actually on the amendment.

2239 \*Mr. Guthrie. Okay. Anybody on the bill?

2240 Seeing none, does anyone have a -- are there any  
2241 bipartisan amendments to the bill?

2242 Are there other amendments to the bill?

2243 \*Mr. Bilirakis. Yes.

2244 \*Mr. Guthrie. The gentleman from -- for what purpose  
2245 does gentleman from Florida --

2246 \*Mr. Bilirakis. It is a bipartisan amendment, but I  
2247 have an amendment at the desk and --

2248 \*Mr. Guthrie. The clerk will report the amendment.

2249 \*The Clerk. Amendment in the nature of a substitute to  
2250 H.R. 3391, offered by Mr. Bilirakis of Florida.

2251 \*Mr. Guthrie. Without objection, the reading of the  
2252 amendment is dispensed with.

2253 [The amendment of Mr. Bilirakis follows:]

2254



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2255 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

2256

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2257           \*Mr. Guthrie. And the gentleman is recognized for five  
2258 minutes in support of the amendment.

2259           \*Mr. Bilirakis. Thank you, Mr. Chairman. I appreciate  
2260 it. I am very excited to put forth the AINS for the  
2261 Gabriella Miller Kids First Act 2.0, H.R. 3391, a piece of  
2262 legislation I co-lead with Representative Wexton,  
2263 Representative Cole, and Representative Dingell. I want to  
2264 thank them all for their leadership on this particular bill,  
2265 but the entire committee has worked on this issue, and we  
2266 appreciate it so much.

2267           This bill will reauthorize the important pediatric  
2268 research initiative at the NIH, where they are working to  
2269 develop a large-scale data resource to help researchers  
2270 uncover new insights into the biology of childhood cancer and  
2271 structural birth defects, including the discovery of shared  
2272 genetic pathways between these disorders. This work is  
2273 imperative, and this strong bipartisan piece of legislation  
2274 will help transform the landscape of pediatric cancer.

2275           We have seen improvements in survival rates, but still  
2276 thousands of children are lost to cancer each year, and many  
2277 more encounter life-threatening complications related to

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2278 harsh chemotherapies. Sadly, cancer is the single leading  
2279 cause of death of children in the United States of any  
2280 disease. More than 15,000 children are diagnosed annually,  
2281 unfortunately. We still have a long way to go to understand  
2282 and improve survival rates for these patients, our children,  
2283 who are diagnosed with brain tumors, prevalent cancers, and  
2284 other pediatric rare conditions. I know we have made a lot  
2285 of progress, but a long way to go.

2286 Children have significantly fewer treatment options than  
2287 adults, and often times must rely on treatment regimens  
2288 developed for adults -- that is unacceptable -- because  
2289 pediatric-specific treatments simply do not exist for many  
2290 pediatric cancers and rare diseases. This foundational  
2291 research is critical for facilitating a better understanding  
2292 of pediatric cancers and other pediatric conditions, and  
2293 holds the promise for the development of better treatments  
2294 and possible cures.

2295 I still have some time, so as long -- as a longtime  
2296 advocate for children and rare disease patients, I am proud  
2297 to join my colleagues in pushing for the continuation of the  
2298 critical research, really crucial research, and I want to

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2299 thank Ellen Miller, Gabriella's mom, who has bravely  
2300 continued her advocacy for this noble cause.

2301         Simply put, we must continue to allow this program to  
2302 conduct the critical research needed to improve outcomes and  
2303 accelerate treatments and cures. I look forward to seeing  
2304 this bill move through subcommittee, and I urge passage of  
2305 the AINS and the underlying bill.

2306         And I don't know whether -- if there is anyone that  
2307 wants my time, but you can sure have it.

2308         All right, I will yield back the balance of my time.  
2309 Thank you.

2310         \*Mr. Guthrie. The gentleman yields back. Is there  
2311 discussion of the amendment?

2312         The gentlelady from Michigan, for what purpose do you  
2313 seek to be recognized?

2314         \*Mrs. Dingell. Mr. Chair ,I move to strike the last  
2315 word to speak in --

2316         \*Mr. Guthrie. The gentlelady is recognized.

2317         \*Mrs. Dingell. Thank you, Mr. Chairman.

2318         A cancer diagnosis imparts unimaginable physical,  
2319 emotional, and financial strains that no one should have to

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2320 endure, let alone a child who should have a full life of  
2321 opportunities ahead of them. It is critical we confront  
2322 pediatric cancer with the urgency it requires, and this  
2323 begins with supporting efforts that spur new research  
2324 endeavors that inspire new treatments and cures.

2325 I am proud to join Representatives Wexton, Bilirakis,  
2326 and Cole in introducing the Gabriella Miller's Kids First  
2327 Research Act 2.0, which will reauthorize the Gabriella Miller  
2328 Kids First Pediatric Research program at the NIH through  
2329 fiscal year 2028.

2330 I have to admit I am disappointed this AINS is only a  
2331 straight reauthorization of the program. I really do believe  
2332 this program deserves increased funding to expand upon its  
2333 important mission, but we absolutely cannot allow this  
2334 program to lapse at the end of this year. It is critical  
2335 that we reauthorize it without delay.

2336 The bill was named after Gabriella Miller, a childhood  
2337 cancer advocate who lost her battle with DIPG when she was 10  
2338 years old. For those who may not know, DIPG is a terrible,  
2339 terrible pediatric brain tumor that is almost always fatal.  
2340 The average overall survival for children diagnosed is less

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2341 than one year. I, unfortunately, have known and worked with  
2342 families -- closely with families who have struggled with the  
2343 horrors of this, like the Carr family who sadly lost young  
2344 Chad Carr at the age of five, the grandchild of the  
2345 University of Michigan football coach; and Jack Demeter, a  
2346 young boy who lost his battle with DIPG at the age of three.  
2347 I have lived with these families through the beginning to the  
2348 end.

2349 With this legislation we can drive lifesaving research  
2350 of treatments and cures for childhood cancer forward. I urge  
2351 all of my colleagues to support the AINS. Thank you, Mr.  
2352 Chair, and I yield back.

2353 \*Mr. Guthrie. Thank you.

2354 The gentlelady yields back. Any further discussion on  
2355 the amendment?

2356 Are there any amendments to the amendment in the nature  
2357 of a substitute?

2358 Seeing none, the vote occurs on the amendment.

2359 All those in favor shall -- this will be a voice vote,  
2360 so all those shall -- all those in favor shall signify by  
2361 saying aye.

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2362 All those opposed, no.

2363 The ayes have it, and the amendment is agreed to.

2364 There is a request for a roll call vote. The question  
2365 now occurs on forwarding H.R. 3391, as amended, to the full  
2366 committee, and the clerk will call the roll.

2367 \*The Clerk. Chair Guthrie?

2368 \*Mr. Guthrie. Aye.

2369 \*The Clerk. Chair Guthrie votes aye.

2370 Burgess?

2371 \*Mr. Burgess. Burgess votes aye.

2372 \*The Clerk. Burgess votes aye.

2373 Latta?

2374 \*Mr. Latta. Aye.

2375 \*The Clerk. Latta votes aye.

2376 Griffith?

2377 \*Mr. Griffith. Aye.

2378 \*The Clerk. Griffith votes aye.

2379 Bilirakis?

2380 \*Mr. Bilirakis. Aye.

2381 \*The Clerk. Bilirakis votes aye.

2382 Johnson?

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2383           \*Mr. Johnson. Aye.  
2384           \*The Clerk. Johnson votes aye.  
2385           Bucshon?  
2386           \*Mr. Bucshon. Aye.  
2387           \*The Clerk. Bucshon votes aye.  
2388           Hudson?  
2389           \*Mr. Hudson. Aye.  
2390           \*The Clerk. Hudson votes aye.  
2391           Carter?  
2392           \*Mr. Carter. Aye.  
2393           \*The Clerk. Carter votes aye.  
2394           Dunn?  
2395           \*Mr. Dunn. Aye.  
2396           \*The Clerk. Dunn votes aye.  
2397           Pence?  
2398           \*Mr. Pence. Aye.  
2399           \*The Clerk. Pence votes aye.  
2400           Crenshaw?  
2401           \*Mr. Crenshaw. Aye.  
2402           \*The Clerk. Crenshaw votes aye.  
2403           Joyce?



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2404           \*Mr. Joyce.   Aye.  
2405           \*The Clerk.   Joyce votes aye.  
2406           Harshbarger?  
2407           \*Mrs. Harshbarger.   Aye.  
2408           \*The Clerk.   Harshbarger votes aye.  
2409           Miller-Meeks?  
2410           \*Mrs. Miller-Meeks.   Aye.  
2411           \*The Clerk.   Miller-Meeks votes aye.  
2412           Obernolte?  
2413           \*Mr. Obernolte.   Aye.  
2414           \*The Clerk.   Obernolte votes aye.  
2415           Eshoo?  
2416           \*Ms. Eshoo.   Aye.  
2417           \*The Clerk.   Eshoo votes aye.  
2418           Sarbanes?  
2419           \*Mr. Sarbanes.   Aye.  
2420           \*The Clerk.   Sarbanes votes aye.  
2421           Cardenas?  
2422           \*Mr. Cardenas.   Aye.  
2423           \*The Clerk.   Cardenas votes aye.  
2424           Ruiz?

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2425           \*Mr. Ruiz. Aye.  
2426           \*The Clerk. Ruiz votes aye.  
2427           Dingell?  
2428           \*Mrs. Dingell. Aye.  
2429           \*The Clerk. Dingell votes aye.  
2430           Kuster?  
2431           [No response.]  
2432           \*The Clerk. Kelly?  
2433           \*Ms. Kelly. Aye.  
2434           \*The Clerk. Kelly votes aye.  
2435           Barragan?  
2436           [No response.]  
2437           \*The Clerk. Blunt Rochester?  
2438           [No response.]  
2439           \*The Clerk. Craig?  
2440           \*Ms. Craig. Yes.  
2441           \*The Clerk. Craig votes aye.  
2442           Schrier?  
2443           \*Ms. Schrier. Aye.  
2444           \*The Clerk. Schrier votes aye.  
2445           Trahan?

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2446 \*Mrs. Trahan. Aye.

2447 \*The Clerk. Trahan votes aye.

2448 Pallone?

2449 \*Mr. Pallone. Aye.

2450 \*The Clerk. Pallone votes aye.

2451 Chair Rodgers?

2452 \*The Chair. Aye.

2453 \*The Clerk. Chair Rodgers votes aye.

2454 \*Mr. Guthrie. Is there anyone seeking to be recognized  
2455 to vote?

2456 Seeing no one left to call the roll, we will ask the  
2457 clerk to report.

2458 \*The Clerk. Chair Guthrie, on that vote there were 27  
2459 yeas and 0 noes.

2460 \*Mr. Guthrie. With 27 yeas and 0 nays, the bill is  
2461 agreed to.

2462 The chair calls up H.R. 4421, and asks the clerk to  
2463 report.

2464 \*The Clerk. H.R. 4421, a bill to reauthorize certain  
2465 programs under the Public Health Service Act with respect to  
2466 public health security and all-hazards preparedness and

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2467 response --

2468       \*Mr. Guthrie. Without objection, the first reading of  
2469 the bill is dispensed with, and the bill will be open for  
2470 amendment at any point.

2471       So ordered.

2472       [The bill follows:]

2473

2474       \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

2475

**This is an unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker.**

2476           \*Mr. Guthrie. Does anyone seek to be recognized on the  
2477 bill?

2478           \*Mr. Latta. Mr. Chairman?

2479           \*Mr. Guthrie. For what purpose does the gentleman from  
2480 Ohio seek --

2481           \*Mr. Latta. To strike the last word.

2482           \*Mr. Guthrie. The gentleman is recognized.

2483           \*Mr. Latta. Thank you, Mr. Chairman.

2484           Today this subcommittee is moving in the right direction  
2485 and appropriately doing our jobs to reauthorize the Pandemic  
2486 and All-Hazards Preparedness Act. I am proud that my  
2487 bipartisan legislation, the Healing Response Act, of which I  
2488 am co-leading with my colleague, the gentlelady from  
2489 Illinois' 2nd congressional district, is included in PAHPA's  
2490 reauthorization. This important legislation aims to help  
2491 rapidly produce medical countermeasures in the event of a  
2492 public health emergency.

2493           In our effort to advance this legislation, I understand  
2494 that some of my colleagues have expressed concerns  
2495 surrounding shortages of our nation's drug supplies. Please  
2496 know that I share these concerns, as well. Sadly, I have

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2497 heard from hospitals and countless constituents who have had  
2498 to change their cancer treatments due to these shortages.  
2499 This should not be happening in the United States. We owe it  
2500 to those facing such difficulties to help alleviate those  
2501 burdens.

2502 I am pleased that our chair of our full committee, the  
2503 gentlelady from Washington, announced last night that we are  
2504 currently working on a discussion draft surrounding drug  
2505 shortages. I look forward to working with my colleagues on  
2506 both sides of the aisle to find a solution. With that said,  
2507 PAHPA is not an appropriate vehicle for drug shortage policy.  
2508 I have been a member of this committee for the last two  
2509 reauthorizations, and appreciate this committee and the work  
2510 that the gentlelady from California's 16th district has done,  
2511 and her bipartisanship and leadership on this issue.

2512 Today we must move forward. It is our duty to make sure  
2513 PAHPA is reauthorized in the scope and in a timely fashion.  
2514 That is why I will be voting aye, and encourage my colleagues  
2515 to do the same.

2516 Again, I want to thank the gentleman from North Carolina  
2517 for his leadership and hard work on this reauthorization, and

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2518 Mr. Chairman, I yield back the balance of my time.

2519 \*Mr. Guthrie. The gentleman yields back. Is anyone  
2520 seeking recognition?

2521 The gentlelady from California is -- for what purpose  
2522 does the gentlelady from California seek recognition?

2523 \*Ms. Eshoo. I seek recognition, Mr. Chairman, to strike  
2524 the last word and --

2525 \*Mr. Guthrie. The gentlelady is recognized.

2526 \*Ms. Eshoo. -- speak on H.R. 4421. Thank you.

2527 Colleagues, I spoke in my opening statement this morning  
2528 about how eight months ago I entered into -- in good faith --  
2529 to draft a bipartisan PAHPA reauthorization. Today I am  
2530 frustrated. Instead of negotiating a set of bipartisan  
2531 policy priorities, the majority is set on locking our  
2532 nation's public health programs into five years of  
2533 underfunding. Beyond low funding levels, the main  
2534 substantive policy changes in this policy will tie the hands  
2535 of our preparedness professionals and hinder decision-making.

2536 First, the bill will require BARDA to issue contracts  
2537 for a minimum of five years. This will keep BARDA from being  
2538 able to nimbly respond or change course during an emergency,

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2539 and will waste taxpayer money. I know something about BARDA.  
2540 It was my legislation that created it, and it has scored As  
2541 across the board because of the way it not only established,  
2542 but its nimbleness in -- and effectiveness with the dollars  
2543 that we invest in it.

2544 Secondly, the bill will provide industry stakeholders  
2545 with unprecedented influence on the public health emergency  
2546 medical countermeasure enterprise, creating more bureaucracy  
2547 and confusion. COVID showed us that what we actually need is  
2548 faster, streamlined decision-making during an emergency,  
2549 rather than more cooks in the kitchen.

2550 Additionally -- and this is another very deep concern --  
2551 this policy seems unworkable, since it would require giving  
2552 an industry representative, who is not a government employee,  
2553 access to classified national security information, as well  
2554 as proprietary information from other businesses.

2555 According to Pew surveys over the past year, most  
2556 Americans agree that the U.S. was unprepared in its response  
2557 to COVID. I am one of them. I have spoken about how sick I  
2558 felt -- and I think we all did -- when we watched nurses  
2559 wearing black plastic garbage bags wrapped around themselves



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2560 as PPE, or as I tried to help my local hospitals find working  
2561 ventilators. I continue to feel sick as I pick up the  
2562 newspaper each day, hear from the hospitals in my district  
2563 and parents of children who have cancer, and read about them  
2564 having their cancer treatments delayed due to drug shortages.

2565 We are unprepared. We were unprepared for COVID. We  
2566 have had hearings in this committee describing the mistakes  
2567 and the errors that led to our nation losing more than one  
2568 million lives to the virus. This bill, in my view, ignores -  
2569 - and many professionals -- ignores those lessons and is  
2570 essentially choosing unpreparedness.

2571 It chooses to fund the Strategic National Stockpile at  
2572 less than half of what experts say is needed to protect our  
2573 country.

2574 It chooses to underfund our hospital preparedness grants  
2575 so that, if a mass casualty event were to occur, we will --  
2576 what will have is chaos and overcrowding.

2577 It chooses to not replicate the success of Operation  
2578 Warp Speed, and does not give ASPR the contract authority it  
2579 says it needs to continue that progress.

2580 So everyone, you have heard what lane I am in. I am

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2581 still holding out some hope that we can come together on  
2582 making this a bipartisan bill, because we have some time  
2583 between now and the full committee markup. But these are  
2584 serious shortcomings. These are serious shortcomings. And  
2585 as Mr. Hudson said, count me in. My hand is open. But we  
2586 can't -- these -- the issues that I am raising I don't  
2587 believe can really be ignored. That is why I am speaking  
2588 out. That is why I am -- obviously, my upset is deep and  
2589 broad, and I wish the case were otherwise.

2590 With that, I yield back, Mr. Chairman.

2591 \*Mr. Guthrie. The gentlelady yields back. Does anyone  
2592 seeking recognition on the bill?

2593 Mr. Hudson. Mr. Hudson is recognized -- for what  
2594 purpose does Mr. Hudson seek recognition?

2595 \*Mr. Hudson. To strike the last word.

2596 \*Mr. Guthrie. Sorry, Mr. Johnson.

2597 \*Mr. Hudson. Or Johnson.

2598 \*Mr. Guthrie. Mr. Johnson. Okay, for what purpose does  
2599 Mr. Johnson seek recognition?

2600 \*Mr. Johnson. Mr. Chairman, I seek to strike the last  
2601 word.

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2602 \*Mr. Guthrie. The gentleman is recognized.

2603 \*Mr. Johnson. Thank you, Chairman Guthrie.

2604 H.R. 4421, the Preparing for All-Hazards and Pathogens  
2605 reauthorization, is vital to our emergency health care  
2606 response.

2607 I am very proud of the bipartisan work that Rep. Schrier  
2608 and I have done on the Doctors at the Ready Act, which is  
2609 included in this legislation. This will provide the National  
2610 Disaster Medical System or NDMS, with the flexibility and  
2611 authority to ensure that they are properly staffed in case of  
2612 an emergency.

2613 We can't effectively manage a health care crisis without  
2614 the proper medical professionals on the ground saving lives.  
2615 This legislation makes sure that NDMS continues to be able to  
2616 do just that.

2617 Thank you to Representative Schrier for working with me  
2618 on this, and I urge all of my colleagues to support this  
2619 reauthorization.

2620 Thanks, Mr. Chairman, and I yield back.

2621 \*Mr. Guthrie. The gentleman yields back. Is anyone  
2622 seeking recognition?

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2623           The gentleman from New Jersey, for what purpose do you  
2624 seek recognition?

2625           \*Mr. Pallone. To strike the last word to speak --

2626           \*Mr. Guthrie. The gentleman is recognized.

2627           \*Mr. Pallone. Thank you, Mr. Chairman. I am speaking  
2628 in opposition to H.R. 4421. Mr. Chairman, the bill in front  
2629 of us today will leave us unprepared for the next public  
2630 health emergency, and is not a serious attempt to reauthorize  
2631 critical programs.

2632           When negotiations on PAHPA reauthorization began early  
2633 this year, we all agreed that it was important to reauthorize  
2634 expiring provisions on time. The reason why we write  
2635 expiration dates into law is to ensure that the committee  
2636 reviews how programs are working before allowing them to  
2637 continue, and offer new ideas that can help our preparedness  
2638 and response going forward.

2639           In this case, Democrats put forward several new policy  
2640 ideas to help us prepare for the next public health  
2641 emergency. Ranking Member Eshoo, Representative Hudson also  
2642 requested feedback from stakeholders and received hundreds of  
2643 responses. One of the most common responses we got is that

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2644 RFI -- is that we should update funding authorization levels  
2645 to be realistic about how much it costs to prepare for a  
2646 public health emergency.

2647 Congress spent trillions of dollars responding to COVID-  
2648 19 because we were unprepared in a number of areas. Now,  
2649 with our first opportunity to update these authorization  
2650 levels, we are leaving funding flat, with some programs at  
2651 levels that were set before COVID-19.

2652 We also heard from the Administration on a number of  
2653 important policies public health experts like the Assistant  
2654 Secretary for Preparedness and Response believe will make us  
2655 more prepared in the future. Unfortunately, these policies,  
2656 like stronger workforce policies and enhanced contracting and  
2657 construction authorities, are also not included in the bill.

2658 Democrats have also offered solutions to address drug  
2659 shortages and other supply chain vulnerabilities. Every  
2660 member of this committee heard from constituents during the  
2661 height of the COVID pandemic about a shortage of medication,  
2662 whether that was antibiotics, pain relievers, or albuterol  
2663 inhalers. These problems have continued to this day, and  
2664 they have not -- and they have gotten worse.

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2665           And as we heard at our PAHPA hearing, many patients  
2666 throughout the country are facing rationed access to  
2667 chemotherapy drugs, and are being told they may not receive  
2668 their treatment on time, if at all.

2669           Democrats have put forward policies to help FDA address  
2670 these drug shortages through prevention and mitigation, yet  
2671 the majority refused to even have a conversation with us  
2672 about these bills.

2673           Similarly, we all remember the struggle to ensure that  
2674 hospitals had access to ventilators and common medical  
2675 equipment. Medical devices continue to face shortages,  
2676 including an ongoing shortage of tourniquets used in surgery.  
2677 Representative Castor has offered legislation to improve our  
2678 knowledge of these shortages to help FDA prevent them from  
2679 going forward.

2680           We also heard Commissioner Califf explain to us once  
2681 again the risks we are taking by not granting FDA the  
2682 authority to recall dangerous drugs. I have heard from many  
2683 of my colleagues that they just assumed that FDA had this  
2684 power already. However, during the pandemic some drug  
2685 manufacturers based overseas with dangerous contaminated hand

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2686 sanitizer took over a month to pull their products from the  
2687 shelf after FDA asked them to do so voluntarily. In that  
2688 time these products were sitting out for purchase, putting  
2689 children at risk of serious harm, and yet Republicans are  
2690 unwilling to discuss fixing this glaring issue.

2691 Now, I have heard my Republican colleagues try to  
2692 explain that these policies are outside the scope of PAHPA,  
2693 but that is not true. The original PAHPA legislation in 2006  
2694 required FDA to establish a team of experts to start work to  
2695 help prevent or alleviate drug shortages. And every PAHPA  
2696 reauthorization since then has included FDA provisions.

2697 This bill before us, in my opinion, is an outlier, and I  
2698 truly do not understand why my Republican colleagues are so  
2699 afraid to have a conversation about how FDA can do more to  
2700 address vulnerabilities in our supply chain. Why are we  
2701 protecting drug companies operating in China who do not want  
2702 American patients to know that their drugs are being made  
2703 overseas? Maybe my Republican colleagues are beholden to the  
2704 far right wing of their party who voted against every public  
2705 health measure that comes before them.

2706 Regardless of the reason, it is a disservice to patients

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2707 across the country that Republicans have refused to even  
2708 engage on this issue.

2709 Now, these failures -- the failures of this legislation  
2710 are reason enough to vote against them. But this bill goes  
2711 further down a partisan path, including by potentially  
2712 allowing big corporations to weigh in on the public health  
2713 strategy developed by HHS through a new private advisory  
2714 committee at the PHEMCE, and by tying the hands of  
2715 contractors at BARDA. It is a shame we are considering this  
2716 partisan bill today, as we easily could have come together on  
2717 a much more successful package had Republicans agreed to  
2718 consider just some of the priorities Democrats were bringing  
2719 to the table.

2720 Instead, we will vote on this bill today, which is  
2721 unlikely to successfully pass the House with the far right  
2722 continuing to jam the floor. It is happening with NDAA.  
2723 That was -- had a bipartisan consensus in committee, but is  
2724 now being torpedoed by Republican extremists on the House  
2725 floor. And it is going to happen again with PAHPA, unless my  
2726 Republican colleagues accept that they will not be able to  
2727 pass good policy while catering to the extremist wing of



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2728 their party.

2729 And with that, Mr. Chairman, I yield back.

2730 \*Mr. Guthrie. The gentleman yields back. Is anyone  
2731 seeking recognition?

2732 Mr. Hudson, for what purpose do you seek recognition?

2733 \*Mr. Hudson. To strike the last word.

2734 \*Mr. Guthrie. The gentleman from North Carolina is  
2735 recognized for five minutes.

2736 \*Mr. Hudson. Thank you, Mr. Chairman.

2737 As you all know, my colleagues and I have been preparing  
2738 for this legislation for years now. We have received  
2739 hundreds of pages of information, feedback from responses to  
2740 our request for information. We have had countless  
2741 discussions, meetings, phone calls, briefings, hearings. And  
2742 now we are reaching the final steps here in the committee.  
2743 Unfortunately, partisan politics that have nothing to do with  
2744 PAHPA threaten to derail this process.

2745 And, you know, I appreciate the comments from my  
2746 colleague, Ms. Eshoo. I think she has expressed some  
2747 legitimate concerns here today. But after years of working  
2748 on this, today is the first time I have heard her raise those

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2749 -- some of those specific issues.

2750 For example, the question about BARDA and the five-year  
2751 contracts, I think that is something we ought to talk about.  
2752 But what we heard from industry is if we want them to invest  
2753 the huge amounts of money you have got to invest to produce  
2754 PPE, to produce medical countermeasures, it takes a huge  
2755 investment financially. And if you don't have a long-term  
2756 contract, at least a five-year contract, then it is hard to  
2757 get the resources to make those investments. It is hard to  
2758 make the business case. And so it is crucial that we have  
2759 these long-term contracts.

2760 But I am happy to talk about some of the concerns you  
2761 have about whether that ties the hands of BARDA to make moves  
2762 that may be necessary within that five-year window.

2763 Another concern that was raised was giving the private  
2764 sector access to classified information. I am happy to have  
2765 a discussion about that, but DoD does that every day. I  
2766 represent Fort Bragg, Fort Liberty, the epicenter of the  
2767 universe. We have contractors, tens of thousands of  
2768 contractors, that work on that base that have access to  
2769 classified information. Maybe not that many have access, but

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2770 thousands have access, and that is workable. I think this is  
2771 something we can work through.

2772 The issue was raised about SNS funding is not enough. I  
2773 agree. I would like to increase the funding. I would love  
2774 to work with you on that, and I would love to hear your ideas  
2775 of some areas that aren't as important that we can cut to  
2776 comply with House rules to offset the expense of increasing  
2777 the funding.

2778 So these are all things that are -- that can be overcome  
2779 by talking. We have spent the last three weeks talking about  
2780 the timing on addressing drug shortages, which is something  
2781 that we have said is a priority.

2782 But let me also talk about the things that are in the  
2783 bill. I mean, throughout this process and in this  
2784 legislation we have included a number of bipartisan measures:  
2785 permitting ASPR to enter into contracts with clinical labs,  
2786 critically important; pilot programs for state stockpiles;  
2787 plans for development and distribution of testing capacity  
2788 through -- during a public health emergency; Disease X  
2789 programs to anticipate future pandemics; reviews and reports  
2790 of effectiveness of countermeasures; military and civilian

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2791 partnerships for trauma grants; and eliminating the sunset  
2792 for appointments to the National Disaster Medical System.

2793 I have been proud to see the hard, bipartisan work that  
2794 has gone into these bills, and I would love to continue this  
2795 conversation and continue in a bipartisan fashion going  
2796 forward, but it takes two partners. I have had my arms  
2797 extended, I have offered opportunities to have these  
2798 conversations. I continue to make that offer. I want this  
2799 to be a bipartisan bill. I want us to move forward in a  
2800 bipartisan way before we get to full committee markup.

2801 As I mentioned in my opening statement, we would be --  
2802 if we do not reauthorize and build on these programs now, we  
2803 will be tying the hands of the experts who have the knowledge  
2804 to respond successfully to future public health emergencies,  
2805 and there will be a future emergency. We don't know when it  
2806 is going to be, but it is our obligation to the American  
2807 people to put in place the lessons we have learned from the  
2808 last pandemic so that we are better prepared to prepare for  
2809 the next one.

2810 Something else that is included in the base text of this  
2811 language deals with the PHEMCE advisory committee. The goal

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2812 of the advisory committee is to improve the communication  
2813 between these agencies and our industry partners to ensure  
2814 that our nation is receiving the most efficient and effective  
2815 response efforts and treatments. I think this is vitally  
2816 important. This concept was reiterated in our RFI responses  
2817 dozens of times.

2818         Unfortunately, the bipartisan work of PAHPA has been  
2819 drowned out, and -- by Democrats claiming that Republicans  
2820 don't want to address drug shortages. Now, you know, I think  
2821 our chair, Cathy McMorris Rodgers, made it very clear that  
2822 this is a priority for her. She has laid out a path and a  
2823 plan through a discussion draft that she will be releasing.  
2824 And, you know, despite the partisan attacks, we encourage our  
2825 colleagues to join us in this process. Let's make it a  
2826 bipartisan process.

2827         We believe that this shortage deserves the attention,  
2828 the time, and this well-thought-out plan from Cathy McMorris  
2829 Rodgers, and we hope that our Democrat colleagues will join  
2830 us in this, because we agree this is a huge problem that  
2831 needs to be addressed. And it is not just FDA. We think the  
2832 problem is much broader, and we think we also have to address

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2833 the underlying economic issues.

2834 So again, I commit to working with my colleagues, and I  
2835 look forward to continuing this discussion. And with that I  
2836 yield back.

2837 \*Mr. Guthrie. The gentleman yields back. Is anyone  
2838 seeking recognition on the bill?

2839 The gentleman from Maryland, for what purpose do you  
2840 seek recognition?

2841 \*Mr. Sarbanes. I move to strike the last word.

2842 \*Mr. Guthrie. Mr. Sarbanes is recognized for five  
2843 minutes.

2844 \*Mr. Sarbanes. Yes, I just had a couple questions for  
2845 counsel, if I might, just to clarify some things and get them  
2846 on the record.

2847 Section 106 of the bill addresses the Strategic National  
2848 Stockpile, and in several places it amends language by  
2849 striking "the Secretary, in collaboration with the Assistant  
2850 Secretary for Preparedness and Response.'" So it strikes  
2851 that language and it changes it to "the Secretary, acting  
2852 through the Assistant Secretary for Preparedness and  
2853 Response.'" Specifically, the change is in 106(a)(1)(a).

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2854 That starts at the bottom of page 9, line 23 through page 10,  
2855 line 9, and then 106(a)(1)©, which is page 10, line 15  
2856 through page 11, line 2.

2857 So the question is this: What does the language "the  
2858 Secretary acting through the Assistant Secretary for  
2859 Preparedness and Response" mean?

2860 \*Counsel. Thank you for the question. My understanding  
2861 is that they are working with the other secretaries. Is  
2862 there -- that is how it reads to me.

2863 \*Mr. Sarbanes. Well --

2864 \*Counsel. If --

2865 \*Mr. Sarbanes. I think, as I am reading it, it would  
2866 mean that the particular authority or responsibility is being  
2867 shifted from the Secretary, and then delegated to the  
2868 Assistant Secretary --

2869 \*Mr. Hudson. If the gentleman would yield, I would be  
2870 happy to try to answer that.

2871 \*Mr. Sarbanes. Well, I am asking -- I just want to get  
2872 counsel's perspective.

2873 \*Counsel. I --

2874 \*Mr. Hudson. If you would like to ask the person who

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2875 wrote the bill, I would be happy to answer.

2876 \*Mr. Sarbanes. Okay. Is that what it means?

2877 \*Mr. Hudson. What we are doing is clarifying, because  
2878 the change was made previously to move the stockpile from CDC  
2879 to ASPR. And so this language is just tightening that up to  
2880 make it clear --

2881 \*Mr. Sarbanes. Okay.

2882 \*Mr. Hudson. -- that the intent is that ASPR directs  
2883 SNS.

2884 \*Mr. Sarbanes. Okay. So that would mean, counsel,  
2885 then, that the particular authority or responsibility is  
2886 being shifted in this instance from the Secretary, and then  
2887 delegated to, as I understand what was just said, delegated  
2888 to the Assistant Secretary for Preparedness and Response.

2889 \*Counsel. Delegated to ASPR, correct. That is what the  
2890 text says.

2891 \*Mr. Sarbanes. Yes.

2892 \*Counsel. Thank you.

2893 \*Mr. Sarbanes. And so then the ASPR, the Assistant  
2894 Secretary, will have that authority to take certain actions  
2895 that previously were reserved for the Secretary. Is that



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2896 correct?

2897 \*Counsel. ASPR has this authority.

2898 \*Mr. Sarbanes. Yes, would have that authority.

2899 \*Counsel. Is that your question?

2900 \*Mr. Sarbanes. Yes.

2901 \*Counsel. That is my understanding of the text, yes.

2902 \*Mr. Sarbanes. Okay, and there is some additional  
2903 provisions that are being inserted that also include similar  
2904 language.

2905 For example, it appears twice on page 17, lines 7  
2906 through 17, which -- I guess that is the same situation  
2907 there, so that, again, ASPR, the Assistant Secretary, will be  
2908 the one responsible for the duties that are prescribed in the  
2909 statute.

2910 \*Counsel. Yes. My understanding is that it effectuates  
2911 the policy currently as ASPR managing the stockpile.

2912 \*Mr. Sarbanes. Okay.

2913 \*Counsel. Does that answer your question?

2914 \*Mr. Sarbanes. Yes. So in the parts of the bill where  
2915 we see that language, that means the ASPR would have the  
2916 authority or responsibility to take those actions without the

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2917 need for additional action by the Secretary.

2918 \*Counsel. My understanding is that this is current law,  
2919 and this is a clarification of ASPR's current  
2920 responsibilities.

2921 \*Mr. Sarbanes. But the ASPR would have that authority  
2922 to take those actions, given this language, the "acting  
2923 through" language, without the need for additional action by  
2924 the Secretary, because it is a delegated authority to ASPR.  
2925 Is that correct? Yes.

2926 \*Counsel. That is my understanding.

2927 \*Mr. Sarbanes. Okay. Now, the reason I am asking you  
2928 all these questions is because the same language, this  
2929 "acting through" language, appears in the Public Health  
2930 Service Act, as amended by 21st Century Cures, to give the  
2931 director of the NIH authority to appoint directors of the NIH  
2932 centers and institutes.

2933 But the majority of Republicans have been going around  
2934 huffing and puffing and investigating on that topic,  
2935 suggesting that the director of NIH doesn't have that  
2936 authority, when that "acting through" language is clearly in  
2937 that statute, as well. So they have ignored the portion of

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2938 the statute that says that the Secretary makes such  
2939 appointments by "acting through" the director.

2940 So I just -- I wanted to be sure we all understood how  
2941 this language operates, what it means before we are  
2942 introducing in this bill the same language here and creating  
2943 any more confusion on that issue.

2944 So I appreciate you clarifying the language for me here,  
2945 and what it means so that we can understand that going  
2946 forward and avoid that confusion.

2947 With that, Mr. Chairman, I will yield back.

2948 \*Mr. Guthrie. The gentleman yields back. The chair  
2949 will recognize the gentleman from -- the chair recognizes the  
2950 gentleman from Indiana for five minutes -- oh, the gentlelady  
2951 from Washington, the chair.

2952 \*The Chair. Thank you. Thank you, Mr. Chairman.

2953 \*Mr. Guthrie. For five -- for what purpose does the  
2954 gentlelady from Washington seek recognition?

2955 \*The Chair. I seek recognition to strike the last word.

2956 \*Mr. Guthrie. The chair is recognized for five minutes.

2957 \*The Chair. Thank you, I appreciate some time here.

2958 I would just like to clarify that I believe there is a

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2959 distinction between the past -- the "acting through" '  
2960 language that is being referenced in this bill and the  
2961 "acting through" '  
2962 language of NIH, when it comes to the  
2963 appointments, because the appointments -- when you are  
2964 appointing someone that triggers the appointment clause of  
2965 the Constitution. And in the case of the appointments of the  
2966 IC directors for NIH, Health and Human Services Secretary  
2967 Becerra failed to follow the Constitution and the law in  
2968 making those appointments that should have been made back in  
2969 December of 2021.

2969 I yield back.

2970 \*Mr. Guthrie. The gentlelady yields --

2971 \*Mr. Burgess. Will the gentlelady yield?

2972 \*The Chair. Yes, I will yield.

2973 \*Mr. Burgess. Yes, I am just going to make a brief  
2974 comment.

2975 As a practicing physician, we have dealt with drug  
2976 shortages for decades. It is a serious problem that needs  
2977 serious solutions. It is multi-faceted. It is very -- a  
2978 very difficult problem to address and solve. And each drug  
2979 is different. And as an -- adding that to PAHPA is just not

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2980 the appropriate place to address that. We need to have a  
2981 longer bipartisan discussion on that issue.

2982 And so I firmly believe that including that type of  
2983 language in this legislation is misplaced, and should be  
2984 addressed at a later date.

2985 I yield.

2986 \*The Chair. Okay. Reclaiming my time, today's markup  
2987 continues the legislative process to ensure that the Federal  
2988 Government is better equipped to handle any threat the  
2989 American public -- whether it is chemical, nuclear,  
2990 biological, radiological, or cyber-type attack.

2991 I would like to thank Representative Hudson for  
2992 introducing H.R. 4420, the Preparedness and Response  
2993 Reauthorization Act, and H.R. 4421, The Preparing for All-  
2994 Hazards and Pathogens Reauthorization Act. And I would like  
2995 to thank my colleagues on both sides of the aisle for working  
2996 hard on a number of bipartisan policies in these bills that  
2997 will bring thoughtful and targeted reforms to ASPR and CDC.

2998 These two bills continue critical programs that make  
2999 targeted improvements so that we are better prepared. We saw  
3000 early in the pandemic how the Federal Government could have

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3001 been better positioned to leverage public-private  
3002 partnerships to scale up, scale up the much-needed  
3003 diagnostics and therapies. And the message is clear in this  
3004 bill that the Federal Government needs to be a better --  
3005 better prepared and a better partner to the amazing  
3006 innovators we have here in the United States of America.

3007 I also want to thank Mr. Hudson for including a  
3008 provision that was a priority for me: addressing crisis  
3009 standards of care. During the COVID-19 pandemic it was so  
3010 concerning to see states put protocols in place for hospitals  
3011 to permit the rationing of care in a way that discriminated  
3012 to those with disabilities. It is clear that there is more  
3013 that we need to do now to put in best practices and model  
3014 guidelines so this doesn't happen again.

3015 H.R. 4421 and 4420 reflect a clear bipartisan effort to  
3016 examine ways to streamline authorities and enhance  
3017 transparency and accountability across CDC, ASPR, and BARDA,  
3018 so that they will be better positioned to respond and lead  
3019 effectively for future threats. It is critical that we work  
3020 together to advance the legislation before us before  
3021 September 30 and the expiration that will take place. And I

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3022 am committed to continue to work with bipartisan support.

3023 But I also want to quickly speak on the FDA drug and  
3024 device policies not included in either H.R. 4420 and 4421,  
3025 which the minority has thus far cited as the reason for  
3026 turning this into a partisan bill where it should not be.

3027 It is true that, historically, reauthorizations of these  
3028 authorities have included FDA policies targeted to  
3029 facilitating the development of medical countermeasures, or  
3030 drugs and devices necessary to respond to a threat such as  
3031 smallpox vaccines, anthrax antitoxins, and medicines  
3032 necessary for radiological and nuclear emergencies.

3033 Clearly, the clinical trials in demonstrating these  
3034 products as safe and effective is different than those drugs  
3035 with commercial markets. And Congress asked FDA to put out  
3036 specific guidance and provide a special authority for FDA for  
3037 those products. No such bipartisan priorities have been  
3038 raised thus far by the majority or the minority.

3039 The device and drug bills grant sweeping authority to  
3040 the FDA to demand information, duplicates information they  
3041 already have, and is no way limited to public health  
3042 emergency response. I am committed to addressing drug

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3043 shortages, and have announced intentions of releasing a  
3044 discussion draft. I am happy to work with my Democrat  
3045 colleagues. This must be addressed, but we must root out the  
3046 cause and the economics behind this -- these shortages.

3047 I have more to say, but I have run out of time. I will  
3048 yield back and look for another opportunity. Thank you.

3049 \*Mr. Guthrie. The gentlelady yields back. Is anyone  
3050 seeking recognition for purposes of speaking on the bill?

3051 The gentlelady from Massachusetts, for what purpose do  
3052 you seek recognition?

3053 \*Mrs. Trahan. I move to strike the last word.

3054 \*Mr. Guthrie. The gentlelady is recognized.

3055 \*Mrs. Trahan. Thank you, Mr. Chairman.

3056 As a co-founder and co-chair of the bipartisan Pandemic  
3057 Preparedness Caucus, I have taken every opportunity in this  
3058 committee to highlight the unique opportunity we have before  
3059 us to take the lessons learned through the COVID-19 pandemic  
3060 and apply them in a way that better prepares our health care  
3061 system to respond to future unknown threats to public health.

3062 At the beginning of the pandemic, every member on this  
3063 committee heard countless cases of nurses and doctors reusing



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3064 masks and wearing trash bags to protect themselves. We all  
3065 saw states racing against each other and the Federal  
3066 Government for shipments of PPE, and we saw our hospitals  
3067 begging ventilator companies for just one more device to help  
3068 keep a patient alive. In order to prevent a scenario like  
3069 this from ever happening again, it is critical that we use  
3070 this reauthorization as an opportunity to legislate  
3071 thoughtfully.

3072       There are good parts of the legislation before us. I am  
3073 glad that my bill, the Disease X Act, is included in this  
3074 reauthorization so that we can better develop medical  
3075 countermeasures for future viral threats with pandemic  
3076 potential. But I am worried that, as drafted, this  
3077 reauthorization will fail to better protect us from the next  
3078 pandemic.

3079       A number of proposals to strengthen policies that would  
3080 address drug shortages that we saw then and are faced with  
3081 right now, as well as strengthen our supply chain, were  
3082 excluded. And the funding levels, as Congressman Hudson  
3083 indicated, they risk being far too inadequate. Coupled  
3084 together, I fear that with the reauthorization as drafted, we

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3085 are dooming ourselves to repeat the dark days of the  
3086 pandemic, and it is for that reason that I plan to vote no  
3087 today.

3088         However, it is my hope that the majority on this  
3089 committee is willing to work with us to improve this  
3090 reauthorization before the full committee markup. We have a  
3091 chance to do what most other committees in this chamber fail  
3092 at time and time again, to pass a bill with bipartisan  
3093 support that will save American lives. And I compel my  
3094 colleagues on the other side of the dais to seize this  
3095 opportunity. Indeed, it is our job to apply the lessons  
3096 learned from the past three years so that we are better  
3097 prepared the next time around.

3098         Let's work together and make this bill better. I  
3099 encourage my colleagues to oppose this reauthorization as  
3100 written, and I yield back the balance of my time.

3101         \*Mr. Guthrie. The gentlelady yields back. The chair  
3102 now recognizes Mr. Carter.

3103         For what purpose do you seek recognition?

3104         \*Mr. Carter. I move to strike the last word.

3105         \*Mr. Guthrie. The gentleman is recognized.

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3106           \*Mr. Carter. Mr. Chairman, in response to my colleague  
3107 on the other side of the aisle, Mr. Sarbanes and his  
3108 questions about some of this legislation here, I would like  
3109 to read a letter from the Department of Health and Human  
3110 Services from the Assistant Secretary for Legislation,  
3111 Melanie Egorin, and it says, "NIH IC directors are  
3112 recommended for appointment by the NIH director and approved  
3113 for appointment by the Secretary of the Department of Health  
3114 and Human Services.'`

3115           It goes on to say, "Once a suitable candidate has been  
3116 identified, a selection package is forwarded to the HHS  
3117 Secretary for review and approval. After the HHS Secretary  
3118 approves the appointment, ethics and security clearance  
3119 checks are conducted, and NIH processes the appointment  
3120 action.'`

3121           I think this clears up the questions that were being  
3122 brought up about this, and I would like to submit this for  
3123 the record.

3124           \*Mr. Guthrie. Without objection, so ordered.

3125

3126           [The information follows:]

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3127

3128 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

3129

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3130           \*Mr. Carter. I yield back.

3131           \*Mr. Guthrie. The gentleman yields back. Is anyone  
3132 seeking recognition on the bill on the Democrat side?

3133           Seeing none, the chair recognizes himself.

3134           I first want to thank our counsel. This is a good time  
3135 to make a nice announcement.

3136           Kaitlyn Peterson, thanks for being here and  
3137 substituting.

3138           She got called off the bench because we had -- our  
3139 counsel that has worked on this bill since the beginning left  
3140 a few weeks earlier than we thought she was going to leave.  
3141 But I am proud to announce, according to social media, Molly  
3142 Lolli, our counsel, and her four-and-a-half-pound baby, are  
3143 doing -- a little girl -- are doing amazing, according to  
3144 social -- I mean, social media. So we are proud of her.

3145           And thanks for stepping in at the last minute, and being  
3146 here for today. And we appreciate your work, and  
3147 congratulations to -- as all of our staffs, we get to know  
3148 and appreciate all of our staffs, and this great time in  
3149 Molly's life. And it appears everything is going well, even  
3150 though the baby is a little early.

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3151           So I will now yield my time to the chair of the full  
3152 committee, Mrs. Rodgers, Chair Rodgers.

3153           \*The Chair. Thank you, thank you.

3154           Yes, congratulations, Molly. One of those premature  
3155 babies that we were talking about a little bit earlier.

3156           And I just wanted to add just a little bit more on the  
3157 drug shortages. You know, I am here as -- yes, I have the  
3158 honor of serving as the chair of this committee. I am also a  
3159 mom. I have read the stories, heart-wrenching stories of the  
3160 drug shortages, the families, especially pediatric oncology,  
3161 when you hear the stories of kids that don't have access to  
3162 the drugs. I am absolutely committed to addressing the issue  
3163 around drug shortages, and believe that we must, as a  
3164 committee, work on this.

3165           Obviously, this committee has jurisdiction over many  
3166 programs that are major payers of drugs in shortage or  
3167 programs that affect the price of these necessary medicines.  
3168 We did an FDA-only approach to shortages in this committee a  
3169 little over 10 years ago in the 2012 user fee bill. A number  
3170 of drugs in shortage in 2012 are in shortage again. And I  
3171 don't want to be having this conversation 10 years from now.

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3172           Let's move these important reauthorizations forward in a  
3173 bipartisan way, and then let's look, let's turn back, and  
3174 look at all the programs across the board, yes, and come up  
3175 with a comprehensive solution to the drug shortages.

3176           As I said earlier, I believe that we need to get to the  
3177 root causes and the economics behind these drug shortages,  
3178 and to make sure that for our U.S. patients, they have the  
3179 access to the drugs that they need and we are not continuing  
3180 to be dependent upon so many other countries, the APIs, and  
3181 the manufacturers in America.

3182           So with that, I am ready to get to work and I yield  
3183 back.

3184           \*Mr. Guthrie. The gentlelady yields back to me, and I  
3185 just want to say that, you know, hopefully, as we are talking  
3186 about what is going on, and what our discussions of what is  
3187 going on with the appointments with the Secretary, that all  
3188 of us would defend the legislative branch first. The law  
3189 clearly states the HHS Secretary needs to make these  
3190 appointments, and we tried to work with them to make the  
3191 appointments.

3192           We have got to -- like I say, they have kind of

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3193 acknowledged, because they are reappointing a post after the  
3194 fact. And so how do you reappoint Dr. Fauci when he wasn't -  
3195 - when he was retired? And those are the kind of things that  
3196 we need to get at. And hopefully -- and if my side of the  
3197 aisle has the presidency next time, we stand up for the law  
3198 that we passed, and the legislative branch, where we are,  
3199 first and foremost.

3200 I will yield back, and any further discussion on the  
3201 bill?

3202 Seeing no further discussion, are there any --

3203 \*Ms. Eshoo. I have an amendment --

3204 \*Mr. Guthrie. -- bipartisan amendments to the bill?

3205 \*Ms. Eshoo. No.

3206 \*Mr. Guthrie. Seeing no bipartisan amendments to the  
3207 bill, are there other amendments?

3208 The gentlelady from California, for what purpose do you  
3209 seek recognition?

3210 \*Ms. Eshoo. Mr. Chairman, I have an amendment at the  
3211 desk.

3212 \*Mr. Guthrie. The clerk will report.

3213 \*The Clerk. Amendment to H.R. 4421, offered by Ms.



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3214 Eshoo.

3215 \*Mr. Bucshon. Mr. --

3216 \*Mr. Guthrie. Without objection -- the gentleman from  
3217 Indiana is recognized.

3218 \*Mr. Bucshon. I reserve a point of order against the  
3219 amendment.

3220 \*Mr. Guthrie. A point of order is reserved.

3221 Without objection, the reading of the amendment is  
3222 dispensed with.

3223 [The amendment of Ms. Eshoo follows:]

3224

3225 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

3226

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3227           \*Mr. Guthrie. And the gentlelady is recognized for five  
3228 minutes in support of the amendment.

3229           \*Ms. Eshoo. Thank you, Mr. Chairman.

3230           The crippling inadequacies of America's drug supply have  
3231 become a life-threatening crisis now, especially for small  
3232 children with cancer. I have been a broken record on this,  
3233 but it is essential to be one.

3234           In order to address critical drug shortages, our country  
3235 needs to know where drugs and their ingredients are  
3236 originally sourced from. My amendment addresses this lack of  
3237 transparency, and directly improves our nation's public  
3238 health security and all-hazards preparedness and response  
3239 through two, I think, very solid policies.

3240           First it requires the HHS Secretary to issue a  
3241 regulation that all foreign drug manufacturers involved in  
3242 the preparation of a drug for sale in the United States shall  
3243 report their identity and the amount of drugs, Active  
3244 Pharmaceutical Ingredients, or other critical ingredients  
3245 they are producing.

3246           The purpose of this policy is to finally shine a light  
3247 on China's grip on our pharmaceutical drug supply chain.

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3248 This is a national security issue that demands Congress's  
3249 immediate attention.

3250 And I am not a newcomer to this issue at all. I know  
3251 colleagues know the number of years that I have been on this.

3252 As Rosemary Gibson, a senior adviser at the Hastings  
3253 Center, testified to our subcommittee, "If China shut the  
3254 door on exports of medicines and their key ingredients and  
3255 raw material, U.S. hospitals and military hospitals and their  
3256 clinics would cease to function within months, if not days.'`

3257 So far, our efforts to take back control of our nation's  
3258 drug supply chain have been stymied because our government is  
3259 in the dark about exactly what manufacturers we rely on for  
3260 our critical medicines. If we pass this transparency policy,  
3261 our government and other experts could monitor the country's  
3262 upstream pharmaceutical supply chain to identify potential  
3263 trigger points that could lead to supply chain vulnerability  
3264 and predict and prevent drug shortages before they happen.

3265 The amendment's second policy will also help secure and  
3266 prepare our nation by using market forces to bring drug  
3267 manufacturing back to the United States. The policy will  
3268 require drugs to include on their public label the name and

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3269 place of business and the unique facility identifier of the  
3270 original manufacturer of the drug and its API. This will  
3271 close the U.S. Customs law loophole, which, unlike other  
3272 products, doesn't require that the sources of a drug's  
3273 ingredients be disclosed.

3274           This will help move the market back to the United States  
3275 because patients, wholesalers, and hospitals would be able to  
3276 make the informed choice of buying a product that is made in  
3277 America or, if they so choose, made in China. Are my  
3278 Republican colleagues going to vote against a bill that will  
3279 finally put Made in America on our drugs? I think that is  
3280 where we are.

3281           So, Mr. Chairman, as the sole original author of PAHPA  
3282 remaining in the Congress, both House and Senate, I know that  
3283 these policies are directly in line with the intent and the  
3284 purpose of the PAHPA legislation, and would go a long way  
3285 toward making our nation more secure, more prepared, and less  
3286 dependent.

3287           I know that there are -- there is issue with placing  
3288 this in the legislation. Republicans don't want it in the  
3289 underlying bill, they don't want it in the CDC, it is not --

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3290 I don't think it is appropriate to be in the CDC bill -- and  
3291 don't want it in ASPR. So it is just -- you know, it can't  
3292 be behind door one, it can't be behind door two, it can't be  
3293 behind door three.

3294 Now, the chairwoman has said she is in discussion draft  
3295 and whatever. We want to take on the entire drug industry  
3296 between now and, what, September, or before we leave here.  
3297 That is -- it is not going to get done, it really isn't. I  
3298 respect the fact that there is a recognition that we have a  
3299 crisis. But the fact of the matter is we are not doing  
3300 anything about it. And the people in our country, patients  
3301 across the country, deserve so much better.

3302 This is a must-pass bill. Why not put something in it  
3303 that should be passed relative to the drug shortage crisis in  
3304 our country?

3305 So with that, I yield back the balance of my time.

3306 \*Mr. Guthrie. The gentlelady yields back. Is anyone  
3307 seeking recognition?

3308 The gentleman from North Carolina, for what purpose do  
3309 you seek recognition?

3310 \*Mr. Hudson. I move to strike the last word.

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3311           \*Mr. Guthrie. The gentleman is recognized.

3312           \*Mr. Hudson. Thank you, Mr. Chairman. Unfortunately,  
3313 the amendment before us and its companions overlook the sheer  
3314 amount of authorities Congress has already given FDA over the  
3315 last several years aimed at improving the drug supply chain,  
3316 and the fact that economic reasons are the primary drivers of  
3317 the tragic drug shortages we are hearing about every day.

3318           We must examine what information FDA already has access  
3319 to, and what they are doing with this information to  
3320 meaningfully mitigate shortages. More information alone is  
3321 not going to solve this problem.

3322           For the vast majority of drugs currently on the drug  
3323 shortage list, a company must list its API suppliers as part  
3324 of getting the drug approved. For every drug with an  
3325 approved application, FDA knows the API suppliers. And if a  
3326 company wants to add a new API supplier, the FDA must be  
3327 notified before the company can switch to that supplier,  
3328 allowing FDA the chance to inspect the facility.

3329           I understand the FDA may not know how reliant a drug  
3330 manufacturer is on any one of the listed facilities, and that  
3331 may be an area to consider targeting with targeted,

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3332 actionable steps to get the information FDA needs in the  
3333 least burdensome way, and I am open to working with my  
3334 colleague on this. Maybe we can find door number four.

3335 In addition to these basics on how drug registration and  
3336 listing works, FDA already has a number of authorities  
3337 through drug shortage notification requirements and know-  
3338 your-supplier good manufacturing practices.

3339 Ultimately, the amendment before us would impose  
3340 burdensome requirements on manufacturers while yielding  
3341 limited value on return, given that it is not evident how FDA  
3342 is utilizing its current authorities over the supply chain.

3343 There may be more targeted solutions we can work  
3344 together on API. If my Democrat colleagues would join us in  
3345 working on a separate drug shortage discussion draft, I am  
3346 wide open to doing that, and I think it is really important.

3347 And so I oppose including this amendment in H.R. 4421,  
3348 and recommend my colleagues do the same.

3349 \*Mr. Pallone. Would the gentleman yield?

3350 \*Mr. Hudson. And with that I would be happy to yield --

3351 \*Mr. Pallone. Would the gentleman yield to me?

3352 \*Mr. Hudson. I would be happy to yield.

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3353           \*Mr. Pallone. I mean, the problem that I see is we went  
3354 through the COVID period, right? We saw all these problems  
3355 with the supply chain, and the shortages that are with us  
3356 now. I mean, I mentioned, you know, I had a roundtable last  
3357 week at St. Peter's Hospital in New Brunswick, and there --  
3358 literally, oncologists came there and said, "I have to ration  
3359 the drugs. I tell my patients the drugs are not available,  
3360 the chemotherapy.'`

3361           So, I mean, I don't want to put words in the gentleman's  
3362 mouth, but you seem to suggest that -- not that everything is  
3363 okay, but that FDA already has the authority, they can deal  
3364 with this supply chain problem. But that is not the case.  
3365 And I don't think -- I think that we have an obligation now  
3366 -- not in two weeks, not in September, not whenever -- to  
3367 address this now. And --

3368           \*Mr. Hudson. Well, reclaiming my time --

3369           \*Mr. Pallone. Sure.

3370           \*Mr. Hudson. I appreciate the gentleman's comments, and  
3371 I am certainly not saying everything is fine. I am with you.  
3372 The house is on fire, and we need to do something about it.

3373           But what I am suggesting is to just say let's get more



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3374 information to FDA, and then wipe our hands and say we have  
3375 solved the problem, now all APIs are going to be made in  
3376 America -- we are lying to ourselves. That is not going to  
3377 solve the problem, especially when FDA already has all this  
3378 authority to collect all this information already, and it is  
3379 not clear to us what they are doing with that information.  
3380 Why are they not already addressing some of these issues?

3381           And so what I am simply saying is let's not just throw a  
3382 whole lot more information authority to them. Let's take a  
3383 very thoughtful look at what are the authorities they already  
3384 have, where are their shortfalls? And maybe we need to give  
3385 them additional authority, and I am open to that. But I  
3386 think we need to do this in a very careful, thoughtful way.  
3387 Let's not just throw a whole lot more authority to them so  
3388 they can collect a whole lot more information, putting  
3389 burdens on private sector, and then say, "Oh, we have done  
3390 our job," ' ' wash our hands, pat ourselves on the back when it  
3391 is not going to have any impact.

3392           And so that is where we are. I am open to this  
3393 discussion. I am open to Democrat ideas. But I want to do  
3394 this in a way that is going to make a difference. I don't

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3395 want to just do something so we can pat ourselves on the back  
3396 and say we did something. We need to solve this problem.

3397 And so with that, Mr. Chair, I yield back.

3398 \*Mr. Guthrie. The gentleman yields back. Is anyone  
3399 seeking recognition?

3400 \*Mr. Bucshon. Mr. Chair?

3401 \*Mr. Guthrie. So whose time would be the next --

3402 \*Mr. Bucshon. Mr. Chair?

3403 \*Mr. Guthrie. The gentleman from New Jersey, and then  
3404 we will -- the gentleman from New Jersey, for what purpose do  
3405 you seek recognition?

3406 \*Mr. Pallone. To speak in support of the Eshoo --

3407 \*Mr. Guthrie. Okay, the gentleman is recognized.

3408 \*Mr. Pallone. Look, the problem that I see here is we  
3409 have this drug shortage crisis. It is real. It is here. It  
3410 is not, you know, something that is down the road.

3411 We had five bills that we proposed, which the majority  
3412 refuses to consider today. And I suspect they are going to  
3413 argue germaneness, but we will see. They don't want to  
3414 consider them. And these are things that the FDA says that  
3415 they support. They need these additional authorities in

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3416 order to address the drug crisis.

3417 Now, you may say, well, I don't believe the FDA, they  
3418 don't know what they are talking about. I think this is the  
3419 problem. I think the problem that I see here is that  
3420 increasingly what we see on the Republican side -- and not  
3421 necessarily from all of you, but from the more extremists  
3422 which are not here, thankfully, on the committee -- that just  
3423 think that all actions that Federal agencies take or  
3424 everything they do is not -- is, you know, incompetent,  
3425 somehow not -- they don't trust the agencies.

3426 And to be honest, when I go before the Rules Committee -  
3427 - and some of you have been before the Rules Committee, and  
3428 we see some of the, you know, free -- I say extremists there,  
3429 who are now on the committee, appointed after the Speaker,  
3430 you know, made his agreement in order to get the votes to be  
3431 Speaker, they literally say they don't trust the agencies.  
3432 They don't trust the FDA, they don't trust CMS. They don't  
3433 trust the FBI. They don't trust anybody because -- and  
3434 therefore, they want -- you know, Congress is supposed to do  
3435 all this on their own, right? We are not supposed to give  
3436 any authority to the agencies because they don't know what

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3437 they are doing.

3438           And I mean, I am concerned that this extreme right-wing  
3439 attitude towards saying that the agencies don't know what  
3440 they are doing, and let's not give them additional  
3441 authorities, even if they ask for it, is now permeating this  
3442 committee. And that is why you don't want to include these  
3443 bills, not because you personally think they are a bad idea -  
3444 - you haven't actually said that, you said we need more time,  
3445 we will look at this and, you know, we will get back to you  
3446 after Labor Day, whatever. I don't know.

3447           But I mean, the problem is we can't go down this path  
3448 where the tail is wagging the dog, where, you know, these  
3449 extremists, whether on the Rules Committee or wherever they  
3450 are, dictate policy. We know there is a drug shortage. It  
3451 has to be addressed. The FDA has said that this is a way of  
3452 addressing it.

3453           I am not saying that these five bills are going to solve  
3454 all the problems, but it is certainly a rational way to  
3455 proceed, and it is certainly something that the FDA, in a  
3456 rational way, has explained why they need these authorities.  
3457 And for you to say, no, we are not going to bring it up I

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3458 think is just a political decision because the extreme right  
3459 in the party won't allow it. And you are afraid that if it  
3460 goes to the floor with those, you know, they are going to  
3461 scream and holler, or whatever they do -- or at Rules.

3462         So I don't want to I don't want to denigrate you, Mr.  
3463 Hudson, or anybody else, because I think you are  
3464 well-meaning. But at some point somebody on the other side  
3465 of the aisle is going to have to face the reality. You are  
3466 either going to work with us to come up with rational, sound  
3467 policy or you are going to give in to these extremists  
3468 because you are afraid how they are going to -- you know,  
3469 what they are going to do or what they are going to say about  
3470 you, I don't know.

3471         But I just think to suggest that what we are putting  
3472 forward needs more study or hasn't been looked at enough is  
3473 not accurate. These are -- what we are proposing in our five  
3474 bills are not anything that really are that difficult to go  
3475 along with. They are just rational ways of addressing this  
3476 drug shortage problem, which is at a crisis right now.

3477         And with that, I will yield, but I support Ms. Eshoo's  
3478 amendment, and hope that there is not an effort to exclude it

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3479 on procedural grounds.

3480 \*Mr. Guthrie. The gentleman yields back.

3481 \*Mr. Bucshon. Mr. Chair?

3482 \*Mr. Guthrie. The gentleman from Indiana, for what  
3483 purpose do you seek recognition?

3484 \*Mr. Bucshon. I insist on the point of order.

3485 \*Mr. Guthrie. The gentleman will state his point of  
3486 order.

3487 \*Mr. Bucshon. Mr. Chair, the amendment violates clause  
3488 7 of Rule XVI of the Rules of the House because it is not  
3489 germane to the underlying bill.

3490 Specifically, this bill will reauthorize programs to  
3491 support public health during times of insecurity due to  
3492 international threats, cybersecurity attacks, and other  
3493 public health emergencies. It is designed to ensure that we  
3494 have a Strategic National Stockpile, countermeasures for  
3495 health emergencies, and other protections against the  
3496 unknown.

3497 This amendment, on the other hand, attempts to lump in  
3498 what has, sadly, become a chronic -- in fact, decades-old --  
3499 issue into a bill concerning preparing for extraordinary

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3500 circumstances.

3501           Clearly, there are market failures that need to be  
3502 addressed to stop the pattern of shortages with cancer drugs,  
3503 with infant formula, with children's cold medicine, and so  
3504 on. But that is not the subject matter or the purpose of  
3505 this bill.

3506           In offering this amendment to a bill on hazard  
3507 preparedness, Democrats are conflating a broad drug shortage  
3508 du jour with preparing ourselves against threats. They are  
3509 trying to add a separate individual proposition to the  
3510 individual proposition of hazard preparedness.

3511           Mr. Chair, the amendment is not germane. I yield back.

3512           \*Mr. Guthrie. Does any member --

3513           \*Ms. Eshoo. Would the gentleman yield?

3514           \*Mr. Guthrie. -- wish to be heard on the amendment?

3515           \*Ms. Eshoo. Would the gentleman yield? Would the  
3516 gentleman please --

3517           \*Mr. Guthrie. Do you wish to be heard on the amendment?

3518           The gentlelady is recognized for five minutes to be  
3519 heard --

3520           \*Ms. Eshoo. Thank you, Mr. Chairman. I would just like

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3521 to state that medical countermeasure is a drug.

3522 \*Voice. No, no, you want an expert. You want to be  
3523 heard --

3524 \*Mr. Pallone. I am just going to -- here on the point  
3525 of order.

3526 \*Mr. Guthrie. Yes, you want to speak on the point of --  
3527 do you want to --

3528 \*Ms. Eshoo. That was it. That is all I wanted to say  
3529 for the record. Go ahead.

3530 \*Mr. Pallone. Oh, all right.

3531 \*Mr. Guthrie. Does anyone want to --

3532 \*Ms. Eshoo. I will restate it. A medical  
3533 countermeasure is a drug.

3534 \*Mr. Pallone. Okay.

3535 \*Mr. Guthrie. Do you yield the rest of your time to  
3536 Frank? Because you got --

3537 \*Mr. Pallone. Oh, you want to yield to me? Okay.

3538 \*Mr. Guthrie. -- a minute and 15 seconds.

3539 \*Mr. Pallone. Well, let me just say the -- what was  
3540 just said by my Republican colleague about how we are  
3541 inflating, I think he said that we are inflating the problem.



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3542 I don't think that is true.

3543 \*Mr. Bucshon. Conflating.

3544 \*Mr. Pallone. Unflating?

3545 \*Mr. Bucshon. Putting two issues that are not germane  
3546 with each other.

3547 \*Mr. Pallone. Oh, okay, unflating. All right. Maybe I  
3548 haven't -- I didn't understand unflating versus inflating.

3549 Okay.

3550 Well, it is not --

3551 \*Mr. Bucshon. For clarification --

3552 \*Mr. Pallone. We are not inflating or unflating.

3553 [Laughter.]

3554 \*Voice. Conflating.

3555 \*Mr. Pallone. As you know --

3556 \*Mr. Bucshon. Or deflating.

3557 \*Mr. Pallone. Or deflating. As you know, the  
3558 germaneness requirement of Rule XVI, clause 7 requires that  
3559 the amendment be on the subject of the text proposed to be  
3560 amended.

3561 While most of the provisions of H.R. 4421 are limited to  
3562 the public health emergency preparedness and response subject

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3563 matter traditionally associated with PAHPA, the subject  
3564 matter of the bill is broadened to public health measures due  
3565 to the inclusion of the reauthorization of the Mission Zero  
3566 Grant program.

3567       Section 202, the Military and Civilian Partnership for  
3568 Trauma Readiness, reauthorizes a grant program that is  
3569 focused on increasing the availability of medical staff at  
3570 civilian trauma centers to meet the needs of patients who use  
3571 these centers each day. According to the committee report  
3572 for the standalone version of the Mission Zero Act, which was  
3573 subsequently incorporated in the last reauthorization of  
3574 PAHPA, the purpose of the bill is to "establish a grant  
3575 program for military civilian partnerships in trauma care,  
3576 which will allow both sectors to benefit from the other's  
3577 expertise and experience.'`

3578       Further, "Increasing military civilian partnerships is a  
3579 critical step towards achieving the goal of zero preventable  
3580 injury deaths, as highlighted in the 2016 National Academies  
3581 of Sciences' Engineering and Medicine Report, a national  
3582 trauma care system integrating military and civilian trauma  
3583 systems to achieve zero preventable deaths after injury.'`

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3584           While strengthening trauma systems as a part of  
3585 preparing for public health emergencies, the goal of the  
3586 grant program authorized by this provision is much broader.

3587           The amendment offered by Ms. Eshoo would help the  
3588 Department of Health and Human Services to better prepare for  
3589 public health emergencies by requiring drug sponsors to  
3590 report their suppliers to the Secretary and include suppliers  
3591 of Active Pharmaceutical Ingredients on drug labels. By  
3592 bringing transparency to the drug supply chain, the amendment  
3593 will improve the Secretary's understanding of our nation's  
3594 drug supply, and will inform the Department's actions  
3595 responding to drug shortages and supply challenges caused or  
3596 worsened by pandemics and other emergent public health  
3597 threats.

3598           If we lose an API facility during as a result or as a  
3599 result of a public health emergency or CVR and threat, the  
3600 Secretary will not know the impact of the plant closure on  
3601 the drug supply chain and will be unprepared to act. So it  
3602 is clear that the subject matter of this amendment falls  
3603 within the public health measures, subject matter of the  
3604 underlying bill. Therefore, the pending amendment should be

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3605 ruled in order.

3606 And with that I yield back, unless -- oh, I yield back  
3607 to Ms. Eshoo.

3608 It is your time.

3609 \*Mr. Guthrie. The gentlelady --

3610 \*Ms. Eshoo. And I yield back.

3611 \*Mr. Guthrie. The gentlelady yields back. Is anyone  
3612 seeking recognition on the point of order?

3613 The chair is ready to rule. Dr. Bucshon makes a point  
3614 of order that the amendment offered by Ms. Eshoo of  
3615 California is not germane. Clause 7 of Rule XVI, the  
3616 germaneness rule, provides that no proposition on a subject  
3617 different from that under consideration will be admitted  
3618 under the color of amendment.

3619 The legislation we are considering would amend the  
3620 Public Health Service Act to reauthorize programs addressing  
3621 public health security and all-hazards response. It proposes  
3622 reauthorizing the Administration for Strategic Preparedness  
3623 and Response. However, the amendment proposes adding an  
3624 entirely different individual proposition to address the  
3625 origin of pharmaceutical ingredients, which already has a

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3626 bill, which is H.R. 3810.

3627           And so it is kind of Mr. Griffith's classic apples and  
3628 oranges. It proposes updates that would normally be under  
3629 the purview of the Food and Drug Administration, and be added  
3630 to the Federal Food, Drug, and Cosmetic Act. Although the  
3631 amendment avoids addressing the FDA, it still seeks to add a  
3632 new and unrelated proposition to the bill.

3633           The chair finds that the amendment, which has a  
3634 different subject matter and adds a separate individual  
3635 proposition to the underlying bill, is not germane, and the  
3636 point of order is sustained.

3637           Are there any other amendments to the bill?

3638           For what purpose does the gentleman from Maryland seek  
3639 recognition?

3640           \*Mr. Sarbanes. I have an amendment at the desk.

3641           \*Mr. Guthrie. The clerk shall report.

3642           \*The Clerk. Amendment to H.R. 4421, offered by Mr.  
3643 Sarbanes.

3644           \*Mr. Guthrie. Without objection, the reading of the  
3645 amendment --

3646           \*Mr. Bucshon. Mr. Chair, Mr. Chair.

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3647           \*Mr. Guthrie. Does the gentleman from Indiana seek  
3648 recognition?

3649           \*Mr. Bucshon. I reserve a point of order against the  
3650 amendment.

3651           \*Mr. Guthrie. A point of order is reserved.

3652           Without objection, the reading of the amendment is  
3653 dispensed with.

3654           [The amendment of Mr. Sarbanes follows:]

3655

3656           \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

3657

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3658           \*Mr. Guthrie. And the gentleman is recognized for five  
3659 minutes in support of the amendment.

3660           \*Mr. Sarbanes. Thanks very much, Mr. Chairman.

3661           As we have been saying -- but it is worth saying again  
3662 -- PAHPA reauthorization offers us the perfect opportunity to  
3663 take the lessons we learned from the public health crises  
3664 over the past three years and apply them to reforms that will  
3665 make sure all of our public health agencies are more prepared  
3666 to effectively respond to current and future challenges.

3667           That is why I am offering an amendment today that would  
3668 have a tangible impact on a current challenge we are facing  
3669 that is, as it stands, completely unaddressed by the PAHPA  
3670 reauthorization bills my Republican colleagues have put  
3671 forward: drug shortages. I mean, this is a theme here,  
3672 obviously. It is something we feel very strongly about.

3673           This is the appropriate place and opportunity to build  
3674 in provisions and measures that can address drug shortages,  
3675 not in a week, or two weeks, or four weeks, or whatever it  
3676 is, but now.

3677           Under existing law, drug manufacturers are required to  
3678 notify FDA when a drug is facing a shortage because of

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3679 supply-side issues -- for example, a shortage of ingredients  
3680 or a production plant shut-down. But manufacturers are not  
3681 required to notify FDA when a drug is experiencing a shortage  
3682 due to demand-side issues, which is just as important, if you  
3683 think about it. In some ways, maybe even more important,  
3684 because if demand is going up it shows there is a real need  
3685 for something under particular circumstances. This can leave  
3686 FDA without the information it needs to be able to leverage  
3687 its expertise to ensure that patients do not lose access to  
3688 necessary and, in many cases, as we know, lifesaving drugs.

3689       Every day we hear more stories of patients struggling to  
3690 access their medications, be it the stories of parents who  
3691 couldn't find pain medication or antibiotics for their  
3692 children during the tripledemic of flu, RSV, and COVID-19  
3693 last year -- we are all familiar with those stories -- or  
3694 those of the cancer patients who are having to skip or delay  
3695 chemotherapy treatments. These types of shortages impact  
3696 patients every single day. And in public health emergencies  
3697 they are only exacerbated.

3698       My amendment is one of several proposals that committee  
3699 Democrats, as you know, are putting forward to address drug



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3700 shortages. In fact, it reflects the text of a bipartisan  
3701 bill that Representative Sara Jacobs introduced: the Drug  
3702 Shortage Prevention Act. Simply put, it would require  
3703 manufacturers to expediently notify FDA when critical  
3704 essential medicines they produce experience spikes in demand  
3705 that are sustained for six consecutive weeks. This amendment  
3706 would thereby empower FDA to act to alert patients and  
3707 providers, and ensure manufacturers take the necessary steps  
3708 to improve demand predictability.

3709         This is a common-sense solution. It is one with  
3710 bipartisan support.

3711         It is really unconscionable, Mr. Chairman, that we, as  
3712 members of this committee, would not use the opportunity  
3713 presented to us today by the PAHPA reauthorization process to  
3714 address FDA policy as we have been -- as we have done,  
3715 historically, in every other PAHPA reauthorization. And it  
3716 is unconscionable that we would not take expedient action to  
3717 combat drug shortage issues before they continue to worsen.  
3718 It is something that we have to do, and we have to do it  
3719 without delay.

3720         So I would urge my colleagues to support this amendment

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3721 and, Mr. Chairman, I yield back my time.

3722 \*Mr. Guthrie. The gentleman yields back. Is anyone  
3723 seeking recognition on the amendment?

3724 Mr. Hudson, for what purpose do you seek recognition?

3725 \*Mr. Hudson. I move to strike the last word in  
3726 opposition to the amendment.

3727 \*Mr. Guthrie. The gentleman is recognized.

3728 \*Mr. Hudson. Thank you, Mr. Chairman. I urge my  
3729 colleagues to reject this amendment.

3730 Once again, Republicans are committed to addressing the  
3731 root causes of the drug shortage issue, but it is not clear  
3732 how this amendment would help.

3733 Experts, stakeholders, even the FDA all agree that  
3734 economics are the driving underlying factor of the drug  
3735 shortage we are facing. The fact is government and market  
3736 incentives have made it economically difficult for companies  
3737 to have a business case for manufacturing many of these  
3738 generic drugs.

3739 In 2020 we gave the FDA additional authorities to  
3740 address shortages through data collection. However, as  
3741 reported in Stat just this morning, they have not taken

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3742 advantage of these new authorities. Despite the fact that  
3743 FDA isn't using their existing authorities, Democrats are  
3744 saying the way to solve the shortage issue is to give the FDA  
3745 more authority to collect even more data.

3746 This amendment will require manufacturers to submit data  
3747 to HHS any time they experience any increase in demand for a  
3748 drug that is likely to lead to a shortage. All this is going  
3749 to do is flood FDA with massive amounts of notifications that  
3750 could only divert resources away from responding to an actual  
3751 shortage. Drug manufacturers are already required to report  
3752 meaningful disruptions in supply of a drug in the United  
3753 States, and are required to have risk management plans that  
3754 identify potential supply chain risks.

3755 So I urge my colleagues to reject this amendment and  
3756 join Republicans in our efforts to actually address drug  
3757 shortages.

3758 And with that, Mr. Chairman, I yield back.

3759 \*Mr. Guthrie. The gentleman yields back. Is anyone  
3760 seeking recognition for discussion on the amendment?

3761 For what purpose does the gentleman from New Jersey seek  
3762 recognition?

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3763           \*Mr. Pallone. To speak in support of the Sarbanes  
3764 amendment.

3765           \*Mr. Guthrie. The gentleman is recognized.

3766           \*Mr. Pallone. Thank you, and I don't intend to speak  
3767 very long.

3768           But, look, the -- what I found at my roundtable again --  
3769 I keep referring to a roundtable I had in my district last  
3770 week -- is that there are many aspects of this that right now  
3771 the FDA does not have the authority to address, and one very  
3772 serious one is the demand.

3773           Now, I -- again, I don't want to criticize Mr. Hudson.  
3774 He is not like some of these extremists on the Rules  
3775 Committee, that is for sure. But the fact of the matter is  
3776 we have to trust the agency to some extent that when they say  
3777 they need additional authority to address demand, that that  
3778 should be addressed, that we should give them that authority.

3779           The problem is we can't look at public -- and I am not  
3780 saying you are, Mr. Hudson, but we can't look at public  
3781 health in -- you know, as if it is just, you know, a  
3782 capitalist situation. I am not saying -- I mean, I am a  
3783 capitalist, but the point I am trying to say is that what

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3784 happens a lot of times -- and this came out at the roundtable  
3785 -- is that all of a sudden there is an increased demand. It  
3786 may be because all of a sudden something seems like it is  
3787 going to be curative, and so doctors and everybody decide we  
3788 want to use it, right? It may be because of hoarding. There  
3789 was a lot of discussion at my roundtable about hoarding  
3790 where, you know, hospitals or doctors begin to think, oh,  
3791 this drug isn't going to be available, so I better stockpile  
3792 it, and that increases the demand.

3793 I mean, demand is a serious factor in this drug shortage  
3794 situation. And if the FDA doesn't have the ability -- and  
3795 they say they don't, you know, I know you seem to think they  
3796 do, but it is not the case -- then that becomes a tool that  
3797 they don't have to deal with this shortage crisis. So that  
3798 is why I think this is important, and why we need to support  
3799 Mr. Sarbanes's amendment.

3800 And with that, I will yield back, Mr. Chairman.

3801 \*Mr. Guthrie. The gentleman yields back. The --

3802 \*Mr. Burgess. Will the gentleman yield for --

3803 \*Mr. Guthrie. Will the gentleman yield to the gentleman  
3804 from Texas?

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3805 \*Mr. Pallone. Sure.

3806 \*Mr. Burgess. I would only ask that the gentleman, when  
3807 you refer to the extremists on the Rules Committee --

3808 \*Mr. Pallone. That doesn't include you.

3809 \*Mr. Burgess. If he would single me out and name me as  
3810 the extremist on the committee --

3811 \*Mr. Pallone. Oh, no --

3812 \*Mr. Burgess. -- I will be happy to accept the  
3813 responsibility.

3814 \*Mr. Pallone. I am taking my time back right now, and  
3815 make it clear that you are one of the most rational, thought-  
3816 provoking persons on the Rules Committee. And I watch you  
3817 sometimes when those extremists speak, and you are like --  
3818 can't believe what they are saying. So no, not at all.

3819 \*Mr. Burgess. Mr. Ranking Member --

3820 \*Mr. Pallone. Not at all.

3821 \*Mr. Burgess. With all due respect, I will have a  
3822 primary coming up, and I would appreciate it if you would  
3823 refer to me as the radical Republican on the Rules Committee.

3824 [Laughter.]

3825 \*Mr. Pallone. I cannot. I cannot in good conscience do

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3826 that, Dr. Burgess.

3827 I yield back.

3828 \*Mr. Burgess. I yield back.

3829 \*Mr. Guthrie. The gentleman yields back.

3830 \*Mr. Bucshon. Mr. Chair.

3831 \*Mr. Guthrie. For what purpose does the gentleman from  
3832 Indiana seek recognition?

3833 \*Mr. Bucshon. I insist on the point of order, Mr.  
3834 Chair.

3835 \*Mr. Guthrie. A point of order -- the gentleman will  
3836 state his point of order.

3837 \*Mr. Bucshon. Yes, the amendment violates clause 7 of  
3838 Rule XVI of the Rules of the House because it is not germane  
3839 to the underlying bill.

3840 Again, specifically, this bill will reauthorize programs  
3841 to support public health during times of insecurity due to  
3842 international threats, cybersecurity attacks, and other  
3843 public health emergencies. It is designed to ensure that we  
3844 have a Strategic National Stockpile, countermeasures for  
3845 health emergencies, and other protections against the  
3846 unknown.

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3847           This amendment, on the other hand, attempts to lump in  
3848 what has, sadly, become a chronic -- in fact, decades-old --  
3849 issue into a bill concerning preparing for extraordinary  
3850 circumstances.

3851           Clearly, there are market failures that need to be  
3852 addressed to stop the pattern of shortages with cancer drugs,  
3853 with infant formula, with children's cold medicine, and so  
3854 on. But that is not the subject matter or the purpose of  
3855 this bill.

3856           In offering this amendment to a bill on hazard  
3857 preparedness, Democrats are conflating a broad drug shortage  
3858 problem with preparing ourselves against threats. They are  
3859 trying to add a separate individual proposition to the  
3860 individual proposition of hazard preparedness.

3861           Mr. Chair, the amendment is not germane, and I yield  
3862 back.

3863           \*Mr. Guthrie. On the point of order -- the gentleman  
3864 from New Jersey, you are recognized.

3865           \*Mr. Pallone. Thank you, Mr. Chairman. And of course,  
3866 I do believe this is germane.

3867           As you know, the germaneness requirement of Rule XVI,



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3868 clause 7 requires that the amendment be on the subject of the  
3869 text proposed to be amended. As I explained previously, the  
3870 subject matter of the bill is broadened to public health  
3871 measures due to the inclusion of the reauthorization of the  
3872 Mission Zero grant program, and this amendment falls within  
3873 that subject matter.

3874 Furthermore, contrary to your ruling on the last  
3875 amendment, none of these amendments amend the Federal Food,  
3876 Drug, and Control Act.

3877 However, it is clear to me that ruling our amendment out  
3878 of order is a continuation of efforts to ignore the public  
3879 health crisis affecting patients across this country, and  
3880 that is the shortage of cancer and other drugs. Despite the  
3881 fact that we are facing the worst drug shortage in years,  
3882 with the number of drugs in short supply increasing by 30  
3883 percent last year alone, with chemotherapy being rationed in  
3884 physician offices across the country, this opposition to  
3885 treating the PAHPA reauthorization as an opportunity to  
3886 address this crisis, I think, is wrong.

3887 Not only did the Republicans not work with us to include  
3888 provisions on drug shortages in the basic text, but you have

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3889 also introduced five separate public health bills in order to  
3890 limit the subject matter test for amendments. As you know,  
3891 consolidating the PAHPA measures into a single bill would  
3892 meet drug shortage provisions -- would clearly be germane.

3893       What are you afraid of? We have heard so much of how  
3894 you are committed to regular order, but here you are refusing  
3895 to notice drug shortage bills for a hearing and then  
3896 structuring a bill to limit our ability to put forth our  
3897 ideas on drug shortages, a public health crisis affecting all  
3898 of our communities, and bring them for a vote. Why don't you  
3899 want your constituents to know where each of us stands on  
3900 addressing this important issue?

3901       The people are not crying out for discussion drafts or  
3902 requests for information. They want action, and the time to  
3903 act is now. And I think Republicans are standing in the way.

3904       So in closing, like Mission Zero this is a problem  
3905 patients are facing each day while they are seeking treatment  
3906 in our nation's health care system, and that should be  
3907 addressed in this bill.

3908       And again, I urge you to rule that this amendment is in  
3909 order, Mr. Chairman, and I yield back.

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3910           \*Mr. Guthrie. The gentleman yields back, and the chair  
3911 is ready to rule.

3912           Dr. Bucshon makes a point of order that the amendment  
3913 offered by Mr. Sarbanes is not germane. Clause 7 of Rule  
3914 XVI, the germaneness rule, provides that no proposition on a  
3915 subject different from that under consideration shall be  
3916 admitted under the color of amendment.

3917           The legislation we are considering would amend the  
3918 Public Health Service Act to reauthorize programs addressing  
3919 public health security and all-hazard response. It proposes  
3920 reauthorizing the Administration for Strategic Preparedness  
3921 and Response. However, the amendment proposes adding an  
3922 entirely different individual proposition to address drug  
3923 shortages, which is H.R. 3008.

3924           It proposes updates that would normally be under the  
3925 purview of the Food and Drug Administration, and be added to  
3926 the Food and Drug Administration Act. Simply removing the  
3927 words "FDA" does not make this any more relevant to an ASPR  
3928 bill. Although the amendment avoids addressing the FDA, it  
3929 seeks to add a new and unrelated proposition to the bill.

3930           The chair finds that the amendment, which has a

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3931 different subject matter and adds a separate individual  
3932 proposition to the underlying bill, is not germane, and the  
3933 point of order is sustained.

3934 Are there further amendments to the bill?

3935 For what purpose does the gentlelady from Michigan seek  
3936 recognition?

3937 \*Mrs. Dingell. Mr. Chairman, I have an amendment at the  
3938 desk.

3939 \*Mr. Guthrie. The clerk will report.

3940 \*The Clerk. Amendment to H.R. 4421, offered by Mrs.  
3941 Dingell.

3942 \*Mr. Guthrie. Without objection, the reading of the  
3943 amendment is dispensed with.

3944 [The amendment of Mrs. Dingell follows:]

3945

3946 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

3947

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3948           \*Mr. Griffith. Mr. Chairman?

3949           \*Mr. Guthrie. Does the gentleman from Virginia seek  
3950 recognition?

3951           \*Mr. Griffith. Mr. Chairman, I reserve a point of order  
3952 against the amendment. I would be happy to discuss the  
3953 motion on germaneness now, if we would like to do that, and  
3954 cut out all the interlude in between. But for comity  
3955 purposes, this committee generally allows a lot of  
3956 superfluous language.

3957           \*Mr. Guthrie. We will allow the lady to present her  
3958 amendment, and --

3959           \*Mr. Griffith. All right.

3960           \*Mr. Guthrie. Unless -- if she would so like. But --  
3961 so the --

3962           \*Mr. Griffith. All right.

3963           \*Mr. Guthrie. Without objection, the amendment is  
3964 dispensed with, and is recognized for five minutes to  
3965 support --

3966           \*Mrs. Dingell. I love my colleague from Virginia, but I  
3967 don't think this subject is a comedy in any way, shape, or  
3968 form. I have been in hospital rooms --

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3969           \*Mr. Guthrie. He wants to clarify his words.

3970           \*Mr. Griffith. If the gentlelady would yield for just a  
3971 minute, what I attempted to say, but my accent might have  
3972 clouded it, was c-o-m-i-t-y, comity.

3973           \*Mrs. Dingell. Okay.

3974           \*Mr. Griffith. So, "friendliness".

3975           \*Mrs. Dingell. Okay, that is better. That did upset  
3976 me. All right, thank you, Mr. Chairman.

3977           The reauthorization of PAHPA is coming at a critical  
3978 moment in our nation's history. We are emerging from one of  
3979 the worst public health crises America has ever endured. And  
3980 by the way, people are still getting COVID. People are still  
3981 dying. I get to go to another funeral. And we have got an  
3982 obligation to ensure we are better prepared to address future  
3983 threats.

3984           I am glad this bill contains several important policies  
3985 to improve preparedness. This includes provisions from the  
3986 Ensuring Sufficient Supply of Testing Act legislation I led  
3987 with Rep. Dunn to strengthen our clinical lab testing  
3988 capacity to meet the needs of the SNS during surges.

3989           But as my other colleagues have expressed, this bill

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3990 falls woefully short of what is necessary to address drug  
3991 shortages. And we had drug shortages during the last crisis,  
3992 and it is something we need to be ensuring we do not  
3993 experience again. I remain seriously alarmed by the growing  
3994 drug shortage crisis that is actively harming patients now  
3995 across America. As we speak, cancer patients nationwide are  
3996 struggling to access the medication their doctors believe  
3997 necessary for their treatment and even remission.

3998         Just last week -- I talked to my hospitals every week.  
3999 I know exactly how many medicines they are short every week.  
4000 But an ovarian cancer patient called me in total distress,  
4001 and was really -- had come to this hospital to be in the  
4002 community, and was outright going to die if she didn't get  
4003 this. We were able to connect her with an emergency supply  
4004 of carboplatin, but cancer patients shouldn't be having to  
4005 panic about whether they can get their medicine and find it.

4006         The drug shortage is leaving thousands of other patients  
4007 across the country and in Michigan in despair, and hopeless,  
4008 with nowhere to turn. It is forcing doctors -- if you have  
4009 -- I know some of you have -- to make these gut-wrenching  
4010 decisions on who to give the limited supply. And I love my

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4011 colleagues. But if you are a cancer patient who wants to  
4012 live, thoughtfulness and care doesn't mean anything to them.  
4013 They need the medicine now.

4014 The reauthorization of PAHPA is a clear opportunity to  
4015 address the drug shortage crisis. I am, I have to admit, I  
4016 am disappointed and perplexed why we are not using this  
4017 opportunity to strengthen our pharmaceutical supply chain and  
4018 address the drug shortage crisis head on.

4019 We need to be able to better predict, address, and  
4020 prevent drug shortages before they put patients at risk.  
4021 That is why I am offering this amendment, which includes  
4022 provisions from a bill also being led by my colleague, Rep.  
4023 Elissa Slotkin, who is working to address this dire crisis.  
4024 And I want to thank Rep. Slotkin for her tremendous work.

4025 This amendment will expand the supply of usable drugs by  
4026 requiring manufacturers to label drugs with the longest  
4027 scientifically supported expiration dates. In the wake of a  
4028 drug shortage, maximizing the shelf life of lifesaving drugs  
4029 is critically important. It will help keep lifesaving  
4030 medications on shelves, ensuring patients can access their  
4031 necessary drugs without undue delay.



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4032           We know there -- we had shortages of drugs and we didn't  
4033 have this. We need to work to make sure this is there.  
4034 Before you all attempt to say this isn't relevant, I think it  
4035 very much is.

4036           And right now patients care isn't just being delayed, it  
4037 is being denied. Their appointments are being canceled. Let  
4038 me repeat this. Cancer patients' appointments are being  
4039 canceled. They are saying, "Sorry, you may have ovarian  
4040 cancer, you may die, but we can't help you.'" I don't think  
4041 any of us want to do this. It is unacceptable.

4042           I urge all of my colleagues to support this amendment.  
4043 We owe it to patients nationwide.

4044           Thank you, Mr. Chairman, and I yield back.

4045           \*Mr. Guthrie. Is anyone else seeking discussion on the  
4046 amendment?

4047           For what purpose does the gentleman from North Carolina  
4048 seek recognition?

4049           \*Mr. Hudson. I move to strike the last word in  
4050 opposition to the amendment.

4051           \*Mr. Guthrie. The gentleman is recognized.

4052           \*Mr. Hudson. Thank you, Mr. Chairman. I urge my

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4053 colleagues to oppose this amendment.

4054           As I have made clear repeatedly, Republicans are  
4055 committed to addressing the drug shortages our country is  
4056 facing by addressing the root causes of the shortages. This  
4057 amendment would not only not address the problems causing  
4058 shortages, it could make the problems worse.

4059           Chair Rodgers and Senator Crapo recently received over  
4060 100 responses to the RFI on addressing shortages, and the  
4061 overwhelming response from the experts and the stakeholders  
4062 was that the economics are what are driving this issue. As  
4063 Stat reported just this morning, the FDA's own report in 2019  
4064 on root causes of drug shortages in 2019 determined, "Most  
4065 shortages occur in generic injectables that are complicated  
4066 to make and are too cheap for big profits.'`

4067           This amendment would make it even harder for companies  
4068 to make a business case for manufacturing these already  
4069 challenging drugs by instituting financial penalties for  
4070 failing to conduct new studies or turn over new data on shelf  
4071 life extension at any time for any reason.

4072           The fact is the FDA is already failing to use their  
4073 existing authorities to address shortages that we gave them

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4074 during the pandemic in 2020. FDA was required to put out  
4075 guidance on shelf life extension studies in December, and has  
4076 yet to do so.

4077         Again, Republicans are working to address the actual  
4078 economic causes of drug shortages that experts, stakeholders,  
4079 and even the FDA all agree are driving this crisis.

4080         And look, our colleagues ask questions like why are we  
4081 not addressing this problem head on. Don't say this is  
4082 irrelevant. We talk about our constituents who have cancer,  
4083 who are desperate for these drugs. We all understand this is  
4084 a crisis. But I am not willing to pass something that I know  
4085 is not going to help, and it might even make it worse, so  
4086 that I can pat myself on the back and I can go lie to a  
4087 constituent and tell them, "We have solved your drug problem,  
4088 drug shortage problem." I am not willing to do that.

4089         What I am saying we are going to do is Republicans are  
4090 going to address this issue in a serious way. We are going  
4091 to figure out what the root causes are, and we are going to  
4092 find solutions that solve this problem once and for all. And  
4093 I really hope -- I truly, sincerely hope -- my Democrat  
4094 colleagues will join us in this. Because, frankly, I think

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4095 we will get better outcomes, better policy if we work  
4096 together on this.

4097         And so let's stop the name calling. Let's stop the  
4098 finger pointing. Let's stop saying one side doesn't care  
4099 about children with cancer who can't have access to drugs,  
4100 because we both care. I know that my colleague from Michigan  
4101 cares deeply about this.

4102         But what we are saying is let's not just put a Band-Aid  
4103 on it that -- and then, you know, claim victory and go tell  
4104 our constituents we have solved this problem when we know  
4105 this is not going to solve our problem. And in fact, this  
4106 amendment, I would argue, may make the problem worse. So I  
4107 ask my colleagues, let's vote down this amendment, let's move  
4108 forward with PAHPA, and then let's work together to address  
4109 this drug shortage problem in a real way, in a way that we  
4110 are not back here a year from now talking about it again, in  
4111 a way that we can go home and look our constituents in the  
4112 eye and say we did the job you sent us here to do. And I ask  
4113 my colleagues to work with us on this.

4114         And with that, I would be happy to yield back.

4115         \*Mr. Guthrie. The gentleman yields back. Is there any

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4116 further discussion?

4117 The gentleman from Virginia.

4118 \*Mr. Griffith. Mr. Chairman, I insist on my point of  
4119 order.

4120 \*Mr. Guthrie. The gentleman will state the point of  
4121 order.

4122 \*Mr. Griffith. Mr. Chairman, this amendment violates  
4123 clause 7 of Rule XVI of the Rules of the House because it is  
4124 not germane to the underlying bill. Specifically, this bill  
4125 will reauthorize programs to support public health during  
4126 times of insecurity due to international threats,  
4127 cybersecurity attacks, other public health emergencies. It  
4128 is designed to ensure that we have Strategic National  
4129 Stockpile countermeasures for health emergencies and other  
4130 protections against the unknown.

4131 This amendment, on the other hand, attempts to lump in  
4132 what has, sadly, become an everyday issue with preparing for  
4133 extraordinary circumstances, and that would be expiring  
4134 pharmaceuticals. And it has conflated it with preparing for  
4135 extraordinary circumstances.

4136 Clearly, there are market failures that need to be

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4137 addressed to stop the pattern of shortages with cancer drugs,  
4138 with infant formula, with children's cold medicines, and so  
4139 forth, but that is not the subject matter or the purpose of  
4140 the bill. And offering this amendment to a bill on hazard  
4141 preparedness, my colleagues are conflating a broad drug  
4142 shortage du jour with preparing ourselves against threats.  
4143 They are trying to add separate individual proposition drug  
4144 supply shortages, et cetera to the individual proposition of  
4145 hazard preparedness.

4146           And a lot of times when I was describing the changes  
4147 that we made in the germaneness rule -- because I was one of  
4148 those extremists who fought to get this change into the rules  
4149 package -- I would talk to people and say, look, we need to  
4150 have bills that deal with single subjects. Sometimes they  
4151 can be large bills like our NDAA that we have coming up, but  
4152 they shouldn't always be -- you know, everything shouldn't be  
4153 lumped in together.

4154           This is a serious problem, but it is one of those  
4155 situations where we need another bill. Now, the gentlelady  
4156 has a bill and, in fairness, I have a bill which is not -- my  
4157 bill wouldn't be proper to add to this bill, either. And

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4158 then comes up the question of, well, why aren't we moving  
4159 that bill today that deals with drug shortages? And the  
4160 answer is, as Mr. Hudson pointed out, we want to make sure we  
4161 are getting it right. The bill, even as I have introduced  
4162 it, may need some corrections and some adjustments that we  
4163 need to work on together as a team so that we can solve the  
4164 drug shortage problem for the American people. But this is  
4165 not the proper place to put it, and we do need to move  
4166 forward as a committee on this, but not on this bill.

4167 And so, Mr. Chairman, I hope that you will rule that the  
4168 amendment is not germane, because I can assure you it is not.

4169 I yield back.

4170 \*Mr. Guthrie. Does any member --

4171 \*Mr. Griffith. Oh, I meant to say -- and my good  
4172 friend, another extremist, Dr. Burgess, was working with me  
4173 behind the scenes on all these crazy rules changes that I  
4174 came up with.

4175 I yield back.

4176 \*Mr. Guthrie. Would the gentleman from -- anybody wish  
4177 to be recognized? The gentleman from New Jersey is  
4178 recognized for five minutes, or recognized to speak on the

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4179 germaneness.

4180           \*Mr. Pallone. I don't really know what to say about  
4181 these Rules extremists. Neither you or Dr. Burgess are  
4182 extremists, even though you want me to say you are. You are  
4183 not. But whatever.

4184           Let me just say that my germaneness argument -- and I am  
4185 not going to repeat it again -- is all based on Mission Zero  
4186 being included in that grant program, and that is not about  
4187 extraordinary circumstances. It is about the daily traumas  
4188 that occur, including gun violence. Another provision that  
4189 the -- that, unfortunately, I don't think is being addressed  
4190 by the other party.

4191           So I don't see if -- how you can argue, Mr. Chairman,  
4192 that if Mission Zero is included in this, that our provisions  
4193 on drug shortages should not be. But I am not going to  
4194 belabor the point.

4195           I yield back.

4196           \*Mr. Guthrie. The gentleman yields back. The chair is  
4197 prepared to rule. The chair is ready to rule.

4198           The member from Virginia, Mr. Griffin of Virginia, makes  
4199 a point of order that the amendment offered by Mrs. Dingell



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4200 of Michigan is not germane. Clause 7 of Rule XVI, the  
4201 germaneness rule, provides that no proposition on a subject  
4202 different from that under consideration shall be admitted  
4203 under color of amendment.

4204 The legislation we are considering would amend the  
4205 Public Health Service Act to reauthorize programs addressing  
4206 public health security and all-hazards response. It proposes  
4207 reauthorizing the Administration for Strategic Preparedness  
4208 and Response.

4209 Is that the FDA again?

4210 However, the amendment proposes adding an entirely  
4211 different individual proposition to address expiration dates  
4212 for certain drugs. That is also bill H.R. 3793. It proposes  
4213 updates that would normally be under the purview of the FDA,  
4214 and be added to the FDA Cosmetic Act, Food and Drug Cosmetic  
4215 Act. Although the amendment avoids addressing the FDA,  
4216 simply removing the words "FDA" does not make it more  
4217 relevant to ASPR. It seeks to add a new and unrelated  
4218 proposition to the bill.

4219 The chair finds the amendment, which has a different  
4220 subject matter and adds a separate individual proposition to

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4221 the underlying bill, is not germane, and the point of order  
4222 is sustained.

4223 Are there any other amendments to the bill?

4224 The gentleman from New Jersey has an amendment. Would  
4225 you report?

4226 \*Mr. Pallone. Does the clerk have my amendment?

4227 \*The Clerk. SCD-AMD-01?

4228 \*Mr. Pallone. All right.

4229 \*The Clerk. An amendment to H.R. 4421, offered by Mr.  
4230 Pallone. Page 3, line 12, strike 2028 and insert --

4231 \*Mr. Guthrie. Without objection, the reading of the  
4232 amendment is dispensed with.

4233 [The amendment of Mr. Pallone follows:]

4234

4235 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

4236

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4237           \*Mr. Guthrie. And the gentleman is recognized for five  
4238 minutes in support of the amendment.

4239           \*Mr. Pallone. Thank you, Mr. Chairman.

4240           It is unfortunate, again, that instead of working with  
4241 Democrats to find a bipartisan path forward to reauthorize  
4242 PAHPA, we are here today considering what I consider a  
4243 partisan ideological bill that my staff and I saw for the  
4244 first time on Tuesday evening.

4245           H.R. 4421 leaves out numerous core PAHPA  
4246 reauthorizations, includes several new policy proposals that  
4247 I can't support, and fails to increase any authorizations for  
4248 existing programs beyond the most recently enacted  
4249 appropriated levels. At best, this bill is misguided, and at  
4250 worst it is playing games with our public health  
4251 preparedness.

4252           And for this reason I feel forced to file -- or to move  
4253 this amendment that would instead reauthorize these critical  
4254 programs for just two years. And the reason for two is to  
4255 ensure that we do not let these important provisions lapse,  
4256 but also allows us to bring us back to the table sooner than  
4257 five years from now so we can have a more comprehensive and

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4258 reflective policy discussion about how best to move forward  
4259 with public health preparedness and response following the  
4260 worst pandemic in this country's history.

4261         So in my opinion, this bill is a missed opportunity to  
4262 take the lessons learned from COVID-19 and work together to  
4263 be better prepared for the future. And I am disappointed  
4264 that Republicans have chosen to flat-fund essential  
4265 preparedness and response capabilities like the Strategic  
4266 National Stockpile and the Hospital Preparedness Program,  
4267 both of which were critical in responding to COVID-19.

4268         For this reason, my amendment increases funding for the  
4269 SNS to the amount outlined in the Public Health Emergency  
4270 Medical Countermeasures Enterprise multi-year budget, which  
4271 notes that the SNS needs double the resources it currently  
4272 has in order to sufficiently maintain current capabilities  
4273 and absorb additional products successfully developed through  
4274 BARDA.

4275         And this should not be partisan. We all support a  
4276 robust and strong stockpile of medical countermeasures and  
4277 supplies, and we have seen in real time how critical the SNS  
4278 can be as Republicans sought resources from the SNS

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4279 throughout the pandemic for their districts, just like  
4280 Democratic members did.

4281         Additionally, the Hospital Preparedness Program has been  
4282 vital to ensuring there is health care system resilience in  
4283 the wake of public health emergencies, while also ensuring  
4284 there is adequate coordination between state and local health  
4285 departments, health care facilities, and other partners. In  
4286 response to the request for information on the  
4287 reauthorization of PAHPA, one stakeholder highlighted that  
4288 HPP was funded at \$500 million 20 years ago, and so there is  
4289 no reason why that shouldn't be the authorization level now,  
4290 as well.

4291         Finally, my amendment also strikes a number of policy  
4292 provisions that I can't support, including the creation of a  
4293 PHEMCE Advisory Committee that will provide self-interested  
4294 industry stakeholders with a seat at the table to aid in the  
4295 decision-making of the PHE of PHEMCE, and create the  
4296 possibility that committee members may seek to influence the  
4297 PHEMCE by putting their industries' own self-interests in  
4298 procurement decisions above what is best for public health.

4299         Technical assistance feedback on this policy also noted

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4300 that much of the discussion of PHEMCE are classified, and  
4301 could have national security implications if they were  
4302 released publicly.

4303 Similarly, I can't support policies that would tie the  
4304 hands of the SNS or BARDA in terms of contract duration, or  
4305 lock in the placement of the SNS by codifying the agency in  
4306 which it sits in the statute.

4307 So these are immense decisions that require a thoughtful  
4308 consideration, data, robust discussion, and clear rationale.  
4309 And unfortunately, the proposals do not have that. So for  
4310 all these reasons I urge my colleagues to support my  
4311 amendment.

4312 While this is not the bill that I was hopeful would move  
4313 to the Energy and Commerce Committee to reauthorize PAHPA, I  
4314 feel this is the only solution to bridge the gap between the  
4315 majority's incomplete and detrimental bill and finding a path  
4316 forward to a longer-term compromise in the future. That is  
4317 why I am offering this amendment, Mr. Chair. And with that I  
4318 yield back.

4319 \*Mr. Guthrie. The gentleman yields back. Is anyone  
4320 wishing to speak on the amendment?

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4321           For what purpose does the gentleman from North Carolina  
4322 seek recognition?

4323           \*Mr. Hudson. To strike the last word in opposition.

4324           \*Mr. Guthrie. The gentleman is recognized.

4325           \*Mr. Hudson. Thank you, Mr. Chairman. You know, I have  
4326 been working in good faith in a bipartisan way to ensure we  
4327 have a five-year reauthorization of PAHPA. We have offered  
4328 multiple times commitments of working together on this drug  
4329 shortage issue separately. The chairman has even announced  
4330 the plans for a discussion draft, laying out a concrete plan.  
4331 But this straight extension for two years of PAHPA is  
4332 shortsighted. And, frankly, it is dangerous to just hope  
4333 that another emergency isn't going to happen in the next two  
4334 years.

4335           We would also lose the opportunity to implement lessons  
4336 learned from the last pandemic. Innovators need certainty in  
4337 order to invest in their products. This would discourage and  
4338 disincentivize that innovation.

4339           Not to mention this violates CUTGO rules with the  
4340 increased authorization without cutting elsewhere, it  
4341 violates leader protocol and jeopardizes floor consideration.

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4342           This also violates CUTGO rules by increasing  
4343 authorization of funds -- well, that is the Speaker protocol.

4344           Listen, a straight extension is a move of last resort.  
4345 If we can't get our work done, and certainly if we can't find  
4346 a way to make this a bipartisan process and get this work  
4347 done, we may end up in a position where we have to do an  
4348 extension for a year. But at this point -- and certainly not  
4349 a two-year extension -- I don't see how we can move forward  
4350 without jeopardizing even having a floor vote on this in the  
4351 first place.

4352           And so I urge my colleagues to oppose this amendment,  
4353 and I yield back.

4354           \*Mr. Guthrie. The gentleman yields back. Is anyone  
4355 else seeking discussion on the amendment?

4356           Okay, so if there is no further discussion, a vote  
4357 occurs on the amendment.

4358           All those in favor shall signify by saying aye.

4359           All opposed, say nay.

4360           In the --

4361           \*Mr. Pallone. Can we have a roll call?

4362           \*Mr. Guthrie. A roll call has been requested. A roll



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4363 call vote has been -- you want a roll call vote? The roll  
4364 call vote has been requested. The clerk will call the roll.

4365 \*The Clerk. Chair Guthrie?

4366 \*Mr. Guthrie. Aye. No, nay, I am sorry. I change my  
4367 vote to --

4368 \*The Clerk. Chair Guthrie votes no.  
4369 Burgess?

4370 \*Mr. Burgess. Burgess votes --

4371 \*Mr. Guthrie. I know.

4372 \*The Clerk. Burgess votes no.  
4373 Latta?

4374 \*Mr. Latta. No.

4375 \*The Clerk. Latta votes no.  
4376 Griffith?

4377 \*Mr. Griffith. No.

4378 \*The Clerk. Griffith votes no.  
4379 Bilirakis?

4380 \*Mr. Guthrie. As soon as I said that, I knew I was  
4381 wrong.

4382 \*Mr. Bilirakis. No.

4383 \*The Clerk. Bilirakis votes no.

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4384 Johnson?  
4385 \*Mr. Johnson. No.  
4386 \*The Clerk. Johnson votes no.  
4387 Bucshon?  
4388 [No response.]  
4389 \*The Clerk. Hudson?  
4390 \*Mr. Hudson. No.  
4391 \*The Clerk. Hudson votes no.  
4392 Carter?  
4393 \*Mr. Carter. No.  
4394 \*The Clerk. Carter votes no.  
4395 Dunn?  
4396 [No response.]  
4397 \*The Clerk. Pence?  
4398 \*Mr. Pence. No.  
4399 \*The Clerk. Pence votes no.  
4400 Crenshaw?  
4401 \*Mr. Crenshaw. No.  
4402 \*The Clerk. Crenshaw votes no.  
4403 Joyce?  
4404 \*Mr. Joyce. No.

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4405           \*The Clerk. Joyce votes no.  
4406           Harshbarger?  
4407           \*Mrs. Harshbarger. No.  
4408           \*The Clerk. Harshbarger votes no.  
4409           Miller-Meeks?  
4410           \*Mrs. Miller-Meeks. No.  
4411           \*The Clerk. Miller-Meeks votes no.  
4412           Oberholte?  
4413           \*Mr. Oberholte. No.  
4414           \*The Clerk. Oberholte votes no.  
4415           Eshoo, Ms. Eshoo?  
4416           \*Ms. Eshoo. Aye.  
4417           \*The Clerk. Ms. Eshoo votes aye.  
4418           Sarbanes?  
4419           \*Mr. Sarbanes. Aye.  
4420           \*The Clerk. Sarbanes votes aye.  
4421           Cardenas?  
4422           \*Mr. Cardenas. Aye.  
4423           \*The Clerk. Cardenas votes aye.  
4424           Ruiz?  
4425           [No response.]

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4426 \*The Clerk. Dingell?  
4427 \*Mrs. Dingell. Aye.  
4428 \*The Clerk. Dingell votes aye.  
4429 Kuster?  
4430 [No response.]  
4431 \*The Clerk. Kelly?  
4432 \*Ms. Kelly. Aye.  
4433 \*The Clerk. Kelly votes aye.  
4434 Barragan?  
4435 [No response.]  
4436 \*The Clerk. Ms. Barragan?  
4437 \*Ms. Barragan. Aye.  
4438 \*The Clerk. Barragan votes aye.  
4439 Blunt Rochester?  
4440 [No response.]  
4441 \*The Clerk. Craig?  
4442 [No response.]  
4443 \*The Clerk. Schrier?  
4444 \*Ms. Schrier. Aye.  
4445 \*The Clerk. Schrier votes aye.  
4446 Trahan?

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4447 \*Mrs. Trahan. Aye.  
4448 \*The Clerk. Trahan votes aye.  
4449 Pallone?  
4450 \*Mr. Pallone. Aye.  
4451 \*The Clerk. Pallone votes aye.  
4452 Chair Rodgers?  
4453 \*The Chair. No.  
4454 \*The Clerk. Chair Rodgers votes no.  
4455 \*Mr. Ruiz. How is Ruiz recorded?  
4456 \*The Clerk. Mr. Ruiz is not recorded.  
4457 \*Mr. Ruiz. Aye.  
4458 \*The Clerk. Ruiz votes aye.  
4459 \*Mr. Bucshon. Bucshon?  
4460 \*The Clerk. Mr. Bucshon is not recorded.  
4461 \*Mr. Bucshon. No.  
4462 \*The Clerk. Bucshon votes no.  
4463 \*Mr. Dunn. How am I recorded?  
4464 \*The Clerk. Mr. Dunn is not recorded.  
4465 \*Mr. Dunn. Dunn votes no.  
4466 \*The Clerk. Dunn votes no.  
4467 \*Ms. Craig. How is Ms. Craig recorded?

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4468 \*Mr. Guthrie. How is Ms. Craig recorded?

4469 \*The Clerk. Craig is not recorded.

4470 \*Ms. Craig. Craig votes yes.

4471 \*The Clerk. Craig votes aye.

4472 \*Mr. Guthrie. Anyone else seeking recognition to vote?

4473 Seeing none on the Democrat, any on the Republican side  
4474 to vote?

4475 Seeing none, the clerk will report.

4476 \*The Clerk. Chair Guthrie, on that vote there were 11  
4477 yeas and 17 noes.

4478 \*Mr. Guthrie. With 11 yeas and 17 noes, the amendment  
4479 is not agreed to.

4480 Are there any further amendments?

4481 Seeing none, the question now occurs on forwarding --  
4482 you want a roll call, Ms. -- okay. The question now occurs  
4483 on forwarding H.R. 4421 to the full committee, and a roll  
4484 call has been requested. All those in favor will vote aye;  
4485 all opposed will vote no. The clerk will call the roll.

4486 \*The Clerk. Chair Guthrie?

4487 \*Mr. Guthrie. Aye.

4488 \*The Clerk. Chair Guthrie votes aye.

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4489 Burgess?  
4490 \*Mr. Burgess. Burgess votes aye.  
4491 \*The Clerk. Burgess votes aye.  
4492 Latta?  
4493 \*Mr. Latta. Aye.  
4494 \*The Clerk. Latta votes aye.  
4495 Griffith?  
4496 \*Mr. Griffith. Aye.  
4497 \*The Clerk. Griffith votes aye.  
4498 Bilirakis?  
4499 \*Mr. Bilirakis. Aye.  
4500 \*The Clerk. Bilirakis votes aye.  
4501 Johnson?  
4502 \*Mr. Johnson. Aye.  
4503 \*The Clerk. Johnson votes aye.  
4504 Bucshon?  
4505 \*Mr. Bucshon. Aye.  
4506 \*The Clerk. Bucshon votes aye.  
4507 Hudson?  
4508 \*Mr. Hudson. Aye.  
4509 \*The Clerk. Hudson votes aye.

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4510 Carter?  
4511 \*Mr. Carter. Aye.  
4512 \*The Clerk. Carter votes aye.  
4513 Dunn?  
4514 \*Mr. Dunn. Aye.  
4515 \*The Clerk. Dunn votes aye.  
4516 Pence?  
4517 \*Mr. Pence. Aye.  
4518 \*The Clerk. Pence votes aye.  
4519 Crenshaw?  
4520 \*Mr. Crenshaw. Aye.  
4521 \*The Clerk. Crenshaw votes aye.  
4522 Joyce?  
4523 \*Mr. Joyce. Aye.  
4524 \*The Clerk. Joyce votes aye.  
4525 Harshbarger?  
4526 \*Mrs. Harshbarger. Aye.  
4527 \*The Clerk. Harshbarger votes aye.  
4528 Miller-Meeks?  
4529 \*Mrs. Miller-Meeks. Aye.  
4530 \*The Clerk. Miller-Meeks votes aye.



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4531 Obernolte?  
4532 \*Mr. Obernolte. Aye.  
4533 \*The Clerk. Obernolte votes aye.  
4534 Eshoo?  
4535 \*Ms. Eshoo. No.  
4536 \*The Clerk. Ms. Eshoo votes no.  
4537 Sarbanes?  
4538 \*Mr. Sarbanes. No.  
4539 \*The Clerk. Sarbanes votes no.  
4540 Cardenas?  
4541 \*Mr. Cardenas. No.  
4542 \*The Clerk. Cardenas votes no.  
4543 Ruiz?  
4544 \*Mr. Ruiz. No.  
4545 \*The Clerk. Ruiz votes no.  
4546 Dingell?  
4547 \*Mrs. Dingell. No.  
4548 \*The Clerk. Dingell votes no.  
4549 Kuster?  
4550 [No response.]  
4551 \*The Clerk. Kelly?

**This is an unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker.**

4552           \*Ms. Kelly. No.  
4553           \*The Clerk. Kelly votes no.  
4554           Barragan?  
4555           \*Ms. Barragan. No.  
4556           \*The Clerk. Barragan votes no.  
4557           Blunt Rochester?  
4558           [No response.]  
4559           \*The Clerk. Craig?  
4560           \*Ms. Craig. No.  
4561           \*The Clerk. Craig votes no.  
4562           Schrier?  
4563           \*Ms. Schrier. No.  
4564           \*The Clerk. Schrier votes no.  
4565           Trahan?  
4566           \*Mrs. Trahan. No.  
4567           \*The Clerk. Trahan votes no.  
4568           Pallone?  
4569           \*Mr. Guthrie. I think --  
4570           \*Mr. Pallone. No.  
4571           \*The Clerk. Pallone votes no.  
4572           Chair Rodgers?

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4573           \*The Chair. Aye.

4574           \*The Clerk. Chair Rodgers votes aye.

4575           \*Mr. Guthrie. I think people just get so -- anyone  
4576 wishing to be recognized for purpose of vote?

4577           Anyone on the Republican side?

4578           On the Democratic side, anybody less -- anybody  
4579 remaining?

4580           Seeing none, the clerk will report.

4581           \*The Clerk. Chair Guthrie, on that vote there were 17  
4582 ayes and 11 noes.

4583           \*Mr. Guthrie. With 17 ayes and 11 noes, the ayes have  
4584 it and the bill is agreed to.

4585           The chair calls up H.R. 4420, and asks the clerk to  
4586 report.

4587           \*The Clerk. H.R. 4420, a bill to reauthorize certain  
4588 programs under the Public Health Service Act with respect to  
4589 public health security and all-hazards preparedness and  
4590 response related to the Centers for Disease Control and  
4591 Protection, and for other purposes.

4592           \*Mr. Guthrie. Without objection, the first reading of  
4593 the bill is dispensed with, and the bill will be open for

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4594 amendment at any point.

4595 So ordered.

4596 [The bill follows:]

4597

4598 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

4599

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4600           \*Mr. Guthrie. Does anyone seek recognition on the bill?

4601           For what purpose does the gentleman from North Carolina  
4602 seek recognition?

4603           \*Mr. Hudson. I move to strike the last word.

4604           \*Mr. Guthrie. The gentleman is recognized.

4605           \*Mr. Hudson. Thank you, Mr. Chairman. As I previously  
4606 mentioned, we have been working on this legislation for a  
4607 long time now. I don't need to beat a dead horse to explain  
4608 the importance of this reauthorization and the importance of  
4609 preparedness efforts.

4610           CDC needs a lot of work, and not just a reorganization.  
4611 Real reform looks like Senate confirmation of a CD [sic]  
4612 director immediately; good guidance practices to exclude  
4613 mandates; require public participation and training and  
4614 guidance for employees; and further oversight of the agency.  
4615 There are many opportunities for bipartisanship, oversight,  
4616 accountability, and reform at CDC as it relates to response  
4617 efforts, and I welcome that work with my colleagues. We are  
4618 keeping our hand extended with this legislation in hopes that  
4619 we can put together a comprehensive reauthorization.

4620           I look forward to moving this bill to the next level,

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4621 hopefully working with my friend, Representative Eshoo. And  
4622 with that I yield back.

4623 \*Mr. Guthrie. The gentleman yields back. Is anyone  
4624 seeking recognition to speak on the bill?

4625 No one is seeking recognition to speak on the bill. Are  
4626 there bipartisan -- on the bill? I am sorry. The chair --  
4627 for what purpose does the gentlelady from California seek  
4628 recognition?

4629 \*Ms. Eshoo. I seek recognition, Mr. Chairman, to strike  
4630 the last word --

4631 \*Mr. Guthrie. The gentlelady --

4632 \*Ms. Eshoo. -- and speak on H.R. 4420.

4633 \*Mr. Guthrie. The gentlelady is -- I just -- the vote  
4634 has just been called on the floor, so -- the gentlelady is  
4635 recognized.

4636 \*Ms. Eshoo. Thank you.

4637 As I said, colleagues, on the ASPR bill, this fragment  
4638 of PAHPA once again, in my view, chooses unpreparedness. Our  
4639 country has a shortage of some 80,000 public health workers.  
4640 We are collecting public health data in the second decade of  
4641 the 21st century via fax machines and scraps of paper. These

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4642 antiquated methods are embarrassing for a nation that once  
4643 had a globally respected public health system, and our  
4644 disarrayed data collection has broader consequences for many  
4645 Americans. It has allowed health disparities to flourish  
4646 without intervention.

4647         There is a common maxim, and it goes like this: You  
4648 can't manage what you can't measure. Instead of enacting  
4649 common-sense changes to rebuild our public health workforce  
4650 and allow the CDC to have a clearer picture of the health  
4651 status of our nation, this bill chooses to ignore our  
4652 hollowed-out public health system by under-funding key CDC  
4653 programs for five years.

4654         I agree with Mr. Hudson's comment that the CDC really  
4655 needs an overhaul. There are many shortcomings there. But  
4656 this one, in terms of how information, public health data  
4657 about outbreaks is being collected, is really shameful. It  
4658 really is shameful. And we have, in my view, the  
4659 responsibility to direct the redirection on that, and reshape  
4660 it and address it.

4661         What I would like to do at this point is just have a  
4662 colloquy with the chair and ask, do you plan to combine the

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4663 ASPR and the CDC bills with the underlying PAHPA bill before  
4664 they come to the floor, or going to the floor, have them  
4665 combined?

4666 \*The Chair. We will work with you on this.

4667 \*Ms. Eshoo. Well, it is not my proposal. You are the  
4668 ones that have chopped them up. That is why I am asking. Do  
4669 you think that you are going to -- do you have any intention  
4670 to rejoin them?

4671 \*The Chair. Not at this point. We are working on these  
4672 bills in subcommittee today. I believe that it is important  
4673 that we move forward on PAHPA. We all know that we have a  
4674 deadline coming on September 30. We are responsible for  
4675 taking action to ensure that the nation is prepared as  
4676 possible.

4677 This is subcommittee, and I am committed to continuing  
4678 to work with the minority on reforms that we believe are  
4679 important in PAHPA, and those discussions will continue, and  
4680 we will make decisions later as to how we decide to bring the  
4681 bills to the floor.

4682 \*Ms. Eshoo. Okay, thank you.

4683 I yield back, Mr. Chairman.



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4684           \*Mr. Guthrie. The gentlelady yields back. Is anybody  
4685 else seeking discussion on the bill?

4686           I know there is 11 minutes left in the vote. However,  
4687 they are trying to stick to the 20 minutes. So I know that  
4688 has not been technically so much, but I think we probably are  
4689 going to do one amendment, if we can. We are going to break  
4690 when it gets 5 minutes left for the vote, so it will give us  
4691 15 minutes to get over there.

4692           So does anyone seek recognition for the purpose of --

4693           \*Mr. Ruiz. Mr. Chairman?

4694           \*Mr. Guthrie. Are there any bipartisan amendments?

4695           Are there any other amendments to the bill?

4696           For what purpose does the gentleman from California seek  
4697 recognition?

4698           \*Mr. Ruiz. Mr. Chairman, I have an amendment at the  
4699 desk.

4700           \*Mr. Guthrie. The clerk will report.

4701           \*The Clerk. Amendment to H.R. 4420, offered by Mr.  
4702 Ruiz.

4703           Beginning on --

4704           \*Mr. Guthrie. The gentleman is recognized -- without

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4705 objection, the reading of the amendment is dispensed with.

4706 [The amendment of Mr. Ruiz follows:]

4707

4708 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

4709

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4710           \*Mr. Guthrie. And the gentleman from California is  
4711 recognized for five minutes.

4712           \*Mr. Ruiz. Thank you, Mr. Chairman.

4713           The PAHPA reauthorization process is an important  
4714 opportunity every five years to take stock of our Federal  
4715 Government's preparedness and response capabilities and hear  
4716 from public experts, stakeholders, and those on the ground  
4717 about what more we can be doing to protect our nation from  
4718 emerging threats and infectious diseases, and be better  
4719 prepared for the next public health emergency or pandemic  
4720 that could be coming.

4721           We have heard loud and clear that one essential way to  
4722 improve our public health preparedness and response  
4723 capabilities is to ensure that CDC has the authority it needs  
4724 to receive standardized, real-time data from state and local  
4725 health departments in order to make recommendations and  
4726 guidance decisions using the most up-to-date and accurate  
4727 data.

4728           As former CDC Director Walensky testified earlier this  
4729 year before this committee, the current way public health  
4730 data is collected and shared has resulted in fragmented and

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4731 inconsistent and slow reporting to CDC. Unfortunately, this  
4732 means CDC is often considering data that is outdated, not  
4733 standardized from locality to locality, and may not be able  
4734 to provide the best forecasting and modeling as a result, and  
4735 cannot best respond to surges and outbreaks in different  
4736 areas of our country in the case of pandemics.

4737         We also heard from Dr. Raynard Washington, the director  
4738 of the public health department in Mecklenburg County, North  
4739 Carolina, who testified that during COVID-19 there were often  
4740 three different numbers reported from local, state, and  
4741 Federal partners in terms of what the disease burden was day  
4742 to day. He noted that local, state, and Federal officials  
4743 are tasked with making million, billion, and even trillion-  
4744 dollar decisions, often using that fragmented, outdated data.

4745         This is unacceptable, and we must ensure our Federal  
4746 public health agencies, along with our state and local health  
4747 officials, have access to the streamlined, standardized data  
4748 to improve public health decision-making. For this reason my  
4749 amendment would insert into the bill language of the  
4750 Improving Data and Public Health Act introduced by  
4751 Representative Underwood that would promote coordination

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4752 between Federal agencies to share critical public health data  
4753 to prepare for, identify, monitor, and respond to public  
4754 health emergencies, while also creating standards to improve  
4755 the exchange of electronic health information.

4756         The amendment would also establish an advisory  
4757 commitment -- committee to ensure that health care data  
4758 reporting and sharing processes are carried out as  
4759 effectively as possible, and will provide resources to health  
4760 care providers, community-based organizations, and others to  
4761 develop and disseminate best practices in the collection and  
4762 sharing of electronic health information.

4763         This provision is supported by numerous public health  
4764 and health care provider organizations, including the  
4765 American Academy of Family Physicians, the American Public  
4766 Health Association, the Association of Public Health  
4767 Laboratories, the National Association of County and City  
4768 Health Officials, and the Trust for America's Health, et  
4769 cetera, et cetera.

4770         This is a critical opportunity to improve our nation's  
4771 public health preparedness and response, and I hope my  
4772 colleagues will be joining me in supporting this common-sense

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4773 amendment that will help our nation better respond with data.

4774 As a physician and a public health expert and a  
4775 scientist, if you can't measure you can't improve it. We  
4776 need to measure so that we can have real-time, quick, rapid  
4777 response-based data so that we can better move resources,  
4778 better make wise decisions in those resources and strategies  
4779 and guidelines.

4780 And with that, I yield back.

4781 \*Mr. Guthrie. The gentleman yields back. Is there  
4782 anyone seeking -- the chair will recognize myself to speak in  
4783 opposition of the amendment. I move to strike the last word,  
4784 and I am recognized for five minutes. I am speaking in  
4785 opposition to the amendment.

4786 This amendment significantly expands required data that  
4787 must be shared to the CDC. This amendment will require that  
4788 the exchanges capture and use personal data, including race,  
4789 disabilities, age, and other personal information. As a  
4790 matter of fact, it says "other elements," I believe, it  
4791 doesn't describe what other data can be brought forward in  
4792 the actual text.

4793 So the question still remains on how CDC has used

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4794 Americans' data throughout COVID-19. We must continue our  
4795 work to conduct oversight on how the agency operated  
4796 throughout COVID-19 public health emergency before we  
4797 consider giving them any additional authorities. This is an  
4798 example of government overreach at its finest, requiring that  
4799 your local health care provider report your sensitive  
4800 personal information to the Federal Government.

4801 I urge my colleagues to oppose the amendment, and I also  
4802 suggest that my colleagues, that they would support Mr.  
4803 Hudson's legislation, which includes a bipartisan proposal  
4804 that I worked with Mr. Peters to require GAO to study how CDC  
4805 used their data collection authorities permitted under the  
4806 PHE, public health emergency. And we specifically want to  
4807 know what -- CDC used its data authorities during the  
4808 declared public emergencies, including whether these  
4809 authorities were redundant or over-utilized. And it is a  
4810 bipartisan solution. It is actually included in the  
4811 underlying bill.

4812 I will yield back. I say we will let you go -- it is  
4813 5:06. Does anybody else wants to -- five minutes left in the  
4814 vote, so add another five for -- I did the math on -- I don't

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4815 know if you looked at me. I said 15 minutes -- 10. Any  
4816 further discussion?

4817 We can go to the vote on the amendments. Any vote? But  
4818 do you want a roll call vote? You are going to want a roll  
4819 call vote on the amendment?

4820 Okay, so we will adjourn and we will come back and do --  
4821 the first business will be the roll call vote.

4822 \*Voice. Recess, recess.

4823 \*Mr. Guthrie. Recess, the committee is recessed.

4824 [Recess.]

4825 \*Mr. Guthrie. The committee will come to order.

4826 When we recessed, the business before the committee was  
4827 a roll call vote on Dr. Ruiz's amendment. So I have a roll  
4828 call being requested. The clerk will call the roll.

4829 \*The Clerk. Chair Guthrie?

4830 \*Mr. Guthrie. Aye -- no.

4831 \*The Clerk. Chair Guthrie votes no.

4832 Burgess?

4833 [No response.]

4834 \*The Clerk. Latta?

4835 \*Mr. Latta. No.



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4836           \*The Clerk. Latta votes no.  
4837           Griffith?  
4838           \*Mr. Griffith. No.  
4839           \*The Clerk. Griffith votes no.  
4840           Bilirakis?  
4841           \*Mr. Bilirakis. No.  
4842           \*The Clerk. Bilirakis votes no.  
4843           Johnson?  
4844           [No response.]  
4845           \*The Clerk. Bucshon?  
4846           [No response.]  
4847           \*The Clerk. Hudson?  
4848           \*Mr. Hudson. No.  
4849           \*The Clerk. Hudson votes no.  
4850           Carter?  
4851           \*Mr. Carter. No.  
4852           \*The Clerk. Carter votes no.  
4853           Dunn?  
4854           \*Mr. Dunn. No.  
4855           \*The Clerk. Dunn votes no.  
4856           Pence?

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4857 \*Mr. Pence. No.  
4858 \*The Clerk. Pence votes no.  
4859 Crenshaw?  
4860 [No response.]  
4861 \*The Clerk. Joyce?  
4862 \*Mr. Joyce. No.  
4863 \*The Clerk. Joyce votes no.  
4864 Harshbarger?  
4865 [No response.]  
4866 \*The Clerk. Miller-Meeks?  
4867 [No response.]  
4868 \*The Clerk. Obernolte?  
4869 \*Mr. Obernolte. No.  
4870 \*The Clerk. Obernolte votes no.  
4871 Eshoo?  
4872 \*Ms. Eshoo. Aye.  
4873 \*The Clerk. Ms. Eshoo votes aye.  
4874 Sarbanes?  
4875 \*Mr. Sarbanes. Aye.  
4876 \*The Clerk. Sarbanes votes aye.  
4877 Cardenas?

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4878 [No response.]  
4879 \*The Clerk. Ruiz?  
4880 \*Mr. Ruiz. Aye.  
4881 \*The Clerk. Ruiz votes aye.  
4882 Dingell?  
4883 [No response.]  
4884 \*The Clerk. Kuster?  
4885 \*Ms. Kuster. Aye.  
4886 \*The Clerk. Kuster votes aye.  
4887 Kelly?  
4888 \*Ms. Kelly. Aye.  
4889 \*The Clerk. Kelly votes aye.  
4890 Barragan?  
4891 \*Ms. Barragan. Aye.  
4892 \*The Clerk. Barragan votes aye.  
4893 Blunt Rochester?  
4894 [No response.]  
4895 \*The Clerk. Craig?  
4896 \*Ms. Craig. Craig votes aye.  
4897 \*The Clerk. Craig votes aye.  
4898 Schrier?

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4899 [No response.]

4900 \*The Clerk. Trahan?

4901 \*Mrs. Trahan. Aye.

4902 \*The Clerk. Trahan votes aye.

4903 Pallone?

4904 [No response.]

4905 \*The Clerk. Mr. Pallone?

4906 \*Mr. Pallone. Pallone votes aye.

4907 \*The Clerk. Pallone votes aye.

4908 Chair Rodgers?

4909 \*The Chair. No.

4910 \*The Clerk. Chair Rodgers votes no.

4911 \*Mr. Bucshon. Mr. Bucshon.

4912 \*Mr. Guthrie. How is Dr. Bucshon recorded?

4913 \*The Clerk. Dr. Bucshon is not recorded.

4914 \*Mr. Bucshon. No.

4915 \*The Clerk. Bucshon votes no.

4916 \*Mr. Guthrie. How is Dr. Miller-Meeks recorded?

4917 \*The Clerk. Dr. Miller-Meeks is not recorded.

4918 \*Mrs. Miller-Meeks. Miller-Meeks, no.

4919 \*The Clerk. Miller-Meeks votes no.

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4920 \*Mr. Guthrie. How is Mr. Cardenas recorded?

4921 \*The Clerk. Mr. Cardenas is not recorded.

4922 \*Mr. Cardenas. I vote yes.

4923 \*The Clerk. Cardenas votes aye.

4924 [Pause.]

4925 \*Mr. Guthrie. Is Mr. Bilirakis recorded?

4926 \*The Clerk. Mr. Bilirakis is recorded as no.

4927 \*Mr. Guthrie. We will wait a couple more minutes. Do  
4928 you have everybody back that needs to be back?

4929 Do we know if Dr. Burgess -- he is coming back.

4930 [Pause.]

4931 \*Mr. Guthrie. We got one more coming, it looks.

4932 How is Mrs. Harshbarger recorded?

4933 \*The Clerk. Mrs. Harshbarger is not recorded.

4934 \*Ms. Eshoo. Can you --

4935 \*Mrs. Harshbarger. No.

4936 \*The Clerk. Harshbarger votes no.

4937 \*Ms. Eshoo. -- is not recorded?

4938 \*Mr. Guthrie. Will the clerk report who has not been  
4939 recorded?

4940 \*The Clerk. Mrs. Dingell is not recorded; Ms. Blunt

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4941 Rochester is not recorded; Ms. Schrier is not recorded; Dr.  
4942 Burgess; Chair Johnson; and Mr. Crenshaw are not recorded.

4943 \*Mr. Guthrie. How is Dr. Schrier recorded?

4944 \*The Clerk. Schrier is not recorded.

4945 \*Ms. Schrier. Yes.

4946 \*The Clerk. Schrier votes aye.

4947 [Pause.]

4948 \*Mr. Guthrie. All right. Nobody is walking up. Give  
4949 them about another 30 seconds, and we will -- stop him.

4950 [Pause.]

4951 \*Mr. Guthrie. The clerk will report.

4952 \*The Clerk. Chair, on that vote there were 11 yeas and  
4953 14 noes.

4954 \*Mr. Guthrie. With 11 yeas and 14 nays, the amendment  
4955 is not agreed to.

4956 Are there further amendments to the bill?

4957 For what purpose does Mr. Pallone seek recognition?

4958 \*Mr. Pallone. I have an amendment at the desk, Madam  
4959 Clerk.

4960 \*Mr. Guthrie. The clerk will report.

4961 \*The Clerk. An amendment to H.R. 4420, offered by Mr.

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4962 Pallone.

4963 \*Mr. Guthrie. Without objection, the reading of the  
4964 amendment is dispensed with.

4965 [The amendment of Mr. Pallone follows:]

4966

4967 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

4968

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4969           \*Mr. Guthrie. And the gentleman from New Jersey is  
4970 recognized for five minutes in support of the amendment.

4971           \*Mr. Pallone. Thank you, Mr. Chairman. It is very  
4972 disappointing to me that we are considering an eight-page  
4973 bill to reauthorize only a handful of critical PAHPA  
4974 provisions because Republicans don't want to find a  
4975 bipartisan solution to reauthorize our public health  
4976 preparedness and response capabilities.

4977           Republicans have put forward a partisan vehicle designed  
4978 to shield amendments and debate from taking place during this  
4979 markup. And that is why I am forced to offer this amendment  
4980 that would ensure these programs are reauthorized on time,  
4981 but would also bring us back to the table sooner than five  
4982 years from now so that we can finally have a discussion on  
4983 how to adequately fund and enhance our public health  
4984 preparedness and response capabilities.

4985           My amendment would also increase funding for the Public  
4986 Health Emergency Preparedness, or PHEP, grants. These grants  
4987 serve as our core Federal resources for state and local  
4988 public health preparedness and response, and it is critical  
4989 we provide adequate resources on the ground so we aren't



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4990 caught flat-footed in the future, like we were during the  
4991 early days of COVID-19.

4992           And then I am also disappointed that my Republican  
4993 colleagues have been unwilling to consider enhancing public  
4994 health data authorities for CDC, as was proposed by  
4995 Congressman Ruiz in his last amendment and his bill. We  
4996 don't need to study whether providing streamlined, up-to-  
4997 date, standardized data to our Federal public health agencies  
4998 is needed. We don't need the GAO study because we know this  
4999 data is needed.

5000           Section 107 is highly duplicative of other requirements  
5001 already enacted under the end-of-the-year omnibus, and only  
5002 kicks the can down the road instead of finding real solutions  
5003 to ensure our public health agencies can provide guidance in  
5004 real time that reflects accurate data from localities and  
5005 states. And that is how we improve our public health  
5006 preparedness and response. And it is unfortunate that  
5007 Republicans refuse to support this.

5008           So for these reasons, I urge my colleagues to support my  
5009 amendment to ensure that we can reauthorize these programs on  
5010 time, but also make clear that there is a lot more work to be

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5011 done. And I hope that the Republicans, if not today, at some  
5012 point would join me in this effort.

5013 And with that, I yield back, Mr. Chairman.

5014 \*Mr. Guthrie. The gentleman yields back. Is anyone  
5015 else seeking recognition on discussion of the amendment?

5016 For what purpose does the gentleman from North Carolina  
5017 seek recognition?

5018 \*Mr. Hudson. To strike the last word in opposition to  
5019 the amendment.

5020 \*Mr. Guthrie. The gentleman is recognized for five  
5021 minutes.

5022 \*Mr. Hudson. Thank you, Mr. Chairman.

5023 This amendment is another amendment to delay  
5024 reauthorization for two years. An extension is a last resort  
5025 that hopes we won't face a public health emergency in those  
5026 two years. This is another short-sighted and dangerous  
5027 amendment. It is further discouragement for innovators, and  
5028 this is another violation of speaker protocol and CUTGO  
5029 rules.

5030 I urge my colleagues to oppose this amendment, and I  
5031 yield back.

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5032           \*Mr. Guthrie. The gentleman yields back. Is there any  
5033 further discussion on the amendment?

5034           You want a roll call?

5035           Seeing no further discussion on the amendment, a roll  
5036 call being requested, the clerk will call the roll.

5037           \*The Clerk. Chair Guthrie?

5038           \*Mr. Guthrie. No.

5039           \*The Clerk. Chair Guthrie votes no.  
5040 Burgess?

5041           \*Mr. Burgess. Burgess votes no.

5042           \*The Clerk. Burgess votes no.  
5043 Latta?

5044           \*Mr. Latta. No.

5045           \*The Clerk. Latta votes no.  
5046 Griffith?

5047           \*Mr. Griffith. No.

5048           \*The Clerk. Griffith votes no.  
5049 Bilirakis?

5050           \*Mr. Bilirakis. No.

5051           \*The Clerk. Bilirakis votes no.  
5052 Johnson?

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5053           \*Mr. Johnson. No.  
5054           \*The Clerk. Johnson votes no.  
5055           Bucshon?  
5056           \*Mr. Bucshon. No.  
5057           \*The Clerk. Bucshon votes no.  
5058           Hudson?  
5059           \*Mr. Hudson. No.  
5060           \*The Clerk. Hudson votes no.  
5061           Carter?  
5062           \*Mr. Carter. No.  
5063           \*The Clerk. Carter votes no.  
5064           Dunn?  
5065           \*Mr. Dunn. No.  
5066           \*The Clerk. Dunn votes no.  
5067           Pence?  
5068           \*Mr. Pence. No.  
5069           \*The Clerk. Pence votes no.  
5070           Crenshaw?  
5071           [No response.]  
5072           \*The Clerk. Joyce?  
5073           \*Mr. Joyce. No.

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5074           \*The Clerk.   Joyce votes no.  
5075           Harshbarger?  
5076           \*Mrs. Harshbarger.   No.  
5077           \*The Clerk.   Harshbarger votes no.  
5078           Miller-Meeks?  
5079           \*Mrs. Miller-Meeks.   No.  
5080           \*The Clerk.   Miller-Meeks votes no.  
5081           Oberholte?  
5082           [No response.]  
5083           \*The Clerk.   Eshoo?  
5084           \*Ms. Eshoo.   Aye.  
5085           \*The Clerk.   Ms. Eshoo votes aye.  
5086           Sarbanes?  
5087           \*Mr. Guthrie.   Got you right in the middle of a bite.  
5088           \*Mr. Sarbanes.   Aye.  
5089           \*The Clerk.   Sarbanes votes aye.  
5090           Cardenas?  
5091           [No response.]  
5092           \*The Clerk.   Ruiz?  
5093           [No response.]  
5094           \*The Clerk.   Dingell?

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5095            \*Mrs. Dingell. Aye.

5096            \*The Clerk. Dingell votes aye.

5097            Kuster?

5098            \*Ms. Kuster. Aye.

5099            \*The Clerk. Kuster votes aye.

5100            Kelly?

5101            \*Ms. Kelly. Kelly votes aye.

5102            \*The Clerk. Kelly votes aye.

5103            Barragan?

5104            \*Ms. Barragan. Aye.

5105            \*The Clerk. Barragan votes aye.

5106            Blunt Rochester?

5107            [No response.]

5108            \*The Clerk. Craig?

5109            \*Ms. Craig. Aye.

5110            \*The Clerk. Craig votes aye.

5111            Schrier?

5112            [No response.]

5113            \*The Clerk. Trahan?

5114            \*Mrs. Trahan. Aye.

5115            \*The Clerk. Trahan votes aye.

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5116 Pallone?

5117 \*Mr. Pallone. Aye.

5118 \*The Clerk. Pallone votes aye.

5119 Chair Rodgers?

5120 \*The Chair. No.

5121 \*The Clerk. Chair Rodgers votes no.

5122 \*Mr. Guthrie. How is Mr. Crenshaw recorded?

5123 \*The Clerk. Mr. Crenshaw is not recorded.

5124 \*Mr. Crenshaw. Crenshaw votes no.

5125 \*The Clerk. Crenshaw votes no.

5126 \*Mr. Ruiz. Ruiz.

5127 \*Mr. Guthrie. How is Dr. Ruiz recorded?

5128 \*The Clerk. Dr. Ruiz is not recorded.

5129 \*Mr. Ruiz. Aye.

5130 \*The Clerk. Dr. Ruiz votes aye.

5131 \*Mr. Guthrie. How is Dr. Schrier recorded?

5132 \*The Clerk. Dr. Schrier is not recorded.

5133 \*Ms. Schrier. Schrier is aye.

5134 \*The Clerk. Schrier votes aye.

5135 [Pause.]

5136 \*Mr. Guthrie. Is anyone else seeking recognition for

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5137 voting?

5138 Seeing none, the clerk will report.

5139 \*Mr. Cardenas. Cardenas.

5140 \*Mr. Guthrie. How is Mr. Cardenas recorded?

5141 \*The Clerk. Mr. Cardenas is not recorded.

5142 \*Mr. Cardenas. I vote aye.

5143 \*The Clerk. Cardenas votes aye.

5144 \*Mr. Guthrie. Good job. Anyone else?

5145 Seeing none, the clerk will report.

5146 \*The Clerk. Chair Guthrie, on that vote there were 12  
5147 yeas and 16 noes.

5148 \*Mr. Guthrie. The amendment -- with 12 yeas and 16  
5149 noes, the amendment is not agreed to.

5150 Are there any further amendments?

5151 Seeing none, the question now occurs on forwarding H.R.  
5152 4420, not amended, to the full committee, 4420 to the full  
5153 committee.

5154 All those in favor will say aye.

5155 All opposed will say no.

5156 In the opinion of the chair, the ayes have it.

5157 I am not asking for one, do you want -- you okay?



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5158           The gentleman from New Jersey asked for a roll call  
5159 vote. So a roll call being requested, the clerk will call  
5160 the roll.

5161           \*The Clerk. Chair Guthrie?

5162           \*Mr. Guthrie. Aye.

5163           \*The Clerk. Chair Guthrie votes aye.

5164 Burgess?

5165           \*Mr. Burgess. Burgess votes aye.

5166           \*The Clerk. Burgess votes aye.

5167 Latta?

5168           \*Mr. Latta. Aye.

5169           \*The Clerk. Latta votes aye.

5170 Griffith?

5171           \*Mr. Griffith. Aye.

5172           \*The Clerk. Griffith votes aye.

5173 Bilirakis?

5174           \*Mr. Bilirakis. Aye.

5175           \*The Clerk. Bilirakis votes aye.

5176 Johnson?

5177           \*Mr. Johnson. Aye.

5178           \*The Clerk. Johnson votes aye.

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5179           Bucshon?  
5180           \*Mr. Bucshon.   Aye.  
5181           \*The Clerk.   Bucshon votes aye.  
5182           Hudson?  
5183           \*Mr. Hudson.   Aye.  
5184           \*The Clerk.   Hudson votes aye.  
5185           Carter?  
5186           \*Mr. Carter.   Aye.  
5187           \*The Clerk.   Carter votes aye.  
5188           Dunn?  
5189           \*Mr. Dunn.    Aye.  
5190           \*The Clerk.   Dunn votes aye.  
5191           Pence?  
5192           [No response.]  
5193           \*The Clerk.   Mr. Pence?  
5194           \*Mr. Pence.   Aye.  
5195           \*The Clerk.   Pence votes aye.  
5196           Crenshaw?  
5197           \*Mr. Crenshaw. Aye.  
5198           \*The Clerk.   Crenshaw votes aye.  
5199           Joyce?

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5200           \*Mr. Joyce.   Aye.  
5201           \*The Clerk.   Joyce votes aye.  
5202           Harshbarger?  
5203           \*Mrs. Harshbarger.   Aye.  
5204           \*The Clerk.   Harshbarger votes aye.  
5205           Miller-Meeks?  
5206           \*Mrs. Miller-Meeks.   Aye.  
5207           \*The Clerk.   Miller-Meeks votes aye.  
5208           Oberholte?  
5209           [No response.]  
5210           \*The Clerk.   Eshoo?  
5211           \*Ms. Eshoo.   No.  
5212           \*The Clerk.   Ms. Eshoo votes no.  
5213           Sarbanes?  
5214           \*Mr. Sarbanes.   No.  
5215           \*The Clerk.   Sarbanes votes no.  
5216           Cardenas?  
5217           \*Mr. Cardenas.   No.  
5218           \*The Clerk.   Cardenas votes no.  
5219           Ruiz?  
5220           [No response.]

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5221           \*The Clerk. Dingell?  
5222           \*Mrs. Dingell. No.  
5223           \*The Clerk. Dingell votes no.  
5224           Kuster?  
5225           \*Ms. Kuster. No.  
5226           \*The Clerk. Kuster votes no.  
5227           Kelly?  
5228           \*Ms. Kelly. No.  
5229           \*The Clerk. Kelly votes no.  
5230           Barragan?  
5231           \*Ms. Barragan. No.  
5232           \*The Clerk. Barragan votes no.  
5233           Blunt Rochester?  
5234           [No response.]  
5235           \*The Clerk. Craig?  
5236           \*Ms. Craig. No.  
5237           \*The Clerk. Craig votes no.  
5238           Schrier?  
5239           \*Ms. Schrier. No.  
5240           \*The Clerk. Schrier votes no.  
5241           Trahan?

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5242 \*Mrs. Trahan. No.

5243 \*The Clerk. Trahan votes no.

5244 Pallone?

5245 \*Mr. Pallone. No.

5246 \*The Clerk. Pallone votes no.

5247 Chair Rodgers?

5248 \*The Chair. Aye.

5249 \*The Clerk. Chair Rodgers votes aye.

5250 \*Mr. Guthrie. Is anyone seeking -- Dr. Ruiz?

5251 \*The Clerk. Ruiz is recorded as no.

5252 \*Mr. Guthrie. Is anyone else seeking recognition for a  
5253 vote?

5254 Seeing none, the clerk will report.

5255 [Pause.]

5256 \*The Clerk. Chair Guthrie, on that vote there were 16  
5257 ayes and 12 noes.

5258 \*Mr. Guthrie. With 16 ayes and 12 noes, the bill is  
5259 agreed to.

5260 The chair calls up H.R. 4529, and asks the clerk to  
5261 report.

5262 \*The Clerk. H.R. 4529, a bill to amend the Public

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5263 Health Service Act regarding guidance documents of the  
5264 Centers for Disease Control and Prevention, and for other  
5265 purposes.

5266 \*Mr. Guthrie. Without objection, the first reading of  
5267 the bill is dispensed with, and the bill will be open for  
5268 amendment at any point.

5269 So ordered.

5270 [The bill follows:]

5271

5272 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

5273

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5274           \*Mr. Guthrie. Does anyone seek to be recognized for the  
5275 bill?

5276           For what purpose does the gentlelady from -- the chair  
5277 from Washington --

5278           \*The Chair. To strike the last word.

5279           \*Mr. Guthrie. The gentlelady is recognized for five  
5280 minutes.

5281           \*The Chair. Thank you, Mr. Chairman. I wish to speak  
5282 in support of H.R. 4529, the Public Health Guidance,  
5283 Transparency, and Accountability Act of 2023.

5284           Over 25 years ago this committee worked together to make  
5285 sure that guidance released by the Food and Drug  
5286 Administration still had some type of process for input, and  
5287 was clearly noted as guidance rather than regulation  
5288 enforceable by law. FDA has been able to implement that  
5289 requirement in a way that allows for stakeholder comment, and  
5290 allows for quick release of information in the case of an  
5291 emergency.

5292           It is time CDC does the same. We saw over and over how  
5293 guidance -- six feet distancing, for example -- was taken by  
5294 businesses, states, localities to be undisputed best science,

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5295 and required. What if there had been a public docket opened  
5296 on that guidance, where school administrators could have  
5297 noted that guidance is forcing schools to stay shuttered  
5298 longer, where substance use disorder treatment programs could  
5299 have indicated the same, where data from around the world  
5300 suggesting six feet didn't really have any scientific  
5301 significance could have come in?

5302           Former Director Walensky finally acknowledged in March  
5303 of 2021 that 6 feet of distance was a primary hurdle for  
5304 wider reopening of classrooms, and said CDC would review.  
5305 CDC guidance wasn't changed until over a year later. CDC's  
5306 insistence on recommending masking toddlers was another  
5307 example where the agency was a global outlier, and failed to  
5308 consider not only other educational concerns like speech  
5309 development, but also recommendations of other Western public  
5310 health agencies. Good guidance practices would speed up that  
5311 whole process, from allowing the public a clear process to  
5312 flag potential consequences and quickly signal the risk of  
5313 policy that outweighs the benefits.

5314           CDC may have good scientists, but they do not have the  
5315 only scientists and experts. And it is not just CDC



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5316 scientists who have had input on these problematic guidances.  
5317 Teachers unions influenced CDC's guidance on reopening  
5318 schools based on politics and self-interest, not science.

5319         This bill will open up CDC's insular culture and  
5320 decision-making process to more outside voices, not just the  
5321 Administration's political allies, and bring much-needed  
5322 transparency to the process, leading to better results based  
5323 on evidence and science.

5324         Each of us represents a district with brilliant  
5325 constituents who bring expertise and perspectives that could  
5326 improve the quality of guidance CDC is releasing. A  
5327 transparent and accountable guidance development process, one  
5328 that is visible to outside experts and the public and open  
5329 for public comment, can help rebuild trust in the agency.

5330         We received technical feedback from CDC yesterday, and I  
5331 plan to look at and update the bill if necessary ahead of  
5332 full committee.

5333         I yield back.

5334         \*Mr. Guthrie. The gentlelady yields back. Is there any  
5335 further discussion on the bill?

5336         The gentleman from Maryland, for what purpose do you

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5337 seek recognition?

5338 \*Mr. Sarbanes. I move to strike the last word, Mr. --

5339 \*Mr. Guthrie. The gentleman is recognized.

5340 \*Mr. Sarbanes. I am speaking in opposition to the bill.

5341 Over the past three years we have certainly learned the

5342 important role that our public health agencies play in

5343 keeping our communities safe, and just how critical it is

5344 that we have timely, adequate information-sharing between

5345 Federal, state, and local partners when we are responding to

5346 these health crises. That is why I am disappointed in this

5347 bill that we are considering now, which will be in the --

5348 which will tie the hands of the CDC in a way that will slow

5349 down its ability to share vital health guidance, hinder its

5350 dissemination of updated information, and, frankly, impede

5351 our public health response efforts at every level. That is

5352 going to be the practical impact of legislation like this.

5353 At the beginning of the pandemic we saw just how quickly

5354 emergency situations can change, and how quickly our public

5355 health responses need to change alongside data received and

5356 facts on the ground in order to keep up. We should be

5357 working to enhance the nimbleness of CDC and other public

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5358 health agencies and bolster our data collection, tracking,  
5359 and sharing capabilities. But the bill before us does the  
5360 opposite.

5361         According to technical assistance feedback the committee  
5362 received, the bill could even be interpreted to limit the  
5363 CDC's ability to provide infection prevention and control  
5364 guidance that is designed to improve the safety of patients,  
5365 nursing home residents, and health care workers. Such a  
5366 limitation would endanger patients and providers alike, and  
5367 result in increased confusion and public health risks.

5368         This is not the time to try to undermine our public  
5369 health institutions. It is time to build them up, make them  
5370 stronger, so that we can better respond to the health  
5371 challenges we face today and be ready for the next public  
5372 health crisis.

5373         I urge the committee to consider different legislation  
5374 that would meaningfully improve the ability of the CDC to  
5375 collect, analyze, share data, and provide guidance on the  
5376 proper public health response to such data to our state and  
5377 local partners and the public. And I urge my colleagues to  
5378 join me in opposing this legislation. Let's look at an

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5379 alternative approach that can really strengthen the CDC's  
5380 capacity.

5381 With that, Mr. Chairman, I yield back.

5382 \*Mr. Guthrie. The gentleman yields back. Is anyone  
5383 else seeking recognition to speak on the bill?

5384 Seeing none, we will move to amendments. Are there  
5385 bipartisan amendments to the bill?

5386 Are there any amendments to the bill?

5387 Seeing none, the question will be on reporting H.R. 4529  
5388 to the full committee.

5389 All those in -- a roll call vote, we request a roll call  
5390 vote. So a roll call vote is requested. All those in favor  
5391 vote aye; those -- vote no; the clerk will call the roll.

5392 \*The Clerk. Chair Guthrie?

5393 \*Mr. Guthrie. Aye.

5394 \*The Clerk. Chair Guthrie votes aye.

5395 Burgess?

5396 \*Mr. Burgess. Burgess votes aye.

5397 \*The Clerk. Burgess votes aye.

5398 Latta?

5399 [No response.]

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5400 \*The Clerk. Griffith?  
5401 [No response.]  
5402 \*The Clerk. Mr. Griffith?  
5403 [No response.]  
5404 \*The Clerk. Bilirakis?  
5405 \*Mr. Bilirakis. Aye.  
5406 \*The Clerk. Bilirakis votes aye.  
5407 Johnson?  
5408 \*Mr. Johnson. Aye.  
5409 \*The Clerk. Johnson votes aye.  
5410 Bucshon?  
5411 [No response.]  
5412 \*The Clerk. Hudson?  
5413 [No response.]  
5414 \*The Clerk. Carter?  
5415 [No response.]  
5416 \*The Clerk. Dunn?  
5417 \*Mr. Dunn. Aye.  
5418 \*The Clerk. Dunn votes aye.  
5419 Pence?  
5420 \*Mr. Pence. Aye.

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5421           \*The Clerk. Pence votes aye.  
5422           Crenshaw?  
5423           \*Mr. Crenshaw. Aye.  
5424           \*The Clerk. Crenshaw votes aye.  
5425           Joyce?  
5426           \*Mr. Joyce. Aye.  
5427           \*The Clerk. Joyce votes aye.  
5428           Harshbarger?  
5429           \*Mrs. Harshbarger. Aye.  
5430           \*The Clerk. Harshbarger votes aye.  
5431           Miller-Meeks?  
5432           \*Mrs. Miller-Meeks. Aye.  
5433           \*The Clerk. Miller-Meeks votes aye.  
5434           Oberholte?  
5435           [No response.]  
5436           \*The Clerk. Eshoo?  
5437           \*Ms. Eshoo. No.  
5438           \*The Clerk. Ms. Eshoo votes no.  
5439           Sarbanes?  
5440           \*Mr. Sarbanes. No.  
5441           \*The Clerk. Sarbanes votes no.

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5442 Cardenas?  
5443 \*Mr. Cardenas. No.  
5444 \*The Clerk. Cardenas votes no.  
5445 Ruiz?  
5446 [No response.]  
5447 \*The Clerk. Dingell?  
5448 \*Mrs. Dingell. No.  
5449 \*The Clerk. Dingell votes no.  
5450 Kuster?  
5451 \*Ms. Kuster. No.  
5452 \*The Clerk. Kuster votes no.  
5453 Kelly?  
5454 [No response.]  
5455 \*The Clerk. Barragan?  
5456 \*Ms. Barragan. No.  
5457 \*The Clerk. Barragan votes no.  
5458 Blunt Rochester?  
5459 [No response.]  
5460 \*The Clerk. Craig?  
5461 \*Ms. Craig. No.  
5462 \*The Clerk. Craig votes no.

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5463 Schrier?  
5464 \*Ms. Schrier. No.  
5465 \*The Clerk. Schrier votes no.  
5466 Trahan?  
5467 \*Mrs. Trahan. No.  
5468 \*The Clerk. Trahan votes no.  
5469 Pallone?  
5470 \*Mr. Pallone. No.  
5471 \*The Clerk. Pallone votes no.  
5472 Chair Rodgers?  
5473 \*The Chair. Aye.  
5474 \*The Clerk. Chair Rodgers votes aye.  
5475 \*Mr. Ruiz. Ruiz.  
5476 \*The Clerk. Dr. Ruiz --  
5477 \*Mr. Guthrie. Dr. Ruiz?  
5478 \*The Clerk. -- is not recorded.  
5479 \*Mr. Ruiz. No.  
5480 \*The Clerk. Ruiz votes no.  
5481 \*Mr. Guthrie. Dr. Bucshon, are you recorded?  
5482 \*Mr. Bucshon. How is Dr. Bucshon recorded?  
5483 \*The Clerk. Dr. Bucshon is not recorded.



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5484 \*Mr. Bucshon. Aye.

5485 \*The Clerk. Bucshon votes aye.

5486 \*Mr. Guthrie. Mr. Griffith?

5487 \*Mr. Griffith. Griffith votes aye.

5488 \*The Clerk. Griffith votes aye.

5489 \*Mr. Guthrie. Anybody on your side?

5490 \*Mr. Carter. Carter.

5491 \*The Clerk. Mr. Carter is not recorded.

5492 \*Mr. Carter. Aye.

5493 \*The Clerk. Carter votes aye.

5494 \*Mr. Guthrie. Anyone else?

5495 Seeing no one else for the roll call, the clerk will  
5496 report.

5497 [Pause.]

5498 \*The Clerk. Chair Guthrie, on that vote there were 14  
5499 yeas and 11 noes.

5500 \*Mr. Guthrie. With 14 yeas and 11 noes, the ayes have  
5501 it, and the bill is agreed to.

5502 The chair calls up H.R. 4381, and asks the clerk to  
5503 report.

5504 \*The Clerk. H.R. 4381, a bill to amend the Public

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5505 Health Service Act with respect to the determination,  
5506 termination, and renewal of public health emergencies, and  
5507 for other purposes.

5508 \*Mr. Guthrie. Without objection, the first reading of  
5509 the bill is dispensed with, and the bill will be open for  
5510 amendment at any point.

5511 So ordered.

5512 [The bill follows:]

5513

5514 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

5515

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5516           \*Mr. Guthrie. And I will seek recognition and will --  
5517 the chair recognizes himself for five minutes to speak on the  
5518 bill.

5519           I am proud to co-lead this bill with Dr. Murphy, which  
5520 would give Congress the ability to vote on extending or  
5521 terminating a public health emergency after -- a PHE -- after  
5522 it has been renewed twice, or six months after its original  
5523 declaration.

5524           I support the flexibility the PHE statute provides the  
5525 executive branch to respond to emerging public health  
5526 threats. It is imperative to keep our communities safe  
5527 during uncertain times. But I believe Congress also has a  
5528 role in ensuring our resources are being appropriately  
5529 deployed during such outbreaks. I believe the legislation  
5530 strikes -- this legislation strikes that balance.

5531           In fact, we mirrored this legislation to the National  
5532 Emergencies Act, which provides the same level of flexibility  
5533 to the executive branch while giving Congress the appropriate  
5534 oversight role. Unlike the National Emergencies Act, section  
5535 319 of the Public Health Service Act gives full discretion of  
5536 overseeing the public health emergency declaration process to

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5537 the executive branch, and does not explicitly give Congress a  
5538 role in overseeing this process. We had a 100-year pandemic,  
5539 and Congress didn't -- we didn't have a role directly in  
5540 overseeing the processes moving forward.

5541 Congress must have oversight, given the magnitude a PHE  
5542 has. The COVID-19 public health emergency was extended 12  
5543 times over the course of 3 years. We have seen how much of a  
5544 drastic socio-economic impact the COVID-19 PHE had on our  
5545 kids and others in the community struggling from a loss of a  
5546 job or because they lacked access to critical behavioral  
5547 health care services during the PHE.

5548 We must pass this bill to restore Article I authority in  
5549 order to ensure Congress is a part of the equation when  
5550 determining when a public health emergency ends; restore  
5551 confidence in our public health institutions; and  
5552 appropriately respond to emerging threats.

5553 I yield back. Is there any discussion on the bill?

5554 Mr. Cardenas, for purpose do you seek recognition?

5555 \*Mr. Cardenas. I move to strike the last word.

5556 \*Mr. Guthrie. The gentleman is recognized for five  
5557 minutes.

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5558           \*Mr. Cardenas. Thank you, Mr. Chairman.

5559           I am concerned that we are determined to repeat the  
5560 mistakes of our recent past. We saw time and time again in  
5561 our response to COVID-19 pandemic that when members of  
5562 Congress insisted on putting politics ahead of public health,  
5563 the results were catastrophic. We even witnessed  
5564 then-President Trump encourage people to try putting bleach  
5565 in their body to fight COVID-19. Dios mio, my God.

5566           This bill is merely an attempt to ensure politics, not  
5567 science, gets the final say on every public health emergency  
5568 going forward. Specifically, this bill requires a vote or  
5569 multiple votes of politicians in order to maintain emergency  
5570 authorities for our public health specialists. But think  
5571 about the consequences of a proposal like this.

5572           We all remember when members of the Republican  
5573 Conference insisted that COVID-19 was "a mild flu," or "no  
5574 big deal," even as thousands died every day from this deadly  
5575 disease. If this is their record on making public health  
5576 determinations, I would much prefer we leave it to the  
5577 experts. We must keep politics out of this.

5578           Thank goodness our public health leaders, doctors,

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5579 nurses were on the front line and were able to use tools such  
5580 as vaccines authorized for emergency use, and were able to  
5581 quickly communicate with the American people about new  
5582 variants and risks. I can only imagine how much worse it  
5583 could have been.

5584 Our public health experts deserve our scrutiny and our  
5585 attention. But just like patients go through their doctor  
5586 for their health advice rather than politicians, we must rely  
5587 on our public health officials to tell us that a public  
5588 health emergency is upon us. If this bill were to become  
5589 law, we risk a political decision about when emergency  
5590 authorities expire, rather than one based on science and  
5591 reality on the ground.

5592 In fact, we received technical assistance that confirmed  
5593 that -- and I quote -- "The authority to issue and renew a  
5594 public health emergency declaration should remain with the  
5595 Secretary of the Department of Health and Human Services,  
5596 given the expertise and clinical, scientific, and public  
5597 health -- personnel health within its operating divisions,  
5598 and the staff who can support the information gathering and  
5599 analysis needed in making these determinations.'`

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5600           Unfortunately, this is just one more area where  
5601   Republicans have shown that they failed to learn from the  
5602   COVID-19 pandemic. We should be working together on real  
5603   policies to improve our public health preparedness and  
5604   ability to respond, not playing partisan games while the next  
5605   threat is lurking.

5606           I urge my colleagues to vote no on this bill, and I  
5607   yield back.

5608           \*Mr. Guthrie. The gentleman yields back. Is anyone  
5609   else seeking recognition on the bill?

5610           The gentleman from -- for what purpose does the  
5611   gentleman from Indiana seek recognition?

5612           \*Mr. Bucshon. I move to strike the last word.

5613           \*Mr. Guthrie. The gentleman is recognized for five  
5614   minutes.

5615           \*Mr. Bucshon. I just need to push back a little bit on  
5616   the comments of my colleague on this partisanship on the  
5617   COVID pandemic. I mean, many of the statements are just  
5618   blatantly false.

5619           And, you know, during Operation Warp Speed, that was a  
5620   Republican Administration. We had trouble in rural America

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5621 getting people to get vaccinated because the now-Vice  
5622 President of the United States said that she wouldn't take a  
5623 vaccine because the Trump Administration developed it, and it  
5624 might be dangerous. So I just think, you know, there is  
5625 culpability to go all around when you are in the middle of a  
5626 100-year pandemic.

5627 But, you know, you want to talk about partisanship? The  
5628 entire -- almost the entire statement of my colleague was  
5629 partisan and false. So if you really want -- we really want  
5630 to work together, we need to stop talking like that.

5631 I yield back.

5632 \*Mr. Burgess. Will the gentleman yield?

5633 \*Mr. Bucshon. I will yield.

5634 \*Mr. Burgess. So I have sat through a lot of this  
5635 today, and it has been hard to listen to.

5636 But look, I remember, as that pandemic started, the  
5637 Administration made multiple not classified briefings, but  
5638 member-only briefings available to each and every one of us.  
5639 We went over to the big auditorium over in the Capitol  
5640 Visitor Center. All the people from public health came, and  
5641 shared with us what they knew. But it wasn't that anyone was



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5642 hiding anything from anyone, and all of us had the same  
5643 information. We had the same information that the President  
5644 of the United States had.

5645 Now, look, I was extremely aggravated during the month  
5646 of February 2020. Our Oversight and Investigations  
5647 Subcommittee, our Health Subcommittee did not have the  
5648 proper, I thought, attention to this problem that was boiling  
5649 up half a world away. We had hearings on ticket stubs, we  
5650 had hearings on horse races, but we didn't have hearings on  
5651 what was our pandemic preparedness.

5652 And then here is the sad part. This committee had just  
5653 passed the Pandemic All-Hazards Preparedness Act, the  
5654 previous reauthorization signed into law in June of 2019. We  
5655 didn't even take the shrink wrap off the law and look at was  
5656 this working as we thought it would. And you know what? It  
5657 wasn't, because we were preparing for pandemic flu and this  
5658 was something entirely different.

5659 No one knew ahead of time that this was going to be an  
5660 illness, that, yes, it is transmissible, but it can be silent  
5661 for 14 days. You are exposed, and it is 14 days later before  
5662 you get symptoms. So the universe of people that you came in

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5663 contact with, it made it virtually impossible to do contact  
5664 tracing.

5665           And we finally had a hearing right at the end of  
5666 February. It was a budgetary hearing, and Dr. Fauci and Dr.  
5667 Azar, Alex Azar, Secretary Azar, came and sat at the table.  
5668 And we asked them, was this going to be different from the  
5669 SARS epidemic of 2003? And they assured us no, normal public  
5670 health measures in the SARS epidemic in 2003, contact  
5671 tracing, quarantine, normal public health measures were  
5672 enough to succeed in that environment, and it would be enough  
5673 this time. But it wasn't. That 14-day interval is what blew  
5674 that all up.

5675           So I agree with my friend from Indiana. Let's stop the  
5676 revisionist history. This was a tough, tough problem. Many  
5677 people did the best job they could. But the big beef that a  
5678 lot of American people have with the so-called experts is the  
5679 hubris. They would never have the humility to say, "We  
5680 weren't sure, and now we have reevaluated." You have never  
5681 heard those words come out of the mouth of Dr. Fauci, Dr.  
5682 Walensky. It was always just, "Do as we say."

5683           There were a lot of missteps that were made. I think we

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5684 can learn from that experience. I hope we have tasked the  
5685 FDA with providing us the after-action report. I hope we  
5686 have tasked the CDC with providing us their after-action  
5687 report. Yes, let's learn from that. Let's build on that.  
5688 But let's not involve in revisionist history. It just makes  
5689 people mad, and it is not successful.

5690 I will yield back to the gentleman from --

5691 \*Mr. Bucshon. Yes, reclaiming my time, I just want to  
5692 say I think everybody in the committee knows that I -- my  
5693 preference is always to work in a bipartisan way, if  
5694 essential, also particularly on health issues. And I work  
5695 with many of my colleagues on both sides of the aisle. But,  
5696 you know, revisionist history in these type of hearings, and  
5697 making inflammatory political statements is not helpful.

5698 You know, I mean, I could argue that Democrat  
5699 politicians pushed career bureaucrats at the FDA to delay the  
5700 vaccine through the election for political purposes. I  
5701 believe that happened. Is it true? I don't know. But that  
5702 is what happened. And in the meantime, thousands, if not  
5703 hundreds of thousands of people couldn't get vaccines.

5704 So, look, we can both talk politics. Mistakes were made

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5705 on both sides. It was a once-in-a-100-year pandemic. And we  
5706 need to talk about the future, not the past.

5707 I yield back.

5708 \*Mr. Guthrie. The gentleman yields back. Is anyone  
5709 else seeking recognition to speak on the bill?

5710 Seeing none, are there any amendments to the bill?

5711 Any bipartisan amendments?

5712 Any other amendments to the bill?

5713 Seeing none, the question now occurs on forwarding H.R.  
5714 4381 to the full committee. Do you want a roll call?

5715 A roll call vote has been requested. The clerk will  
5716 call the roll.

5717 \*The Clerk. Chair Guthrie?

5718 \*Mr. Guthrie. Aye.

5719 \*The Clerk. Chair Guthrie votes aye.

5720 Burgess?

5721 \*Mr. Burgess. Burgess votes aye.

5722 \*The Clerk. Burgess votes aye.

5723 Latta?

5724 [No response.]

5725 \*The Clerk. Griffith?

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5726 \*Mr. Griffith. Aye.  
5727 \*The Clerk. Griffith votes aye.  
5728 Bilirakis?  
5729 [No response.]  
5730 \*The Clerk. Johnson?  
5731 \*Mr. Johnson. Aye.  
5732 \*The Clerk. Johnson votes aye.  
5733 Bucshon?  
5734 \*Mr. Bucshon. Aye.  
5735 \*The Clerk. Bucshon votes aye.  
5736 Hudson?  
5737 [No response.]  
5738 \*The Clerk. Carter?  
5739 [No response.]  
5740 \*The Clerk. Dunn?  
5741 \*Mr. Dunn. Aye.  
5742 \*The Clerk. Dunn votes aye.  
5743 Pence?  
5744 \*Mr. Pence. Aye.  
5745 \*The Clerk. Pence votes aye.  
5746 Crenshaw?

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5747 \*Mr. Crenshaw. Aye.  
5748 \*The Clerk. Crenshaw votes aye.  
5749 Joyce?  
5750 \*Mr. Joyce. Aye.  
5751 \*The Clerk. Joyce votes aye.  
5752 Harshbarger?  
5753 \*Mrs. Harshbarger. Aye.  
5754 \*The Clerk. Harshbarger votes aye.  
5755 Miller-Meeks?  
5756 \*Mrs. Miller-Meeks. Aye.  
5757 \*The Clerk. Miller-Meeks votes aye.  
5758 Obernolte?  
5759 [No response.]  
5760 \*The Clerk. Eshoo?  
5761 \*Ms. Eshoo. No.  
5762 \*The Clerk. Ms. Eshoo votes no.  
5763 Sarbanes?  
5764 [No response.]  
5765 \*The Clerk. Cardenas?  
5766 \*Mr. Cardenas. No.  
5767 \*The Clerk. Cardenas votes no.

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5768 Ruiz?  
5769 \*Mr. Ruiz. No.  
5770 \*The Clerk. Ruiz votes no.  
5771 Dingell?  
5772 \*Mrs. Dingell. No.  
5773 \*The Clerk. Dingell votes no.  
5774 Kuster?  
5775 \*Ms. Kuster. No.  
5776 \*The Clerk. Kuster votes no.  
5777 Kelly?  
5778 \*Ms. Kelly. No.  
5779 \*The Clerk. Kelly votes no.  
5780 Barragan?  
5781 \*Ms. Barragan. No.  
5782 \*The Clerk. Barragan votes no.  
5783 Blunt Rochester?  
5784 [No response.]  
5785 \*The Clerk. Craig?  
5786 \*Ms. Craig. No.  
5787 \*The Clerk. Craig votes no.  
5788 Schrier?

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5789 \*Ms. Schrier. No.

5790 \*The Clerk. Schrier votes no.

5791 Trahan?

5792 \*Mrs. Trahan. No.

5793 \*The Clerk. Trahan votes no.

5794 Pallone?

5795 \*Mr. Pallone. No.

5796 \*The Clerk. Pallone votes no.

5797 Chair Rodgers?

5798 [No response.]

5799 \*Mr. Guthrie. Chair Rodgers?

5800 \*The Chair. Yes.

5801 \*The Clerk. Chair Rodgers votes aye.

5802 \*Mr. Sarbanes. Is Sarbanes recorded?

5803 \*The Clerk. Mr. Sarbanes is not recorded.

5804 \*Mr. Sarbanes. Votes no.

5805 \*The Clerk. Sarbanes votes no.

5806 \*Mr. Guthrie. Mr. Latta?

5807 \*The Clerk. Mr. Latta is not recorded.

5808 \*Mr. Latta. Aye.

5809 \*The Clerk. Latta votes aye.



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5810           \*Mr. Guthrie. Anyone else seeking recognition for a  
5811 vote?

5812           Anyone on your side?

5813           Seeing none, the clerk will report.

5814           \*The Clerk. Chair Guthrie, on that vote we have 13 ayes  
5815 and 12 nays.

5816           \*Mr. Guthrie. We haven't announced the vote yet, so --

5817           \*Mr. Carter. Yes, Carter votes yes.

5818           \*The Clerk. Carter votes aye.

5819           \*Mr. Carter. Thank you.

5820           \*Mr. Guthrie. So I hadn't announced the vote yet.

5821           \*The Clerk. Chair Guthrie, on that vote we have 14 ayes  
5822 and 12 nays.

5823           \*Mr. Guthrie. So I will now announce the vote. With 14  
5824 ayes and 12 noes, the bill is agreed to.

5825           The chair calls up H.R. 3813, and asks the clerk to  
5826 report.

5827           \*The Clerk. H.R. 3813, a bill to accelerate the  
5828 applicability of the requirement that the director of the  
5829 Centers for Disease Control and Prevention be appointed by  
5830 the President by and with the consent of the Senate.

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5831           \*Mr. Guthrie. Without objection, the first reading of  
5832 the bill is dispensed with, and the bill will be open for  
5833 amendment at any point.

5834           So ordered.

5835           [The bill follows:]

5836

5837           \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

5838

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5839           \*Mr. Guthrie. I will recognize myself to strike the  
5840 last word.

5841           The American people deserve strong leadership within our  
5842 public health agencies. Through one-size-fits-all mask and  
5843 vaccine mandates, a politicized COVID-19 guidance, to wide-  
5844 scale economic shutdowns and school failures, it is clear our  
5845 public health institutions could benefit from greater  
5846 congressional oversight.

5847           In December Congress took some steps aimed at holding  
5848 these agencies more accountable to the American people.  
5849 Notably, Federal law now requires Senate confirmation of the  
5850 CDC director, starting in 2025. We simply cannot operate on  
5851 a business as usual, and must continue to hold our nation's  
5852 public health officials to the highest possible standards,  
5853 including ensuring these individuals will be guided by  
5854 science and operate transparently with the American people.

5855           My legislation would simply move up the timeline for CD  
5856 [sic] director confirmation to six months after enactment.

5857           Further, as CDC continues its internal restructure,  
5858 Congress must ensure CDC is effectively prepared for future  
5859 infectious disease outbreaks.

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5860 I urge my colleagues to support this legislation, and I  
5861 will yield back.

5862 Is anyone seeking discussion?

5863 The gentleman from New Jersey, for what purpose do you  
5864 seek recognition?

5865 \*Mr. Pallone. To strike the last word in opposition.

5866 \*Mr. Guthrie. The gentleman is recognized.

5867 \*Mr. Pallone. Mr. Chairman, right now in the Senate --  
5868 and, you know, I am not -- I am usually critical of them --  
5869 hundreds of members of our military are being blocked from  
5870 moving up in rank. And for the first time since 1859, the  
5871 Marine Corps is without a confirmed leader due to a hold from  
5872 just one Senator. Another Senator has pledged to block all  
5873 nominees of the Department of Justice, while another has  
5874 pledged to block the new director of NIH. And this is not  
5875 unusual. Individual Senators often use their power over  
5876 personnel to block appointments, not necessarily because  
5877 Senators have any concerns about the nominee's  
5878 qualifications, but rather because of politics unrelated to  
5879 the nominee or even the department where they would serve.

5880 So this legislation would immediately put the director

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5881 of the Centers for Disease Control and Prevention in the  
5882 middle of this political morass of the United States Senate.

5883 Earlier this week Dr. Mandy Cohen was sworn in as our  
5884 new CDC director. If this legislation were to go into  
5885 effect, she would immediately be removed from that position  
5886 and placed in acting status while the Senate stalled on her  
5887 nomination. This would leave our lead public health agency  
5888 without permanent -- without a permanent leader to focus on  
5889 the agency transformation that was started by her  
5890 predecessor, or carry out the tasks that we are asking her to  
5891 do in the PAHPA reauthorization bills the majority has  
5892 offered today. It would also invite unnecessary political  
5893 interference into public health preparedness and response.

5894 I believe we need a director of the CDC to hit the  
5895 ground running to address the public health threats that are  
5896 out there, whether that is an outbreak of measles or the next  
5897 novel pandemic. The Senate has, frankly, proven to be  
5898 incapable of doing anything quickly -- you have heard me say  
5899 that a million times -- and it would be a mistake to leave  
5900 the CDC without a permanent leader at this time.

5901 Once again, politics are driving the GOP agenda on

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5902 public health. And once again, we should reject this attempt  
5903 because I do think it undermines the CDC.

5904 So I urge my colleagues to oppose this legislation, and  
5905 I yield back.

5906 \*Mr. Guthrie. The gentleman yields back. Is anyone  
5907 else seeking -- for what purpose does the gentleman from  
5908 Indiana --

5909 \*Mr. Bucshon. I move to strike the last word.

5910 \*Mr. Guthrie. The gentleman is recognized.

5911 \*Mr. Bucshon. I want to speak in favor of the  
5912 legislation.

5913 One of the biggest problems we currently have at the CDC  
5914 is political interference. I had conversations with Dr.  
5915 Redfield and Dr. Walensky about this, and we need to do all  
5916 we can to try to minimize political interference. And to do  
5917 that, maybe having to be Senate confirmed will encourage  
5918 Presidents to appoint less partisan people.

5919 Because I can tell you, I am a physician, but that  
5920 doesn't mean physicians out there in practice don't have  
5921 political viewpoints, because they all do. And I think it  
5922 would be important for congressional oversight for the U.S.

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5923 Senate to have someone in front of their committee where they  
5924 can do a deep dive into their -- not only their scientific  
5925 background, but where they are as it relates to minimizing  
5926 political interference in their career. Because most --  
5927 honestly, most people that get appointed at CDC are going to  
5928 be academicians, people at academic medical centers, and  
5929 people who have a long history of being engaged in the  
5930 political process.

5931 So I want to speak in favor of this because I think our  
5932 current CDC directors are put under a tremendous amount of  
5933 political influence, and that is a shame. And maybe the fact  
5934 that -- having to be Senate confirmed would help to minimize  
5935 that situation. So I am in support of this legislation.

5936 \*Mr. Guthrie. Would the gentleman yield?

5937 \*Mr. Bucshon. I will yield.

5938 \*Mr. Guthrie. You know, I just want to say that there  
5939 is some truth. I mean, accurate, what you said, except if  
5940 this bill was enacted today, if the President signed it  
5941 today, then the new CDC director would not be acting. She  
5942 would actually be director for six months, and then she would  
5943 have to go to act -- to have six months for the Senate to

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5944 confirm.

5945           And I think some of the examples that you have cited get  
5946 frustrated -- frustrates me, as well, for some of the people  
5947 that are lingering in the Senate that need to be confirmed.  
5948 I mean, we have ambassadors on -- when a new President comes  
5949 in it takes, like -- they get sworn -- appointed in January,  
5950 they don't get put in until August.

5951           But I don't think that we want to undo -- and I know we  
5952 can't do it legislatively, but we don't want to undo the  
5953 advise and consent responsibility of the Senate. And so I  
5954 think that high-level officials, particularly, as we have  
5955 seen in the CDC, it is important that they are Senate  
5956 confirmed. It gives the legislative branch -- not us,  
5957 unfortunately, but the legislative branch -- the ability to  
5958 at least question and ensure these -- and give advice and  
5959 consent.

5960           And so I think -- but, you know, there has been a  
5961 proposal to take the -- because right now it is 2025 when it  
5962 takes effect. There has been a proposal to just take the CDC  
5963 director out from being confirmed at all, and I just think  
5964 that is -- even though frustrated with the Senate we all can



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5965 be, that is just not proper for us, in my opinion.

5966 But I will yield back to my friend from Indiana --

5967 \*Mr. Bucshon. Yes, reclaiming my time, I want to agree  
5968 with what the chairman just said.

5969 I think the Senate has been frustrating under  
5970 administrations, under Republican and Democrat side, about  
5971 timeliness of confirmation. But that is not a reason, in my  
5972 view, dysfunction in the Senate, for -- to not have someone  
5973 Senate confirmed.

5974 I mean, we could make that argument for the Secretary of  
5975 State, for the Secretary of Defense. And as you -- as the  
5976 ranking member pointed out, there are high-level military  
5977 people right now being held up by -- essentially, by one  
5978 Senator, which is something that is frustrating. But that  
5979 doesn't mean that we shouldn't try to do as much as we can to  
5980 de-politicize the CDC and regain the confidence of the  
5981 American people in the CDC. That is another one.

5982 You know, if you have a chance to publicly vet and  
5983 publicly discuss with the proposed -- or, you know, a nominee  
5984 for the CDC director, it can be in a public forum and regain  
5985 the -- help regain the confidence of the American people in

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5986 the future of the agency, which right now is lacking. And so  
5987 I support the legislation.

5988 I yield back.

5989 \*Mr. Guthrie. The gentleman yields back. Is there any  
5990 further discussion on the bill?

5991 Seeing none, are there any bipartisan amendments to the  
5992 bill?

5993 Are there any amendments to the bill?

5994 Seeing none, the roll call vote being requested, the  
5995 question now occurs on forwarding H.R. 3813 to the full  
5996 committee. A roll call has been requested. The clerk will  
5997 call the roll.

5998 \*The Clerk. Chair Guthrie?

5999 \*Mr. Guthrie. Aye.

6000 \*The Clerk. Guthrie votes aye.

6001 Burgess?

6002 \*Mr. Burgess. Burgess votes aye.

6003 \*The Clerk. Burgess votes aye.

6004 Latta?

6005 \*Mr. Latta. Aye.

6006 \*The Clerk. Latta votes aye.

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6007 Griffith?  
6008 \*Mr. Griffith. Aye.  
6009 \*The Clerk. Griffith votes aye.  
6010 Bilirakis?  
6011 \*Mr. Bilirakis. Aye.  
6012 \*The Clerk. Bilirakis votes aye.  
6013 Johnson?  
6014 \*Mr. Johnson. Aye.  
6015 \*The Clerk. Johnson votes aye.  
6016 Bucshon?  
6017 \*Mr. Bucshon. Aye.  
6018 \*The Clerk. Bucshon votes aye.  
6019 Hudson?  
6020 [No response.]  
6021 \*The Clerk. Carter?  
6022 \*Mr. Carter. Aye.  
6023 \*The Clerk. Carter votes aye.  
6024 Dunn?  
6025 \*Mr. Dunn. Aye.  
6026 \*The Clerk. Dunn votes aye.  
6027 Pence?

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6028           \*Mr. Pence.   Aye.  
6029           \*The Clerk.   Pence votes aye.  
6030           Crenshaw?  
6031           \*Mr. Crenshaw.  Aye.  
6032           \*The Clerk.   Crenshaw votes aye.  
6033           Joyce?  
6034           \*Mr. Joyce.   Aye.  
6035           \*The Clerk.   Joyce votes aye.  
6036           Harshbarger?  
6037           \*Mrs. Harshbarger.  Aye.  
6038           \*The Clerk.   Harshbarger votes aye.  
6039           Miller-Meeks?  
6040           \*Mrs. Miller-Meeks.  Aye.  
6041           \*The Clerk.   Miller-Meeks votes aye.  
6042           Oberholte?  
6043           [No response.]  
6044           \*The Clerk.   Eshoo?  
6045           \*Ms. Eshoo.   No.  
6046           \*The Clerk.   Ms. Eshoo votes no.  
6047           Sarbanes?  
6048           \*Mr. Sarbanes.  No.

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6049           \*The Clerk. Sarbanes votes no.  
6050           Cardenas?  
6051           \*Mr. Cardenas. No.  
6052           \*The Clerk. Cardenas votes no.  
6053           Ruiz?  
6054           \*Mr. Ruiz. No.  
6055           \*The Clerk. Ruiz votes no.  
6056           Dingell?  
6057           \*Mrs. Dingell. No.  
6058           \*The Clerk. Dingell votes no.  
6059           Kuster?  
6060           \*Ms. Kuster. No.  
6061           \*The Clerk. Kuster votes no.  
6062           Kelly?  
6063           \*Ms. Kelly. No.  
6064           \*The Clerk. Kelly votes no.  
6065           Barragan?  
6066           \*Ms. Barragan. No.  
6067           \*The Clerk. Barragan votes no.  
6068           Blunt Rochester?  
6069           [No response.]

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6070           \*The Clerk. Craig?  
6071           \*Ms. Craig. Craig votes no.  
6072           \*The Clerk. Craig votes no.  
6073           Schrier?  
6074           \*Ms. Schrier. No.  
6075           \*The Clerk. Schrier votes no.  
6076           Trahan?  
6077           \*Mrs. Trahan. No.  
6078           \*The Clerk. Trahan votes no.  
6079           Pallone?  
6080           \*Mr. Pallone. No.  
6081           \*The Clerk. Pallone votes no.  
6082           Chair Rodgers?  
6083           [No response.]  
6084           \*Mr. Guthrie. Is there anyone that has not answered the  
6085 roll call?  
6086           Is the chair coming?  
6087           Anyone on the other side?  
6088           Seeing no one, the clerk will report. The clerk will  
6089 report.  
6090           \*The Clerk. Chair Guthrie, on that vote we had 14 yeas

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6091 and 12 noes.

6092 \*Mr. Guthrie. The chair will announce the vote. With  
6093 14 ayes and 12 nays, the bill is agreed to.

6094 The chair calls up H.R. 3836, and asks the clerk to  
6095 report.

6096 \*The Clerk. H.R. 3836, a bill to facilitate direct  
6097 primary care arrangements under Medicaid.

6098 \*Mr. Guthrie. Without objection, the first reading of  
6099 the bill is dispensed with, and the bill will be opened for  
6100 amendment at any point.

6101 So ordered.

6102 [The bill follows:]

6103

6104 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

6105

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6106           \*Mr. Guthrie. Does anybody seek recognition on the  
6107 bill?

6108           Why does the gentleman from Texas seek recognition?

6109           \*Mr. Crenshaw. I move to strike the last word.

6110           \*Mr. Guthrie. The gentleman is recognized.

6111           \*Mr. Crenshaw. Chairman, thank you for bringing this to  
6112 the committee.

6113           You know, when we talk about the critical issue of  
6114 health care access, I think we have to consider two very  
6115 important factors: empowering patients and establishing a  
6116 viable entry point. And one solution that cuts through all  
6117 the bureaucratic red tape is direct primary care. And I want  
6118 to break that down for you.

6119           Direct primary care offers unlimited access to a primary  
6120 care physician for a recurring monthly payment. And it  
6121 hinges on the most crucial relationship in health care: that  
6122 bond between the patient and the doctor. Direct primary care  
6123 holds tremendous potential in tackling the skyrocketing costs  
6124 of emergency room visits within the Medicaid population  
6125 because it fosters a more direct and personal patient-  
6126 physician relationship. It also opens up a whole new avenue



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6127 of care for Medicaid patients, grants them access to a fresh  
6128 pool of highly-skilled physicians.

6129 In the current system, many primary care doctors simply  
6130 cannot sustain their practice due to the woefully inadequate  
6131 Medicaid reimbursement rates. So this adversely affects  
6132 Medicaid recipients because they require primary care just  
6133 like the rest of us. And just like the rest of us, primary  
6134 care is the entry point into health care. So they deserve  
6135 the same standard as everyone else.

6136 So I have joined forces with my friend Representative  
6137 Schrier to introduce this bipartisan bill. Our legislation  
6138 is very straightforward, very simple, small step. It offers  
6139 opportunities to expand primary care access for Medicaid  
6140 recipients. How? By clearly stating that current law does  
6141 not prohibit direct primary care arrangements within the  
6142 Medicaid program, while also providing guidance for states  
6143 that wish to incorporate direct primary care into their  
6144 unique Medicaid system.

6145 It is a small step, but it is significant, and it is in  
6146 the right direction. It paves the way for delivering an  
6147 innovative care model to a population that is genuinely in

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6148 need. And I hope we can move forward with this in a truly  
6149 bipartisan manner.

6150 Thank you, and I yield back.

6151 \*Mr. Guthrie. The gentleman yields back. Is anyone  
6152 seeking -- for discussion on the bill?

6153 Seeing none, are there bipartisan amendments to the  
6154 bill?

6155 Are there other amendments to the bill?

6156 The gentleman from Texas, do you have an amendment to  
6157 the bill in the nature of a substitute?

6158 \*Mr. Guthrie. The clerk will report --

6159 \*Mr. Crenshaw. Yes, yes.

6160 \*Mr. Guthrie. The clerk will report the amendment.

6161 \*Mr. Crenshaw. Sorry, Chairman. I do have an amendment  
6162 at the desk.

6163 \*Mr. Guthrie. No problem.

6164 \*The Clerk. An amendment in the nature of a substitute  
6165 to H.R. 3836, offered by Mr. Crenshaw of Texas.

6166 \*Mr. Guthrie. Without objection, the reading of the  
6167 amendment is dispensed with.

6168 [The amendment of Mr. Crenshaw follows:]

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6169

6170 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

6171

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6172           \*Mr. Guthrie. And the gentleman is recognized in  
6173 support of his amendment.

6174           \*Mr. Crenshaw. I think I was out of order there, so I  
6175 think you heard me.

6176           Thank you, Chairman, I yield back.

6177           \*Mr. Guthrie. Any discussion on the amendment?

6178           Seeing none, are there any amendments to the amendment  
6179 in nature of a substitute?

6180           Seeing none, so if there is no further discussion on the  
6181 amendment, the vote occurs on the amendment in the nature of  
6182 a substitute. We will do this by voice, I believe.

6183           All those in favor shall signify by saying aye.

6184           All those opposed, no.

6185           The ayes have it, and the amendment is agreed to.

6186           The question now occurs on forwarding H.R. 3836, as  
6187 amended, to the full committee. A roll call has been  
6188 requested, and the clerk will call the roll.

6189           \*The Clerk. Chair Guthrie?

6190           \*Mr. Guthrie. Aye.

6191           \*The Clerk. Guthrie votes aye.

6192           Burgess?

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6193 [No response.]  
6194 \*The Clerk. Latta?  
6195 \*Mr. Latta. Aye.  
6196 \*The Clerk. Latta votes aye.  
6197 Griffith?  
6198 \*Mr. Griffith. Aye.  
6199 \*The Clerk. Griffith votes aye.  
6200 Bilirakis?  
6201 \*Mr. Bilirakis. Aye.  
6202 \*The Clerk. Bilirakis votes aye.  
6203 Johnson?  
6204 \*Mr. Johnson. Aye.  
6205 \*The Clerk. Johnson votes aye.  
6206 Bucshon?  
6207 [No response.]  
6208 \*The Clerk. Hudson?  
6209 [No response.]  
6210 \*The Clerk. Carter?  
6211 [No response.]  
6212 \*The Clerk. Dunn?  
6213 \*Mr. Dunn. Aye.

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6214           \*The Clerk.   Dunn votes aye.  
6215           Pence?  
6216           \*Mr. Pence.   Aye.  
6217           \*The Clerk.   Pence votes aye.  
6218           Crenshaw?  
6219           \*Mr. Crenshaw.  Aye.  
6220           \*The Clerk.   Crenshaw votes aye.  
6221           Joyce?  
6222           \*Mr. Joyce.   Aye.  
6223           \*The Clerk.   Joyce votes aye.  
6224           Harshbarger?  
6225           \*Mrs. Harshbarger.  Aye.  
6226           \*The Clerk.   Harshbarger votes aye.  
6227           Miller-Meeks?  
6228           \*Mrs. Miller-Meeks.  Aye.  
6229           \*The Clerk.   Miller-Meeks votes aye.  
6230           Oberholte?  
6231           \*Mr. Oberholte.  Aye.  
6232           \*The Clerk.   Oberholte votes aye.  
6233           Eshoo?  
6234           \*Ms. Eshoo.   Aye.

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6235           \*The Clerk. Ms. Eshoo votes aye.  
6236           Sarbanes?  
6237           \*Mr. Sarbanes. Aye.  
6238           \*The Clerk. Sarbanes votes aye.  
6239           Cardenas?  
6240           \*Mr. Cardenas. Aye.  
6241           \*The Clerk. Cardenas votes aye.  
6242           Ruiz?  
6243           \*Mr. Ruiz. Aye.  
6244           \*The Clerk. Ruiz votes aye.  
6245           Dingell?  
6246           \*Mrs. Dingell. Aye.  
6247           \*The Clerk. Dingell votes aye.  
6248           Kuster?  
6249           \*Ms. Kuster. Aye.  
6250           \*The Clerk. Kuster votes aye.  
6251           Kelly?  
6252           \*Ms. Kelly. Aye.  
6253           \*The Clerk. Kelly votes aye.  
6254           Barragan?  
6255           \*Ms. Barragan. Aye.

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6256           \*The Clerk. Barragan votes aye.  
6257           Blunt Rochester?  
6258           [No response.]  
6259           \*The Clerk. Craig?  
6260           \*Ms. Craig. Craig votes aye.  
6261           \*The Clerk. Craig votes aye.  
6262           Schrier?  
6263           \*Ms. Schrier. Aye.  
6264           \*The Clerk. Schrier votes aye.  
6265           Trahan?  
6266           \*Mrs. Trahan. Aye.  
6267           \*The Clerk. Trahan votes aye.  
6268           Pallone?  
6269           \*Mr. Pallone. Aye.  
6270           \*The Clerk. Pallone votes aye.  
6271           Chair Rodgers?  
6272           \*The Chair. Aye.  
6273           \*The Clerk. Chair Rodgers votes aye.  
6274           \*Mr. Guthrie. How is Dr. Burgess recorded?  
6275           \*The Clerk. Dr. Burgess is not recorded.  
6276           \*Mr. Burgess. Burgess votes aye.



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6277           \*The Clerk. Burgess votes aye.

6278           \*Mr. Carter. Carter.

6279           \*Mr. Guthrie. How is Mr. Griffith recorded?

6280           Oh, is it Griffith or Carter?

6281           Carter, how is Mr. Carter recorded?

6282           \*The Clerk. Mr. Carter is not recorded.

6283           \*Mr. Carter. Aye.

6284           \*The Clerk. Carter votes aye.

6285           \*Mr. Guthrie. Dr. Bucshon.

6286           \*The Clerk. Dr. Bucshon is not recorded.

6287           \*Mr. Bucshon. Aye.

6288           \*The Clerk. Bucshon votes aye.

6289           \*Mr. Guthrie. Any on your side? Is that everyone?

6290           The clerk will report.

6291           [Pause.]

6292           \*The Clerk. Chair Guthrie, on that vote we had 28 ayes

6293           and 0 nays.

6294           \*Mr. Guthrie. With 28 ayes and 0 nays, the bill is

6295           agreed to.

6296           The chair calls up H.R. 4531, and asks the clerk to

6297           report.

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6298           \*The Clerk. H.R. 4531, a bill to reauthorize certain  
6299 programs that provide for opioid use disorder prevention,  
6300 recovery, and treatment, and for other purposes.

6301           \*Mr. Guthrie. Without objection, the first reading of  
6302 the bill is dispensed with, and the bill will be open for  
6303 amendment at any point.

6304           So ordered.

6305           [The bill follows:]

6306

6307           \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

6308

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6309           \*Mr. Guthrie. The chair will recognize myself for five  
6310 minutes to speak on the bill.

6311           We all know why this legislation is important. Year  
6312 over year, drug overdose deaths have reached record highs,  
6313 exceeding nearly 110,000 deaths in 2022 alone. This surge  
6314 comes alongside a fentanyl-driven rise in overdoses. In my  
6315 home state of Kentucky, 70 percent of those overdose deaths  
6316 are due to fentanyl. Each of these 110,000 people have  
6317 families and loved ones that are impacted across America.

6318           We worked to schedule fentanyl in the HALT Fentanyl Act,  
6319 and we need to schedule another dangerous drug: Xylazine.  
6320 But Xylazine is -- but this bill does that to level III, but  
6321 it also reauthorizes critical Federal programs first offered  
6322 by this committee five years ago that provide critical  
6323 resources to those seeking to overcome their substance use  
6324 disorder. Among these reauthorizations is the Comprehensive  
6325 Opioid Recovery Center, the CORC, which I led in the last  
6326 session, or the last bill. The CORC program is responsible  
6327 for providing wraparound treatment and recovery support  
6328 services, including workforce training to individuals living  
6329 in communities with disproportionately -- drug overdose

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6330 rates.

6331 I have fellow colleagues from Kentucky. Representative  
6332 Barr has a bill that will reauthorize targeted workforce  
6333 training grants for individuals in recovery, and  
6334 Representative Rodgers will ensure that providers have -- we  
6335 have enough providers providing loan repayment transfers.

6336 This bill also includes significant resources dedicated  
6337 to preventing overdose deaths to reduce opioid dependency,  
6338 providing for enhanced funding for state level prescription  
6339 drug monitoring by allowing Federal funding to use for  
6340 fentanyl and Xylazine testing strips and where -- in states  
6341 where they are legal, and by helping to ensure Medicaid  
6342 provides access to all FDA-approved overdose reversal  
6343 medications.

6344 However, I note that the underlying legislation does not  
6345 include provisions lifting the IMD exclusion, which I believe  
6346 is needed. I look forward to working with my committee  
6347 colleagues to find ways to offset and pay for lifting this  
6348 arbitrary and antiquated policy.

6349 In closing, I remain optimistic that our continued  
6350 bipartisan efforts will help us turn the tide and change

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6351 lives. I thank my colleagues for joining me, and I look  
6352 forward to advancing this legislation to the full committee  
6353 today.

6354 I will yield back, and anyone seeking -- the chair --  
6355 for what purpose does the gentleman from New Jersey seek  
6356 recognition?

6357 \*Mr. Pallone. I move to strike the last word in support  
6358 of the bill.

6359 \*Mr. Guthrie. The gentleman is recognized.

6360 \*Mr. Pallone. Thank you, Mr. Chairman. Despite there  
6361 being a lot of partisan bills being considered today, I am  
6362 pleased that the Support Act package before us is a  
6363 bipartisan effort.

6364 Five years ago we all worked together on a bipartisan  
6365 basis to create a number of new programs to address the  
6366 ongoing opioid epidemic. Over the last five years this law  
6367 has expanded treatment options in Medicare and Medicaid,  
6368 allowed more providers to prescribe medication-assisted  
6369 treatment, and made important investments in public health.  
6370 So today we are building on that important work.

6371 The package before us will reauthorize critical programs

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6372 included in the Support Act. These include a number of  
6373 programs for particularly vulnerable populations, and I am  
6374 very glad that we are reauthorizing the program to expand  
6375 residential treatment for pregnant and postpartum women.

6376 I am also glad that we are reauthorizing programs to  
6377 train first responders, support recovery centers, and bolster  
6378 the behavioral health workforce.

6379 In addition to reauthorizing existing programs, this  
6380 bill includes some important new provisions, such as  
6381 expanding access to lifesaving resources like fentanyl and  
6382 Xylazine test strips.

6383 However, as I said in my opening statement, I am  
6384 disappointed that the markup does not include policies that  
6385 will help justice-involved populations access Medicaid. And  
6386 particularly, the bipartisan Medicaid Reentry Act and the Due  
6387 Process Continuity of Care Act would ensure that these  
6388 vulnerable populations are able to access the care they need  
6389 when they reenter society or await trial. We know that  
6390 individuals reentering society after incarceration are at  
6391 higher risk of an overdose than others. Connecting them to  
6392 coverage and treatment prior to their release can mitigate

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6393 these harms.

6394 I also think it is bad that we take away individuals'  
6395 Medicaid coverage while they are in pretrial detention.  
6396 These are people who have not been convicted of a crime.  
6397 Many may only be incarcerated because they lack the resources  
6398 to afford bail.

6399 And both of these bills enjoy broad bipartisan support  
6400 and support from law enforcement. So I am disappointed that  
6401 they were not part of this package, but I am hopeful that the  
6402 chairwoman will continue to work with me so that we can  
6403 include these important policies when we consider this bill  
6404 at the full committee level.

6405 In that same spirit, I look forward to continuing to  
6406 work on Xylazine and what a public health response to its  
6407 emergence looks like. I thank my colleagues for working with  
6408 me on this issue.

6409 I want to make clear that, while I am glad we have found  
6410 a path forward today and I can -- that I can support, I want  
6411 to note for the record that I continue to be strongly opposed  
6412 to H.R. 1839 as it was originally drafted. That approach  
6413 would have applied criminal penalties to an FDA-approved drug

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6414 without formally making it a controlled substance. I think  
6415 that is a dangerous precedent that could be used by Congress  
6416 to criminalize drugs with legitimate medical uses for  
6417 political reasons. So there is no reason to go outside of  
6418 the usual structure for how we deal with controlled  
6419 substances.

6420 But thank you, Mr. Chairman. I do support the bill and  
6421 thank all of us for working on a bipartisan basis to get this  
6422 here today, and I yield back.

6423 \*Mr. Guthrie. Thank you. The gentleman yields back and  
6424 the chair recognizes Mr. Latta. For what purpose does Mr.  
6425 Latta seek recognition?

6426 \*Mr. Latta. Thank you, Mr. Chairman. I move to strike  
6427 the last word.

6428 \*Mr. Guthrie. The gentleman is recognized.

6429 \*Mr. Latta. Thank you, Mr. Chairman. Today is a somber  
6430 reminder we are continuing to fight the uphill battle against  
6431 an enemy ruining families, destroying communities, and, most  
6432 tragically, stealing lives.

6433 I cannot emphasize enough how critical the original  
6434 authorization of the Support Act was, and how important it



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6435 was that we came together not as Republicans or Democrats,  
6436 but as Americans to finally fight back against substance  
6437 abuse -- substance use disorder.

6438       Addiction can happen to anyone, addiction knows no  
6439 boundaries, addiction is ravaging our youth, and addiction is  
6440 killing our loved ones.

6441       The authorization of the Support Act cannot come at a  
6442 more critical time. Tragically, for a second year in a row  
6443 there were over 109,000 drug overdose deaths in the United  
6444 States. Much of this can be directly contributed to over  
6445 73,000 poisoning deaths due to fentanyl and fentanyl-related  
6446 substances.

6447       Prior to the COVID-19 public health emergency, it  
6448 appeared we were finally taking a step in the right direction  
6449 to curb substance abuse. However, with lockdowns, tremendous  
6450 fear of the virus, and limited human interaction that all  
6451 resulted from the pandemic, a perfect storm developed for  
6452 individuals to experiment and develop a dependence on  
6453 substances.

6454       In addition, new illicit substances like Xylazine and  
6455 fentanyl analogs have made it much harder for law enforcement

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6456 to hold criminals accountable. I am proud the House passed  
6457 the HALT Fentanyl Act earlier this year, but this is just the  
6458 tip of the iceberg.

6459 Treatment before tragedy is real, and we can fix this  
6460 with improvements and extensions such as the Trauma Informed  
6461 Care Task Force Reauthorization Act legislation I am  
6462 co-leading with the gentleman from California's 25th  
6463 district. I am optimistic the Support Act will allow us to  
6464 better -- be better positioned to provide resources to those  
6465 suffering, expand access to care, and, most importantly, stop  
6466 these poisonings. I am looking forward to the day this  
6467 committee won't need to address these entirely unnecessary  
6468 poisonings, and pray that the reauthorization of the Support  
6469 Act will be one step closer to a world without addiction.

6470 Mr. Chairman, I thank you for your leadership on this  
6471 reauthorization, and I yield back the remainder of my time.

6472 \*Mr. Guthrie. The gentleman yields back, and we are  
6473 going to go down the order here. So, Mr. Cardenas, for what  
6474 purpose do you seek recognition?

6475 \*Mr. Cardenas. To strike the last word, Mr. Chair.

6476 \*Mr. Guthrie. The gentleman is recognized for five

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6477 minutes.

6478           \*Mr. Cardenas. Thank you. I want to thank my  
6479 colleagues for including some critical provisions in the  
6480 Support Act, including a bill I am co-leading with  
6481 Representative James, which would fund a center that provides  
6482 technical assistance and other support to recovery community  
6483 organizations and peer support networks.

6484           There is a lot of good in this bill. However, I do have  
6485 some concerns, especially as it relates to our approach to  
6486 combating the rise in Xylazine use.

6487           First let me say I am disturbed by reports about the  
6488 increased use of fentanyl laced with Xylazine. This mixture  
6489 can have absolutely devastating impacts on those who use it,  
6490 and its resistance to interventions like Narcan make  
6491 overdoses even more difficult to prevent. While I understand  
6492 the rush to react, I urge my colleagues not to look at  
6493 imposing harsh criminal penalties as the answer. The rise in  
6494 Xylazine use is a consequence of the fact we have an  
6495 addiction crisis in our country.

6496           Individuals who are suffering from substance use  
6497 disorder need compassionate care, access to services, and the

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6498 ability to benefit from harm reduction measures. Criminal  
6499 penalties often impact the individuals who are suffering the  
6500 most from addiction. We should not be throwing people in  
6501 jail for having a substance use disorder. I would caution  
6502 against this approach, and I hope my colleagues and I can  
6503 work together to agree on an effective, responsible public  
6504 health response to the increase in Xylazine use.

6505           And I yield the balance of my time to my colleague from  
6506 California.

6507           \*Mr. Ruiz. Thank you, Representative Cardenas.

6508           As I mentioned in our hearing on this issue in June, it  
6509 is stunning how long we have been working to tackle the ever-  
6510 evolving opioid crisis. And while I know we have made great  
6511 strides and adopted policies to tackle many of these issues,  
6512 fentanyl remains the leading cause of death for U.S. adults  
6513 ages 18 to 45. That is why it is critical to examine these  
6514 programs and extend the ones that are working.

6515           Substance use disorders don't just affect the person  
6516 with a disorder. Entire families feel the ripple effects of  
6517 substance use disorder, often suffering trauma as a result of  
6518 their experiences. That is why in the Support Act we created

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6519 the Interagency Task Force on Trauma Informed Care. We need  
6520 to make sure that we are taking a holistic approach, and  
6521 treating the entire family appropriately in order to properly  
6522 address the effects of this disease.

6523 The purpose of this task force is to solicit input from  
6524 on-the-ground experts and then provide recommendations,  
6525 including evidence-based best practices and a national  
6526 strategy to address children and youth who have experienced  
6527 or are at risk of experiencing trauma impacted by substance  
6528 use disorder.

6529 Experts are the ones who are implementing these policies  
6530 every day on the ground, with real-life experiences informing  
6531 their decisions such as front-line service providers,  
6532 educators, mental health professionals, and experts in  
6533 infant, child, and youth trauma. That is why this task force  
6534 is so important, because it includes the very people that  
6535 need to be at the table as these decisions are being made.  
6536 It is important to extend their authority so that they can  
6537 continue their critical work.

6538 And I would like to thank the committee for including my  
6539 bill, the Trauma Informed Care Task Force Reauthorization Act

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6540 in this legislation, and I urge my colleagues to support its  
6541 final passage.

6542 I yield back to Representative Cardenas.

6543 \*Mr. Cardenas. Thank you. I thank my colleague who  
6544 represents California's 25th district.

6545 And I yield back the balance of my time.

6546 \*Mr. Guthrie. The gentleman yields back. The chair now  
6547 recognizes Mr. Bilirakis for five minutes for --

6548 \*Mr. Bilirakis. Thank you.

6549 \*Mr. Guthrie. -- speaking on the amendment.

6550 \*Mr. Bilirakis. Thank you, Mr. Chairman. I move to  
6551 strike the last word.

6552 \*Mr. Guthrie. The gentleman is recognized.

6553 \*Mr. Bilirakis. I want to issue my strong support for  
6554 Chairman Guthrie's legislation that I am proud to cosponsor,  
6555 the Support for Patient and Communities Reauthorization Act.

6556 This bipartisan bill, the package, pulls together  
6557 significant work our committee has done to reauthorize and  
6558 strengthen critical opioid prevention and substance use disorder  
6559 treatment policies that we enacted in the original SUPPORT  
6560 Act in 2018. This includes a bill I co-lead with

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6561 Representative Dingell, the Federal Interventions and New  
6562 Detections, or FIND Fentanyl Act, which will reauthorize the  
6563 pilot program for public health laboratories to coordinate  
6564 with law enforcement agencies to better detect fentanyl and  
6565 other synthetic opioids and stop it at its source.

6566       Importantly, this package also includes a bill I have  
6567 been proud to lead with Representative Pfluger and  
6568 Representative Panetta, the Combating Illicit Xylazine Act.  
6569 This legislation reflects a sad reality we are seeing on the  
6570 ground with the depressant drug Xylazine being laced into  
6571 fentanyl to create a sustained high feeling. It has  
6572 absolutely horrific side effects on humans such as severe  
6573 skin ulcerations, blacked-out sedation, and a state of  
6574 comatose, a heart rate stoppage leading to death.

6575       This is a growing public health crisis that has been  
6576 recognized by ONDCP, DEA, FDA, and others across the country,  
6577 and we must use every tool in the toolbox to address the  
6578 substance abuse epidemic we have continued to face and that  
6579 has evolved since we passed the original SUPPORT Act.  
6580 However, we have also recognized that Xylidine has been a  
6581 legitimate and very safe and effective drug in animal use --

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6582 I will say it again, in animal use -- for decades. And we  
6583 want to continue to allow the veterinarians, the cattlemen,  
6584 and ranchers in farming communities to maintain access for  
6585 legitimate purposes.

6586 I want to thank the committee leadership on both sides  
6587 of the aisle for recognizing this crisis and the balance  
6588 needed with Xylazine, and for coming together and negotiating  
6589 in good faith to include our legislation in the Support  
6590 package, which will place Xylazine in a schedule III of the  
6591 Controlled Substances Act. Scheduling illicit Xylazine in  
6592 this faction will give law enforcement the tools they need to  
6593 address the poly-substance crisis while still excluding from  
6594 the schedule the legal use by veterinarians who rely on it to  
6595 care for cattle and large animals.

6596 In short, this bipartisan package will strengthen the  
6597 bipartisan work and start to address the shifting dynamics we  
6598 faced in the overdose epidemic.

6599 I also remain hopeful that we can address the need to  
6600 update our methods for tracking trends related to controlled  
6601 substances and opioids such as fentanyl. Addressing this  
6602 crisis requires studying and understanding utilization of



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6603 these illicit substances, better targeting our resources for  
6604 care in real time. We have seen great strides in the  
6605 utilization of the wastewater surveillance by the CDC through  
6606 the COVID-19 pandemic. This type of testing tracks data  
6607 accurately, and can provide unique insights into public  
6608 health response, all while maintaining individual privacy. I  
6609 welcome the opportunity to work on this policy further, and  
6610 hopefully we can include it in the next full committee level.

6611 I want to thank again my Democratic colleagues on the  
6612 other side of the aisle for their interest to work with me on  
6613 this particular issue, and I also want to thank again the  
6614 Republicans on this side of the aisle. I think there is a  
6615 lot of promise there. I look forward to working with all of  
6616 you to see this through, and I thank you, Mr. Chairman.

6617 I yield back the balance of my time.

6618 \*Mr. Guthrie. The gentleman yields back and the chair  
6619 recognizes the gentlelady from Michigan. For what purpose  
6620 does the lady seek recognition?

6621 \*Mrs. Dingell. Mr. Chairman, I move to strike the last  
6622 word.

6623 \*Mr. Guthrie. The gentlelady is recognized.

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6624           \*Mrs. Dingell. Thank you, Mr. Chairman.

6625           Stories of loved ones, friends, and constituents losing  
6626 their lives to addiction and overdose are just far too  
6627 common, and they have become everyday stories. They are  
6628 unnecessary tragedies.

6629           In 2018 this committee worked together to enact the  
6630 SUPPORT Act to address the opioid crisis, and it did make  
6631 progress. The number of opioid deaths began to fall after  
6632 its enactment. But in the wake of a new and growing fentanyl  
6633 and synthetic opioid crisis, deaths are again on the rise,  
6634 and it is time to reassess our approach.

6635           As we work to respond to the evolving crisis, it is  
6636 critical to reauthorize key SUPPORT Act provisions set to  
6637 expire at the end of the year. For example, the SUPPORT Act  
6638 authorized a pilot program to improve coordination between  
6639 public health laboratories and those operated by law  
6640 enforcement. Public health labs, which detect and monitor  
6641 public health threats and labs run by law enforcement, which  
6642 often assist with crime investigations involving suspected  
6643 controlled substances, can offer a unique insight into  
6644 emerging opioid trends.

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6645           Taken together, collaboration between the two can play a  
6646 critical role in our nation's response to the synthetic  
6647 opioid epidemic and help us track evolving threat threats.  
6648 That is why I am grateful the FIND Fentanyl Act legislation,  
6649 which I led with my dear friend and colleague Rep. Bilirakis,  
6650 is included as part of H.R. 4531.

6651           The FIND Fentanyl Act will reauthorize the Support X Lab  
6652 pilot program through fiscal year 2028, ensuring we can  
6653 expand upon the progress and discoveries the program has  
6654 already made. Thank you, Rep. Bilirakis for joining me on  
6655 this effort, and I want to express my thanks to  
6656 Representatives Guthrie and Kuster for their leadership on  
6657 these issues.

6658           I know it is something we all care deeply about and,  
6659 unfortunately, too many of us in this room have been  
6660 personally impacted. I urge my colleagues to support this  
6661 legislation, and I look forward to its advancing to the full  
6662 committee.

6663           And I yield back.

6664           \*Mr. Guthrie. The gentlelady yields back, and the chair  
6665 recognizes the gentlelady from Washington, the chair of the

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6666 full committee.

6667 For what purpose do you seek recognition?

6668 \*The Chair. I would like to strike the last word.

6669 \*Mr. Guthrie. The gentlelady is recognized.

6670 \*The Chair. Thank you, Mr. Chairman.

6671 The Support for Patients and Communities Reauthorization  
6672 Act, Support Act, is a critical step to helping address the  
6673 overdose and drug poisoning crisis. This bill reauthorizes  
6674 key public health programs aimed at helping to support  
6675 prevention, treatment, and recovery services for individuals  
6676 with substance use disorder. It also includes a provision  
6677 that places tranqs in schedule III of the Controlled  
6678 Substances Act, which will allow veterinarians and ranchers  
6679 to maintain access for animal use.

6680 Tranqs has been detected in almost every state in our  
6681 country, and the monthly percentage of deaths that involved  
6682 illicit fentanyl and Xylazine has increased by 276 percent  
6683 over the last 3 years. That is according to the CDC.

6684 This will allow law enforcement to crack down on  
6685 criminals who illegally traffic this harmful drug.

6686 I am pleased by the progress we are making today on this

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6687 important piece of legislation. Legislating is never easy,  
6688 and it requires compromise on both sides to get things done.  
6689 There are key policies that are missing from this package,  
6690 and I hope to see included in the final markup namely  
6691 policies to lift the IMD exclusion. Additionally, I know  
6692 members have expressed an interest in seeing policies to  
6693 support people in the criminal justice system and getting the  
6694 care after they leave incarceration.

6695 Two bills in question, the Reentry Act and the Due  
6696 Process Continuity of Care Act, were included in our  
6697 legislative hearing on the topic. However, CBO has informed  
6698 us that these two policies together cost over 20 billion. As  
6699 such, we are continuing to work to identify bipartisan ways  
6700 to hold down these costs and pay for the overall package. A  
6701 famous man once said you can't always get what you want, but  
6702 if you try sometime, you might find what you want -- what you  
6703 want you need -- you get what you need.

6704 [Laughter.]

6705 \*The Chair. This committee has an incredible history of  
6706 putting partisan -- did I say that wrong?

6707 [Laughter.]

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6708           \*The Chair. A famous man once said you can always get  
6709 what you want, but if you try sometime you might find you get  
6710 what you need. Oh, you want me to sing it?

6711           [Laughter.]

6712           \*The Chair. You don't, really.

6713           Okay, this committee has an incredible history of  
6714 putting aside the partnership -- I am very hopeful. I  
6715 appreciate the work that has been done. I know there is  
6716 important provisions that we are still going to work on on  
6717 this legislation, but just thank you, everyone that has been  
6718 a part of getting it to this far -- this point, and we will  
6719 keep working on it.

6720           I yield back.

6721           \*Mr. Guthrie. The chairwoman yields back, and the chair  
6722 recognizes Ms. -- my colleague on this bill, Ms. Kuster.

6723           For what purpose do you seek recognition?

6724           \*Ms. Kuster. I move to strike the last word.

6725           \*Mr. Guthrie. The gentlelady from New Hampshire is  
6726 recognized.

6727           \*Ms. Kuster. Mr. Guthrie and fellow members of this  
6728 committee, I am so proud to co-lead the comprehensive Support

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6729 for Patients and Communities reauthorization with our chair.  
6730 This is a vital bipartisan package to empower communities  
6731 across this country to respond to the tragic mental health  
6732 and substance use disorder crisis gripping our nation.

6733 As my colleagues in this room know, we have no time to  
6734 waste. In my home state of New Hampshire recent data found  
6735 that drug overdose deaths just within the last year rose  
6736 faster than the rest of the country, nearing a decade high.  
6737 Behind these horrifying statistics are families who are  
6738 devastated by the loss of a loved one, first responders  
6739 desperate for more resources to help save lives, and  
6740 communities reaching their breaking point.

6741 So we must come together in support of this bill to  
6742 deliver for our constituents, and that is where the Support  
6743 Act comes in. This comprehensive package is an opportunity  
6744 for Congress to respond to the complicated challenges of  
6745 mental health and substance use disorder, and to update our  
6746 approach to match how these issues have changed since we  
6747 passed the original SUPPORT Act in 2018.

6748 From tackling growing workforce shortages to addressing  
6749 the increased prevalence of co-occurring disorders and the

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6750 introduction of new harmful adulterants, this bill addresses  
6751 the most pressing issues facing our communities.

6752         When I first began my work establishing and co-chairing  
6753 the bipartisan Mental Health and Substance Use Disorder Task  
6754 Force back in 2015, I spoke to my colleagues from districts  
6755 across the country about the issues facing my constituents:  
6756 heroin, opioid misuse. And many members told me at that time  
6757 they didn't have those -- these problems in their  
6758 communities, and it just wasn't a priority for them.

6759         The unfortunate reality now for all of us here today is  
6760 that this is a problem in every single district across our  
6761 country. And many of us share a personal connection,  
6762 including myself, with someone who is impacted by substance  
6763 use disorder and mental health challenges. The Support for  
6764 Patients and Communities Reauthorization Act will help  
6765 provide tools to address these issues, to save lives, and to  
6766 invest in the future of our country and our communities.

6767         I am glad that my colleagues on both sides of the aisle  
6768 have raised the issue of justice-involved individuals. I  
6769 think it is a tragedy in our country that we don't provide  
6770 Medicaid coverage for mental health and substance use



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6771 treatment while a person is incarcerated, and I look forward  
6772 to working with the chair and vice chair and members of this  
6773 committee to address that issue.

6774 I want to thank Chairman Guthrie for his partnership,  
6775 and I want to encourage all of my colleagues to support this  
6776 bipartisan bill.

6777 And I yield back.

6778 \*Mr. Guthrie. The gentlelady yields back. Is anyone  
6779 seeking recognition for discussion?

6780 Mr. Carter, for what purpose do you seek recognition?

6781 \*Mr. Carter. Mr. Chairman, I move to strike the last  
6782 word.

6783 \*Mr. Guthrie. The gentleman is recognized for five  
6784 minutes to strike the last word.

6785 \*Mr. Carter. Mr. Chairman, I am pleased to see my bill,  
6786 H.R. 4096, the Responsible Mental Health Medications  
6787 Prescribing Act, is included in this package.

6788 This legislation standardizes the oversight and  
6789 reporting of antipsychotic medications prescribed to Medicaid  
6790 recipients. I was alarmed by a recent GAO report finding  
6791 extraordinarily high rates of schizophrenia diagnoses and

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6792 other psychotic disorders among Georgia Medicaid recipients  
6793 with intellectual or developmental disabilities in home and  
6794 community-based services programs.

6795         It is disturbing to note that GAO also found a high  
6796 antipsychotic use in Georgia. Over 90 percent of  
6797 beneficiaries with intellectual or developmental disabilities  
6798 in Georgia with schizophrenia had used antipsychotic  
6799 medications. This suggests that there may be an over-  
6800 prescribing problem, especially in Georgia.

6801         As a pharmacist myself, I recognize the dangers of over-  
6802 prescribing. If patients are being given antipsychotic  
6803 medications unnecessarily, their risk of serious and even  
6804 life-threatening side effects increases. This is why I am  
6805 proud to support this bill, and I urge my colleagues to do  
6806 the same.

6807         Thank you, Mr. Chairman, and I yield back.

6808         \*Mr. Joyce. Would the gentleman yield?

6809         \*Mr. Carter. And I will yield to the gentleman from  
6810 Pennsylvania.

6811         \*Mr. Joyce. I thank the gentleman from Georgia for  
6812 yielding. And thank you, Mr. Chairman and Ranking Member,

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6813 for having this hearing today and this markup. I wish to add  
6814 my support for the important legislation before this  
6815 subcommittee.

6816 The Support for Patients and Communities Act is a  
6817 comprehensive, bipartisan legislation that reauthorizes key  
6818 provisions of the SUPPORT Act and builds on its success.  
6819 This legislation also includes H.R. 4097, the Mental Health  
6820 Improvement Act, which I co-introduced with Rep. Sykes, which  
6821 reauthorizes section 756(f) of the Public Health Service Act,  
6822 which provides important grant funding for our behavioral  
6823 health workforce. Investments like these in workforce  
6824 development are crucial as communities across the country  
6825 work to tackle the scourge of addiction and the devastation  
6826 that it leaves in its wake.

6827 This bill is a product of the comprehensive legislative  
6828 process that took this subcommittee to Gettysburg,  
6829 Pennsylvania, where we heard powerful and important testimony  
6830 from my constituents. And I would again like to thank Mike  
6831 Straley, Chief Bill Saravola, and Dr. Mitch Crawford again  
6832 for their input and sharing their firsthand experience with  
6833 the opioid and addiction crisis that we are currently facing.

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6834 I urge support, and I yield back to the gentleman from  
6835 Georgia.

6836 \*Mr. Carter. Does anyone else need time?

6837 I will yield back, Mr. Chairman.

6838 \*Mr. Guthrie. The gentleman from Georgia yields back.  
6839 The chair now recognizes -- for what purpose does Ms. Kelly  
6840 seek recognition?

6841 \*Ms. Kelly. I would like to strike the last word.

6842 \*Mr. Guthrie. The gentlelady is recognized.

6843 \*Ms. Kelly. Trends in modern health care and opioid  
6844 prescriptions have resulted in new risks for patients taking  
6845 opioids at home. Surgery is among the most common indication  
6846 for opioid initiation, as opioids are routinely prescribed  
6847 for post-operative pain management to treat short-term pain.  
6848 Same-day discharges have resulted in home caregivers becoming  
6849 responsible for recognizing the signs of respiratory  
6850 depression.

6851 This is why I was happy to work with my partner, Rep.  
6852 Balderson, to introduce H.R. 4093, the Remote Opioid  
6853 Monitoring Act of 2023, which requires a GAO study on the use  
6854 of remote monitoring for patients who are prescribed opioids

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6855 to better understand the efficacy, individual outcomes, and  
6856 potential cost savings from using this tool. I am glad to  
6857 see this bill included in the larger bill.

6858 With so many individuals having access to opioids, we  
6859 must better understand how to ensure patients are safely  
6860 monitored when they are discharged home, and what additional  
6861 support resources they need to be provided.

6862 I encourage my colleagues to support this bill. Thank  
6863 you, and I yield back.

6864 \*Ms. Barragan. Will the gentlewoman yield?

6865 \*Ms. Kelly. Yes, I will.

6866 \*Ms. Barragan. For the time?

6867 \*Ms. Kelly. Yes, I will.

6868 \*Ms. Barragan. Thank you.

6869 Mr. Chairman, I was going to strike the last word, but  
6870 since there is time -- in the last five years since this  
6871 committee passed the SUPPORT Act, the substance use disorder  
6872 crisis has evolved, but continues to exacerbate our nation's  
6873 homelessness crisis.

6874 In 2018 the SUPPORT Act included various policies to  
6875 expand treatment options, and made critical investments in

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6876 public health. Importantly, it included language to support  
6877 states who wanted to provide housing-related services under  
6878 Medicaid. As co-chair of the Congressional Caucus on  
6879 Homelessness, it would be negligent to ignore that today's  
6880 markup fails to include language to improve access to housing  
6881 services for Medicaid beneficiaries.

6882 In the United States there are more than 580,000 people  
6883 who experience homelessness on any given night. Many of  
6884 these individuals are insured under Medicaid, and seek  
6885 treatment for their substance use disorder, but only to find  
6886 themselves back on the streets.

6887 As members of this committee, we have an opportunity  
6888 with this bill to address two of our nation's crises. That  
6889 is why I am disappointed we have chosen to not include a  
6890 single policy that would help people affected by substance  
6891 use disorder get connected to housing-related services. I  
6892 intend to continue working on this issue ahead of our full  
6893 committee markup, and hope that we will have the support of  
6894 members of the majority. We are happy to work with anybody  
6895 on either side of the aisle on advancing this policy.

6896 And I want to make clear that I support this

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6897 legislation, I am just disappointed that there is nothing in  
6898 here to address this, and in the past it has.

6899 And with that, I will yield back the remainder of the  
6900 time to the gentlelady from Illinois.

6901 \*Ms. Kelly. And I yield back.

6902 \*Mr. Guthrie. The gentlelady yields back. Is anyone  
6903 seeking recognition to speak on the bill?

6904 Seeing none, is anyone on the other side seeking -- the  
6905 Democrat side?

6906 Seeing none, are there any bipartisan amendments to the  
6907 bill?

6908 Seeing none, are there any other amendments to the bill?

6909 Seeing none, I understand that there is work to be done  
6910 as we are trying to get to some of the things that people  
6911 have mentioned today that need to be addressed. We all know  
6912 that we are working together, moving forward. And I am not  
6913 trying to take time other than to say that.

6914 I know that we are asking to -- on our side we would  
6915 like to a voice vote, so we know we are going to work  
6916 forward. Are you all looking for a -- not a roll call vote,  
6917 or a voice -- you are good with a voice?

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6918           Okay, so this will be a voice vote. So just --  
6919 everybody knows when I call the vote. All right, the  
6920 question now occurs on forwarding H.R. 4531 to the full  
6921 committee.

6922           All those in favor shall say aye.

6923           All those opposed, no.

6924           The ayes have it, and the bill is agreed to. Thank you.

6925           The chair calls up H.R. 4056, and asks the clerk to  
6926 report.

6927           \*The Clerk. H.R. 4056, a bill to amend title 19 of the  
6928 Social Security Act to ensure that medical assistance is  
6929 available to children in foster care who are placed in a  
6930 qualified residential treatment program under the Medicaid  
6931 program.

6932           \*Mr. Guthrie. Without objection, the first reading of  
6933 the bill is dispensed with, and the bill will be open for  
6934 amendment at any point.

6935           So ordered.

6936           [The bill follows:]

6937

6938           \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

6939



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6940           \*Mr. Guthrie. Does anyone seek to be recognized on the  
6941 bill?

6942           For what purpose does the gentleman from Florida seek  
6943 recognition?

6944           \*Mr. Bilirakis. I move to strike the last word.

6945           \*Mr. Guthrie. The gentleman is recognized.

6946           \*Mr. Bilirakis. Mr. Chairman, I was originally going to  
6947 offer an AINS that makes technical changes to the bill to  
6948 ensure proper implementation that matches with our original  
6949 intent of the bill. But I know there are concerns on the  
6950 other side of the aisle with some of the language. So in  
6951 showing good faith, I am going to offer it next time, in full  
6952 committee. That way we have a chance to work out any  
6953 disagreements with regard to the AINS and the bill, as a  
6954 matter of fact.

6955           I ask my colleagues across the aisle to come to the  
6956 table and commit to working with me on this.

6957           I want to commend Representative Kathy Castor. I know  
6958 she cares about this issue deeply, and she is really working  
6959 on this, she has been a great partner. And I support --  
6960 again, she supports this particular bill. And again, she

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6961 wants to work with me, with my colleagues, but also on the  
6962 other side of the aisle to get unanimous support. There is a  
6963 great need in the community for this, Mr. Chairman.

6964 The bipartisan legislation, the Ensuring Medicaid  
6965 Continuity for Children in Foster Care Act, which is H.R.  
6966 4056, fixes an unintended problem that has kept Qualified  
6967 Residential Treatment Programs from accessing Medicaid for  
6968 critical mental health services.

6969 QRTPs are one of the few residential settings that have  
6970 strong oversight, strong oversight and accountability due to  
6971 Federal qualification and accreditation requirements. These  
6972 programs were newly created by the Family First Prevention  
6973 Service Act, which we passed in 2018, and had just started to  
6974 be implemented when inadvertently CMS sent letters to states  
6975 saying they interpreted QRTPs to -- they said that they  
6976 likely may be considered institutions for mental health  
6977 disease, which disqualifies them to receive Medicaid for  
6978 their services.

6979 This was never the intent of the original bill, and we  
6980 want to make sure that foster children receive critical  
6981 mental health care services covered by Medicaid. The Family

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6982 First bill specifically exempted QRTPs from limiting Federal  
6983 financial participation, the original bill did, and it is  
6984 clear that QRTPs were never supposed to fall under the IMD  
6985 exclusion. They are not mental health institutions. The  
6986 Family First law specifically authorized and required a  
6987 trauma-informed treatment model in the first place, with  
6988 clinical services provided when appropriate.

6989           Ironically, because of Medicaid's IMD exclusion,  
6990 children are now being forced into potentially worse or  
6991 unsafe settings. And we know this is happening, Mr.  
6992 Chairman, all along.

6993           I strongly support children getting care in the right  
6994 setting. And if that means outpatient, then that is great.  
6995 But the reality is we have a shortage of options available  
6996 for children in care, and we know that. We see that all over  
6997 the country. Where are we going to put these kids? These  
6998 are safe havens, and they also perform great mental health  
6999 services for our foster kids.

7000           News reports have highlighted this problem with some  
7001 state foster care systems having to place kids in hotels for  
7002 the night, and juvenile detention centers -- we don't want

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7003 that -- or boarded up in the emergency room for long periods  
7004 of time -- and you know that happens. Most states have  
7005 specifically cited the IMD exclusion as a barrier for  
7006 additional support.

7007         We need to do more to fill the gaps across the continuum  
7008 of care, and QRTPs can help fill this need by providing  
7009 qualified care that is accredited, provided by professional  
7010 medical staff, trauma-informed treatment models, and on a  
7011 non-permanent basis with aftercare family safeguards. There  
7012 is a lot of oversight here. These are built in guardrails  
7013 that protect against unnecessary or prolonged care.

7014         My bill specifically ensures that treatment programs  
7015 must follow the accountability and oversight requirements  
7016 outlined in the law, and there are no loopholes. QRTPs must  
7017 maintain the Federal accreditation and safeguard requirements  
7018 in order to receive Medicaid funding.

7019         This will also be a state option, so it is optional. So  
7020 we are not forcing states to do this, but we do want to  
7021 remove the clear barriers by Medicaid that have undermined  
7022 the intent and goals of the Family First law to reform and  
7023 provide additional supports for foster youth across the

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7024 country.

7025           The Congressional Budget Office has agreed that this  
7026 bill is a narrowly tailored fix, and the estimated cost is  
7027 \$90 million. Only in Washington is that --

7028           \*Mr. Guthrie. The gentleman --

7029           \*Mr. Bilirakis. I want to insert -- I know I don't have  
7030 a lot of time, huh? Okay.

7031           Well, anyway, it is a great bill, and these kids need a  
7032 place, and this is a perfect place for them. But hopefully,  
7033 they can stay with their families. There aren't enough  
7034 foster parents in this country that do it for the right  
7035 reasons, and we need help. Our children need help, Mr.  
7036 Chairman.

7037           I yield back.

7038           \*Mr. Guthrie. Thank you. The gentleman yields back.  
7039 Is there any discussion?

7040           The gentlelady from Washington? The gentleman?

7041           \*The Chair. Frank?

7042           \*Mr. Guthrie. The gentleman -- for what purpose does  
7043 the gentleman from New Jersey seek recognition?

7044           \*Mr. Pallone. Thank you, Mr. Chairman. I move to

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7045 strike the last word.

7046 \*Mr. Guthrie. The gentleman is recognized.

7047 \*Mr. Pallone. I want to speak in opposition to the  
7048 bill. I appreciate Mr. Bilirakis's withdrawal of the AINS,  
7049 because I do think that that would have made -- that would  
7050 have even aggravated my concerns. But I am still concerned  
7051 about the underlying bill.

7052 I understand that we have to ensure that children in  
7053 foster care have access to the care that they need, but I am  
7054 still concerned by this bill's approach because it really  
7055 just exempts these institutions from critical protections for  
7056 children and Medicaid, and I don't see these protections as  
7057 barriers, I see them as protections.

7058 So I think, hopefully between now and full committee, if  
7059 this passes today, that we can, you know, look at some  
7060 alternatives to addressing the concerns that Mr. Bilirakis  
7061 has. But just exempting these institutions from Medicaid  
7062 protections I don't think is the way to go.

7063 H.R. 4056 would allow group homes, also known as QRTPs,  
7064 to receive Medicaid dollars without following important  
7065 Medicaid requirements. These requirements include ensuring

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7066 that the facility has a provider overseeing the care of the  
7067 children, that the facility meets Medicaid restrictions on  
7068 solitary confinement, and restraints such as physical  
7069 restraints or drugs.

7070           The American Academy of Pediatrics shares concerns that  
7071 I have with this bill. In their letter opposing it, they  
7072 said that H.R. 4056 -- and I quote -- "would create an  
7073 incentive to place more children in large-scale institutions.  
7074 Rather than putting financial resources towards institutions,  
7075 the AAP encourages Congress to instead invest in community-  
7076 based services for young people.'`

7077           This last point is especially relevant for kids in  
7078 foster care institutions who receive psychotropic medications  
7079 at a significantly higher rate than other foster kids. The  
7080 Government Accountability Office has previously reported that  
7081 foster children living in larger institutions were  
7082 substantially more likely than their peers to receive  
7083 psychotropic medications. GAO found that nearly half of the  
7084 foster kids in these places were taking psychotropic  
7085 medications, and that 13 percent of them were taking 3 or  
7086 more psychotropic medications at a time.

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7087 I am not suggesting that these types of drugs are always  
7088 inappropriate, but I do think that it is just another reason  
7089 that we should ensure that Medicaid's regulations against the  
7090 inappropriate use of these drugs continue to apply to foster  
7091 care facilities that want to receive Medicaid dollars.

7092 Now, Medicaid already allows for children under 21 to  
7093 receive care in an institution as long as it meets these  
7094 certain Federal requirements. If certain facilities want to  
7095 access these Federal dollars, they should be in compliance  
7096 with these requirements, or else we are creating a loophole  
7097 for potentially bad actors to harm vulnerable children. If a  
7098 QRTP wants to be eligible for Medicaid, it needs to meet the  
7099 requirements that exist for other Medicaid providers that  
7100 treat children in institutional settings.

7101 Now, I know this is a high bar. I am not suggesting  
7102 that that is easily done. But I think it should be a high  
7103 bar. These are foster children with significant behavioral  
7104 health care needs. You are not going to find foster homes  
7105 for them in most cases, and Mr. Bilirakis is right about  
7106 that. But these are kids that are often very young. You  
7107 know, we are talking like six-year-olds in many cases, and



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7108 they are extremely vulnerable. And I think that we have to  
7109 ensure that any facility that receives Medicare dollars for  
7110 their care meets the high standards, including the standards  
7111 that restrict the use of seclusion and restraint.

7112 And I appreciate that the bill's sponsors want to ensure  
7113 children are able to access the services they need, but I  
7114 just think that this is the wrong approach. There has got to  
7115 be a better way. We should not provide financial incentives  
7116 to institutionalize children. We should not weaken Medicaid  
7117 standards for these kids. Maybe there is a way to address  
7118 the sponsor's goals while addressing my concerns, but I don't  
7119 think the bill in its current form is -- does that. And that  
7120 is why I can't support it, and I urge my colleagues to join  
7121 me in voting no.

7122 And I yield back, Mr. Chairman.

7123 \*Mr. Guthrie. The gentleman yields back.

7124 \*Mr. Griffith. Mr. Chairman?

7125 \*Mr. Guthrie. Mr. Griffith, for what purpose do you  
7126 seek recognition?

7127 \*Mr. Griffith. Speaking to the --

7128 \*Mr. Guthrie. The gentleman is recognized.

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7129           \*Mr. Griffith. Thank you very much. I appreciate the  
7130 time to speak on the bill, and I think we are moving in the  
7131 right direction.

7132           Mr. Bilirakis has indicated he is willing to work on an  
7133 AINS with our colleagues on the other side who have concerns.  
7134 And with that, Mr. Chairman, I would like to yield some time  
7135 to my good friend, Mr. Bilirakis of Florida.

7136           \*Mr. Bilirakis. Thank you. Thank you, I appreciate it.

7137           Mr. Chairman, I just want to insert into the record a  
7138 letter from 350 organizations strongly supporting the policy  
7139 outlined in H.R. 4056, and urging passage. This includes  
7140 stakeholders like the National Alliance on Mental Health, the  
7141 National Association of Counties, the Child Welfare League,  
7142 and the National Council for Mental Wellbeing, just to name a  
7143 few.

7144           And again, work with us on this. I know that  
7145 Representative Castor is really in favor of this, and she  
7146 cares deeply, and I believe this is part of the solution.

7147           So anyway, with that, I will yield back, Mr. Chairman.  
7148 Thank you.

7149           \*Mr. Guthrie. The gentleman yields back.

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7150 \*Ms. Barragan. Will the gentleman yield?

7151 \*Mr. Guthrie. Does Griffith yield back? Does Mr.  
7152 Griffith -- it is Mr. Griffith's time, so --

7153 \*Ms. Barragan. Will Mr. Griffin yield to Barragan?

7154 \*Mr. Griffith. Yes, I would be happy to yield.

7155 \*Ms. Barragan. Thank you. Just -- I just need a  
7156 minute.

7157 First, I am going to support this, and I am going to  
7158 support it in its current form. Per Los Angeles County, this  
7159 bill is needed to support state QRTPs' implementation efforts  
7160 and to ensure that youth in foster care with assessed  
7161 behavioral and mental health needs can access support and  
7162 services from qualified professionals in QRTPs without  
7163 risking the loss of their Federal Medicaid coverage. So I am  
7164 going to support this.

7165 I will say that I don't know what the AINS is going to  
7166 look like, so I can't guarantee you I am going to support it  
7167 in the full committee if this is further expanded or there is  
7168 more changes in the other direction.

7169 And so with that, I will yield back to the gentleman the  
7170 time.

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7171 \*Mr. Griffith. And I now yield back to the chair.

7172 \*Mr. Guthrie. The gentleman yields back. The chair --  
7173 Ms. Eshoo, you first? Okay. For what purpose does the  
7174 gentlelady from California seek recognition?

7175 \*Ms. Eshoo. I move to strike the last word and --

7176 \*Mr. Guthrie. The gentlelady is recognized.

7177 \*Ms. Eshoo. -- speak to H.R. 4056. Thank you, Mr.  
7178 Chairman.

7179 While I don't plan to vote for H.R. 4056 today, I hope  
7180 we can find a suitable solution that protects foster children  
7181 while also ensuring that they can receive health care  
7182 services they need through Medicaid. And I think that is  
7183 where the rub comes in.

7184 I am a former foster parent, so I believe that I know  
7185 what the system looks like. It is a system that has really  
7186 been left wanting for decades. And I can say that in  
7187 California -- and my sensibilities are I see other members  
7188 nodding their heads, so -- and these are children. These are  
7189 children.

7190 And the vast majority of children in foster care, they  
7191 actually qualify for Medicaid. But CMS recently clarified

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7192 that a specific foster care setting called the Qualified  
7193 Residential Treatment Program, the QRTP, is considered an IMD  
7194 if it is larger than 16 beds. So that means that the  
7195 children who are temporarily in these QRTPs can't have  
7196 Medicaid pay for their health care, even if the care is  
7197 provided outside of the QRTP. I mean, go figure. You know,  
7198 I mean, this is agency and whatever, in many ways, rope a  
7199 dope. I mean, it is so hard to even come up with a sentence  
7200 that is simple to explain the fractured system that these  
7201 children are in.

7202 So it seems to me that we can find a path forward to  
7203 make sure that these children can receive health care while,  
7204 obviously, no one here wants to encourage inappropriate or  
7205 unsafe placements. So I would say between now and the full  
7206 committee, let's keep working and get this done because the  
7207 children really deserve this. They are so vulnerable to  
7208 begin with in a system that is filled with vulnerabilities.  
7209 We want to make sure that we don't add to that.

7210 So thank you, Mr. Chairman, and I yield back.

7211 \*Mr. Guthrie. The gentlelady yields --

7212 \*Mr. Ruiz. Would the gentlelady yield?

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7213           \*Ms. Eshoo. Pardon me?

7214           \*Mr. Ruiz. Would you yield to me?

7215           \*Ms. Eshoo. Oh, I would be glad to.

7216           \*Mr. Ruiz. Yes. Look, you know, I -- this is a bill  
7217 that I know has good motivation and good intention.

7218           As an emergency medicine physician, one of the worst  
7219 scenarios is taking care of kids who have been abused  
7220 violently, sexually, or any other kind of way -- verbally,  
7221 emotionally. And the separation that needs to happen either  
7222 with their foster parent or whether their biological parent  
7223 or their step-parent -- and the children who are in the  
7224 foster system, especially those that have mental health  
7225 disorders or illnesses, are amongst one of our most  
7226 vulnerable populations.

7227           And if we remove some of the standards that will ensure  
7228 oversight in the handling of -- or how they restrain, or how  
7229 they care for the children, then we -- you know, that leaves  
7230 us at risk of more abuse that will go undetected. And so I  
7231 highly encourage my good friend on the other side to really  
7232 ensure that we increase access to health care without risking  
7233 the child's safety while in foster care.

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7234           And with that, I yield back my time.

7235           \*Mr. Bucshon. [Presiding] You yield back, Anna?

7236           \*Ms. Eshoo. I do.

7237           \*Mr. Bucshon. The gentlelady yields back. Where are  
7238 we? Does anyone else seek recognition on the bill?

7239           Dr. Schrier, you are recognized for five minutes.

7240           \*Ms. Schrier. Thank you, Doctor.

7241           And thank you, Mr. Bilirakis, for raising this issue,  
7242 because it is a really important issue. And I am going to  
7243 speak in opposition, but it is -- I would call it very gentle  
7244 opposition, because I really hope we can keep working on  
7245 this. I think we have to be pragmatic, and I want to take  
7246 care of these kids. I am a pediatrician and know that there  
7247 aren't enough foster parents out there, and there aren't  
7248 enough wraparound services out there. And so we need some  
7249 way to help. And I really appreciate that you are looking to  
7250 help solve this particular problem.

7251           I am also, though, based on the sincere and strong  
7252 objections of the American Academy of Pediatrics, I am going  
7253 to be voting no on this because their concern is that, by  
7254 relaxing requirements and opening up more possibilities for

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7255 essentially institutionalizing these kids, many more will end  
7256 up in group homes or institutions who would be far better  
7257 served with a foster family and community wraparound  
7258 services. And there is a history of that being the case.

7259 And so I hope that we can work together to come up with  
7260 some plan that will work to ensure that kids get the best  
7261 care possible so that they have the best and safest futures  
7262 possible. It is just not this bill today, but I look forward  
7263 to working together, and perhaps the next version of it in  
7264 committee we can work on together.

7265 Thank you, and I yield back.

7266 \*Mrs. Dingell. Would the gentlewoman yield?

7267 \*Ms. Schrier. I will yield.

7268 \*Mrs. Dingell. Thank you.

7269 I just want to reaffirm the comments my colleague made,  
7270 and I want to remind people about the importance of allowing  
7271 individuals to receive care within their own community. Most  
7272 of you know that preserving and increasing access to home and  
7273 community-based services is one of my top priorities.

7274 I know that the intent of this is good, and I want to  
7275 work with all of my colleagues. But when given the choice,



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7276 we know the vast majority of Americans want to remain in  
7277 their homes, in the communities while they receive treatment,  
7278 rather than being sent off to an institution. And using  
7279 Qualified Residential Treatment Programs are no exception.

7280 And as the doctor just said, proposals that weaken the  
7281 institutions for mental disease, or IMD, inclusion means that  
7282 it could create a troublesome incentive to institutionalize  
7283 children when it is unnecessary. And the studies show that  
7284 inappropriate institutionalization can result in lifelong  
7285 harm for foster youth. So I think it is very important that  
7286 we get it right.

7287 I thank my colleague, the pediatrician, for making this  
7288 point, and hope we can all work together because when we can  
7289 we should be avoiding institutions, period. We should be  
7290 trying to find foster parents for these kids.

7291 And I thank you for yielding to me. I yield back.

7292 \*Ms. Schrier. And I yield back.

7293 \*Mr. Bucshon. The gentlelady yields back. Is anyone  
7294 else seeking recognition?

7295 Seeing no one, are there any bipartisan amendments to  
7296 the bill?

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7297           Seeing none, are there any other amendments to the bill?

7298           You want a roll call?

7299           If there is no further discussion, the vote occurs on  
7300 the amendment, and a roll call vote has been requested.

7301           \*Mr. Pallone. There is no amendment?

7302           \*Mr. Bucshon. No, no amendments. There is no  
7303 amendments, no.

7304           \*Ms. Eshoo. No, he withdrew his amendment.

7305           \*Mr. Bucshon. Yes. So the question now occurs on  
7306 forwarding H.R. 4056 to the full committee. The clerk will  
7307 call the roll.

7308           \*The Clerk. Chair Guthrie?

7309           \*Mr. Guthrie. Aye.

7310           \*The Clerk. Guthrie votes aye.

7311           Burgess?

7312           \*Mr. Burgess. Burgess votes aye.

7313           \*The Clerk. Burgess votes aye.

7314           Latta?

7315           \*Mr. Latta. Aye.

7316           \*The Clerk. Latta votes aye.

7317           Griffith?

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7318 [No response.]  
7319 \*The Clerk. Bilirakis?  
7320 \*Mr. Bilirakis. Aye.  
7321 \*The Clerk. Bilirakis votes aye.  
7322 Johnson?  
7323 \*Mr. Johnson. Aye.  
7324 \*The Clerk. Johnson votes aye.  
7325 Bucshon?  
7326 \*Mr. Bucshon. Aye.  
7327 \*The Clerk. Bucshon votes aye.  
7328 Hudson?  
7329 [No response.]  
7330 \*The Clerk. Carter?  
7331 \*Mr. Carter. Aye.  
7332 \*The Clerk. Carter votes aye.  
7333 Dunn?  
7334 \*Mr. Dunn. Aye.  
7335 \*The Clerk. Dunn votes aye.  
7336 Pence?  
7337 \*Mr. Pence. Aye.  
7338 \*The Clerk. Pence votes aye.

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7339 Crenshaw?  
7340 \*Mr. Crenshaw. Aye.  
7341 \*The Clerk. Crenshaw votes aye.  
7342 Joyce?  
7343 \*Mr. Joyce. Aye.  
7344 \*The Clerk. Joyce votes aye.  
7345 Harshbarger?  
7346 \*Mrs. Harshbarger. Aye.  
7347 \*The Clerk. Harshbarger votes aye.  
7348 Miller-Meeks?  
7349 \*Mrs. Miller-Meeks. Aye.  
7350 \*The Clerk. Miller-Meeks votes aye.  
7351 Obernolte?  
7352 \*Mr. Obernolte. Aye.  
7353 \*The Clerk. Obernolte votes aye.  
7354 Eshoo?  
7355 \*Ms. Eshoo. No.  
7356 \*The Clerk. Ms. Eshoo votes no.  
7357 Sarbanes?  
7358 \*Mr. Sarbanes. No.  
7359 \*The Clerk. Sarbanes votes no.

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7360 Cardenas?  
7361 [No response.]  
7362 \*The Clerk. Ruiz?  
7363 \*Mr. Ruiz. No.  
7364 \*The Clerk. Ruiz votes no.  
7365 Dingell?  
7366 \*Mrs. Dingell. No.  
7367 \*The Clerk. Dingell votes no.  
7368 Kuster?  
7369 \*Ms. Kuster. No.  
7370 \*The Clerk. Kuster votes no.  
7371 Kelly?  
7372 \*Ms. Kelly. No.  
7373 \*The Clerk. Kelly votes no.  
7374 Barragan?  
7375 \*Ms. Barragan. Aye.  
7376 \*The Clerk. Barragan votes aye.  
7377 Blunt Rochester?  
7378 [No response.]  
7379 \*The Clerk. Craig?  
7380 \*Ms. Craig. Craig votes aye.

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7381           \*The Clerk. Craig votes aye.  
7382           Schrier?  
7383           \*Ms. Schrier. No.  
7384           \*The Clerk. Schrier votes no.  
7385           Trahan?  
7386           \*Mrs. Trahan. No.  
7387           \*The Clerk. Trahan votes no.  
7388           Pallone?  
7389           \*Mr. Pallone. No.  
7390           \*The Clerk. Pallone votes no.  
7391           Chair Rodgers?  
7392           \*The Chair. Yes.  
7393           \*The Clerk. Chair Rodgers votes aye.  
7394           \*Mr. Bucshon. Anyone else seeking recognition? Are we  
7395           good?  
7396           The clerk will report.  
7397           \*The Clerk. Chair, on that vote there were 17 ayes and  
7398           9 noes.  
7399           \*Mr. Bucshon. The ayes have it, and the bill is agreed  
7400           to and forwarded to the full committee.  
7401           The chair now calls up H.R. 3887, and asks the clerk to

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7402 report.

7403 \*The Clerk. H.R. 3887, a bill to amend title 3 of the  
7404 Public Health Service Act to --

7405 \*Mr. Bucshon. Without objection, the first reading of  
7406 the bill is dispensed with, and the bill will be open to  
7407 amendment at any point.

7408 So ordered.

7409 [The bill follows:]

7410

7411 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

7412

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7413           \*Mr. Bucshon. Does anyone seek recognition to speak on  
7414 the bill?

7415           For what purpose does the gentleman from Texas seek  
7416 recognition?

7417           \*Mr. Crenshaw. Mr. Chairman, I have an amendment at the  
7418 desk.

7419           \*Mr. Bucshon. The gentleman is recognized.

7420           Hold on. We are going to -- does anyone want to speak  
7421 on the bill, or just go right to the AINS?

7422           \*Mr. Crenshaw. I just can't get this right.

7423           \*Mr. Bucshon. Seeing no one --

7424           \*Mr. Crenshaw. Okay.

7425           \*Mr. Bucshon. -- speaking on the bill, are there any  
7426 bipartisan amendments to the bill?

7427           Seeing none, are there any other amendments to the bill?

7428           \*Mr. Crenshaw. I am so confused.

7429           \*Mr. Bucshon. The gentleman -- now Mr. Crenshaw is  
7430 recognized for an amendment in the nature of a substitute.

7431           \*Mr. Crenshaw. Mr. Chairman, I have an amendment at the  
7432 desk.

7433           \*Mr. Guthrie. The clerk will report.



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7434           \*The Clerk. An amendment in the nature of a substitute  
7435 to H.R. 3887, offered by Mr. Crenshaw of Texas.

7436           \*Mr. Guthrie. Without objection, the reading of the  
7437 amendment is dispensed with.

7438           [The amendment of Mr. Crenshaw follows:]

7439

7440           \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

7441

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7442           \*Mr. Guthrie. And the gentleman is recognized for five  
7443 minutes in support of the amendment.

7444           \*Mr. Crenshaw. Thank you, Mr. Chairman.

7445           I will continue to say I don't think that this bill,  
7446 this amendment, should be controversial. The legislation is  
7447 as straightforward as it gets. It simply states that if you  
7448 are providing evidence-based medicine to children under your  
7449 care, then the Federal Government will fund your residency  
7450 training program. But if you choose instead to encourage and  
7451 facilitate dangerous and permanent changes to a child's  
7452 physiology, taxpayers should not be forced to fund that  
7453 program. That is not controversial, it is common sense.

7454           Now, let's delve into the issue at hand. I am talking  
7455 about so-called gender-affirming care for children, which, in  
7456 reality, is nothing but pseudoscience parading around as  
7457 legitimate care. It is a facade, plain and simple. True  
7458 evidence-based medicine relies on systematic reviews. That  
7459 is the gold standard for assessing a substantial body of  
7460 evidence. And here is the kicker: all five of the genuine  
7461 systematic reviews conducted on child sex change procedures  
7462 arrived at the same conclusion. The evidence has alarmingly

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7463 low quality. Specifically, the evidence that it has any  
7464 benefit for them.

7465         So here is the problem. Radical ideologies have  
7466 infiltrated our medical societies and children's hospitals,  
7467 driving them into a state of madness. It seems the United  
7468 States is alone now in presuming that every child with any  
7469 level of gender discomfort automatically has diagnosable  
7470 gender dysphoria and that, therefore, that child needs  
7471 chemicals pumped into their body or surgery done on them to  
7472 permanently disfigure them, rendering them unable to produce  
7473 children in the future. That is the opposite of the do no  
7474 harm principle.

7475         We need to acknowledge a truth here, one that might make  
7476 my colleagues somewhat uncomfortable. We are irreversibly  
7477 disfiguring children based on a temporary ideation. We are  
7478 causing permanent damage that stunts their development, harms  
7479 their skeletal structure, and robs them of the ability to  
7480 start a family, all of this in pursuit of some idea of  
7481 compassion.

7482         Dr. Hilary Cass, a highly respected pediatrician and  
7483 former head of the Royal College of Pediatricians and Child

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7484 Health of the UK, highlighted in her 2022 report that the  
7485 unsafe conditions in British pediatric gender clinics stemmed  
7486 from the adoption of the affirmative model that originated  
7487 here in the U.S. Our peer countries are practically shouting  
7488 at us to stop, put a stop to this madness. They find it  
7489 utterly baffling that we just assume that an 11-year-old  
7490 possesses the maturity to fully comprehend a decision that  
7491 will make irreversible, drastic changes to their bodies.

7492 We need informed consent in medicine. We need  
7493 physicians who are thoroughly informed. We need parents who  
7494 are equally well informed. The United States should be  
7495 leading on this issue, but it is leading in the wrong  
7496 direction. That is why we are hitting the stop button.

7497 We are saying we should not be pouring taxpayer dollars  
7498 into institutions that are carrying out procedures devoid of  
7499 any solid scientific foundation. That is not a crazy  
7500 thought, considering when you poll the American public 70  
7501 percent are opposed to this. All this bill does is say  
7502 taxpayer dollars that everybody contributes to should not be  
7503 used for something that is -- 70 percent, at least, of the  
7504 population of America opposes.

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7505           So let's bring back sound science, informed decision-  
7506 making, and a responsible allocation of resources and tax  
7507 dollars. It is time we protect our children.

7508           And with that, I yield back.

7509           \*Mr. Bucshon. The gentleman yields back. Is there any  
7510 discussion?

7511           I recognize Ms. Eshoo, the ranking member, for five  
7512 minutes.

7513           \*Ms. Eshoo. Thank you, Mr. Chairman.

7514           The Children's Hospital Graduate Medical Education  
7515 Program is the most important Federal investment we make as a  
7516 nation in strengthening the pediatric workforce and expanding  
7517 access to care for children. For nearly 25 years the CHGME  
7518 program has trained half of general pediatricians and a  
7519 majority of pediatric specialists in our country. In  
7520 California the program funds are used by 7 children's  
7521 hospitals to train over 906 full-time pediatric residents  
7522 annually. The program trains doctors who go on to care for  
7523 children across the nation, including those living in  
7524 under-resourced and hard-to-reach communities. Many members  
7525 represent such communities on this committee.

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7526           The program is absolutely essential to maintaining the  
7527 pediatric workforce in our country. So it is very, very  
7528 difficult for me to comprehend why any colleagues are  
7529 subjecting such an important program to a manufactured  
7530 culture war that inserts politics between parents, children,  
7531 and their pediatricians.

7532           Specifically, the bill prohibits 19 specific procedures  
7533 and any type of hormone therapy that could be perceived as  
7534 gender-affirming for trans youth.

7535           I just can't comprehend why these children are being  
7536 pursued and singled out. There is a -- in my view, there is  
7537 a real cruelty to this, and I don't use that word very often,  
7538 but that is the lens through which I see this. The bill  
7539 threatens precious lives.

7540           As one pediatric endocrinologist said, every time  
7541 politics and medicine co-mingle, people die. We are already  
7542 seeing higher rates of maternal and infant death because of  
7543 abortion restrictions that paralyze providers in an  
7544 emergency. Now some Republicans are attempting to ban 19  
7545 more procedures and treatments that should be a private  
7546 decision between patients, their families, and their doctors.

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7547           Now what is the next area of medicine that we are going  
7548 to get into and say, I don't know, maybe women beyond the age  
7549 of 62 shouldn't have any cosmetic surgery? You know, what  
7550 are they going to do, drag their husbands in to ask them  
7551 whether they think it is a good idea or not?

7552           This is -- we are treading into territory where we don't  
7553 belong. These decisions belong in a family, not at the  
7554 Energy and Commerce Committee, and where -- I don't know how  
7555 many here can go through and explain all the surgery, what it  
7556 means, what the doctors are saying, what families say yes,  
7557 what families say no. We don't know any of that. We don't  
7558 know any of that. This doesn't belong here. This does not  
7559 belong here, and it is jeopardizing one of the really gold  
7560 standard programs that we have in our country to train  
7561 doctors.

7562           And children's hospitals are now being suggested --  
7563 subjected in this culture war with bomb threats, children's  
7564 hospitals in our country. I have one of them, a prestigious  
7565 one in Palo Alto, California, the Lucile Packard Children's  
7566 Hospital.

7567           This proposal also worsens mental health crisis. And we

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7568 know that, regardless of what the age is, the background, the  
7569 geography, we have a mental health crisis going on in our  
7570 country, and the committee is trying to deal with all of  
7571 that. We have in the young age groups rising numbers of  
7572 attempted suicides. It is really a sad, sad state of  
7573 affairs.

7574 I think this is a harmful, disastrous bill. I don't  
7575 think it should have ever been brought up. Certainly, the  
7576 gentleman has the, you know, has the right to do so. But I  
7577 don't believe that this bill belongs here. We should get  
7578 back to working on the real issues, rather than these  
7579 inventions that are taking place, and pass legislation --  
7580 pass this legislation to reauthorize this graduate school  
7581 program that has served our country so well.

7582 And I yield back. Thank you.

7583 \*Mr. Bucshon. The gentlelady yields back. I now  
7584 recognize the chair of the full committee, Mrs. Rodgers, for  
7585 five minutes.

7586 \*The Chair. I move to strike the last word, and I speak  
7587 in support of H.R. 3887, the Children's Health GME Support  
7588 Reauthorization Act of 2023. I urge my colleagues to join in



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7589 making sure that we fund this program so that parents have  
7590 every assurance that their children are getting the best care  
7591 by the best doctors.

7592         With or without our colleagues, we are moving forward to  
7593 support training programs for pediatric medical residents.  
7594 It is how we make sure America continues to be home to world-  
7595 class pediatricians. That is our goal today. Democrats are  
7596 jeopardizing this critical funding for children's hospitals  
7597 because of what is really a radical ideology.

7598         Surely we can all acknowledge legitimate concerns that  
7599 children are being rushed to experimental interventions.  
7600 Other countries, many in Europe, are urging caution and are  
7601 being honest about -- that the evidence is lacking. Our  
7602 children's hospitals and medical institutions should be doing  
7603 the same. The risks outweigh the benefits.

7604         I think about the rapid surge of teen girls identifying  
7605 as transgender, and the mental health crisis we have all  
7606 recognized is occurring in younger generations. We have also  
7607 talked about the dangers of social media platforms that are  
7608 influencing people and especially our children more and more  
7609 as to what they see, hear, and believe to be true.

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7610           It is hard for me to deny the bigger picture here and  
7611 how these experimental interventions push young people to  
7612 change the course of their life, development, and well-being  
7613 without providing the underlying help they truly need.

7614           I have heard many here suggest that Republicans are  
7615 intruding on parents and children in their doctor's office.  
7616 This is not true. Let me share what is happening in my home  
7617 state.

7618           Governor Inslee just signed legislation to allow the  
7619 government to hide children, those over the age of 13, from  
7620 parents when the parents don't support these experimental  
7621 interventions. Governor Inslee and the state legislature,  
7622 majority Democrats in the House and Senate, put into law that  
7623 the government, not parents, know what is best for our  
7624 children. It puts parents in fear to speak up and ask  
7625 questions. The government is sending the signal, "Raise your  
7626 children by our agenda, or else.'`

7627           I speak for many parents who are saying, "Enough. We  
7628 are the parents of our children. Our children are innocent,  
7629 and they are extremely vulnerable. Let our children be  
7630 children.'`

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7631           Now back to H.R. 3887. Our goal today is to advance  
7632 this bill so that when a parent steps through the door of a  
7633 hospital, they are confident that their children is getting  
7634 the best care they need from the doctor who is trained with  
7635 the best medicine, data, and science to support CHGME  
7636 program.

7637           I urge a yes vote, and I yield back.

7638           \*Mr. Bucshon. The gentlelady yields back. Any further  
7639 -- I recognize the ranking member of the full committee, Mr.  
7640 Pallone.

7641           \*Mr. Pallone. Thank you, Mr. Chairman.

7642           I -- you know, I respect everyone on the other side, but  
7643 I just -- I don't understand this idea that somehow social  
7644 media or TV or someone, you know, something you watch is  
7645 going to make you want to be transgendered or gay. I mean,  
7646 this is not the reality. I mean, it is not like you wake up  
7647 one day and you watch a movie and you say, "I guess I am  
7648 going to be a transgender.'"`

7649           I mean, I think that what is happening out there is that  
7650 because we are in a free society, we are -- more and more  
7651 people are accepting people's decisions on gender or sexual

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7652 preference that, you know, people who maybe years ago would  
7653 not identify as transgender or want to be known as  
7654 transgendered or gay, decide that it is okay because we are a  
7655 more accepting society that doesn't put a stamp on people  
7656 because of their sexual orientation, or gender  
7657 identification, or race, or whatever. I mean, that is the  
7658 reality.

7659 I just -- this idea that somehow we are forcing people  
7660 to become transgender I just don't think makes any sense. I  
7661 mean, identifying what is happening is -- and what is being  
7662 prohibited in this bill as pseudoscience or experimental is  
7663 simply not true. We are just saying that this is a decision  
7664 that should be made by doctors, with the parents, with the  
7665 children.

7666 And we know that the doctors organizations that are  
7667 involved with this think that what the Republicans want to  
7668 prohibit is actually totally acceptable and a good thing.  
7669 You know, we -- I don't know how to keep repeating the same  
7670 thing, that health care decisions should be made between a  
7671 patient and their health care providers. In the case of  
7672 youth with their parents, as well. And we should not intrude

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7673 in this process.

7674 This Children's Hospital Graduate Medical Education  
7675 program has been reauthorized multiple times with broad  
7676 bipartisan support without substantive changes to the  
7677 program. The Republican bill goes against decades of  
7678 scientific research and evidence that has established clear  
7679 standards of care -- it is not pseudoscience -- care that is  
7680 effective and essential to the health and well-being of  
7681 transgender youth.

7682 Every major medical association representing more than  
7683 1.3 million doctors across our country supports age-  
7684 appropriate, gender-affirming care for transgender people.  
7685 Instead of letting doctors do their job, Republicans are  
7686 politicizing a bipartisan program and restricting access to  
7687 evidence-based care for transgender youth.

7688 They are also attacking children's hospitals and their  
7689 doctors by dictating what care they can and can't provide.  
7690 Children's hospitals would be forced to make a choice between  
7691 providing medically necessary care for their patients or  
7692 foregoing Federal funding dedicated to the training of their  
7693 residents.

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7694           And I think that Republicans should acknowledge that we  
7695 are in the middle of a pediatrician shortage in this country.  
7696 Access to care for children is threatened in communities  
7697 across the country due to these provider shortages. And  
7698 rather than support the training of new doctors, Republicans  
7699 are choosing to hold this important funding mechanism  
7700 hostage.

7701           It is also important to note the kind of impact that  
7702 harmful legislation like this has on the mental health of  
7703 transgender youth. This is a group that is already at high  
7704 risk for mental health challenges. Nearly one in five  
7705 transgender and non-binary youth have attempted suicide, and  
7706 nearly half of seriously -- have had such incidents. So we  
7707 know that transgender people who want gender-affirming care  
7708 and receive it are less likely to attempt suicide than those  
7709 who don't. This can be lifesaving care. Restricting it is  
7710 not just harmful, it is actually dangerous.

7711           And there are just countless stories from doctors,  
7712 parents, and transgender youth themselves about how this care  
7713 has changed their lives. Many transgender youth feel that  
7714 the society around them does not see them for who they are.

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7715 They describe how knowing their parents and doctors love them  
7716 and respect them and take them seriously makes all the  
7717 difference. They have told us how gender-affirming care  
7718 makes it possible to feel comfortable in their own body so  
7719 they can refocus on school, friendships, and all the things  
7720 that come with a regular adolescent life. We should be  
7721 supporting it wholeheartedly, and trusting the doctors and  
7722 the parents and the patients to make the right decisions.

7723       You know, I mean, my friend from Texas -- and I don't  
7724 want to keep picking on him -- but he talked about a poll  
7725 that 70 percent of the people support this bill. Well, you  
7726 know, what does that mean? If 70 percent of the people think  
7727 that kids with disabilities should be, you know, destroyed  
7728 when they are children, does that mean that that is what we  
7729 are supposed to do? I mean, in Sparta they used to take  
7730 disabled kids and throw them into the ravine. I don't want  
7731 to be that. I don't want to go by what the majority thinks.  
7732 I want to go by what the science is, and what the doctors and  
7733 the parents think.

7734       And with that, I yield back, Mr. Chairman.

7735       \*Mr. Bucshon. The gentleman yields back. The

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7736 gentlelady -- who is next? Yes, I recognize Mrs. Miller-  
7737 Meeks for five minutes.

7738 \*Mrs. Miller-Meeks. Thank you, Mr. Chair. I would like  
7739 to speak in support of H.R. 3087 Children's Hospital GME  
7740 Support Reauthorization Act, introduced by my friend and  
7741 colleague, Congressman Crenshaw.

7742 I know firsthand that a physician's training is a  
7743 lengthy and expensive process, which is why renewing CHGME to  
7744 ensure that there is sufficient supply of pediatricians to  
7745 meet the demand is so important. In fact, I have long  
7746 supported increasing the number of GME slots and funding.  
7747 The timely reauthorization of this program through 2028 will  
7748 continue a legacy of over 20 years of supporting our health  
7749 care providers.

7750 However, I am also supportive of the prohibition on GME  
7751 funding for hospitals that furnish puberty blockers, hormone  
7752 therapies, and/or surgeries for the purpose of sex alteration  
7753 care to minors. And let me just say that if anyone in this  
7754 room thinks that the government isn't already involved in the  
7755 patient-doctor relationship, let me just remind people that  
7756 during the COVID-19 pandemic the government, the Biden



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7757 Administration, forced vaccine mandates on everyone, despite  
7758 calls of physicians such as myself and former directors of  
7759 public health that that be left to the doctor and patient to  
7760 determine. And that is not the only example, that is just a  
7761 very recent example.

7762           When this bill was introduced in our recent legislative  
7763 hearing, the minority witness could only claim that standards  
7764 of care as scientific justification for the safety of these  
7765 surgeries and treatment. She could not cite any gold  
7766 standard randomized controlled trials that showed and  
7767 evidenced what she was saying, or what the ranking member  
7768 said, nor supported systematic reviews.

7769           The purpose of health care is to treat and heal, and it  
7770 is not in the interest of the American taxpayers to fund  
7771 these experimental procedures at the expense of the physical  
7772 and mental well-being of patients -- procedures and drugs  
7773 that cause permanent and irreversible alterations. To quote  
7774 our colleague from New Jersey, the ranking member, when  
7775 talking just recently about providing -- providers of  
7776 Medicaid services for foster children, he just stated, "It  
7777 should be a high bar.'" Why should the bar be any lower when

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7778 we are talking about care that can permanently damage an --  
7779 irreversible to minors?

7780           And as a physician and a director of public health, I  
7781 have had advocacy groups numerous times come to talk to me  
7782 about young people under age 25 not having the frontal lobe  
7783 development to make accurate judgments, but yet we think that  
7784 minors should be able to make decisions for permanent,  
7785 irreversible, damaging physical alterations. There is a lack  
7786 of scientific evidence regarding the effectiveness of these  
7787 medical interventions, especially among minors -- again, we  
7788 are only talking about minors -- which is why countries in  
7789 Europe such as Denmark, Britain, and Sweden have described  
7790 the treatments -- these countries have decided the treatments  
7791 as experimental, and they have urged doctors to proceed with  
7792 caution.

7793           I rise in support of this bill, and I would urge my  
7794 colleagues to do the same. I yield back.

7795           \*Mr. Bucshon. Will the gentlelady yield for a second to  
7796 the chair?

7797           \*Mrs. Miller-Meeks. Yes, I will yield.

7798           \*Mr. Bucshon. I don't want to take five minutes, but I

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7799 just want to say, you know, look -- and I said this before --  
7800 you know, gender dysphoria, obviously, is real. However, we  
7801 do have a role in protecting children. We protect children  
7802 in all kinds of areas and from the local government, state  
7803 government, and the Federal Government.

7804 And we don't have definitive data on permanently  
7805 changing people's anatomy when they are children. We just  
7806 don't have -- there just isn't that data. I have talked to  
7807 Children's Hospital folks. Europe recognizes that. And we  
7808 also don't have any data on permanently changing people using  
7809 puberty blockers.

7810 So again, we are talking about children here. Does  
7811 anyone think that we should take a 12 or 13-year-old  
7812 anatomically male child and remove their sex organs  
7813 permanently because they believe that they should, because  
7814 that is where they are? I can't -- I would have a hard time  
7815 arguing that anyone thinks that that is right.

7816 Now, if you are 18 years old, and you are an adult, and  
7817 you choose to -- you make that decision, well, that is  
7818 different. But we do have a role in protecting children.  
7819 And from a scientific standpoint and as a medical doctor, I

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7820 can't get past that.

7821 Do I think that there are people who need aggressive  
7822 treatment for gender dysphoria? You bet. But we are talking  
7823 here about permanently changing people's anatomy and  
7824 physiology. And the physiology side, much of it is not  
7825 reversible in youth under the age of 18. You know, and I  
7826 just -- I can't reconcile that.

7827 So I will yield back to the gentlelady.

7828 \*Mrs. Miller-Meeks. Thank you. And just to quote what  
7829 was already said, after all, these are children. The  
7830 children deserve this, the children deserve that we have a  
7831 high bar. And in all other parts of medicine, when we ask  
7832 for randomized, controlled studies, when we ask for  
7833 systematic reviews, the bar should be no less for our  
7834 children.

7835 I yield back.

7836 \*Mr. Bucshon. The gentlelady yields back. I now  
7837 recognize Dr. Ruiz for five minutes.

7838 \*Mr. Ruiz. You know, I --

7839 \*Mr. Bucshon. For what purpose does the gentleman --

7840 \*Mr. Ruiz. I move to strike the last --

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7841           \*Mr. Bucshon. The gentleman is recognized, five  
7842 minutes.

7843           \*Mr. Ruiz. Look, transgender individuals face one of  
7844 the highest rates of anxiety, depression, homelessness,  
7845 abuse, hate crimes. They -- suicide. And it is caused by  
7846 three different aspects.

7847           One is that there is incongruence between who they  
7848 believe in their soul they are and what their body phenotype  
7849 is. And that incongruence, we can't imagine what that leaves  
7850 an individual to feel.

7851           Second is the hateful fear, rhetoric that comes out in  
7852 society where you see those hate crimes appearing where  
7853 people aren't accepting, welcoming, appreciating these  
7854 beautiful individuals.

7855           And third is because of all of that and the fear, there  
7856 is a lack of support systems. There is a lack of support  
7857 systems from their home and in their communities.

7858           So we have found through studies -- and I just looked up  
7859 one, in fact, psychosocial functioning in transgender youth  
7860 after two years of hormones that was published in the New  
7861 England Journal of Medicine this year -- that shows that

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7862 there is positive outcomes in gender-affirming hormonal care,  
7863 for example, during puberty, that there is positive effects  
7864 with life satisfaction, decreased depression, anxiety,  
7865 increase in appearance congruence where associated with  
7866 congruent increases in positive affect in life satisfaction,  
7867 et cetera.

7868         So there is a growing body of evidence. The reason why  
7869 we don't know what the long-term studies are yet is because  
7870 there haven't been any long-term studies. And in order for  
7871 us to get there, we should allow the science and the research  
7872 that is already showing these positive outcomes.

7873         But unfortunately, even with the care that we want to  
7874 have, this type of rhetoric that we have heard today about  
7875 gotcha, about fear mongering, about hate, instilling this  
7876 hate and this fear, all for the sake of some kind of -- these  
7877 children are being victims, is going to hurt kids. And this  
7878 is another example of how the Republicans are using this bill  
7879 to hurt all kids if they don't get their extreme agenda  
7880 through in their cultural war, attacking some of our most  
7881 vulnerable children in our communities.

7882         With that, I yield some time to Representative Trahan,

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7883 and she yields back to me because -- do you want the time or  
7884 not? No, she needs more time.

7885 \*Mr. Bucshon. More time.

7886 \*Mr. Ruiz. I will yield to Representative Sarbanes.

7887 \*Mr. Sarbanes. Yes, I just want to get away a little  
7888 bit from the fine print and say that all we are seeking here  
7889 is to meet young people where they are. It is tough enough  
7890 being a young person in this world these days with all the  
7891 pressures that come at them from so many different places.  
7892 What we want to do is meet them where they are, and provide  
7893 as much support as we can, and basically have society wrap  
7894 our arms around them and say it is going to be okay, and we  
7895 are going to be here as a society for you and support you and  
7896 help guide you forward. That is all we are seeking here.

7897 And I think what worries many of us here is that there  
7898 is an edge. Whether it is intentional or not, I won't speak  
7899 to that. But the articulation of all these arguments that  
7900 lean against transgender youth and those who are seeking that  
7901 comfort, it feels like it has an edge and a meanness to it  
7902 that doesn't help the situation at all. So we are just  
7903 seeking to provide that support.

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7904 And I yield back.

7905 \*Mr. Ruiz. And I yield back.

7906 \*Mr. Bucshon. The gentleman yields back. Who is -- Mr.  
7907 Pence seeks recognition.

7908 \*Mr. Pence. I move to strike the last word.

7909 \*Mr. Bucshon. You are recognized for five minutes.  
7910 Turn your mike on, please.

7911 \*Mr. Pence. I rise in support of 3887, and yield the  
7912 balance of my time to Mr. Crenshaw.

7913 \*Mr. Crenshaw. I appreciate the gentleman yielding.

7914 Okay, there is a lot to address here, a lot of things  
7915 said. No facts given. A lot of things said.

7916 I have been called cruel multiple times, so let's  
7917 address that first. I am not the one who is cruel. Doing a  
7918 double mastectomy on a 12-year-old girl, that is cruel.  
7919 Castrating a 10-year-old boy, that is cruel. Putting them on  
7920 permanent hormone therapy and puberty blockers that could  
7921 prevent them from ever having children, permanently changing  
7922 their physiology, there is a cruelty to that for sure.

7923 We are not the crazy ones here, all right? Really. We  
7924 have been -- really. Five minutes ago none of you all



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7925 believed this, let's be honest. Let's be honest. This has  
7926 been called a "manufactured culture war." So we are the  
7927 ones who -- if it is a manufactured culture war, then why are  
7928 we even debating it? Why do you care if it is banned? So it  
7929 is not manufactured.

7930 We are responding to what is inherently a social  
7931 contagion. In the UK referrals for these kind of transitions  
7932 went up by a factor of 33 between 2009 and 2018. In the U.S.  
7933 in 2007, there was only 1 pediatric gender clinic that would  
7934 do this. Now there is over 70. This has increased by 45,000  
7935 percent in many hospitals. We are not making this up; we are  
7936 responding to it.

7937 It has been said that nobody just wakes up and just  
7938 becomes trans. Okay. Well, that is not what the literature  
7939 says. And a report by Lisa Littman, parents' reports of  
7940 adolescents and young adults perceived to show signs of rapid  
7941 onset of gender dysphoria, nearly 70 percent of adolescents  
7942 and young adults in the sample had at least 1 friend in the  
7943 peer group declared a trans identity. There is a clear  
7944 association and correlation between peer influence and these  
7945 kind of ideations.

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7946           \*Mr. Ruiz. Will the gentleman yield?

7947           \*Mr. Crenshaw. No.

7948           \*Mr. Ruiz. Are you suggesting --

7949           \*Mr. Crenshaw. Hey, I said no.

7950           \*Mr. Ruiz. -- if you have a transgender --

7951           \*Mr. Bucshon. The gentleman did not yield.

7952           \*Mr. Ruiz. -- going to be transgender?

7953           \*Mr. Bucshon. Dr. Ruiz, you are out of order.

7954           \*Mr. Crenshaw. But since Dr. Ruiz --

7955           \*Mr. Ruiz. So the message is no transgender --

7956           \*Mr. Crenshaw. He found one study -- I reclaim my time.

7957           \*Mr. Bucshon. The gentleman will suspend.

7958           \*Mr. Crenshaw. Yes.

7959           \*Mr. Bucshon. Let's keep our decorum here. Now, come

7960 on. I recognize Mr. Crenshaw.

7961           \*Mr. Crenshaw. Let's go ahead and -- I will address

7962 what the good doctor said about the one study that he found.

7963 So the one study --

7964           \*Mr. Ruiz. You know, I --

7965           \*Mr. Crenshaw. -- that he did find, actually, two of

7966 those participants in there killed themselves. And it was

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7967 not a randomized controlled study. So just like many of  
7968 these studies that you could bring up, trust me, I have got  
7969 notes on all of them.

7970 \*Mr. Ruiz. [Inaudible.]

7971 \*Mr. Crenshaw. Now, let's -- I am not done correcting  
7972 all the misinformation that has been put out. It was said  
7973 earlier that this would ban procedures. No, it removes  
7974 funding for hospitals that do them.

7975 \*Mr. Ruiz. [Inaudible.]

7976 \*Mr. Crenshaw. Can we remove this person? All right.  
7977 It said it was said earlier --

7978 \*Mr. Ruiz. Remove me.

7979 \*Mr. Crenshaw. It was said earlier --

7980 \*Mr. Bucshon. Come on, Doc.

7981 \*Mr. Crenshaw. It was said earlier that we don't know  
7982 anything about this. We don't know what these procedures  
7983 are, or what the parents are thinking, what the kids are  
7984 thinking. Isn't that kind of a good argument to press the  
7985 pause button, since we don't really know anything?

7986 Now, what we do know is that there has been multiple  
7987 systematic reviews, the gold standards of evidence collection

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7988 that show that we don't know enough to keep going on  
7989 something that carries such high risk.

7990 Now, look, you might not know that bananas are healthy  
7991 for kids, but you also know that there is not much risk to  
7992 giving them a banana. So it is not a big deal.

7993 This kind of stuff is a really big deal. And when every  
7994 single piece of evidence shows that there is not a clear  
7995 benefit associated with it, you just press pause. Heck, we  
7996 are not even pressing pause. We are saying don't fund  
7997 institutions that are actively doing it. We are doing way  
7998 less than pressing pause.

7999 And that is directly related to another comment which  
8000 said you don't care that 70 percent of Americans disagree  
8001 with you, you don't care. That is quite a thing for a  
8002 representative of Americans to say. But the thing is we are  
8003 talking about their use of taxpayer money. And so you do  
8004 have to care just a little bit.

8005 It has been said that this threatens transgender youth.  
8006 It hurts their mental health, that they are going to commit  
8007 suicide because of it. Here is the thing. That declaration,  
8008 that doesn't -- that is not -- doesn't coincide with the

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8009 actual science, doesn't actually coincide with the studies on  
8010 this. What the studies actually show is that 70 percent of  
8011 the people who propose that they are transgender already had  
8012 other co-morbidities, psychopathics, every single time, 70  
8013 percent of the time. That is a pretty big deal.

8014 Do you not care about that when you are claiming that  
8015 this is -- that refusing this kind of care is causing  
8016 suicide, do you not care that those pre-conditions might have  
8017 already been there? Is that not a fact that you would want  
8018 to look at before you automatically propose permanent  
8019 physiological change to someone?

8020 We are not the ones being uncompassionate. We are not  
8021 the ones being cruel. We are the ones saying press pause.  
8022 There is an extreme trend going on, and we don't have the  
8023 science to back up its benefits. And you can't argue with  
8024 that, but please try.

8025 I yield back.

8026 \*Mr. Bucshon. The gentleman yields back, and I  
8027 recognize Mrs. Trahan -- for what purpose do you --

8028 \*Mrs. Trahan. I move to strike the last word.

8029 \*Mr. Bucshon. The gentlelady is recognized, five

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8030 minutes.

8031           \*Mrs. Trahan. You know, time and again I have heard my  
8032 colleagues across the aisle discuss the urgent need to  
8033 address the youth mental health crisis in our country, yet  
8034 they ignore the fact that a large body of medical literature  
8035 demonstrates that, with support at home, in school, and in  
8036 communities coupled with access to gender-affirming care,  
8037 trans youth show improvements in mental health outcomes.

8038           A high prevalence of suicide ideation and attempts occur  
8039 in transgender youth compared to their cisgender peers. But  
8040 in transgender children who have been able to receive gender-  
8041 affirming care, risk of suicide is reduced by 73 percent.  
8042 Denying that truth means denying the existence of trans kids  
8043 as a whole. And how dangerous is that?

8044           We should be working to increase access to health care  
8045 for all children, not restrict the ability of children to  
8046 define and express themselves. A ban on gender-affirming  
8047 care is dangerous, it is misguided. And yes, it is cruel.  
8048 And it is a shame that Republicans on this committee are,  
8049 one, misrepresenting what gender-affirming care actually is,  
8050 and using what should be a partisan piece -- a bipartisan

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8051 piece of legislation to score cheap political points.

8052           Now, I want to emphasize that across pediatric practices  
8053 many young people who are not transgender access gender-  
8054 affirming health care for one reason or another. For  
8055 example, a Harvard Medical School study found that for  
8056 decades doctors have been using safe medications for  
8057 cisgender children who go through puberty too early.

8058           For trans children, gender-affirming care is essential,  
8059 medically necessary care that promotes their health and well-  
8060 being. This evidence-based care is used to treat gender  
8061 dysphoria, which is a serious medical condition characterized  
8062 by clinically significant psychological distress associated  
8063 with the difference between a person's gender and the sex  
8064 they were assigned at birth.

8065           Gender-affirming hormone therapy and surgeries are  
8066 deemed medically necessary treatments for gender dysphoria by  
8067 the American Medical Association and other clinical policy  
8068 setting organizations. GAC is patient-centered and treats  
8069 individuals holistically, aligning their outward physical  
8070 traits with their gender identity.

8071           What my Republican colleagues are not saying is that

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8072 this kind of care encompasses many facets. Social  
8073 affirmation is considered gender-affirming care, where a  
8074 transgender person adopts an affirming hairstyle, clothing,  
8075 name, and pronouns. This affirming care occurs at any age,  
8076 but what my colleagues may be referring to, gender-affirming  
8077 surgeries, are overwhelmingly performed in adulthood. In  
8078 fact, Boston Children's Hospital in my home state of  
8079 Massachusetts only performs these procedures on consenting  
8080 adults, contrary to misinformation that is peddled online,  
8081 including adding by a witness who the majority invited to  
8082 testify before this committee.

8083 Overall, gender-affirming care is comprehensive care  
8084 that affirms the individual and meets them where they are.  
8085 And by exaggerating the care that is actually being  
8086 administered to trans children, we are opening them and  
8087 health care professionals who work diligently to care for  
8088 them to increase levels of hate, harassment, and threats. I  
8089 have seen that already at Boston Children's Hospital, which  
8090 has been the victim of numerous threats following the spread  
8091 of misinformation about the services operated at their  
8092 facility.



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8093           Let me say something that should be obvious to my  
8094 colleagues across the aisle. Embracing rhetoric that  
8095 endangers our children's hospitals does nothing to protect  
8096 our children. It does the opposite. It puts them at risk of  
8097 not being able to access the lifesaving care that these  
8098 facilities offer. So let's stop with the partisan  
8099 gamesmanship, the uncredentialed grandstanding, and let's get  
8100 to work on funding programs that children's hospitals rely on  
8101 to train the next generation of pediatric specialists. You  
8102 can do it for your children. You can do it for mine and the  
8103 children that you hope to have someday.

8104           I yield back.

8105           \*Mr. Bucshon. The gentlelady yields back. Does anyone  
8106 else seek recognition?

8107           Dr. Schrier, for what purpose do you seek recognition?

8108           \*Ms. Schrier. Mr. Chairman, I have an amendment at the  
8109 desk.

8110           \*Mr. Bucshon. Seeing no other people wanting to speak  
8111 on the AINS, the gentlelady is recognized. The clerk will  
8112 report.

8113           \*The Clerk. Amendment to H.R. 3887, offered by Ms.

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8114 Schrier of Washington.

8115 \*Mr. Bucshon. Without objection, the -- we dispense  
8116 with the reading.

8117 [The amendment of Ms. Schrier follows:]

8118

8119 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

8120

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8121           \*Mr. Bucshon. And I don't have the script.

8122           \*Ms. Schrier. Thank you. Thank you, Mr. Chairman.

8123           \*Mr. Bucshon. Yes, and I recognize Ms. Schrier for five  
8124 minutes to explain her amendment.

8125           \*Ms. Schrier. Thank you, Mr. Chairman.

8126           I am offering this amendment today because, as a  
8127 pediatrician, I know quite personally how important  
8128 Children's Hospital Graduate Medical Education is. This  
8129 funding is vital. It funds the next generation of  
8130 pediatricians. And I will remind all of you that right now  
8131 we have a shortage of pediatricians. Many kids don't have a  
8132 medical home. We have had many retirements, and we need  
8133 pediatricians and pediatric specialists more than ever, so we  
8134 need more CHGME funding.

8135           And I will add to this that in my home state, in  
8136 Washington State, Seattle Children's receives \$10 million  
8137 annually in funds. This is 10 percent of their entire  
8138 training and residency costs. And these costs add up, and  
8139 they are training the next generation of pediatricians after  
8140 medical school.

8141           I want to just offer up this amendment that simply

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8142 strikes the preconditions put in by Mr. Crenshaw. It will  
8143 preserve a clean reauthorization of CHGME, the same  
8144 reauthorization that has been done successfully in a  
8145 bipartisan fashion five times previously.

8146 It is simply inappropriate to threaten funding for  
8147 children's hospitals to score political points or to have  
8148 Members of Congress try to make medical decisions and get in  
8149 the middle of medical decision-making between parents and  
8150 children and doctors. And so this is an amendment to strike  
8151 the preconditions in the other bill to have a clean  
8152 reauthorization of CHGME funding.

8153 I encourage my colleagues to vote for this amendment and  
8154 vote no on the previously presented bill. Thank you.

8155 I yield back.

8156 \*Mr. Bucshon. The gentlelady yields back. Is there  
8157 anyone who wants to speak on the -- I recognize Mr. Crenshaw  
8158 for five minutes.

8159 \*Mr. Crenshaw. Chairman, I move to strike the last  
8160 word.

8161 \*Mr. Bucshon. The gentleman is recognized.

8162 \*Mr. Crenshaw. I oppose this amendment on the grounds

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8163 that it would strike my amendment, so it seems obvious. But  
8164 I want to address a study that was brought up earlier that  
8165 would supposedly support the idea that there is some benefit  
8166 to this.

8167 I will read the rebuttal. A careful look at that --  
8168 this was the study brought up earlier, by the way, which  
8169 claims that there is 73 percent lower odds of suicidality  
8170 after these treatments. But a closer look at the study's  
8171 data shows that the kids who received hormonal interventions  
8172 did no better by the end of the study than at the beginning.

8173 The researcher's claim about improvement was based on  
8174 the fact that the kids in the control group who received  
8175 psychotherapy but not hormones got worse relative to the  
8176 hormone group. But even this isn't accurate, as 80 percent  
8177 of the control group dropped out by the end of the study.  
8178 And a likely reason for the dramatic loss to follow-up is  
8179 that many, or perhaps all, of the non-hormone therapy kids  
8180 improved without gender-affirming drugs. It is quite  
8181 possible that if the researchers had actually followed up  
8182 with all the participants, we would see a pretty different  
8183 outcome.

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8184           There was another study proposed that said that that  
8185 indicated that it was within a two-year window. Well, we are  
8186 not talking about a two-year window. We are talking about  
8187 the rest of someone's life. Right? These aren't changes  
8188 that can just be reversed. These are major physiological  
8189 changes. I don't understand why there is no compassion for  
8190 that, kids who really don't know how to process some of the  
8191 things that they -- or some of the things that they feel, and  
8192 parents that have been subsumed by this radical ideology.

8193           Doctors are supposed to rely on systematic reviews.  
8194 Remember at the last hearing, when that Yale doctor couldn't  
8195 name one study -- I at least appreciate my colleagues naming  
8196 a couple studies so that I could debate with them on those.  
8197 That one couldn't name one. She just kept saying "standards  
8198 of care.'" Standards of care are derived from evidence. You  
8199 derive standards from evidence. You collect evidence over  
8200 the course of a long period of time with a large pool of  
8201 patients, and then you aggregate all of that evidence through  
8202 systematic reviews.

8203           Now, every single systematic review says the same thing,  
8204 that there is little to no benefit to these therapies, and

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8205 yet very, very high risks.

8206           There has been a lot of talk about the suicidal  
8207 potential because they don't receive these therapies. But  
8208 again, roughly 70 percent of U.S. teens who present to gender  
8209 clinics have comorbid psychiatric diagnoses that precede the  
8210 onset of gender issues. That is a really important fact, and  
8211 it is just a fact, it is not an opinion. It is just a fact  
8212 that helps us look at this problem, I think, a little bit  
8213 more holistically and without any emotion, without any  
8214 politics.

8215           Now, for us this isn't about politics. We keep being  
8216 accused of that. But the truth of the matter is we are  
8217 simply responding to a very radical trend. That is all that  
8218 is happening here. It has been said over and over again that  
8219 we shouldn't be getting in between the patient and the  
8220 doctor. I might remind everyone that most of these bills  
8221 that we have passed in a bipartisan way today regulate  
8222 medicine between a doctor and a patient in one form or  
8223 another, right? Obviously, the government is in the business  
8224 of it.

8225           And, by the way, if you don't believe that the Federal

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8226 Government should be in the business of it, then why are we  
8227 giving money to children's hospitals in the first place?  
8228 Your argument has that logical end, just to be clear.

8229 Now, look, of course we want to make sure that our  
8230 children's hospitals' GME programs are funded. This bill  
8231 does that. This bill does that, while also preserving  
8232 longstanding medical standards of care that have been proven  
8233 time and time again while prohibiting the kind of care that  
8234 has not been proven, that has actually been proven the  
8235 opposite. This should really not be controversial. It  
8236 really should not. This was not controversial just very long  
8237 ago. We didn't create this culture war, folks, we are just  
8238 responding to it.

8239 And I yield back. I yield to any of my colleagues.

8240 \*Mr. Bucshon. The gentleman yields back. Is there  
8241 anyone else seeking recognition on the amendment?

8242 \*Mr. Cardenas. Chairman, I move to strike the last word  
8243 on the Schrier amendment.

8244 \*Mr. Bucshon. I recognize the gentleman, five minutes.

8245 \*Mr. Cardenas. Thank you. And whatever time I have  
8246 left, I will yield it to the author of the amendment, Ms.



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8247 Schrier, Dr. Schrier.

8248 I want to take this opportunity to express my extreme  
8249 disappointment at the hyper partisan Children's Hospital  
8250 CHGME bill that is noticed today. Holding funding for  
8251 pediatric specialties hostage on the backs of trans children  
8252 who are seeking necessary and appropriate care is politics at  
8253 its ugliest, at its worst.

8254 When we talk about gender-affirming care, it feels like  
8255 the humanity of trans people is lost along the way. But  
8256 let's not forget we are talking about our kids. And all of  
8257 the science from respected sources tells us that gender-  
8258 affirming care is lifesaving. For example, research shows  
8259 hormone therapy can reduce suicidal ideation. One study even  
8260 found that after one year of gender-affirming treatment, the  
8261 average level of suicidality was one-fourth of what it was  
8262 before treatment.

8263 This issue is about respecting the humanity of all  
8264 children. This is about believing them when they say that  
8265 they need help, and trusting doctors to provide the care that  
8266 they need.

8267 I ask my colleagues to consider how enraged they would

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8268 be if they were told they could not pursue the very care that  
8269 would save their kid's life. Who are you to make that call?  
8270 Who are you to get the audacity to make that decision for  
8271 kids, parents, and their doctors?

8272 I am grateful to my colleague, Congresswoman Dr.  
8273 Schrier, for introducing her amendment that would strip  
8274 harmful language banning gender-affirming care from CHGME  
8275 reauthorization proposal put forth today.

8276 I urge my colleagues to support this amendment to stand  
8277 up for the dignity of our trans children, and to move a clean  
8278 reauthorization that will allow us to support the pediatric  
8279 care workforce.

8280 And I yield the balance of my time to Dr. Schrier.

8281 \*Ms. Schrier. Thank you, Representative Cardenas.

8282 I simply wanted to say that funding for children's  
8283 hospitals is on the line here. It is at risk. We know that  
8284 Mr. Crenshaw's bill will not pass the Senate, and it will not  
8285 get signed into law. And if we want to support our  
8286 children's hospitals, this is the way to do it. We vote for  
8287 this amendment, we do a clean reauthorization, our children's  
8288 hospitals get funded, and we have a new generation of

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8289 pediatricians. It is that simple.

8290 I encourage my colleagues to vote for this, and I yield  
8291 back.

8292 \*Ms. Kuster. Dr. Schrier, will you yield?

8293 \*Mr. Cardenas. It is my time, and I am yielding to Mr.  
8294 Pallone.

8295 \*Mr. Pallone. I will be quick. I think that, just to  
8296 separate this issue at the time, I think what Dr. Schrier is  
8297 trying to do here is to make the point that, you know, the  
8298 funding for these children's hospitals, for pediatricians,  
8299 for residency programs is all at risk.

8300 I mean, I just know when I am back home, you know, I  
8301 think a lot of people think, oh, everybody wants to give  
8302 money for kids, children's hospitals, such a great thing.  
8303 You know, I don't know how much the Federal component is, but  
8304 Mr. Crenshaw said, well, maybe the Federal Government  
8305 shouldn't fund children's hospitals. I don't think he means  
8306 that, but you know what I mean. In other words, if this  
8307 becomes an issue, then why are we doing it?

8308 Well, I mean, the problem that we have to face here is  
8309 that, increasingly, hospitals, whether it be from the Federal

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8310 funds or from private donors, all this controversy that is  
8311 brought into this debate makes people not want to give, makes  
8312 people not want to become residents, makes people not want to  
8313 become pediatricians. It has a damaging impact. And all she  
8314 is really saying here is let's get rid of this. Let's not  
8315 bring this into the issue of whether or not we are going to  
8316 fund children's hospitals because, you know, the whole  
8317 program of pediatricians, residencies, children's hospitals,  
8318 it is all at risk.

8319         And that is the reality, Dr. Schrier, and I really  
8320 appreciate you bringing it up. I think you are trying to  
8321 essentially say let's separate this issue from the funding  
8322 because it never has been part of the funding before. And  
8323 all it is going to do is make it much more difficult to  
8324 operate these facilities, to get doctors involved, to get  
8325 donors involved to fund children's hospitals. And that is a  
8326 real concern.

8327         So I yield back.

8328         \*Mr. Cardenas. I yield the balance of my time to my  
8329 colleague from New Hampshire.

8330         \*Ms. Kuster. Just very briefly, I just wanted to

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8331 correct the record when our colleagues said they are not  
8332 obsessed with these cultural issues.

8333 We are going to the floor now to vote on this very issue  
8334 on the NDAA, so you are obsessed with this cultural issue.

8335 I support parents, I support the funding of Graduate  
8336 Medical Education, and I yield back.

8337 \*Mr. Bucshon. Vote on this one.

8338 \*Mr. Cardenas. I yield back.

8339 \*Mr. Bucshon. The gentleman yields. We are -- seeing  
8340 no other members wishing to speak on the amendment, we are  
8341 going to vote on the amendment, and a roll call has been  
8342 requested, so please call the roll.

8343 \*The Clerk. Chair Guthrie?

8344 [No response.]

8345 \*The Clerk. Burgess?

8346 [No response.]

8347 \*The Clerk. Latta?

8348 \*Mr. Latta. No.

8349 \*The Clerk. Latta votes no.  
8350 Griffith?

8351 \*Mr. Griffith. No.

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8352           \*The Clerk. Griffith votes no.  
8353           Bilirakis?  
8354           \*Mr. Bucshon. I don't know if they are going to --  
8355           \*Mr. Bilirakis. No.  
8356           \*The Clerk. Bilirakis votes no.  
8357           Johnson?  
8358           \*Mr. Johnson. No.  
8359           \*The Clerk. Johnson votes no.  
8360           Bucshon?  
8361           \*Mr. Bucshon. No.  
8362           \*The Clerk. Bucshon votes no.  
8363           Hudson?  
8364           [No response.]  
8365           \*The Clerk. Carter?  
8366           [No response.]  
8367           \*The Clerk. Dunn?  
8368           \*Mr. Dunn. No.  
8369           \*The Clerk. Dunn votes no.  
8370           Pence?  
8371           \*Mr. Pence. No.  
8372           \*The Clerk. Pence votes no.

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8373 Crenshaw?  
8374 \*Mr. Crenshaw. No.  
8375 \*The Clerk. Crenshaw votes no.  
8376 Joyce?  
8377 \*Mr. Joyce. No.  
8378 \*The Clerk. Joyce votes no.  
8379 Harshbarger?  
8380 \*Mrs. Harshbarger. No.  
8381 \*The Clerk. Harshbarger votes no.  
8382 Miller-Meeks?  
8383 \*Mrs. Miller-Meeks. No.  
8384 \*The Clerk. Miller-Meeks votes no.  
8385 Obernolte?  
8386 \*Mr. Obernolte. No.  
8387 \*The Clerk. Obernolte votes no.  
8388 Eshoo?  
8389 [No response.]  
8390 \*The Clerk. Ms. Eshoo?  
8391 \*Ms. Eshoo. Aye.  
8392 \*The Clerk. Eshoo votes aye.  
8393 Sarbanes?

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8394 \*Mr. Sarbanes. Aye.  
8395 \*The Clerk. Sarbanes votes aye.  
8396 Cardenas?  
8397 \*Mr. Cardenas. Aye.  
8398 \*The Clerk. Cardenas votes aye.  
8399 Ruiz?  
8400 \*Mr. Ruiz. Aye.  
8401 \*The Clerk. Ruiz votes aye.  
8402 Dingell?  
8403 \*Mrs. Dingell. Aye.  
8404 \*The Clerk. Dingell votes aye.  
8405 Kuster?  
8406 \*Ms. Kuster. Aye.  
8407 \*The Clerk. Kuster votes aye.  
8408 Kelly?  
8409 \*Ms. Kelly. Aye.  
8410 \*The Clerk. Kelly votes aye.  
8411 Barragan?  
8412 \*Ms. Barragan. Aye.  
8413 \*The Clerk. Barragan votes aye.  
8414 Blunt Rochester?



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8415 [No response.]

8416 \*The Clerk. Craig?

8417 \*Ms. Craig. Aye.

8418 \*The Clerk. Craig votes aye.

8419 Schrier?

8420 \*Ms. Schrier. Aye.

8421 \*The Clerk. Schrier votes aye.

8422 Trahan?

8423 \*Mrs. Trahan. Aye.

8424 \*The Clerk. Trahan votes aye.

8425 Pallone?

8426 \*Mr. Pallone. Aye.

8427 \*The Clerk. Pallone votes aye.

8428 Chair Rodgers?

8429 \*The Chair. No.

8430 \*The Clerk. Chair Rodgers votes no.

8431 \*Mr. Bucshon. Any other members?

8432 How is Mr. Guthrie reported?

8433 \*The Clerk. Chair Guthrie is not recorded.

8434 \*Mr. Guthrie. No.

8435 \*The Clerk. Guthrie votes no.

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8436           \*Mr. Bucshon. Any -- seeing no other members, the clerk  
8437 will report the result.

8438           [Pause.]

8439           \*The Clerk. Chair, on that vote there were 12 yeas and  
8440 14 noes.

8441           \*Mr. Bucshon. Twelve yeas and fourteen noes, the  
8442 amendment is not agreed to.

8443           Seeing no further amendments, the vote will be now on  
8444 the AINS, on the -- in nature of a substitute. And this will  
8445 be a voice vote.

8446           All those in favor, say aye.

8447           All those against, say no.

8448           The ayes have it, and the amendment is agreed to.

8449           Now we will have -- a roll call vote has been requested  
8450 on final passage of the bill, as amended. The clerk will  
8451 report the roll.

8452           \*The Clerk. Chair Guthrie?

8453           \*Mr. Guthrie. Aye.

8454           \*The Clerk. Chair Guthrie votes aye.

8455           Burgess?

8456           [No response.]

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8457           \*The Clerk. Latta?  
8458           \*Mr. Latta. Aye.  
8459           \*The Clerk. Latta votes aye.  
8460           Griffith?  
8461           \*Mr. Griffith. Aye.  
8462           \*The Clerk. Griffith votes aye.  
8463           Bilirakis?  
8464           \*Mr. Bilirakis. Aye.  
8465           \*The Clerk. Bilirakis votes aye.  
8466           Johnson?  
8467           \*Mr. Johnson. Aye.  
8468           \*The Clerk. Johnson votes aye.  
8469           Bucshon?  
8470           \*Mr. Bucshon. Aye, and I want to recognize that Mrs.  
8471 Trahan has held her amendment to the full committee.  
8472           Thank you for that.  
8473           I vote aye.  
8474           \*The Clerk. Hudson?  
8475           [No response.]  
8476           \*The Clerk. Carter?  
8477           \*Mr. Carter. Aye.

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8478           \*The Clerk. Carter votes aye.  
8479           Dunn?  
8480           \*Mr. Dunn. Aye.  
8481           \*The Clerk. Dunn votes aye.  
8482           Pence?  
8483           \*Mr. Pence. Aye.  
8484           \*The Clerk. Pence votes aye.  
8485           Crenshaw?  
8486           \*Mr. Crenshaw. Aye.  
8487           \*The Clerk. Crenshaw votes aye.  
8488           Joyce?  
8489           \*Mr. Joyce. Aye.  
8490           \*The Clerk. Joyce votes aye.  
8491           Harshbarger?  
8492           \*Mrs. Harshbarger. Aye.  
8493           \*The Clerk. Harshbarger votes aye.  
8494           Miller-Meeks?  
8495           \*Mrs. Miller-Meeks. Aye.  
8496           \*The Clerk. Miller-Meeks votes aye.  
8497           Oberholte?  
8498           \*Mr. Oberholte. Aye.

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8499           \*The Clerk. Obernolte votes aye.  
8500           Eshoo?  
8501           \*Ms. Eshoo. No.  
8502           \*The Clerk. Eshoo votes no.  
8503           Sarbanes?  
8504           \*Mr. Sarbanes. No.  
8505           \*The Clerk. Sarbanes votes no.  
8506           Cardenas?  
8507           \*Mr. Cardenas. No.  
8508           \*The Clerk. Cardenas votes no.  
8509           Ruiz?  
8510           \*Mr. Ruiz. No.  
8511           \*The Clerk. Ruiz votes no.  
8512           Dingell?  
8513           \*Mrs. Dingell. No.  
8514           \*The Clerk. Dingell votes no.  
8515           Kuster?  
8516           \*Ms. Kuster. No.  
8517           \*The Clerk. Kuster votes no.  
8518           Kelly?  
8519           \*Ms. Kelly. No.

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8520           \*The Clerk. Kelly votes no.  
8521           Barragan?  
8522           \*Ms. Barragan. No.  
8523           \*The Clerk. Barragan votes no.  
8524           Blunt Rochester?  
8525           [No response.]  
8526           \*The Clerk. Craig?  
8527           \*Ms. Craig. No.  
8528           \*The Clerk. Craig votes no.  
8529           Schrier?  
8530           \*Ms. Schrier. No.  
8531           \*The Clerk. Schrier votes no.  
8532           Trahan?  
8533           \*Mrs. Trahan. No.  
8534           \*The Clerk. Trahan votes no.  
8535           Pallone?  
8536           \*Mr. Pallone. No.  
8537           \*The Clerk. Pallone votes no.  
8538           Chair Rodgers?  
8539           \*The Chair. Aye.  
8540           \*The Clerk. Chair Rodgers votes aye.

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8541           \*Mr. Bucshon. Are there any other members wishing to  
8542 have their vote recorded?

8543           Seeing none, the ayes have it, the bill is agreed to and  
8544 forwarded to the full committee.

8545           Hold on. The clerk will report the roll.

8546           \*The Clerk. Chair, on that vote there were 15 ayes and  
8547 12 nays.

8548           \*Mr. Bucshon. The ayes have it. The bill is agreed to  
8549 and forwarded to the full committee.

8550           At this point I ask unanimous consent that the documents  
8551 on the staff list be added to the record.

8552           Without objection, so ordered.

8553           [The information follows:]

8554

8555           \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

8556

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8557           \*Mr. Bucshon. Without objection, the staff is  
8558 authorized to make technical and conforming changes to the  
8559 legislation approved by the subcommittee today.

8560           So ordered.

8561           Without objection, the subcommittee stands adjourned.

8562           [Whereupon, at 5:15 p.m., the subcommittee was  
8563 adjourned.]