Documents for the Record
Full Committee Markup
April 8, 2025

Majority

1. Letter of support for the TAKE IT DOWN Act, from the U.S. Chamber of Commerce to Chairman Guthrie and Ranking Member Pallone, submitted by the Majority.
2. Letter of support for the TAKE IT DOWN Act, from the Joyful Heart Foundation to Chairman Guthrie and Ranking Member Pallone, submitted by the Majority.
3. Letter urging amendments to the TAKE IT DOWN Act, from the Internet Society and undersigned organizations to Chairman Guthrie and Ranking Member Pallone, submitted by the Majority.
4. Letter of support for the TICKET Act, from undersigned Consumer Advocacy Organizations to Chairman Guthrie and Ranking Member Pallone, submitted by the Majority.
5. Letter of support for the TICKET Act, from the International Association of Venue Managers to Chairman Guthrie and Ranking Member Pallone, submitted by the Majority.
6. Letter of support for the TICKET ACT, from SeatGeek to Chairman Guthrie and Ranking Member Pallone, submitted by the Majority.
7. Letter of Support for the TICKET Act, from NetChoice to Chairman Guthrie and Ranking Member Pallone, submitted by the Majority.
8. Letter of Support for the Hotel Fees Transparency Act of 2025, from the American Hotels and Lodging Association to Chairman Guthrie and Ranking Member Pallone, submitted by the Majority.
9. Letter of Support for the Hotel Fees Transparency Act of 2025, from Booking Holdings Inc. to Chairman Guthrie and Ranking Member Pallone, submitted by the Majority.
10. Letter of Support for the Hotel Fees Transparency Act of 2025, from Travel Tech to Chairman Guthrie and Ranking Member Pallone, submitted by the Majority.
11. Letter of support for the Promoting Resilient Supply Chains Act, from the National Association of Wholesaler-Distributors to Members of the House of Representatives, submitted by the Majority.
12. Letter of support for the Seniors' Access to Critical Medications Act of 2025, from the American Medical Association to Rep. Harshbarger and Rep. Wasserman Schultz, submitted by Rep. Harshbarger.
13. Letter of support for the Seniors' Access to Critical Medications Act of 2025, from the Community Oncology Alliance to Rep. Harshbarger and Rep. Wasserman Schultz, submitted by Rep. Harshbarger.
14. Letter of support for the Seniors' Access to Critical Medications Act of 2025, from LUGPA, Integrated Practices Comprehensive Care to Rep. Harshbarger, Rep. Wasserman

Schultz, Rep. Miller, Rep. Davis, Rep. Crenshaw, and Rep. Soto, submitted by Rep. Harshbarger.

Minority

15. A document submitted by Rep. Castor.
16. Letter urging edits to the TICKET Act, from undersigned artist groups to Chairmen Guthrie and Bilirakis and Ranking Members Pallone and Schakowsky, submitted by the Minority.
17. Letter in support of the Youth Poisoning Protection Act, from the American Foundation for Suicide Prevention to Reps. Trahan, Carey, and Neguse, submitted by Rep. Trahan.
18. Letter in support of the WIPPES Act, from undersigned organizations to Chairman Guthrie and Ranking Member Pallone, submitted by the Minority.

U.S. Chamber of Commerce

1615 H Street, NW
Washington, DC 20062-2000
uschamber.com

April 7, 2025

The Honorable Brett Guthrie
Chairman
House Energy & Commerce Committee
Washington, DC 20515

The Honorable Frank Pallone
Ranking Member
House Energy & Commerce Committee
Washington, DC 20515

Dear Chairman Guthrie and Ranking Member Pallone,

The U.S. Chamber of Commerce ("Chamber") supports H.R. 633, the "Tools to Address Known Exploitation by Immobilizing Technological Deepfakes on Websites and Networks (TAKE IT DOWN) Act" and urges you to favorably report it out of Committee. We applaud Representative Salazar and Senator Cruz for their leadership in combatting harmful and exploitive deepfake images online.

Artificial intelligence (AI) is providing substantial benefits today that will only expand. In drug discovery, "AI-driven methods have shown success rates of 80-90% in early clinical trials, compared to historical averages of 40-65%.[1]" In consumer protection, businesses using comprehensive machine learning tools see a 40% improvement in fraud detection accuracy[2]", effectively stopping fraudsters. Additionally, generative AI tools are boosting small business productivity and helping generate growth.[3]"

As with any new tool, there can be harmful uses that current laws do not adequately address. One example is the proliferation of non-consensual intimate images generated by AI users, which violates privacy and brings about concrete emotional and reputational harm for both adults and children. A 2023 report highlighted that "[d]eepfake pornography constitutes 98% of all deepfake videos online[4]."

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[1] ACI Infotech. "AI in Medicine: Faster Drug Discovery and Better Care." (2025) *available at* https://www.aciinfotech.com/blogs/ai-in-medicine-faster-drug-discovery-and-better-care.

[2] Drenik, Gary. "Generative AI Is Democratizing Fraud: What Can Companies and Their Consumers Do to Prevent Being Scammed?" Forbes, (October 11, 2023) *available at* https://www.forbes.com/sites/garydrenik/2023/10/11/generative-ai-is-democratizing-fraud-what-can-companies-and-their-consumers-do-to-prevent-being-scammed/.

[3] U.S. Chamber of Commerce, "Empowering Small Business" (September 2024) *available at* https://www.uschamber.com/assets/documents/Impact-of-Technology-on-Small-Business-Report-2024.pdf.

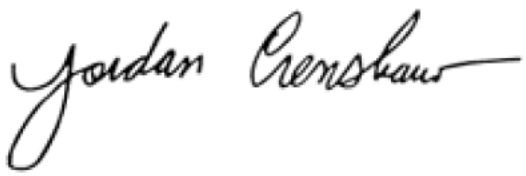
[4] SecurityHero. "State of Deepfakes: Key Findings." SecurityHero, 2025, *available* at https://www.securityhero.io/state-of-deepfakes/#key-findings. Accessed (April 2. 2025).

Last year, the bipartisan House AI Task Force's report noted a significant increase in AI users generating child sexual abuse material (CSAM) and non-consensual intimate imagery (NCII). The report stated that "the legal framework surrounding the protection of individuals presents a complex landscape characterized by federal and state-level laws, as well as notable gaps and ongoing legislative efforts to address emerging challenges.[5]" For this reason, Congress must provide robust protections like those offered in the TAKE IT DOWN Act to protect against deepfake CSAM and NSCII.

In 2023, the U.S. Chamber's AI Commission called for risk-based regulations to combat AI-generated harms like those addressed in the TAKE IT Down Act after policymakers first determine current law fails to address them. The Commission's report stated, "AI has also created entirely new situations that current legislation does not cover. Deepfakes, for example, are often used as revenge porn. Currently, there are few laws surrounding deepfakes used in this way.[6]" The Commission highlighted that legislators should fill legal gaps by amending current law to criminalize the unlawful distribution of deepfake revenge images, which is the approach taken by H.R. 633.

Given the urgent need and the current lack of federal authority to combat non-consensual deepfake images, the Chamber urges the Committee to send the TAKE IT DOWN Act to the House floor for final passage.

Sincerely,



Jordan Crenshaw
Senior Vice President
Chamber Technology Engagement Center
U.S. Chamber of Commerce

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[5] United States, Congress, House, Committee on Science, Space, and Technology. Artificial Intelligence Task Force Report, (December 2024), *available at* https://www.speaker.gov/wp-content/uploads/2024/12/AI-Task-Force-Report-FINAL.pdf.

[6] U.S. Chamber of Commerce. Artificial Intelligence Commission Report at 30 (March 2023) *available at* https://www.uschamber.com/assets/documents/CTEC_AICommission2023_Report_v5.pdf.

JOYFUL HEART FOUNDATION

320 7th Avenue, #161
Brooklyn, NY 11215
(212) 475-2026
joyfulheartfoundation.org

April 2, 2025

Representatives Brett Guthrie and Frank Pallone
House Energy and Commerce Committee
2125 Rayburn House Office Building
Washington, D.C. 20515

Honorable Chair Guthrie and Ranking Member Pallone,

The Joyful Heart Foundation, founded in 2004 by Law & Order: SVU actress and advocate Mariska Hargitay to help bring justice to survivors of domestic violence, sexual assault, and child abuse, **strongly supports the TAKE IT DOWN Act (H.R.633)**. This bill would federally criminalize the nonconsensual distribution of, and threat to distribute, authentic and digitally forged intimate images, and mandate technology companies to promptly remove such imagery. **Please support survivors by voting in favor of this bill without amendments.**

The prevalence of image-based abuse is spreading at an alarming rate. In the U.S., one in twelve adults reported being a victim of this abusive behavior, though the actual number is likely much higher. In 2023 alone, over 500,000 "deepfakes" were created and circulated online, with the rate in the U.S. doubling every six months. Women and girls are disproportionately targeted with 90% of victims of the nonconsensual distribution of intimate images being women. But boys and men are also at risk. Recently, the FBI issued warnings about an uptick in extortion schemes targeting boys using nonconsensual AI-generated intimate images. No one is safe from this type of attack.

Federal prosecutors need tools to go after the perpetrators of this abuse who are operating thriving businesses. Mr. Deepfakes' website averages more than 14 million hits a month. According to My Image, My Choice, these sites generate profit by selling "premium" content. Several of these sites operate as real businesses, even advertising paid job opportunities as deepfake creation assistants. There are more than 9000 websites that facilitate image-based sexual abuse. The people behind these sites are exploiting untold numbers of women and children for notoriety and profit. In other words, this dehumanizing cruelty is big business and crosses many state lines.

These images are weaponized to extort, bully, threaten, and humiliate victims. Survivors of this abuse suffer real-life consequences, including anxiety, depression, and physical health issues. They are often forced to seek restraining orders, change jobs and residences, and endure public judgment and humiliation. Some lose their careers and social circles. Survivors have described the experience as "torture for the soul" and "hell on Earth." While survivors struggle with the aftermath, perpetrators too often act with impunity.

We urge the committee to vote in favor of this important legislation without amendments. The Joyful Heart Foundation, and our partners, stand with you and this Congress in your efforts to send a strong message to predators of children and other individuals, that this abuse will not be tolerated and we will do everything in our power to hold them accountable.

Thank you for your consideration and action,

Ilse Knecht

Director, Policy and Advocacy
Joyful Heart Foundation
(212) 475-2026
i.knecht@joyfulheartfoundation.org

Hon. Brett Guthrie
Chair, House of Representatives Committee on Energy and Commerce

April 1, 2025

Hon. Frank Pallone
Ranking Member, House of Representatives Committee on Energy and Commerce

RE: Fix the TAKE IT DOWN Act to Protect Encryption

Dear Chair Guthrie and Ranking Member Pallone,

We, the undersigned civil society organizations and cybersecurity experts and academics, write to urge Congress to amend the TAKE IT DOWN Act, as passed by the Senate (S. 146), because it creates unacceptable risks to users' fundamental privacy rights and cybersecurity by undermining encryption. The bill is intended to address nonconsensual distribution of intimate imagery (NDII), which is profoundly harmful and violative of victims' privacy and autonomy. But those harms must be addressed in a manner that does not incentivize platforms to compromise cybersecurity or use invasive content monitoring technologies that diminish users' privacy and freedom of speech.

The right to private communications is a cornerstone of free speech, and today, private, secure communications are made possible by encryption. Encryption is a best practice in data privacy and security, protecting all Americans from undue surveillance and censorship.

The TAKE IT DOWN Act, through its notice and takedown mechanism and overbroad definition of "covered platform," presents an existential threat to encryption. Among its provisions, the Act requires covered platforms to remove reported NDII and "make reasonable efforts to identify and remove any known identical copies" within 48 hours of receiving valid requests.

Although the Act appropriately excludes some online services — including "[providers] of broadband internet access service" and "[electronic] mail" — from the definition of "covered platform," the Act does not exclude private messaging services, private electronic storage services, or other services that use encryption to secure users' data.

The consequences are severe: it could be impossible for providers of encrypted services to comply with the Act's obligations without breaking encryption and introducing systemic security flaws. This is because providers of encrypted services do not have access to the content that can be reported under the Act, which will incentivize them to break encryption or implement invasive content monitoring technologies to shield themselves from liability. Moreover, the Act does not explain what constitutes "reasonable efforts" to identify copies of NDII on a provider's platform, creating an incentive for providers to abandon encryption out of fear that abandonment is necessary to show such effort. Breaking encryption, and coercing providers to abandon it, jeopardizes all users' privacy and cybersecurity. In the context of the TAKE IT DOWN Act, this means exposing the data of hundreds of millions of Americans, including the data of the victims of NDII this Act intends to protect, to otherwise avoidable risks. During this period of heightened threat, as evidenced by the Salt Typhoon hack, these risks must not be tolerated.

To address the profound harms of NDII without undermining encryption, Congress should add private messaging services, private electronic storage services, and other services that are encrypted to the email exception that is already in the bill.

Thank you for your efforts to combat the spread of nonconsensual intimate imagery. We look forward to working with Congress to find solutions that do not come at the cost of fundamental privacy rights and cybersecurity. Please direct your response to this letter to John Perrino, senior policy and advocacy expert at the Internet Society, at perrino@isoc.org, or Ryan Polk, director of internet policy at the Internet Society, at polk@isoc.org.

Sincerely,

List in Formation

Civil society organizations:

Advocacy For Principled Action In Government

Americans for Prosperity

Center for Democracy & Technology

Center for Online Safety and Liberty

Demand Progress Action

Electronic Frontier Foundation (EFF)

Electronic Privacy Information Center (EPIC)

Freedom of the Press Foundation

Internet Governance Project, *Georgia Tech School of Public Policy**

Internet Society

LGBT Tech

New America's Open Technology Institute

Organization for Identity & Cultural Development

Project for Privacy and Surveillance Accountability

Restore the Fourth

TechFreedom

Tech For Good Asia

The Tor Project

*Cybersecurity experts and academics:**

Abdirahman Farah, *University of Bosaso*

Adam Shostack, *author, Threat Modeling: Designing for Security*

Andy Sayler, PhD

Christopher Joseph, *SecureCrypt*

Eugene H. Spafford, *Professor, Purdue University*

Jon Callas, *Indiana University*

Joseph Lorenzo Hall, PhD, *Internet Society*

Masayuki Hatta, *Surugadai University*

Philip Zimmermann, *Associate Professor Emeritus, Cybersecurity Group, Delft University of Technology*

Riana Pfefferkorn, *Stanford University*

Roya Ensafi, *University of Michigan*

Susan Landau, *Tufts University*

Wendy Seltzer

*Affiliation is indicated for purposes of identification only.

cc: Members of the House Energy and Commerce Committee

April 7th, 2025

The Honorable Brett Guthrie, Chair
Committee on Energy and Commerce
United States House of Representatives

The Honorable Frank Pallone, Ranking Member
Committee on Energy and Commerce
United States House of Representatives

Re: Support the TICKET Act (HR 1402), as introduced

Chair Guthrie and Ranking Member Pallone,

We, the undersigned consumer advocacy organizations, write urging you and your colleagues on the House Energy and Commerce Committee to support HR 1402, the Transparency In Charges for Key Events Ticketing Act (TICKET Act)[1] and send the bill to the floor, just like the committee did unanimously last Congress.

As President Trump said in his recent Executive Order,[2] "America's live concert and entertainment industry is the envy of the world." We couldn't agree more, but the fans buying tickets online for their favorite sports teams, concerts, or Broadway shows sometimes do not feel that way. Deception and predatory business practices have plagued the live event marketplace for far too long. America's fans deserve better. They deserve transparency, fairness, and essential consumer protections. The TICKET Act (HR 1402) is a common-sense, consensus-driven approach to address issues of transparency and fairness in the ticketing marketplace.

Every time the TICKET Act and its previous iterations has had a vote, it has been unanimous or nearly unanimous. As you know, in the last Congress, the TICKET Act (HR 3950) nearly became law with the support of virtually every major stakeholder in the live event

[1] H.R. 1402 - 119th Congress (2025-2026): TICKET ACT, https://www.congress.gov/bill/119th-congress/house-bill/1402/

[2] White House. *Executive Order on Combating Unfair Practices in the Live Entertainment Market*. March 31, 2025. https://www.whitehouse.gov/presidential-actions/2025/03/combating-unfair-practices-in-the-live-entertainment-market/

marketplace.[3] Upon its 45-0 passage in the House Energy & Commerce Committee last December, the Ticket Buyer Bill of Rights (composed of more than a dozen consumer advocates), the Fix the Tix coalition (composed of music promoters, artists, managers, and corporate and independent venues), Coalition for Ticket Fairness, International Association of Venue Managers, and Artist Rights Alliance offered statements of support for HR 3950. Specifically, Fix the Tix called the bill "the most comprehensive protections for artists and fans in ticketing."[4]

HR 3950 created strong consumer protections without the threats to marketplace competition posed by some other legislative proposals. It would have improved the consumer experience no matter who they shop from when purchasing tickets. The bill later passed the House of Representatives 388-24, having received a yes vote from nearly every member of the current House Energy and Commerce committee.

Following passage, both House and Senate committees worked collaboratively to create a bipartisan compromise that addressed the challenges fans face and delivered the most comprehensive set of consumer protections in live event ticketing in nearly a decade. In December 2024, an agreement among the Four Corners was reached and the TICKET Act text was included in the original Continuing Resolution, which was not ultimately included in the final CR.

Undeterred, Senators Schmitt and Markey introduced S. 281 in January to reflect the bipartisan agreement. The Senate Commerce Committee then amended the bill to include a prohibition on deceptive websites and passed the bill out of the committee. HR 1402, introduced by Representatives Bilirakis and Schakowsky, reflected the Senate's proposal. On March 31st, President Trump signed Executive Order "Combating Unfair Practices in the Live Entertainment Market."[5] In his order, the President calls for:

- "the FTC [to] rigorously enforce the Better Online Tickets Sales Act,"
- "price transparency at all stages of the ticket-purchase process,"

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[3] U.S. Congresswoman Jan Schakowsky, "Consumer Groups, Venues, and Artists Applaud House Passage of the Ticket Act," June 13, 2024, https://schakowsky.house.gov/media/press-releases/consumer-groups-venues-and-artists-applaud-house-passage-ticket-act

[4] House Committee on Energy and Commerce, Consumer Groups, Venues, and Artists Join to Support the TICKET Act, December 14, 2024, https://energycommerce.house.gov/posts/consumer-groups-venues-and-artists-join-to-support-the-ticket-act-1

[5] White House. *Executive Order on Combating Unfair Practices in the Live Entertainment Market.* March 31, 2025. https://www.whitehouse.gov/presidential-actions/2025/03/combating-unfair-practices-in-the-live-entertainment-market/

- and the prevention of "unfair, deceptive, and anti-competitive conduct in the secondary ticketing market."

HR 1402, as currently drafted, directly responds to the President's Executive Order. It represents an important step toward ensuring that consumers have clear and accurate information about their tickets while being protected from deceptive practices. The proposal mandates all-in pricing, bans speculative ticketing, strengthens protections against deceptive marketing practices, places refund requirements for canceled events while placing additional consumer protections for postponed events, and directs the FTC to issue a report on BOTS Act enforcement. By empowering consumers, and fostering greater trust and accountability within the ticketing industry, this legislation benefits all fans.

Fans have waited long enough. Passing the TICKET Act now means that fans could experience the benefits by this fall – the start of the MLB playoffs. It means racegoers buying tickets for the Kentucky Derby will not be tricked into buying a promise rather than a ticket. It means fans who wait for hours in an online queue for Bruce Springsteen tickets won't be surprised when their ticket suddenly doubles in price. And, if for any reason these events get canceled, fans will get their money back.

Nothing is more important to protecting America's live events and their fans than passing this legislation. We thank you for your leadership on this issue and urge the committee for a favorable report.

Sincerely,

John Breyault
Vice President, Public Policy, Telecommunications, & Fraud, National Consumers League

Teresa Murray
Consumer Watchdog Director, U.S. Public Interest Research Group

Ruth Susswein
Director of Consumer Protection, Consumer Action

Erin Witte
Director of Consumer Protection, Consumer Federation of America

Ted Mermin
Executive Director, Public Good Law Center

Tirzah Duren
President, American Consumer Institute

Brian Berry
Advocacy Director, Protect Ticket Rights

Brian Hess
Executive Director, Sports Fans Coalition

Chris Coughlin
Policy Director, Oregon Consumer Justice

Deirdre Cummings
Legislative Director, MASSPIRG

Robert Herrell
Executive Director, Consumer Federation of California

Irene Leech
President, Virginia Citizens Consumer Council

Marceline White
Executive Director, Economic Action Maryland Fund

INTERNATIONAL ASSOCIATION
OF VENUE MANAGERS
FOUNDATION
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972-906-7441
iavm.org

April 7, 2025

To Chairman Guthrie, Ranking Member Pallone, and the Members of the House Committee on Energy and Commerce:

On behalf of IAVM, I write in support of H.R. 1402, the Ticket Act, sponsored by Representatives Gus Bilirakis (R-FL) and Jan Schakowsky (D-IL).

Representing public assembly venues, IAVM's 8,300+ active members include managers and senior executives from auditoriums, arenas, convention centers, exhibit halls, stadiums, performing arts centers, university complexes, amphitheaters, and fairgrounds. IAVM's mission is to educate, advocate for, and inspire public assembly venue professionals.

In the 118th Congress, IAVM testified before this Committee in support of legislation banning speculative tickets and addressing misleading URLs and marketing materials. The association continues to support the revised Ticket Act as a viable federal solution. While we would welcome revisions to further strengthen the bill, if politically feasible, we are concerned that any change to this carefully negotiated compromise could prevent the Ticket Act from becoming law.

State legislatures around the country are actively considering disparate ticketing measures. While some favorable state measures have been enacted, a number of states are considering bills that would be detrimental for venue operators. To avoid a patchwork of inconsistent state laws, Congress should pass a federal solution without delay. We urge Committee Members to support the bill before you and thank the Committee's leadership for moving quickly to address problems within ticketing.

Best regards,

Trevor Mitchell
President & CEO
International Association of Venue Managers

April 4, 2025

Hon. Brett Guthrie, Chairman
Hon. Frank Pallone, Ranking Member
House Committee on Energy and Commerce

RE: H.R. 1402 (TICKET Act) - Support

Dear Chairman Guthrie and Ranking Member Pallone:

SeatGeek is the high growth ticketing platform transforming the live event ticket purchasing experience for fans, teams, and venues. SeatGeek's enterprise ticketing technology empowers teams and venues to efficiently grow their businesses while delivering a superior live event ticketing experience that fans deserve. SeatGeek's growth has been driven by industry-first features like Deal Score, our proprietary technology that helps fans find the best ticket prices for the best seats. In addition to powering a leading ticket resale platform, SeatGeek competes directly with Ticketmaster for enterprise-level (primary) ticketing contracts at major venues, arenas and stadiums across North America. SeatGeek has relationships with some of the most iconic names in sports and entertainment—including teams and venues across the NFL, NBA, NHL, MLS, MLB, NCAA, PGA, and LPGA (as well as the English Premier League) for which we manage primary box office operations or serve as the official secondary marketplace.

We are strongly supportive of H.R. 1402 (TICKET Act). We particularly welcome the TICKET Act's mandating of all-in pricing, thereby ending the scourge of hidden fees by ensuring that the first price a consumer sees is the price they will actually pay. We also welcome the barring of deceptive websites, ensuring that fans will not be misled into thinking they are buying from the box office when they are not, as well as provisions addressing refunds, bots and speculative ticketing.

Sincerely,

Joe Freeman

Joe Freeman
Vice President, Government Relations
jfreeman@seatgeek.com

cc: Bill Sponsors, Members of the House Energy and Commerce Committee

NetChoice

April 7th, 2025

The Honorable Brett Guthrie, Chair
Committee on Energy and Commerce
United States House of Representatives

The Honorable Frank Pallone, Ranking Member
Committee on Energy and Commerce
United States House of Representatives

Re: Support for HR 1402, the TICKET Act

Chair Guthrie and Ranking Member Pallone;

On behalf of NetChoice, I write to express our support for HR 1402, the Transparency In Charges for Key Events Ticketing Act (TICKET Act). As a trade association of leading e-commerce and online businesses, we believe this legislation represents a significant step forward in addressing long-standing consumer concerns in the event ticketing marketplace.

The TICKET Act represents a consensus-driven approach to address longstanding issues in the ticketing marketplace. This legislation has consistently garnered overwhelming bipartisan support, reflecting its balanced approach to addressing consumer concerns while respecting market dynamics. The near-unanimous committee votes in previous sessions demonstrate the bill's thoughtful development and broad stakeholder backing.

We are particularly encouraged that HR 1402 directly responds to President Trump's recent Executive Order on "Combating Unfair Practices in the Live Entertainment Market."[1] By mandating all-in pricing disclosure, the bill ensures consumers know exactly what they'll pay from the beginning of their purchase journey. The ban on speculative ticketing protects fans from buying mere promises rather than actual tickets, while strengthened protections against deceptive marketing will prevent consumers from being misled about ticket sources.

The robust refund requirements for canceled events provide essential financial security for ticket buyers, and additional protections for postponed events address a significant gap in current

[1] https://www.whitehouse.gov/presidential-actions/2025/03/combating-unfair-practices-in-the-live-entertainment-market/

consumer safeguards. We also support the directive for the FTC to report on BOTS Act enforcement, which will help combat automated ticket-buying systems that disadvantage ordinary consumers.

NetChoice firmly believes that empowering consumers with transparency and meaningful protections fosters greater trust throughout the digital ecosystem. The ticketing marketplace should be no exception. By creating a more trustworthy environment, this legislation benefits the entire live event industry ecosystem – from artists and venues to platforms and, most importantly, fans.

American consumers have waited long enough for these reforms. Passage of the TICKET Act would bring immediate, tangible benefits to millions of ticket buyers across the country – whether they're purchasing tickets for concerts, sporting events, or theatrical performances.

We appreciate your leadership on this critical issue and urge the committee to favorably report HR 1402, with the hope that the full House will swiftly consider and pass this vital legislation. NetChoice stands ready to work with you as this important legislation moves forward.

Amy Bos
Director of State and Federal Affairs
NetChoice

April 8, 2025

The Honorable Brett Guthrie
Chairman
Committee on Energy & Commerce
U.s House of Representatives
Washington, DC 20510

The Honorable Frank Pallone
Ranking Member
Committee on Energy & Commerce
U.S. House of Representatives
Washington, DC 20510

Dear Chairman Guthrie and Ranking Member Pallone,

On behalf of the American Hotel & Lodging Association (AHLA), I am writing to express our support for the passage of Rep. Young Kim and Rep. Kathy Castor's legislation, the Hotel Fees Transparency Act of 2025 (H.R 1479).

AHLA is the leading voice representing every segment of the hotel industry including hotel owners, major chains, independent hotels, management companies, REITs, bed and breakfasts, industry partners, and more. The industry is comprised of nearly 64,000 hotels, 33,200 of which are small businesses, made up of 5.7 million rooms across the United States. These hotels generate more than $352 billion in sales every year, forming a critical part of the national GDP, and support more than 9.2 million jobs, equivalent to 1 in 25 jobs in the country. Hotels are integral contributors to communities across the country and annually generate close to $84 billion in tax revenue at the federal, state, and local levels.

AHLA is extremely grateful to Congresswoman Kim and Congresswoman Castor for recognizing the need for consistent and broadly applicable mandatory fee disclosure and display requirements across the *entire* lodging, booking, and advertising ecosystem. This bill would create a national standard for display of lodging prices and require that any mandatory fees be included in prices wherever they are advertised, distributed, and sold. As written, this bill would also ensure compliance throughout the complex and fragmented lodging distribution ecosystem.

While hotels disclose mandatory additional fees to consumers in accordance with existing FTC guidance now, it is critical that any updated display requirements apply across the competitive lodging, advertising, and booking landscape. Many of the largest hotel chains that AHLA represents have implemented changes to ensure that mandatory fees are displayed upfront in the pricing that consumers are offered through their own channels.

Critically, as consumers shop for and book lodging through a wide variety of channels and providers, this proposed legislation would apply to third-party distributors, such as online travel agencies (e.g., Expedia), metasearch sites, and search engines (e.g., Google), as well as short-term rental platforms (e.g., Airbnb). Any regulation mandating fee display and disclosure must be consistently applied to *all* accommodation providers, advertisers, and broader industry participants to ensure consumers see the same information, in a consistent manner, anywhere they shop. A level competitive playing field for industry participants paired with clear and consistent display for consumers is of paramount importance and we believe this legislation achieves those goals.

We thank Congresswoman Kim and Congresswoman Castor for introducing this legislation and working together in a bipartisan fashion to craft a strong bill that will ensure compliance across the industry. We ask that the committee report it favorably.

We look forward to working with you and your colleagues to support America's hotel and lodging industry, employees, guests, and local communities.

Sincerely,
Matt Carrier
Senior Vice President, Federal Affairs, Policy, and Research
American Hotel & Lodging Association
mcarrier@ahla.com

April 2, 2025

The Honorable Congressman Brett Guthrie
Chairman
House Energy and Commerce Committee
2161 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Congressman Frank Pallone
Ranking Member
House Energy and Commerce Committee
2125 Rayburn House Office Building
Washington, D.C. 20515

Subject: Support for the *Hotel Fees Transparency Act* (H.R. 1479)

Dear Chairman Gurthrie, Ranking Member Pallone, and Members of the House Energy and Commerce Committee,

I am writing on behalf of Booking Holdings Inc., a leading provider of online travel services. We are proud to support consumers and local travel service providers through five primary consumer-facing brands: Booking.com, Priceline, Agoda, KAYAK, and OpenTable. Our brands offer our services in more than 220 counties and territories, and none is more important than our home, and world's largest travel market, the United States.

We are pleased to share our support for the *Hotel Fees Transparency Act* (H.R. 1479), currently under consideration by the House Energy and Commerce Committee. This important legislation will empower consumers to make informed decisions by requiring total price display upfront for all covered platforms and properties. By requiring mandatory fees to be included in the total price across the lodging industry, consumers will be able to plan travel more knowledgeably and efficiently. This legislation will also aid in business certainty by establishing a national standard, while also strengthening competition in the lodging industry by setting a level playing field for all covered businesses.

We urge the Committee to approve this bill during the markup on April 2 and to advance it to the full House for consideration.

We appreciate your leadership on this issue as well as co-sponsors Congresswomen Kim and Castor.

Sincerely,

Sarah A. Hudgins
Head of Public Affairs, Americas
Booking Holdings Inc.

cc: Honorable Congresswoman Kim, Honorable Congresswoman Castor, Members of the Committee

TRAVEL TECH
Empowering Traveler Choice

April 7, 2025

The Honorable Brett Guthrie
Chairman
House Energy and Commerce Committee
2434 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Frank Pallone, Jr.
Ranking Member
House Energy and Commerce Committee
2107 Rayburn House Office Building
Washington, D.C. 20515

Dear Chairman Guthrie and Ranking Member Pallone:

On behalf of the Travel Technology Association (Travel Tech) and our member companies, we write to express strong support for the inclusion of H.R. 1479, *the Hotel Fees Transparency Act* in the House Energy and Commerce Committee's markup on Wednesday, April 2, 2025.

Travel Tech represents the leading innovators in travel technology, including online travel agencies, metasearch platforms, short-term rental providers, global distribution systems, and travel management companies (TMCs). We advocate for policies that promote transparency, consumer choice, and fair competition across the travel marketplace.

We commend Representatives Young Kim (R-CA-40), Kathy Castor (D-FL-14), Russell Fry (R-SC-7), and Kevin Mullin (D-CA-15) for their bipartisan leadership in sponsoring this important legislation. The *Hotel Fees Transparency Act* establishes a single definition for "total service price" across the country, reducing confusion for consumers shopping for lodging across state lines. The legislation ensures consumers will see accurate total service pricing no matter where they live or shop for lodging, either directly on hotel websites or through online travel comparison tools and services.

A previous version of H.R. 1479, the *Hotel Fees Transparency Act* (119th)—H.R. 6543, the *No Hidden Fees Act* (118th)—provided an exemption for travel management companies, recognizing their unique role in managing corporate, government, and institutional travel programs. Travel Tech supports the inclusion of such a provision in H.R. 1479.

Sincerely,

Laura Chadwick

Laura Chadwick
President & CEO

cc:
The Honorable Young Kim (R-CA-40)
The Honorable Kevin Mullin (D-CA-15)

TRAVEL TECH™
Empowering Traveler Choice

The Honorable Russell Fry (R-SC-7)
The Honorable Kathy Castor (D-FL-14)

April 1, 2025

Dear Members of the House of Representatives:

The National Association of Wholesaler-Distributors (NAW) urges your support of H.R. 2444, the *Promoting Resilient Supply Chains Act.* The wholesale distribution industry plays a critical role in providing goods and services to American businesses and consumers, and this legislation would help ensure the critical supply chains our industry relies on are strong and resilient.

Driving a significant portion of our economy, wholesale distribution is an $8 trillion industry comprised of businesses of all sizes employing over 6 million U.S. workers across 19 sectors. Ranging from grocery and food service to electrical and electronics, these sectors each depend on unique, complex supply chains with touchpoints around the globe.

NAW applauds the creation of a "Supply Chain Resilience Working Group" in this legislation, which would streamline federal efforts in this space. We also support the inclusion of provisions relating to public-private consultation in responding to supply chain shocks and opportunities to build additional capacity in critical supply chains, industries and emerging technologies.

The framework built within this legislation aligns with our industry's ongoing efforts to deepen our understanding and reinforce the strength of our supply chains. By leveraging the opportunities for public-private partnership included in this bill, wholesaler-distributors will be better positioned to respond to supply chain disruptions and maintain our level of service in times of crisis.

NAW urges Members of the House of Representatives to support this legislation and provide additional federal support for our nation's critical supply chains. If you or your staff have any questions, please reach out directly to me or to Maxx Silvan, Manager of Government Relations at 202-499-4308.

Sincerely,

Brian Wild
Chief Government Relations Officer
National Association of Wholesaler-Distributors

James L. Madara, MD
CEO, EXECUTIVE VICE PRESIDENT
James.madara@ama-assn.org

April 4, 2025

The Honorable Diana Harshbarger
U.S. House of Representatives
167 Cannon House Office Building
Washington, DC 20515

The Honorable Debbie Wasserman Schultz
U.S. House of Representatives
270 Cannon House Office Building
Washington, DC 20515

Dear Representatives Harshbarger and Wasserman Schultz:

On behalf of our physician and medical student members, the American Medical Association (AMA) is writing in support of the "Seniors' Access to Critical Medications Act of 2025," which would amend the Social Security Act to clarify the application of the in-office ancillary services exception to the physician self-referral prohibition for drugs furnished under the Medicare program. The AMA believes that physician practices with in-office pharmacies should have the ability to mail or ship Part B prescriptions to patients, as these types of services are more convenient for patients and often less costly than the same services offered at a hospital or a stand-alone outpatient pharmacy.

Physician offices with in-office pharmacies mail or ship medications to non-Medicare patients when they are unable to come to the office for any reason. The Centers for Medicare & Medicaid Services does not allow this practice under Medicare, stating in sub-regulatory guidance that "incident to" services must be administered to patients who are physically present in the physician office in order for the in-office ancillary services exception to apply. This has adversely impacted Medicare beneficiaries' timely access to medications, and it is administratively burdensome for physician practices. Therefore, the AMA strongly supports the Seniors' Access to Critical Medications Act's initiative to clarify that delivery of medicine to Medicare beneficiaries using the Postal Service, a commercial package service, or by a trusted surrogate, does not violate the in-office exception of the Stark Law.

The AMA commends your ongoing commitment to this important issue, and we look forward to working with you to further advance this legislation.

Sincerely,

James L. Madara, MD

COMMUNITY ONCOLOGY ALLIANCE

Dedicated to Advocating for Community Oncology Patients and Practices

1225 New York Avenue, NW, Suite 600, Washington, D.C. 20005
(202) 729-8147 | communityoncology.org

April 7, 2025

The Honorable Diana Harshbarger
United States House of Representatives
167 Cannon House Office Building
Washington, DC 20515

The Honorable Debbie Wasserman Schultz
United States House of Representatives
270 Cannon House Office Building
Washington, DC 20515

Dear Representatives Harshbarger and Wasserman Schultz:

On behalf of the Board of Directors of the Community Oncology Alliance (COA), I want to sincerely thank you both for once again sponsoring the *Senior's Access to Critical Medications Act* (H.R. 2484) in this Congress. As a pharmacist and a cancer survivor, I know you both understand how critical it is that seniors with cancer and other serious illnesses face no unnecessary barriers to receiving potentially life-saving therapies. It is difficult to understand how the prior Centers for Medicare & Medicaid Services (CMS) could construct barriers to care for seniors who are too sick to travel or lack reliable transportation.

As you both well know, this legislation is simply about the "delivery" of a drug, which is in all respects separate from the "dispensing" of a drug. For years, as far back as oral cancer drugs have been available, community oncology practices and other medical practices have been delivering drugs to patients who are too sick or do not have reliable transportation, especially in rural areas, to personally pick up their drugs. Alternatively, a family or caregiver was allowed to pick up the drugs for patients. That was until CMS arbitrarily made "delivery" a Stark violation after the COVID public health emergency, for a reason we have yet to understand and uncover.

Pharmacy benefit managers (PBMs) and their associated specialty and mail order pharmacies want to stop practices from being able to deliver drugs or allow family or caregiver pick-up of drugs *because they want to control these drugs and mail them out.* Their interests are pure financial greed and have nothing to do with patient well-being and medical outcomes, something that is a critical priority for oncologists and other physicians. Unfortunately, when the PBMs and their specialty and mail order pharmacies mandate that patients use their facilities, it is well documented that the results are delays in patients getting their medications, denials of the prescribed medication, waste when the drug and/or dosage is changed, and higher patient costs. These profit-seeking corporations do not care about patient well-being; they simply want to make money, which is most often at patients' expense.

Now, the PBMs and specialty pharmacies have pulled out all stops, and have incentivized pharmacy and other advocacy groups to distort your simple but potentially life-saving bill by making wild accusations and statements that are simply false. Note that 11 of the top 15

pharmacies in this country have specialty pharmacies, seven have mail order pharmacies, and the top four include the three largest PBMs that control 80 percent of the prescription drug market.

Largest 15 U.S. Pharmacies, By Total Prescription Revenues, 2024

Company	Stock Ticker	Estimated 2024 Prescription Revenues (billions)	Share of 2024 Prescription Revenues	Change in Revenues vs. 2023	Primary Dispensing Format(s)
CVS Health Corporation	CVS				
• Retail/LTC pharmacy[1]		$100.7	14.7%	+10.1%	Chain drugstore/Long-term care pharmacy
• Pharmacy Services		$70.9	10.4%	+4.2%	Mail & specialty pharmacy
Walgreens Boots Alliance[3]	WBA	$99.5	14.6%	+9.2%	Chain drugstore / Mail & specialty pharmacy
Cigna[4]	CI	$72.5	10.6%	+10.3%	Mail & specialty pharmacy
UnitedHealth Group[5]	UNH	$46.5	6.8%	+10.2%	Mail & specialty pharmacy / Community pharmacies
Walmart Stores, Inc.[6]	WMT	$32.7	4.8%	+7.0%[2]	Mass merchant with pharmacy / Mail & specialty pharmacy
The Kroger Company[7]	KR	$15.3	2.2%	+7.9%[2]	Supermarket with pharmacy / Specialty pharmacy
Humana	HUM	$10.7	1.6%	+2.6%	Mail & specialty pharmacy
Rite Aid Corporation	Private	$10.1	1.5%	-18.3%	Chain drugstore / Mail & specialty pharmacy
Publix	Private	$9.8	1.4%	+26.0%[2]	Supermarket with pharmacy
Albertsons Companies	ACI	$9.5	1.4%	+16.8%	Supermarket with pharmacy
BrightSpring Health Services	BTSG	$8.8	1.3%	+34.2%	Long-term care pharmacy / Specialty pharmacy
Elevance Health[8]	ELV	$5.8	0.8%	n.a.	Mail & specialty pharmacy
PANTHERx Rare Pharmacy	Private	$4.7	0.7%	+30.6%	Specialty pharmacy
Costco Wholesale Corporation	COST	$4.2	0.6%	+24.7%[2]	Mass merchant with pharmacy
Ahold Delhaize	ADRNY	$3.1	0.4%	+9.3%[2]	Supermarket with pharmacy
Subtotal Top 15		$504.6	73.9%		
Total prescription dispensing revenues		$682.9	100.0%		

Source: *The 2025 Economic Report on U.S. Pharmacies and Pharmacy Benefit Managers*, Drug Channels Institute, Exhibit 34. Totals may not sum due to rounding. Includes revenues from all pharmacy dispensing formats. Excludes estimated infusion services covered by medical benefit. Revenues reflect pro forma calendar year 2024, which may not correspond to fiscal year or public reporting. Excludes revenues from administration of COVID-19 vaccines. LTC = long-term care.

The National Chain Drug Stores (NACDS) has voiced concerns about your legislation because they represent the very chain drug stores that have affiliated PBMs, specialty and mail order pharmacies, which will profit from stopping practices from making sure their patients get their medications in cases where they are unable to pick them up in person. Your bill does not require or mandate that patients get their medications from their medical practice; it simply allows the practice to "deliver" the drug to a too-sick patient. It also does not empower a medical practice to "dispense" drugs because that is already what they are legally allowed to do under federal and state laws.

To show you the lengths the PBMs and specialty pharmacy advocates are willing to go, they have enlisted the American Economics Liberties Project (AELP), which obviously does not understand health care, to make totally fabricated concerns that your bill empowers the big wholesalers, which is simply removed from reality. The bill has absolutely nothing to do with wholesalers, which anyone who understands health care delivery knows. Physicians are going to prescribe and dispense oral drugs as they have been doing, and wholesalers do not enter into that at all. Your bill is simply about how the patient gets a "dispensed" drug "delivered" to ensure that there are no barriers to treatment.

Regardless of any affiliation a practice may have with a wholesaler; no physician is going to do the wrong thing by their patients, and especially risk malpractice, by allowing some corporation to "treat" their patients. Ironically, that is exactly what the PBMs and their affiliated insurers do now on a daily basis by

practicing medicine and mandating treatments through utilization management such as "fail first" step therapy. Sadly, AELP is effectively arguing for a different set of corporations – the largest PBMs and their insurers, specialty and mail order pharmacies.

And I would like to underscore that independent pharmacies do not even enter into this argument in that, as anyone who understands health care knows, they do not stock expensive cancer and other specialty drugs. I also note that the wholesalers basically distribute drugs to virtually all medical and pharmacy providers, so these wholesaler arguments are simply straw men.

It is really disturbing and disgusting that corporate greed is trying to place any and all obstacles in the way of cancer patients and other sick Americans who are already fighting PBMs and their insurers daily to get the treatments they need. I have attached just a few stories out of the hundreds and hundreds we have about how cancer patients are adversely impacted by CMS's misplaced and inhumane restrictions. And I wonder how all the greed-filled arguments by advocacy groups now coming out of the woodwork to raise unfounded concerns about your legislation would react if a family member or loved one was one of the Americans facing obstacles getting their life-saving treatments?

We cannot thank you both enough for your leadership in reintroducing this important bipartisan legislation, which in the 118th Congress advanced through the Energy and Commerce Committee and then passed the full House. We hope for fast passage of this bill in the House during the early stages of the 119th Congress, with the Senate following suit.

Sincerely,

Ted Okon
Executive Director

Actual Patient Stories Relating to CMS Drug Delivery Restrictions

72 year old male with prostate cancer, below the knee amputee, severe COPD, reliant on friends / family / community resources for transportation opted not to treat his cancer as the process of getting medication became a burden.

69 year old male went without medication for nearly a month due to weather conditions that didn't allow him to drive and no family to pick up his medications for him.

77 year old male, on 2 oral medications. Patient resides in an assisted living facility and relies on his daughter to pick up his medication and bring it to his home. Daughter fell ill and was unable to get to the office for nearly 3 weeks so pt went without. In this time, his cancer did progress and became metastatic.

Elderly male who has limited mobility and his caregiver is his wife who does not drive.

We have 2 patients who cannot get their drugs due to limited mobility and their caregivers are their adult children who work full time jobs and cannot make it to our clinic on time to drive their parents.

My mother, [redacted], Requires medicine that m
be picked up at the Dr. Office in person. Due to her
condition she cannot consistently pick up the medicine
person. I am listed on her medical power of Attorney
but I also cannot always come by to pick up the
medicine in person. I work long hours, and I am workin
in Berytown which is at least 45 minutes away from the
Dr. Office which would require at least two hours away
from my post at work. Please allow the
medicine to be delivered to our home.

I am writing to ask for your help in modifying the existing Stark Law, which has negatively impacted me as to how I obtain my requisite monthly prescription of Imbruvica. The prescription is required to treat my form of Non-Hodgkin's Lymphoma, specifically known as Waldenstrom's Macroglobulinemia. I was diagnosed with this blood disease on 3/14/18. Without taking this drug daily, I would already be deceased.

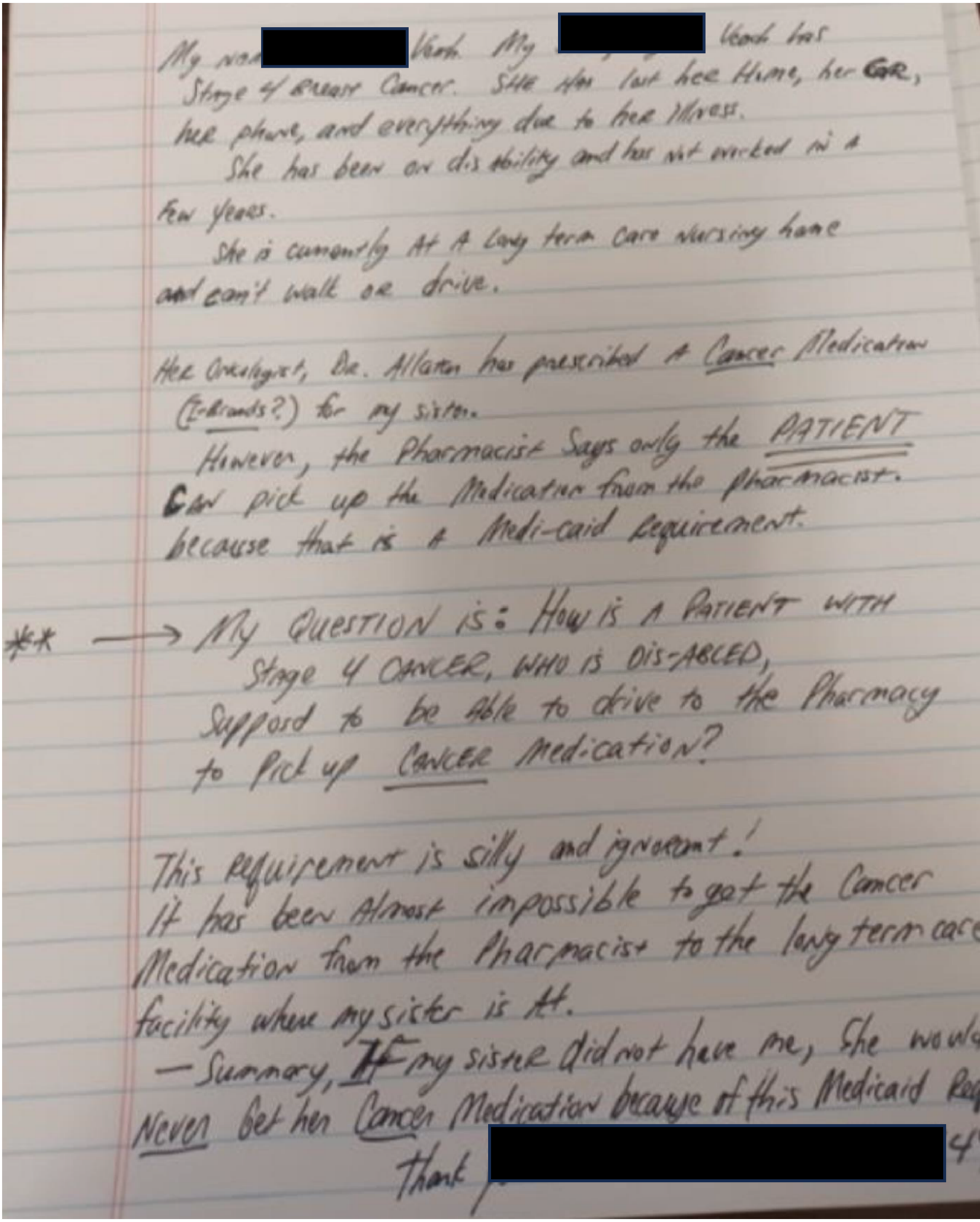
I moved from Houston, TX to Alpine, TX on 9/02/2020. At the time, my oncologist (Dr. Ronjay Rakkhit of the practice Oncology Consultants PA located in Houston, TX) was able to write my prescription, send it to the practice's affiliated pharmacy (OCRx Pharmacy Solutions) and it would be shipped directly to my address here in Alpine via UPS. Imbruvica is a very expensive drug (over $17,000 per month) and is one of the ten drugs that CMS/Medicare will be negotiating with the pharmaceutical manufacturing companies this year to reduce the prices for elderly patients. In addition to filling the prescription, OCRx also assists in sourcing third party financial support to help me cover my annual out of pocket cost for the drug, which would be more than $10,000 per annum. Dr. Rakkhit, OCRx and their financial support staff have seamlessly provided my medical care for over past five years.

On 5/11/23, I was informed by OCRx that the Stark Law, which had been suspended during the Covid Pandemic, would be reinstated, thus precluding OCRx from shipping my Imbruvica

prescription directly to me. This prohibition will require me to drive 569 miles (9.5 hours each way) from my home in Alpine to personally pick up my drug refill every three months in Houston. I have made two such trips, one in July and the second this month. The fuel costs alone for my two trips was $300. I am fortunately able to stay with friends during the journey to help defray some of the costs, but I still must pay for food during the trip.

Switching to a specialty pharmacy, approved by my Medicare Part D insurance provider is an option, but these pharmacies do not provide the financial support services offered by OCRx. Thus, switching pharmacies would result in my having to pay the annual out of pocket costs of $10,000, or otherwise attempt to personally source third party financial assistance myself: a process for which I have no knowledge of where to begin, or if it is even feasible.

The Stark Law only impacts Medicare patients. If I were under 65 and thus, not on Medicare, OCRx could send me my prescription refills quarterly without violating any law or regulation. If the Stark Law were to be modified or otherwise repealed, this would not be an issue. The Stark Law, therefore, is essentially prejudicial to elderly cancer patients both in terms of (a) the physical impact of having to make a long-distance drive or flight (assuming the patient is physically able to make such a trip) and (b) the monetary impact (transportation/fuel, food and lodging costs). Essentially, I am forced to choose between either making the quarterly drive or otherwise paying the $10,000 out of pocket cost that would be required upon losing the third-party financial support services provided by OCRx.



My [redacted] Week. My [redacted] Week has Stage 4 Breast Cancer. She has lost her Home, her Car, her phone, and everything due to her Illness.
She has been on disability and has not worked in a few years.
She is currently At A Long term care nursing home and can't walk or drive.

Her Oncologist, Dr. Allaton has prescribed A Cancer Medication (Erbrands?) for my sister.
However, the Pharmacist Says only the PATIENT Can pick up the Medication from the pharmacist. because that is a Medi-caid Requirement.

** → My QUESTION IS: How is A PATIENT WITH Stage 4 CANCER, WHO is DIS-ABLED, Supposd to be able to drive to the Pharmacy to Pick up Cancer Medication?

This Requirement is silly and ignorant!
It has been Almost impossible to get the Cancer Medication from the Pharmacist to the long term care facility where my sister is At.
— Summary, If my sister did not have me, She would Never Get her Cancer Medication because of this Medicaid Req
Thank [redacted] 4

March 31, 2025

The Honorable Diana Harshbarger
United States House of Representatives

The Honorable Debbie Wasserman Schultz
United States House of Representatives

The Honorable Carol Miller
United States House of Representatives

The Honorable Don Davis
United States House of Representatives

The Honorable Dan Crenshaw
United States House of Representatives

The Honorable Darren Soto
United States House of Representatives

Dear Representatives Harshbarger, Wasserman Schultz, Miller, Davis, Crenshaw, and Soto:

On behalf of LUGPA, which represents 150 independent urology group practices and more than 2,100 physicians providing over one-third of the nation's urology services, we strongly support the Seniors' Access to Critical Medications Act. This critical legislation will enhance patient access to essential medications by removing unnecessary barriers that prevent Medicare Part D prescriptions from being picked up by caregivers or delivered via mail or courier when prescribed through in-office ancillary services.

LUGPA practices serve as centers of excellence in urban, suburban, and rural communities, delivering fully integrated urologic care, including medical, surgical, and advanced cancer treatments—in outpatient settings. Unlike fragmented care models that force patients to travel between multiple providers, LUGPA practices ensure seamless, efficient, patient-centered care. However, restrictive policies on in-office dispensing (IOD) and growing challenges with medical transportation place an undue burden on patients, particularly seniors and those in rural areas.

This bill introduces practical, patient-friendly reforms while maintaining essential safeguards, such as requiring a prior face-to-face visit and an ongoing provider-patient relationship. These provisions will strengthen care continuity, ensuring Medicare beneficiaries can access their medications without unnecessary delays. Additionally, the legislation mandates a Government Accountability Office (GAO) study to assess its impact, reinforcing a data-driven approach to optimizing policy.

The Importance of In-Office Dispensing

In-office dispensing (IODs) refers to physician practices that directly dispense medications to their patients that are intended for self-administration by the patient in their home (either orally or injectable) and, when applicable, have benefits outlined by Part D of Medicare. While IOD models are most recognized as involving *in-office* dispensing of drugs, many IOD models involve a blended model that incorporates courier delivery or mailing of drugs to the patient's home when the timing of filling or refilling a medication neither corresponds to nor requires an office visit.

The COVID-19 pandemic accelerated a shift in the delivery of care that allowed for remote visits, including adaptations in resources and infrastructure to allow for more and more sophisticated care delivery in the home, thereby encouraging more providers to mail/deliver drugs to a patient's home.

The drugs delivered to a patient's home by an IOD are generally covered under Part D. The physician practices that employ IOD models participate in Part D plan pharmacy networks and dispense drugs consistent with state law and applicable coverage policies established by the patient's specific Part D plan.

The indications and applicability of anti-cancer (oncolytic) medications taken orally and administered under the Part D program as either primary or adjunctive treatment for advanced therapeutic care, particularly for prostate cancer has expanded dramatically in recent years. Oral oncolytics have obvious patient and system-wide benefits, often with the advantage of markedly reduced side effect profiles from traditional intravenously administered chemotherapy protocols.

IOD models that involve the home delivery of drugs have expanded access to advanced therapeutics and provided seriously ill patients with an alternative to in-person care while assuring continuity and supervision of care. This coincides with the ongoing evolution of urological practices as a primary steward for many patients with advanced genitourinary malignancies, in addition to their historical role as the principal caregivers of benign urological conditions.

From a clinical management perspective, IOD home delivery models utilize navigation services that provide ongoing follow up to assess patient compliance with medication regimens, ensure laboratory and imaging studies are completed in a timely manner, coordinate visits with the care team and determine tolerability of the medical regimen between visits. These functions have been shown to enhance patient adherence, lower overall healthcare costs and improve patient satisfaction—most importantly, survival, even for locally advanced and metastatic cancers, increases when patients are guided through the care process.

The services provided by IOD home delivery models have been shown to provide value to patients and practices, [1] [2] and in addition to the clinical benefits outlined above, have been shown to have economic benefits as well in reducing costs for both payors and patients when compared to their mail-order counterparts. [3]

We urge Congress to swiftly pass the Seniors' Access to Critical Medications Act to support physician-led dispensing models that enhance patient care, reduce logistical barriers, and improve treatment adherence. Thank you for your leadership on this critical issue. We welcome the opportunity to discuss this further and work together to advance patient-centered healthcare solutions.

Sincerely,

Scott B. Sellinger, MD
President

Mara Holton, MD
Chair, Health Policy

[1]Reff MJ. Physician Dispensing: Adding Value to Patients and the Practice. Oncology Issues. 2014 May 1;29(3):38-43.

[2] Leach JW, Eckwright D, Champaloux S, et. al. Medically integrated dispensing (MID) clinical and cost outcomes compared to specialty pharmacies (SP). Journal of Clinical Oncology, 2022 40:16_suppl, e18645-e18645

[3]Howard A, Kerr J, McLain M, Modlin J. Financial impact from in-office dispensing of oral chemotherapy. Journal of Oncology Pharmacy Practice. 2019 Oct;25(7):1570-5.

Division [X] — Health

TITLE I—MEDICAID

Sec. 101. Streamlined Enrollment Process for Eligible Out-Of-State Providers Under Medicaid and CHIP. For purposes of improving access to necessary out-of-state care for children enrolled in Medicaid and the Children's Health Insurance Program (CHIP), this section requires States to establish a process through which qualifying pediatric out-of-state providers may enroll as participating providers without undergoing additional screening requirements.

Sec. 102. Making Certain Adjustments to Coverage of Home or Community-Based Services Under Medicaid. This section authorizes a 3-year, 5-state demonstration program to authorize selected States to cover home and community-based services (HCBS) for individuals who need such services but do not meet the current-law requirement of having an "institutional level of care" under section 1915(c) of the Social Security Act. In addition, this section codifies State reporting requirements on waiting lists for HCBS and directs the Centers for Medicare and Medicaid Services (CMS) to issue guidance on interim plans of care for HCBS.

Sec. 103. Removing Certain Age Restrictions on Medicaid Eligibility for Working Adults with Disabilities. This section removes the current age limit of 65 from the Medicaid "Ticket to Work" eligibility groups, which allows States to cover working individuals with disabilities who, but for earned income, would be eligible for Medicaid.

Sec. 104. Medicaid State Plan Requirement for Determining Residency and Coverage for Military Families. This section allows active duty military service members and their dependents to retain their coverage of Medicaid HCBS services if the service member or their dependent is relocated to another State for their military service. This section also applies to the individual or dependent's place on a State's waitlist for HCBS.

Sec. 105. Ensuring the Reliability of Address Information Provided Under the Medicaid Program. This section requires States to establish processes to regularly obtain beneficiary address information from reliable data sources, including by requiring State Medicaid programs to collect address information provided by beneficiaries to managed care entities (where applicable).

Sec. 106. Codifying Certain Medicaid Provider Screening Requirements Related to Deceased Providers. This section codifies the requirement that State Medicaid programs check, as part of the provider enrollment and re-enrollment process and on a quarterly basis thereafter, whether providers are deceased through the Social Security Administration's Death Master File.

Sec. 107. Modifying Certain State Requirements for Ensuring Deceased Individuals Do Not Remain Enrolled. This section requires State Medicaid programs to check the Social Security Administration's Death Master File on at least a quarterly basis to determine whether Medicaid enrollees are deceased.

Sec. 108. One-Year Delay of Medicaid and CHIP Requirements for Health Screenings, Referrals, and Case Management Services for Eligible Juveniles in Public Institutions; State Interim Work Plans. This section delays by 12 months CMS' enforcement of the requirements in Section 5121 of the Consolidated Appropriations Act, 2023 (P.L. 117-328, CAA, 2023) to require State Medicaid and CHIP programs to provide screenings, diagnostic services, and targeted case management services for eligible juveniles within 30 days of their scheduled date of release from a public institution following adjudication. This provision also clarifies that Section 5121 and Section 5122 of the CAA, 2023 do not require States to provide these services to individuals in Federal custody, including inmates in a Federal prison, and requires that States submit an interim work plan on their progress in meeting these requirements by June 1, 2025.

Sec. 109. State Studies and HHS Report on Costs of Providing Maternity, Labor, and Delivery Services. This section requires State Medicaid programs to conduct studies on the costs of providing maternity, labor, and delivery services in rural hospitals and hospitals that serve a high proportion of Medicaid beneficiaries, and submit a report detailing the results of this study to the Department of Health and Human Services (HHS).

Sec. 110. Modifying Certain Disproportionate Share Hospital Payment Allotments. This section eliminates the Medicaid Disproportionate Share Hospital (DSH) allotment reductions for FY 2025 and delays the effective date of the two remaining years of Medicaid DSH allotment reductions until January 1, 2027. This section also authorizes Tennessee to make Medicaid DSH payments until January 1, 2027 (Tennessee's DSH allotments would otherwise expire at the end of FY 2025).

Sec. 111. Modifying Certain Limitations on Disproportionate Share Hospital Payment Adjustments Under the Medicaid Program. For purposes of calculating the Medicaid hospital-specific DSH limit, this section alters the definition of Medicaid shortfall to include costs and payments for patients whose primary source of coverage is Medicaid and for patients who are dually eligible for Medicare and Medicaid.

Sec. 112. Ensuring Accurate Payments to Pharmacies Under Medicaid. This section requires participation by retail and applicable non-retail pharmacies in the National Average Drug Acquisition Cost (NADAC) survey. The NADAC survey measures pharmacy acquisition costs and is often used in the Medicaid program to inform reimbursement to pharmacies.

Sec. 113. Preventing the Use of Abusive Spread Pricing in Medicaid. This section bans "spread pricing" in the Medicaid program, which occurs when pharmacy benefit managers retain a portion of the amount paid to them (a "spread") for prescription drugs.

TITLE II—MEDICARE

Sec. 201. Extension of Increased Inpatient Hospital Payment Adjustment for Certain Low-Volume Hospitals. This section extends the Medicare low-volume hospital payment adjustment through December 31, 2025.

Sec. 202. Extension of the Medicare-Dependent Hospital (MDH) Program. This section extends the Medicare-dependent Hospital (MDH) program through December 31, 2025.

Sec. 203. Extension of Add-On Payments for Ambulance Services. This section extends Medicare ground ambulance add-on payments through December 31, 2026.

Sec. 204. Extending Incentive Payments for Participation in Eligible Alternative Payment Models. This section extends incentive payments for qualifying participants (QPs) in advanced alternative payment models (APMs) through payment year 2027 based on performance year 2025, at an adjusted amount of 3.53 percent, and extends QP eligibility thresholds in effect for performance year 2023 through payment year 2027.

Sec. 205. Temporary Payment Increase under the Medicare Physician Fee Schedule to Account for Exceptional Circumstances. This section adds a supplementary boost to the Medicare Physician Fee Schedule (PFS) conversion factor of 2.5 percent for 2025.

Sec. 206. Extension of Funding for Quality Measure Endorsement, Input, and Selection. This section provides $5 million in funding to the Centers for Medicare and Medicaid Services (CMS) for quality measure selection and to contract with a consensus-based entity to carry out duties related to quality measure endorsement, input, and selection activities through December 31, 2025.

Sec. 207. Extension of Funding Outreach and Assistance for Low-Income Programs. This section provides $100 million for State Health Insurance Assistance Programs (SHIPs), Area Agencies on Aging (AAAs), Aging and Disability Resource Centers (ADRCs), and a contract with an entity to inform older Americans about benefits available under Federal and State programs through December 31, 2026.

Sec. 208. Extension of the Work Geographic Index Floor. This section extends the 1.0 work geographic practice cost index (GPCI) floor used in the calculation of payments under the Medicare physician fee schedule through December 31, 2025.

Sec. 209. Extension of Certain Telehealth Flexibilities. This section extends Medicare telehealth flexibilities that were extended in the Consolidated Appropriations Act, 2023, through December 31, 2026, establishes a special payment rule for telehealth services provided by Federally Qualified Health Centers and Rural Health Clinics, and imposes certain modifiers on telehealth services furnished incident to other services and telehealth visits furnished via contracts with certain virtual platforms.

Sec. 210. Requiring Modifier for Use of Telehealth to Conduct Face-to-Face Encounter Prior to Recertification of Eligibility for Hospice Care. This section instructs CMS to create a new Medicare claims form modifier in order to track when a hospice face-to-face recertification encounter occurs through telehealth.

Sec. 211. Extending Acute Hospital Care at Home Waiver Flexibilities. This section extends the Acute Hospital Care at Home initiative, as currently authorized under CMS waivers and flexibilities, through December 31, 2029. This section also establishes the parameters for a new interim study and report on the Acute Hospital Care at Home initiative and officially names the initiative after Senators Thomas R. Carper and Tim Scott as well as Representatives Brad R. Wenstrup, D.P.M. and Earl Blumenauer in recognition of their leadership.

Sec. 212. Enhancing Certain Program Integrity Requirements for DME Under Medicare. This section enacts certain oversight measures aimed at improving program integrity, such as with respect to aberrant billing practices and sources of waste, fraud, and abuse. This section also orders the Inspector General of the Department of Health and Human Services to conduct a study examining clinical lab tests at high risk of fraud.

Sec. 213. Guidance on Furnishing Services via Telehealth to Individuals with Limited English Proficiency. This section enacts the SPEAK Act, facilitating guidance and access to best practices on providing telehealth services accessibly.

Sec. 214. In-Home Cardiopulmonary Rehabilitation Flexibilities. This section would allow cardiopulmonary rehabilitation services to be furnished via telehealth at a beneficiary's home under Medicare in 2025 and 2026.

Sec. 215. Inclusion of Virtual Diabetes Prevention Program Suppliers in MDPP Expanded Model. This section expands participation in the Medicare Diabetes Prevention Program (MDPP) Expanded Model to virtual until 2030 and allows beneficiaries to participate virtually and in-person.

Sec. 216. Medication-Induced Movement Disorder Outreach and Education. This section directs HHS to conduct outreach and education to relevant providers on screening for medication-induced movement disorders among at-risk beneficiaries via telehealth.

Sec. 217. Report on Wearable Medical Devices. This section directs GAO to conduct a technology assessment and issue a report on wearable medical devices.

Sec. 218. Extension of Temporary Inclusion of Authorized Oral Antiviral Drugs as Covered Part D Drugs. This section extends Medicare Part D coverage of certain oral antiviral drugs through December 31, 2025.

Sec. 219. Extension of Adjustment to Calculation of Hospice Cap Amount. This section extends, for one additional year, the change to the annual updates to the hospice aggregate cap. Specifically, this section applies the hospice payment update percentage, rather than the medical expenditure component of the Consumer Price Index for Urban Consumers (CPI–U), to the hospice aggregate cap through FY 2034.

Sec. 220. Multiyear Contracting Authority for MedPAC and MACPAC. This section grants the Medicare Payment Advisory Commission (MedPAC) and the Medicaid and CHIP Payment and Access Commission (MACPAC) the authority to enter into multiyear contracts, consistent with authorities granted to other legislative branch agencies.

Sec. 221. Contracting Parity for MedPAC and MACPAC. This section simplifies the process for MedPAC or MACPAC to enter into contracts for goods and services that include indemnification and governing law clauses, consistent with authorities granted to the Congressional Budget Office and other legislative branch agencies.

Sec. 222. Adjustment to Medicare Part D Cost-Sharing Reductions for Low-Income Individuals. This section prohibits cost sharing for generic drugs for Part D beneficiaries who are eligible for the low-income subsidy.

Sec. 223. Requiring Enhanced & Accurate Lists of (REAL) Health Providers Act. This section requires Medicare Advantage plans to maintain accurate provider directories on a public website beginning in plan year (PY) 2027. Additionally, this section requires plans to report on the accuracy of their directories and provide cost-sharing protections.

Sec. 224. Medicare Coverage of Multi-Cancer Early Detection Screen Tests. This section adds multi-cancer early detection (MCED) screening tests as a covered benefit under the Medicare program, effective January 1, 2029, subject to certain parameters.

Sec. 225. Medicare Coverage of External Infusion Pumps and Non-Self-Administrable Home Infusion Drugs. This section would codify the Joe Fiandra Access to Home Infusion Act, enabling beneficiaries to receive certain infusion treatments in the home under Medicare.

Sec. 226. Assuring Pharmacy Access and Choice for Medicare Beneficiaries. This section codifies existing requirements that plan sponsors contract with any willing pharmacy that meets their standard contract terms and conditions, which must be reasonable and relevant.

Sec. 227. Modernizing and Ensuring PBM Accountability. This section:

- Prohibits PBMs and their affiliates from deriving remuneration for covered Part D drugs based on the price of a drug;
- Requires PBMs to define and apply drug and drug pricing terms in contracts with Part D plan sponsors transparently and consistently;
- Sets out annual requirements for PBMs to report on drug price and other information to Part D plan sponsor clients; and
- Empowers Part D plan sponsors with new audit rights with respect to PBMs.

Sec. 228. Requiring a Separate Identification Number and an Attestation for Each Off-Campus Outpatient Department of a Provider. This section requires each off-campus outpatient department of a hospital to obtain and bill for services under a unique national provider identifier, subject to HHS Office of the Inspector General (OIG) compliance review.

Sec. 229. Medicare Sequestration. This section extends current law mandatory 2 percent Medicare payment reductions under sequestration for the last 4 months of FY 2032 and the first 2 months of FY 2033.

Sec. 230. Medicare Improvement Fund. This section reduces the amount of funding in the Medicare Improvement Fund from $3.197 billion to $1.8915 billion.

Title III—HUMAN SERVICES

Subtitle A—Reauthorize Child Welfare Services and Strengthen State and Tribal Child Support Program

Part 1 reauthorizes discretionary funding under Subparts 1 and 2 of Title IV-B of the Social Security Act, and provides mandatory funding for Subpart 2 at the current funding level for FY 2025 and at $420 million for FY 2026 through FY 2029. A detailed section-by-section of the child welfare reauthorization provisions contained within this Part may be found at the House Ways and Means Committee's website.

Part 2 modifies Section 6103 of the Internal Revenue Code and Section 464 of the Social Security Act to allow the Secretary of the Treasury to disclose appropriate tax information to Tribal and local child support agencies, as they do States, and to require those entities to keep information confidential. The Part also allows State and Tribal child support agencies to confidentiality redisclose the information to agents under contract for purposes of collecting child support. The part also allows Tribal child support programs to seek federal reimbursement for related administrative costs.

Subtitle B—Other Matters

Sec. 341. Sexual Risk Avoidance Education Extension. This section extends the Sexual Risk Avoidance Education (SRAE) program under Title V of the Social Security Act through December 31, 2025.

Sec. 342. Personal Responsibility Education Extension. This section extends the Personal Responsibility Education Program (PREP) under Title V of the Social Security Act through December 31, 2025.

Sec. 343. Extension of Funding for Family-to-Family Health Information Centers. This section extends the Family-to-Family Health Information Centers Program under Title V of the Social Security Act through December 31, 2025.

TITLE IV—PUBLIC HEALTH EXTENDERS

Subtitle A—Extensions

Sec. 401. Extension for Community Health Centers, National Health Service Corps, and Teaching Health Centers That Operate GME Programs. This section reauthorizes the Community Health Center Fund and the National Health Service Corps through FY 2026 and reauthorizes the Teaching Health Center Graduate Medical Education program through FY 2029.

Sec. 402. Extension of Special Diabetes Programs. This section reauthorizes the Special Diabetes Program for Type I Diabetes and the Special Diabetes Program for Indians through FY 2026.

Subtitle B—World Trade Center Health Program

Sec. 411. 9/11 Responder and Survivor Health Funding Corrections. This section updates the funding formula for the World Trade Center Health Program for FY 2026 through 2040, and requires a report to Congress from the Secretary of HHS that assesses the anticipated budgetary needs of the Program.

TITLE V—SUPPORT ACT REAUTHORIZATION

Sec. 501. Short Title. This title may be cited as the ‘‘SUPPORT for Patients and Communities Reauthorization Act of 2024.”

Subtitle A—Prevention

Sec. 511. Prenatal and Postnatal Health. This section reauthorizes section 317L of the Public Health Service Act for FY 2025 through 2029 to continue activities to address neonatal abstinence syndrome and prenatal substance use and misuse, as well as to continue efforts to understand the outcomes of treating opioid use disorder during pregnancy.

Sec. 512. Monitoring and Education Regarding Infections Associated with Illicit Drug Use and Other Risk Factors. This section reauthorizes section 317N of the Public Health Service Act for FY 2025 through 2029 to continue efforts to prevent and respond to infections commonly associated with illicit drug use.

Sec. 513. Preventing Overdoses of Controlled Substances. This section reauthorizes section 392A of the Public Health Service Act for FY 2025 through 2029 to continue support for State efforts to enhance overdose data collection and improve prescription drug monitoring programs (PDMP), including other innovative, evidence-based projects, such as wastewater surveillance.

Sec. 514. Support for Individuals and Families Impacted by Fetal Alcohol Spectrum Disorder. This section reauthorizes federal fetal alcohol spectrum disorders programs under the Department of Health and Human Services (HHS) that support prevention, identification, intervention, and research for FY 2025 through 2029.

Sec. 515. Promoting State Choice in PDMP Systems. This section clarifies that HHS cannot require States to use a specific vendor or interoperability connection in PDMP systems.

Sec. 516. First Responder Training Program. This section reauthorizes section 546 of the Public Health Service Act for FY 2025 through 2029. This program helps support first responders and other key community members to administer a drug or device approved or cleared under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose.

Sec. 517. Donald J. Cohen National Child Traumatic Stress Initiative. This section reauthorizes section 582 of the Public Health Service Act for FY 2025 through 2029. This program supports training initiatives focused on mental, behavioral, and biological aspects of psychological trauma response, prevention of long-term consequences of child trauma, and early intervention services to address long-term impacts of child trauma.

Sec. 518. Protecting Suicide Prevention Lifeline from Cybersecurity Incidents. This section requires internal coordination within HHS and improved reporting mechanisms to protect the 9-8-8 Suicide & Crisis Lifeline from cybersecurity incidents. This also requires a study of cybersecurity vulnerabilities of the Lifeline to be sent to Congress.

Sec. 519. Bruce's Law. This section allows HHS to develop a public education and awareness campaign focused on drug overdose prevention, detection of early warning signs of addiction among youth, and dangers of drugs that could be contaminated with fentanyl. In addition, this section allows the Secretary of HHS to begin a Federal Interagency Working Group on Fentanyl Contamination of illegal drugs within an existing interdepartmental coordination group.

Sec. 520. Guidance on At-Home Drug Disposal Systems. This section directs the Food and Drug Administration (FDA), in consultation with the Drug Enforcement Administration (DEA), to issue guidance on how at-home drug disposal systems should meet relevant requirements and include recommendations regarding the use of such systems.

Sec. 521. Assessment of Opioid Drugs and Actions. This section requires the Secretary of HHS to publish a report outlining a plan for assessing approved opioid analgesic drugs. This section requires that HHS provide an opportunity for public input on the public health effects of opioid analgesic drugs as part of the FDA's existing benefit-risk assessment framework.

Sec. 522. Grant Program for State and Tribal Response to Opioid Use Disorders. This section clarifies that the Substance Abuse and Mental Health Services Administration's (SAMHSA's) State and Tribal opioid response grants may be used for fentanyl or xylazine test strips in States where they are legal.

Subtitle B—Treatment

Sec. 531. Residential Treatment Program for Pregnant and Postpartum Women. This section reauthorizes section 508 of the Public Health Service Act through FY 2029. This program helps support residential treatment recovery services for pregnant and postpartum women with substance use disorder.

Sec. 532. Improving Access to Addiction Medicine Providers. This section adds addiction medicine specialists to the covered fields under the Minority Fellowship Program.

Sec. 533. Mental and Behavioral Health Education and Training Grants. This section reauthorizes section 756 of the Public Health Service Act through FY 2029. This program helps recruit and educate students to pursue careers in the fields of behavioral and mental health, including substance use disorder treatment.

Sec. 534. Loan Repayment Program for Substance Use Disorder Treatment Workforce. This section reauthorizes section 781 of the Public Health Service Act through FY 2029. This program, known as the STAR Loan Repayment Program, helps recruit and retain substance use disorder professionals.

Sec. 535. Development and Dissemination of Model Training Programs for Substance Use Disorder Patient Records. This section strikes the authorization of appropriations for this program.

Sec. 536. Task Force on Best Practices for Trauma-Informed Identification, Referral, and Support. This section extends the authority for section 7132 of the SUPPORT Act, known as the Interagency Task Force on Trauma-Informed Care, to identify, evaluate, and make recommendations on best practices with respect to children and youth who may experience trauma.

Sec. 537. Grants to Enhance Access to Substance Use Disorder Treatment. This section strikes the authorization of appropriations for this program.

Sec. 538. State Guidance Related to Individuals with Serious Mental Illness and Children with Serious Emotional Disturbance. This section requires SAMHSA to review State uses of funding for activities to identify and address early serious mental illness and children with a serious emotional disturbance under the Community Mental Health Services Block Grant program. This also requires the Secretary to publish a report to Congress and update related guidance to States based on its findings to improve the quality of care provided through Block Grant funds.

Sec. 539. Reviewing the Scheduling of Approved Products Containing a Combination of Buprenorphine and Naloxone. This section requires the Secretary of HHS and the DEA to review the scheduling of buprenorphine-naloxone combination products under the Controlled Substances Act.

Subtitle C—Recovery

Sec. 541. Building Communities of Recovery. This section reauthorizes section 547 of the Public Health Service Act through FY 2029. This program helps support recovery community organizations to develop, expand, and enhance recovery services.

Sec. 542. Peer Support Technical Assistance Center. This section reauthorizes the National Peer-Run Training and Technical Assistance Center for Addiction Recovery Support, which supports recovery community organizations and peer support networks that provide substance use disorder peer support services. Additionally, this pilots a regional approach to providing this technical assistance.

Sec. 543. Comprehensive Opioid Recovery Centers. This section reauthorizes section 552 of the Public Health Service Act through FY 2029. This program supports the operation of comprehensive opioid recovery centers that provide a full spectrum of treatment and recovery support services for individuals with substance use disorder.

Sec. 544. Youth Prevention and Recovery. This section reauthorizes section 7102 of the SUPPORT Act through FY 2029. This program provides support for prevention, treatment, and recovery for children, adolescents, and young adults suffering from substance use disorder.

Sec. 545. CAREER Act. This section reauthorizes grants for substance use disorder treatment programs that help individuals in recovery re-enter the workforce, including support for recovery housing.

Sec. 546. Addressing Economic and Workforce Impacts of the Opioid Crisis. This section reauthorizes section 8041 of the SUPPORT Act for FY 2025 through 2029 to continue resources to address various economic impacts associated with a high rate of substance use disorder in a given area.

Subtitle D—Miscellaneous Matters

Sec. 551. Delivery of a Controlled Substance by a Pharmacy to a Prescribing Practitioner. This section clarifies that pharmacies may deliver a Schedule III, IV, or V controlled substance to an administering practitioner if the product is administered intranasally with post-administration monitoring.

Sec. 552. Technical Correction on Controlled Substances Dispensing. This section corrects a technical issue where a section was misplaced in the Consolidated Appropriations Act, 2023.

Sec. 553. Required Training for Prescribers of Controlled Substances. This section makes technical changes to training requirements for prescribers of opioids by including additional professional societies and accrediting bodies.

Sec. 554. Extension of Temporary Order for Fentanyl-related Substances. This section extends the temporary scheduling of all fentanyl-related substances through FY 2026.

TITLE VI—PANDEMIC AND ALL-HAZARDS PREPAREDNESS AND RESPONSE

Sec. 601. Short Title. This title may be cited as the "Pandemic and All-Hazards Preparedness and Response Act."

Subtitle A—State and Local Readiness and Response

Sec. 611. Temporary Reassignment of State and Local Personnel During a Public Health Emergency. This section updates existing authority to allow State and Tribal Health Officials to request temporary assistance for emergency responses through calendar year (CY) 2026.

Sec. 612. Public Health Emergency Preparedness Program. This section reauthorizes and makes improvements to the Public Health Emergency Preparedness cooperative agreement through CY 2026.

Sec. 613. Hospital Preparedness Program. This section reauthorizes the Hospital Preparedness Program cooperative agreement through CY 2026, and improves the coordination of day-to-day and surge regional medical operations within and among health care coalitions.

Sec. 614. Facilities and Capacities of the Centers for Disease Control and Prevention to Combat Public Health Security Threats. This section reauthorizes authorizations of appropriations for facilities, detection, and situational awareness capabilities through CY 2026.

Sec. 615. Pilot Program to Support State Medical Stockpiles. This section reauthorizes and makes improvements to the state medical stockpile pilot program administered by the Office of the Assistant Secretary for Preparedness and Response (ASPR) through FY 2026.

Sec. 616. Enhancing Domestic Wastewater Surveillance for Pathogen Detection. This section codifies activities to detect the circulation of infectious diseases through wastewater

testing through CY 2026, and directs the Secretary of HHS to continue to support research to improve these activities in the future.

Sec. 617. Reauthorization of Mosquito Abatement for Safety and Health Program. This section reauthorizes the Mosquito Abatement for Safety and Health program through CY 2026, and directs the Secretary of HHS to consider the use of innovative and novel technology for mosquito control.

Subtitle B—Federal Planning and Coordination

Sec. 621. All-Hazards Emergency Preparedness and Response. This section codifies the Assistant Secretary for Preparedness and Response's role in leading the development of requirements for countermeasures and amends existing language to clarify that planning for medical product and supply needs during a response includes raw materials and critical components. This section makes changes to current law related to the Public Health Emergency Medical Countermeasures Enterprise (PHEMCE) Multi-Year Budget and Strategy and Implementation Plan.

Sec. 622. National Health Security Strategy. This section updates the National Health Security Strategy to improve preparedness related to medical readiness, settings that pose an increased risk for the transmission of infectious diseases during a public health emergency, natural disasters, and cybersecurity.

Sec. 623. Improving Development and Distribution of Diagnostic Tests. This section requires the Secretary of HHS to develop a strategic plan to support domestic capacity and capabilities related to diagnostic testing to improve future responses.

Sec. 624. Combating Antimicrobial Resistance. This section updates current law to account for the current activities of the Combating Antibiotic-Resistant Bacteria Task Force and the President's Advisory Council on Combating Antibiotic-Resistant Bacteria and codifies the related National Action Plan.

Sec. 625. Strategic National Stockpile and Material Threats. This section updates the Annual Threat-Based Review for the Strategic National Stockpile (SNS) and amends procedures for administering the Stockpile to ensure that the Secretary is utilizing best practices and processes, including deployment and distribution tools, as well as appropriate communication regarding contract changes. Additionally, this section reauthorizes the SNS through FY 2026 and Project BioShield through FY 2034.

Sec. 626. Medical Countermeasures for Viral Threats with Pandemic Potential. This section encourages the Biomedical Advanced Research and Development Authority (BARDA) to prepare for "Disease X" by supporting innovative medical countermeasures to address priority virus families with significant pandemic potential, and ensures appropriate communication and notification regarding contract changes. Additionally, this section reauthorizes BARDA through FY 2026.

Sec. 627. Public Health Emergency Medical Countermeasures Enterprise. This section requires that the Secretary share information with stakeholders related to recommendations made and strategies developed by the Public Health Emergency Medical Countermeasures Enterprise (PHEMCE) and strengthens consultation between PHEMCE and public health officials.

Sec. 628. Fellowship and Training Programs. This section allows the Secretary of HHS to convert individuals who complete an epidemiology, surveillance, or laboratory fellowship or training program to a career-conditional appointment following completion of their fellowships.

Sec. 629. Regional Biocontainment Research Laboratories. This section codifies the Regional Biocontainment Laboratories to support preparedness and provide surge capacity for responding to biological agents, through CY 2026.

Sec. 629A. Limitation Related to Countries of Concern Conducting Certain Research. This section updates language from the PREVENT Pandemics Act (Public Law 117-328, Division FF, Title II) to extend the moratorium through CY 2026 related to funding research involving certain pathogens in countries of concern.

Subtitle C—Addressing the Needs of All Individuals

Sec. 631. Improving Access to Certain Programs. This section updates a program that provides compensation associated with medical products.

Sec. 632. Supporting At-Risk Individuals During Emergency Responses. This section directs the Secretary of HHS to provide technical assistance to assist localities with planning for the needs of older adults, individuals with disabilities, pregnant women, and children during a public health emergency. This section also requires the Secretary to issue guidance to States and localities related to the development of crisis standards of care for use during a public health emergency or major disaster.

Sec. 633. National Advisory Committees. This section extends three National Advisory Committees that provide advice to the federal government on preparedness and response planning related to children, seniors, and individuals with disabilities, and makes changes to the composition of the Committees.

Sec. 634. National Academies Study on Prizes. This section directs the National Academies to study alternative models and strategies to promote drug development in comparison to current practices in the United States.

Subtitle D—Additional Reauthorizations

Sec. 641. Medical Countermeasure Priority Review Voucher. This section reauthorizes through CY 2026.

Sec. 642. Epidemic Intelligence Service. This section reauthorizes through CY 2026.

Sec. 643. Monitoring and Distribution of Certain Medical Countermeasures. This section reauthorizes through CY 2026.

Sec. 644. Regional Health Care Emergency Preparedness and Response Systems. This section reauthorizes through CY 2026.

Sec. 645. Emergency System for Advance Registration of Volunteer Health Professional. This section reauthorizes through CY 2026.

Sec. 646. Ensuring Collaboration and Coordination in Medical Countermeasure Development. This section reauthorizes through CY 2026.

Sec. 647. Military and Civilian Partnership for Trauma Readiness. This section reauthorizes through CY 2026.

Sec. 648. National Disaster Medical System. This section reauthorizes through CY 2026.

Sec. 649. Volunteer Medical Reserve Corps. This section reauthorizes through CY 2026.

Sec. 649A. Epidemiology-Laboratory Capacity. This section reauthorizes through CY 2026.

TITLE VII—PUBLIC HEALTH PROGRAMS

Sec. 701. Action for Dental Health. This section reauthorizes grants for innovative dental workforce programs at the Health Resources and Services Administration (HRSA) through FY 2029.

Sec. 702. PREEMIE. This section reauthorizes public health and prevention activities related to preterm birth through FY 2029. Additionally, this directs the Secretary of HHS to establish a working group to coordinate federal activities related to preterm birth, infant mortality, and other adverse birth outcomes. Lastly, it directs the National Academies of Sciences, Engineering, and Medicine (NASEM) to conduct a study and issue a report on the costs of preterm birth and the factors and gaps in public health programs that contribute to preterm birth.

Sec. 703. Preventing Maternal Deaths. This section reauthorizes support for State-based maternal mortality review committees through FY 2029. Additionally, this section directs HHS to disseminate best practices on maternal mortality prevention to hospitals, State-based professional societies, and perinatal quality collaboratives.

Sec. 704. Sickle Cell Disease Prevention and Treatment. This section reauthorizes through FY 2029 and otherwise modifies a program related to improving the treatment of sickle cell disease and the prevention and treatment of complications from the disease in populations with a high proportion of individuals with sickle cell disease.

Sec. 705. Traumatic Brain Injuries. This section reauthorizes the Centers for Disease Control and Prevention's (CDC) traumatic brain injury (TBI) program through FY 2029, and names the program in honor of the late Representative Bill Pascrell, Jr. Additionally, it emphasizes identifying and addressing the needs of populations at higher risk for TBI and causes, and risk factors for, TBI. This section also reauthorizes competitive awards administered by the Administration for Community Living for projects to improve access to rehabilitation and other TBI services. Additionally, it directs the State Advisory Boards for such projects to take into consideration populations that may be at higher risk for TBI. Furthermore, it requires a report to Congress that provides an overview of populations who may be at higher risk for TBI, an outline of existing CDC surveys and activities on TBIs and any steps the agency has taken to address gaps related to the populations identified, as well as an overview of any outreach or education efforts to reach populations who may be at higher risk. Lastly, it directs the Secretary to conduct a study, or enter into a contract to conduct such study, to examine the long-term symptoms or conditions related to TBI, and identify any gaps in such research.

Sec. 706. Lifespan Respite Care. This section reauthorizes the Lifespan Respite Care program through FY 2029 and clarifies the definition of "family caregiver" to include individuals under age 18.

Sec. 707. Dr. Lorna Breen Health Care Provider Protection. This section updates a requirement for the Secretary of HHS to release best practices for suicide prevention and improving mental health and resiliency among health care professionals. This section also reauthorizes an education and awareness initiative to promote the use of mental health and substance use services by health care providers through FY 2029. This section also reauthorizes through FY 2029 grant programs to promote mental health within the health care workforce by improving awareness of and access to mental health services and training.

Sec. 708. Gabriella Miller Kids First Research. This section reauthorizes the Pediatric Research Initiative through FY 2031. This section also directs the National Institutes of Health (NIH) to coordinate pediatric research and prioritize such research that does not duplicate already existing research activities. Furthermore, this section requires the Secretary of HHS to submit a report to Congress on the pediatric research projects receiving funding through the program and a summary of the advancements made in pediatric research with such funds.

Sec. 709. SCREENS for Cancer. This section reauthorizes and makes improvements to the program through FY 2029. This section also directs the Comptroller General to conduct a study on the program and provide an estimate on the number of individuals eligible for the program and a summary of the trends of the number of individuals served.

Sec. 710. DeOndra Dixon INCLUDE Project. This section directs the Director of the NIH to carry out a program of research, training, and investigation related to Down syndrome.

Sec. 711. IMPROVE Initiative. This section directs the Director of the NIH to carry out a research program focused on reducing maternal mortality and morbidity, as well as improving health outcomes for pregnant and postpartum women.

Sec. 712. Organ Procurement and Transplantation Network. This section authorizes the Secretary of HHS to collect registration fees from any member of the Organ Procurement and Transplantation Network (OPTN) for each transplant candidate such member places on the list and to distribute these fees to support the operation of the OPTN.

Sec. 713. Honor Our Living Donors (HOLD). This section amends current law to prohibit the consideration of the organ recipient's income when determining whether a living donor is eligible for qualified reimbursements for living organ donation. This section also removes language that indicates an organ recipient's ability to pay for a donor's expenses cannot be a factor in considering a donor's eligibility for reimbursement, and requires an annual report to Congress to examine the sufficiency of funding of this program.

Sec. 714. Program for Pediatric Studies of Drugs. This section makes a technical correction to the existing authorization of appropriations for the NIH to fund studies of drugs in children.

Title VIII — FOOD AND DRUG ADMINISTRATION

Subtitle A—Give Kids A Chance

Sec. 801. Research into Pediatric Uses of Drugs; Additional Authorities of Food and Drug Administration regarding Molecularly Targeted Cancer Drugs. This section provides the FDA the authority to require pediatric cancer trials for new drugs that are used in combination with active ingredients that meet the standard of care for targeting pediatric cancer or have been approved to treat adult cancer and are directed at molecular targets for pediatric cancer.

Sec. 802. Ensuring Completion of Pediatric Study Requirements. This section provides the FDA additional authority to enforce against companies that fail to meet pediatric study requirements. The Secretary of the Department of HHS shall perform due diligence before concluding failure to meet requirements.

Sec. 803. FDA Report on PREA Enforcement. This section requires the FDA to report on enforcement of the Pediatric Research Equity Act (PREA).

Sec. 804. Extension of Authority to Issue Priority Review Vouchers to Encourage Treatments for Rare Pediatric Diseases. This section extends the FDA priority review voucher (PRV) program through FY 2029, to incentivize the development of drugs for rare pediatric diseases. It also requires a study from the GAO on the effectiveness of the pediatric PRV program.

Sec. 805. Limitations on Exclusive Approval or Licensure of Orphan Drugs. This section clarifies that orphan drug exclusivity applies to the approved indication, rather than the potentially broader designation.

Subtitle B—United States-Abraham Accords Cooperation and Security

Sec. 811. Establishment of Abraham Accords Office Within Food and Drug Administration. This section requires the FDA to establish an office in an Abraham Accords country to enhance facilitation with the agency and require the Secretary of HHS to submit a report to Congress 3 years after the date of enactment of this Act to evaluate the office's progress.

Title IX — LOWERING PRESCRIPTION DRUG COSTS

Sec. 901. Oversight of Pharmacy Benefit Management Services. This section promotes price transparency for prescription drugs purchased by employer health plans by ensuring Pharmacy Benefit Managers (PBMs) provide group health plans and issuers with detailed data on prescription drug spending at least semi-annually. Such data includes gross and net drug spending, drug rebates, spread pricing arrangements, formulary placement rationale, and information about benefit designs that encourage the use of pharmacies affiliated with PBMs. The section also ensures that health plans and individuals can receive a summary document regarding information about the plan's prescription drug spending.

Sec. 902. Full Rebate Pass Through to Plan; Exception or Innocent Plan Fiduciaries. This section requires that PBMs fully pass through 100 percent of drug rebates and discounts, excluding bona fide service fees, to the employer or health plan regulated under the Employee Retirement Income Security Act of 1974 (ERISA) for new contracts, extensions, or renewals entered into for plan years beginning 30 months after the date of enactment. This section also clarifies the meaning of "covered service provider" under ERISA.

Sec. 903. Increasing Transparency in Generic Drug Applications. This section requires FDA to disclose to certain new generic drug applicants what ingredients, if any, cause a drug to be quantitatively or qualitatively different from the listed drug for purposes of establishing sameness in formulation, and the specific amount of the difference.

Sec. 904. Title 35 amendments. This section curbs so-called "patent thickets" by limiting, in certain instances, the number of patents that a reference biological product manufacturer can assert in a patent infringement lawsuit against a company seeking to sell a biosimilar version.

TITLE X—MISCELLANEOUS

Sec. 1001. Two-year Extension of Safe Harbor for Absence of Deductible for Telehealth. This section extends through CY 2026 the flexibility to exempt telehealth services from the deductible in high-deductible health plans (HDHPs) that can be paired with a Health Savings Account (HSA).

April 4, 2025

The Honorable Brett Guthrie
Chair, House Energy and Commerce Committee

The Honorable Frank Pallone
Ranking Member, House Energy and Commerce Committee

The Honorable Gus Bilirakis
Chair, House Subcommittee on Commerce, Manufacturing, and Trade

The Honorable Jan Schakowsky
Ranking Member, House Subcommittee on Commerce Manufacturing, and Trade

Dear Chairman Guthrie, Ranking Member Pallone, Chairman Bilirakis, and Ranking Member Schakowsky:

On behalf of the artists, managers, agents and fans represented by our organizations, we write to ask that your Committee commit to working with our community to incorporate several key provisions into the *Transparency In Charges for Key Events Ticketing Act* ("TICKET Act") before the bill moves forward, in order to ensure that musicians and consumers are adequately protected.

We appreciate the Committee's attention to this issue and are grateful to the TICKET Act's sponsors for their commitment to making much needed reforms to the live concert ticketing system. However, the artist community believes that the bill in its current form lacks several important protections necessary to shield artists and fans from the predatory and deceptive practices that plague today's marketplace.

In order to effectively protect consumers and musicians from predatory and deceptive practices, the bill should:

- Require ticket sellers to provide full up-front disclosure of all fees
- Ensure that "concierge" ticket services cannot be used as a loophole to sell speculative tickets

- Ban resellers from operating deceptive URLs that dupe fans into thinking they are dealing directly with an artist or venue
- Provide adequate enforcement tools against illegal BOTS and other predatory practices
- Prevent predatory resellers from exploiting fan clubs or other restricted presales to scoop up large quantities of tickets

We are eager to work towards the enactment of comprehensive ticketing reform, but the TICKET Act as drafted unfortunately does not adequately address the most pressing problems currently facing musicians and their fans. We deeply appreciated Subcommittee leadership's commitments in their earlier hearing to ensure that the voice of the artist not be overlooked. To that end, we hope that you will work with us to make the necessary changes as the bill moves through the process of Committee and floor deliberation.

Thank you for your consideration and willingness to engage with us on this important issue.

Sincerely,

American Association of Independent Music
American Federation of Musicians
Artists Rights Alliance
Black Music Action Coalition
Fan Alliance
Folk Alliance International
Future of Music Coalition
Music Managers Forum-US
Recording Academy
Music Artists Coalition
National Independent Talent Organization
Screen Actors Guild - American Federation of Television and Radio Artists (SAG-AFTRA)
Songwriters of North America
United Musicians and Allied Workers

April 7, 2025

The Honorable Lori Trahan
2233 Rayburn House Office Building
Washington, DC 20515

The Honorable Mike Carey
1433 Longworth House Office Building
Washington, DC 20515

The Honorable Joe Neguse
2400 Rayburn House Office Building
Washington, DC 20515

Dear Representatives Trahan, Carey, and Neguse:

On behalf of the American Foundation for Suicide Prevention (AFSP), the nation's leading nonprofit organization dedicated to saving lives and bringing hope to those affected by suicide, and the largest private funder of suicide prevention research in the U.S. and globally, I write to express our strong support for the bipartisan *Youth Poisoning Protection Act* (H.R.1442).

Suicide was the third leading cause of death in the U.S. for individuals ages 10-34 in 2022. [i] In 2022, over 49,000 individuals were lost to suicide and 12% of all suicides utilized poison. [ii] Certain toxic chemicals, like sodium nitrite – the one controlled in the *Youth Poisoning Protection Act* – are tragically prevalent in suicide in the United States, and yet they remain readily available online.

In the U.S. and worldwide, there has been an increase in the use of sodium nitrite in suicide deaths. [iii],[iv] According to a 2021 *New York Times* investigation into an online suicide forum, this substance was particularly popularized among younger individuals seeking easy access to suicide means. [v] Purchasing these toxic concentrations of sodium nitrite online required only a credit card, enabling vulnerable youth to quickly get their hands on a deadly substance.

Research shows us that limiting access to lethal means during the vulnerable period of a suicide crisis can significantly reduce an at-risk individual's likelihood of dying by suicide. [vi] By restricting access to this dangerous chemical, we can help to prevent suicide, particularly among children and youth.

There is no recreational use for highly concentrated amounts of sodium nitrite. Some online retailers have voluntarily removed this dangerous chemical from their storefronts, but unfortunately, it remains available elsewhere online. We applaud your leadership on ending the consumer sale of products with a concentration of sodium nitrite higher than 10 percent, and we look forward to continuing to work with you to advance lethal means safety in the United States.

We stand ready to work with you and your staff to get this vital legislation enacted without delay. For questions, please contact Bill White, Senior Manager of Federal Policy, at wwhite@afsp.org.

Sincerely,

Laurel Stine, J.D., M.A.
Executive Vice President and Chief Policy Officer
American Foundation for Suicide Prevention

[i] National Vital Statistics System, Mortality 2018-2022 on CDC WONDER Online Database, released in 2024. Data are from the Multiple Cause of Death Files, 2018-2022, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. http://wonder.cdc.gov/mcd-icd10-expanded.html

[ii]Centers for Disease Control and Prevention, Suicide data and statistics. (2024, July 18). Suicide Prevention. https://www.cdc.gov/suicide/facts/data.html

[iii] McCann, S. D., Tweet, M. S., & Wahl, M. S. (2021). Rising incidence and high mortality in intentional sodium nitrite exposures reported to US poison centers. Clinical Toxicology, 59(12), 1264–1269. https://doi.org/10.1080/15563650.2021.1905162

[iv] Stephenson L, Wills S, van den Heuvel C, Humphries M, Byard RW. Increasing use of sodium nitrite in suicides-an emerging trend. Forensic Sci Med Pathol. 2022 Sep;18(3):311-318. doi: 10.1007/s12024-022-00471-8. Epub 2022 Mar 25. PMID: 35334075; PMCID: PMC9587107.

[v] Twohey, Megan; Dance, Gabriel J. X. (December 9, 2021). "Where the Despairing Log On, and Learn Ways to Die". The New York Times. ISSN 0362-4331.

[vi] Harvard T.H. Chan School of Public Health. (November 8, 2023). *Means reduction saves lives.* Means Matter. https://www.hsph.harvard.edu/means-matter/means-matter/saves-lives/

April 4, 2025

The Honorable Brett Guthrie
Chairman
Committee on Energy and Commerce
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Frank Pallone
Ranking Member
Committee on Energy and Commerce
U.S. House of Representatives
Washington, D.C. 20515

Dear Chairman Guthrie and Ranking Member Pallone:

On behalf of the undersigned organizations, we write to express support for the bipartisan *Wastewater Infrastructure Pollution Prevention and Environmental Safety (WIPPES) Act* (H.R.2269) and respectfully request that this letter be included in the April 8, 2025, Committee on Energy and Commerce markup's record. H.R. 2269 takes a straightforward and reasonable approach to addressing the preventable problems stemming from the improper disposal of non-flushable wipes in the nation's wastewater systems. Last Congress, the committee reported out the legislation on an overwhelmingly bipartisan basis. We urge the same bipartisan support for H.R. 2269.

Due to the lack of consistent and clear disposal packaging instructions, consumers often unwittingly flush these wipes down the toilet. At a national-level, wet wipes are responsible for $441 million a year in additional operating costs at US clean water utilities.[1] Since these types of wipes are not designed to be flushed, they can clog and damage pipes, pumps, and treatment equipment, resulting in increased operation and maintenance costs for clean water utilities. The flushing of these wipes can also cause potential environmental harms, such as sewer overflow events.

The WIPPES Act's common sense "Do Not Flush" labeling requirement for non-flushable wipes packaging establishes a simple source management solution through consistent on-package consumer education. It is why this legislation continues to enjoy sustained endorsement by our organizations, which represent a broad cross-section of involved

[1] NACWA. 2020. The Cost of Wipes On America's Clean Water Utilities: An Estimate of Increased Utility Operating Costs. https://www.nacwa.org/docs/default-source/resources---public/govaff-3-cost_of_wipes-1.pdf?sfvrsn=b535fe61_2#

stakeholder groups. We believe the legislation will advance our mutually shared interest to protect public infrastructure and the environment.

Thank you for the opportunity to provide comments for the record and your continued leadership to develop commonsense and bipartisan policy solutions.

Sincerely,

American Public Works Association
American Rivers
American Society of Civil Engineers
Association of Nonwoven Fabrics Industry
Bay Area Pollution Prevention Group
California Association of Sanitation Agencies
Center for Baby and Adult Hygiene Products
Consumer Healthcare Products Association
Dude Wipes
ISSA, the Worldwide Cleaning Industry Association
Kimberly-Clark
National Association of Clean Water Agencies
National Rural Water Association
National Stewardship Action Council
Oregon Association of Clean Water Agencies
Personal Care Products Council
Procter & Gamble
The Coalition for Clean Water
Washington Association of Sewer & Water Districts
Water Environment Federation
5Gyres