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6 MARKUP ON:  
7 H.R. 1193 (BARR), THE CARDIOVASCULAR ADVANCES  
8 IN RESEARCH AND OPPORTUNITIES LEGACY  
9 ACT OR THE "CAROL ACT'';  
10 H.R. 1667 (WILD), THE "DR. LORNA BREEN HEALTH  
11 CARE PROVIDER PROTECTION ACT'';  
12 H.R. 3297 (ESHOO AND GUTHRIE), THE PUBLIC  
13 HEALTH WORKFORCE LOAN REPAYMENT ACT OF 2021;  
14 H.R. 3320 (RUSH AND MULLIN), THE ALLIED  
15 HEALTH WORKFORCE DIVERSITY ACT OF 2021;  
16 H.R. 3537 (QUIGLEY), THE "ACCELERATING ACCESS  
17 TO CRITICAL THERAPIES FOR ALS ACT'';  
18 H.R. 4555 (CARDENAS AND BILIRAKIS), THE "ORAL  
19 HEALTH LITERACY AND AWARENESS ACT OF 2021'';  
20 H.R. 5487 (BEUTLER, ROYBAL-ALLARD, CASTOR,  
21 AND MULLIN), THE STILLBIRTH HEALTH IMPROVEMENT  
22 AND EDUCATION FOR AUTUMN ACT OF 2021, OR THE  
23 "SHINE FOR AUTUMN ACT OF 2021'';  
24 H.R. 5551 (CARTER, CUELLAR, TRAHAN,  
25 BUTTERFIELD, AND HUDSON), THE "IMPROVING  
26 THE HEALTH OF CHILDREN ACT''; AND  
27 H.R. 5561 (GUTHRIE AND MATSUI), THE "EARLY

28 HEARING DETECTION AND INTERVENTION

29 REAUTHORIZATION ACT.''

30 THURSDAY, NOVEMBER 4, 2021

31 House of Representatives,

32 Subcommittee on Health,

33 Committee on Energy and Commerce,

34 Washington, D.C.

35

36

37 The subcommittee met, pursuant to call, at 10:30 a.m.,  
38 in the John D. Dingell Room, 2123, Rayburn House Office  
39 Building or via Webex, Hon. Anna B. Eshoo [chairman of the  
40 subcommittee], presiding.

41

42 Present: Representatives Eshoo, Butterfield, Matsui,  
43 Castor, Welch, Schrader, Cardenas, Ruiz, Kuster, Kelly,  
44 Barragan, Blunt Rochester, Craig, Schrier, Trahan; Guthrie,  
45 Upton, Burgess, Griffith, Bilirakis, Bucshon, Mullin, Hudson,  
46 Carter, Dunn, Curtis, Crenshaw, Joyce, and Rodgers [ex  
47 officio].

48

49 Staff Present: Shana Beavin, Professional Staff Member;  
50 Jesseca Boyer, Professional Staff Member; Waverly Gordon,  
51 Deputy Staff Director and General Counsel; Jessica  
52 Grandberry, Staff Assistant; Tiffany Guarascio, Staff

53 Director; Perry Hamilton, Clerk; Fabrizio Herrera, Staff  
54 Assistant; Stephen Holland, Health Counsel; Zach Kahan,  
55 Deputy Director Outreach and Member Service; Saha Khaterzai,  
56 Professional Staff Member; Mackenzie Kuhl, Digital Assistant;  
57 Meghan Mullon, Policy Analyst; Juan Negrete, Junior  
58 Professional Staff Member; Kaitlyn Peel, Digital Director;  
59 Tim Robinson, Chief Counsel; Kylea Rogers, Staff Assistant;  
60 Andrew Souvall, Director of Communications, Outreach and  
61 Member Services; Kimberlee Trzeciak, Chief Health Advisor;  
62 Lydia Abma, Health Fellow; Tania Calle, Health Fellow; Alec  
63 Aramanda, Minority Professional Staff Member; Sarah Burke,  
64 Minority Deputy Staff Director; William Clutterbuck, Minority  
65 Staff Assistant/Policy Analyst; Seth Gold, Minority  
66 Professional Staff Member, Health; Grace Graham, Minority  
67 Chief Counsel, Health; Nate Hudson, Minority Staff Director;  
68 Peter Kielty, Minority General Counsel; Emily King, Minority  
69 Member Services Director; Clare Paoletta, Minority Policy  
70 Analyst, Health; Kristin Seum, Minority Counsel, Health;  
71 Kristin Shatynski, Minority Professional Staff Member,  
72 Health; and Michael Taggart, Minority Policy Director.

73

74 \*Ms. Eshoo. Good morning, colleagues. The subcommittee  
75 will come to order.

76 We are meeting today to consider nine bills. Due to the  
77 COVID-19 public health emergency, members can participate

78 today either in person or remotely by online video  
79 conferencing.

80 Members, staff, and members of the press that are  
81 present -- well, I do not see any that are present -- must  
82 wear a mask in accordance with the updated guidance issued by  
83 the attending physician.

84 For members participating remotely, your microphones  
85 will be set on mute for the purpose of eliminating  
86 inadvertent background noise, and members participating  
87 remotely will need to unmute your microphones each time you  
88 wish to speak.

89 I think everyone has caught onto the drill, but it is  
90 important to restate it.

91 Please note that once you unmute your microphone,  
92 anything that is said in Webex will be heard over the  
93 loudspeaker in the committee room and subject to be heard by  
94 the live stream in C-SPAN.

95 I ask that members participating remotely use the raised  
96 hand feature of the software platform when you wish to be  
97 recognized, including to give an opening statement or to  
98 offer an amendment.

99 After you are recognized to speak, please use the lower  
100 hand feature of the software platform so I know that you no  
101 longer seek recognition.

102 During voice votes, members participating remotely will

103 need to unmute yourselves so that we can hear your response,  
104 and during recorded votes you will need to unmute yourself  
105 once your name is called to respond to the Clerk.

106 In responding to the Clerk, I ask that instead of just  
107 saying "aye" or "nay," that you respond a phrase like,  
108 "Anna Eshoo from California votes aye." This will provide  
109 an additional time for the voting member to be identified and  
110 made visible on the platform.

111 Since members are participating from different locations  
112 at today's markup, all recognition of members, including for  
113 opening statements and amendments, will be in the order of  
114 subcommittee seniority.

115 During this markup, amendments will be sent to member  
116 electronically, as we did during virtual markups. Members  
117 participating in person should not bring paper copies of  
118 their amendments to the Clerk's desk.

119 If the member participating in person would like a paper  
120 copy of an amendment or a bill, please alert the staff during  
121 the consideration of the amendment or the bill.

122 Amendments and motions to be sent to Perry Hamilton and  
123 Meghan Mullon, and documents for the record, to Meghan Mullon  
124 at the email address we provided to your staff.

125 The chair will now recognize herself for five minutes  
126 for an opening statement.

127 Today our subcommittee marks up nine bipartisan bills.

128 Three of the bills are children's health bills that seek to  
129 prevent and reduce the impact of stillborn, newborn's hearing  
130 loss, and birth defects or anomalies.

131 I thank our fellow Health Subcommittee members,  
132 Representatives Carter, Trahan, Hudson, Guthrie, Matsui,  
133 Mullin, and Castor for their leadership in sponsoring these  
134 bills.

135 We are also marking up the "Dr. Lorna Breen Health Care  
136 Provider Protection Act," which was introduced by  
137 Representative Wild and 14 bipartisan original cosponsors.

138 Our subcommittee was honored to host Mr. Corey Feist,  
139 who testified at our hearing last week -- I think it was last  
140 week -- and Ms. Jennifer Breen Feist, the brother-in-law and  
141 sister of Dr. Lorna Breen, who died by suicide after  
142 experiencing the first wave of COVID-19 patients.

143 They asked us to move this bill forward quickly since  
144 the Senate has already passed it, and I am proud that we are  
145 delivering on that promise today.

146 We are also considering two bills to improve cardiac  
147 care and oral health literacy.

148 The CAROL Act is named in honor of Carol Leavell Barr,  
149 wife of Representative Andy Barr, who died last year of  
150 sudden cardiac arrest. The bill funds NIH and CDC to support  
151 research and public education for valvular heart disease.

152 Two bills provide loan repayment for the healthcare

153 workforce to provide long-term support for future workers,  
154 including public health workers. This bill is sponsored by  
155 Representatives Crow, Dr. Burgess, and Ranking Member  
156 Guthrie, and myself.

157         Lastly, we are considering major legislation by  
158 Representative Quigley and Fortenberry to advance treatments  
159 for ALS. Every member has heard from constituents with ALS  
160 who are fed up with the lack of options. The AACT will help  
161 patients take part in the Expanded Access Program for  
162 experimental ALS drugs while providing the framework for the  
163 NIH and the FDA to benefit from the data of patients.

164         We are moving the AACT thanks to the tenacity of the ALS  
165 advocates, including Brian Wallach and Sandra Abrevaya. They  
166 made a compelling case during our hearings for why Congress  
167 must do more to address this disease, which is a death  
168 sentence.

169         These nine bills represent significant progress. I urge  
170 Chairman Pallone to build on this progress during the full  
171 committee markup by including two bills that our subcommittee  
172 already heard. We were prepared to mark up those bills  
173 today, but they were removed from the public bill list on  
174 Tuesday of this week.

175         First is Representative Raskin's Children and Media  
176 Research Advancement Act. As Dr. Radesky testified during  
177 our hearings, this bill is, quote, "highly practical and good

178 public health.''

179           We are at a crucial moment for understanding how media  
180 affects children, and CAMRA deserves urgent consideration.  
181 Concerns that this bill helps Big Tech in any way are  
182 specious and should not be taken seriously. And I urge the  
183 full committee to take up the bill.

184           Secondly, I am incredibly disappointed that Katherine's  
185 Law was not included in this markup. During our hearing, we  
186 listened to our former colleague, Congressman Rick Nolan's  
187 plea to save the lives of non-smokers who develop lung cancer  
188 by getting the early detection needed. Not one member  
189 uttered a single word of concern about the bill during our  
190 hearing.

191           Nearly 25 percent of all cancer deaths in the United  
192 States are due to lung cancer. If lung cancer in never  
193 smokers were a separate category, it would be in the top ten  
194 cancers in the United States for sickness and death.

195           The evidence is that current lung cancer screening  
196 guidelines are insufficient. They do not follow the  
197 guidelines set by the National Comprehensive Cancer Network,  
198 and I would like to enter into the record JAMA's "New USPSTF  
199 Guidelines for Lung Cancer Screening'" entitled "Better but  
200 not Enough.''

201           And I ask that --

202           \*Mr. Guthrie. No objection.



203           \*Ms. Eshoo. No objection. Thank you.

204           [The information follows:]

205

206   \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

207

208

209           \*Ms. Eshoo. So I urge Chairman Pallone to take up the  
210 bill during the full committee markup to provide the coverage  
211 of lung cancer screening for individuals over the age of 40,  
212 even if they have no history of smoking. That is what  
213 Katherine died from.

214           [The prepared statement of Ms. Eshoo follows:]

215

216           \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

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218

219           \*Ms. Eshoo. I now recognize, and am pleased to, the  
220 ranking member of our Health Subcommittee, Mr. Guthrie, for  
221 his opening statement.

222           \*Mr. Guthrie. Thank you, Madam Chair. I appreciate the  
223 recognition.

224           And before us today we have several public health bills  
225 pertaining to critical prevention and early detection efforts  
226 for children and families, including my bill on early hearing  
227 detection, and my Kentucky colleague, Andy Barr's CAROL Act.

228           And I am pleased that today's markup continues our  
229 committee's bipartisan tradition. However, we have a  
230 bipartisan position, but on this side of the aisle, I want to  
231 stress that we are growing increasingly frustrated with the  
232 Democrats' reconciliation package.

233           Democrats are trying to fit their entire legislative  
234 agenda in one bill. Yesterday Democrats dropped over 2,000  
235 pages that will get the government more involved in our lives  
236 from cradle to grave, and I am afraid we are hastily going  
237 down the path where no one will actually have the time to  
238 understand what is in this legislation. I guess we will have  
239 to ask to know what is in it.

240           And I say that because we still do not know the full  
241 cost of this bill or how all of the parts fit together or are  
242 supposed to fit together. Yet it could be up for a vote, we  
243 are hearing, as early as this week.

244           Also has been resurrected the partisan H.R. 3 drug  
245 pricing plan that this committee voted not to advance this  
246 policy when it was before us in September, and I was  
247 encouraged that some of our Democrat colleagues recognize the  
248 devastating impact this legislation will have on the next  
249 generation of cures and medicines and how it would politicize  
250 the price of and access to lifesaving drugs.

251           The nonpartisan Congressional Budget Office and numerous  
252 other independent analyses have concluded that H.R. 3 could  
253 stifle innovation and result in significantly fewer cures and  
254 treatments, and yet we are not going to give this version of  
255 H.R. 3 a chance to be scored like by the CBO or to be  
256 analyzed by the CMS Office of Actuary at this time like they  
257 insisted on doing during the original Medicare Part D debate.

258           Consequently, we will not know how many new cures we  
259 would lose and how new drug launched prices would go up or  
260 how seniors' premiums might rise.

261           I strongly believe that we must invest in biomedical  
262 research to discover innovative solutions to prevent, detect,  
263 and treat disease, and it is a shame we will not allow for  
264 more time to better understand how these policies would  
265 injure the development of cures, impact a vast interconnected  
266 biomedical system, and affect patients who have benefitted  
267 from innovative treatments.

268           But while I am disappointed by actions taken by my

269 colleagues on the other side of the aisle this week, I am  
270 glad we are here today to discuss several good faith  
271 bipartisan bills.

272         One of these bills is the Early Hearing Detection  
273 Intervention Reauthorization Act, or EHDI, which I have been  
274 proud to lead since 2015 with my good friend and colleague  
275 Doris Matsui. This bipartisan bill would authorize the EHDI  
276 Program, which provides early detection, diagnosis, and  
277 intervention for newborns, infants, and young children  
278 identified as deaf or hard of hearing.

279         Additionally, I am grateful that H.R. 1193, the  
280 Cardiovascular Advances in Research and Opportunities Legacy  
281 Act, or the CAROL Act, is included in today's markup.  
282 Representative Andy Barr tragically lost his wife, Carol, to  
283 sudden cardiac arrest in June of 2020. She was only 39 years  
284 old.

285         At a young age Carol had been diagnosed with an  
286 underlying condition called mitral valve prolapse, or MVP.  
287 To honor her legacy, he introduced the CAROL Act, which I am  
288 proud to be a cosponsor of this legacy bill that would  
289 address the research and awareness gap for MVP.

290         This bill would instruct the CDC to carry out projects  
291 in order to increase educational awareness or diagnoses of  
292 valvular heart disease.

293         The CAROL Act would help many families avoid the tragedy

294 that has profoundly impacted Andy and his two lovely young  
295 daughters, and it will help others throughout the country.

296 In closing, I want to stress that our concerns with the  
297 way we are moving forward on the reconciliation package and  
298 want to note that we cannot continue to throw money blindly  
299 out the door without an oversight plan. We must be better  
300 stewards of taxpayer dollars.

301 Without oversight or carefully examining where Congress  
302 is authorizing these funds, I am predicting we will be  
303 sitting here again with the American people frustrated when  
304 they find out waste and abuse examples of their taxpayer  
305 dollars being misused.

306 I thank you for holding this hearing on the bipartisan  
307 bills, and I yield back.

308 [The prepared statement of Mr. Guthrie follows:]

309

310 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

311

312

313           \*Ms. Eshoo. The gentleman yields back.

314           The chairman of the full committee is not with us. So I  
315 will go to the ranking member of the full committee,  
316 Congresswoman Rodgers.

317           \*Mrs. Rodgers. Thank you, Madam Chair.

318           Thank you for today's markup, and going through the  
319 subcommittee, through regular order leads to better policy  
320 and better outcomes.

321           Before I speak about today's bills though I would like  
322 to address the elephant in the room, new provisions in the  
323 reconciliation package, the tax and spending spree that has  
324 not had a chance for a robust debate through our committee.

325           The new version includes a series of punitive cuts and a  
326 tax on non-expansion States that would slash dish payments  
327 and uncompensated care claims for political gains in Texas,  
328 Florida, Tennessee, Alabama, Georgia, Kansas, Mississippi,  
329 North Carolina, South Carolina, South Dakota, Wisconsin, and  
330 Wyoming.

331           Democrats claim that these States will be winners due to  
332 the tax credit expansion for low-income beneficiaries. What  
333 Democrats are not saying is that the cuts will start before  
334 the tax credits begin and will continue even after the tax  
335 credits expire.

336           Even with tax credits, hospitals will be less able to  
337 care for millions that remain uninsured without this critical

338 funding.

339           This is wrong. In order to strongarm a Medicaid  
340 expansion on the whole country, Democrats are threatening to  
341 rely on care from hospitals in these 12 States. This is an  
342 abuse of power.

343           Care for almost a quarter of our country's most  
344 vulnerable patients must be saved.

345           It also included permanent increased funding for the  
346 Medicaid territories. This year we held bipartisan hearings,  
347 markups for a compromise on how to extend long-term funding  
348 for the Medicaid programs in the five territories.

349           We agreed unanimously to Mr. Bilirakis and Mr. Soto's  
350 bill for five years of funding that would be offset in a  
351 bipartisan way.

352           In the tax and spending spree that was introduced last  
353 week, Democrats abandoned that deal. I hope that this is the  
354 last time that they walk away from our bipartisan agreements.

355           It undermines trust, and it will jeopardize the future  
356 success of other bipartisan products in this committee.

357           On drug pricing, new text released just yesterday,  
358 characterized as a compromise, raises the same concerns and  
359 some new ones compared to what the committee rejected in a  
360 bipartisan vote in this committee in September.

361           While we are working to understand all of the potential  
362 consequences, the proposal does not appear to have a



363 reliable, across-the-board prohibition on the use of QALY,  
364 quality adjusted life-years, similar tools for the government  
365 to determine the price on our lives that would be used in  
366 price setting.

367         It continues to distort innovations so drugs developed  
368 will be those Democrats and bureaucrats pick, not necessarily  
369 what the patient needs.

370         This framework undermines incentives for the development  
371 of new drugs for older drugs, pediatric studies, and  
372 necessary antibiotics for superbugs. For parents fighting  
373 for breakthroughs this, quote, "compromise" will not deliver  
374 hope, just more uncertainty for when or if they can access  
375 lifesaving treatments and cures for kids battling rare  
376 diseases.

377         It is reckless and throwing millions, in some cases  
378 billions towards programs that we have not even had hearings  
379 on or authorized. For example, the bill provides \$1.4  
380 billion in mandatory funding for CDC's lab capacity, while  
381 the select agent program is outdated and unauthorized.

382         So on top of the billions that have already been  
383 provided to CDC in the American Rescue Plan that have not  
384 been spent, the most recent text provides \$300 million to the  
385 FDA, still without an official nomination for Commissioner.

386         FDA was not even germane at our markup in September.  
387 How did we get that number? Which centers will receive the

388 funding?

389 All of these things should be addressed within this  
390 subcommittee.

391 I am pleased that we are going to work today on  
392 considering several bipartisan bills, the CAROL Act,  
393 certainly priority, introduced by our friend, Representative  
394 Andy Barr, in honor of his late wife who tragically died from  
395 cardiac arrest. It is so important to supporting heart  
396 disease research.

397 The Allied Health Workforce Diversity Act, critical to  
398 increasing access to Allied Health Services in rural and  
399 underserved communities.

400 The Public Health Workforce Loan Repayment Act, and I  
401 will speak further when we consider this bill, but I did want  
402 to reiterate to my colleagues, plowing the hard ground to  
403 legislate is important. There is a reason that both sides of  
404 the aisle argue for regular order.

405 And I am so disappointed today that we are not using the  
406 expertise of this subcommittee to work on reconciliation.

407 I look forward to the robust discussion, and I yield  
408 back. Thank you.

409 [The prepared statement of Mrs. Rodgers follows:]

410

411 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

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413

414 \*Ms. Eshoo. The gentlewoman yields back.

415 Do other members seek recognition to make an opening  
416 statement?

417 The gentleman from Florida, Mr. Bilirakis, is recognized  
418 for three minutes.

419 \*Mr. Bilirakis. Thank you, Madam Chair. I appreciate  
420 it very much, and I will be very brief.

421 Madam Chair, I appreciate you holding this markup to  
422 move forward bipartisan public health bills, including  
423 legislation I co-lead with my friend and colleague,  
424 Representative Cardenas, H.R. 4555, the Oral Literacy and  
425 Awareness Act.

426 This bill is supported by multiple providers and patient  
427 groups who understand the importance of raising awareness and  
428 public education campaigns for oral health.

429 We also need additional evidence-based oral health  
430 literacy strategies to reach vulnerable populations, and this  
431 bill provides that first step.

432 So I look forward to supporting it, and also the other  
433 bills, the bipartisan bills as well.

434 And I yield back, Madam Chair. Thank you.

435 \*Ms. Eshoo. The gentleman yields back.

436 Do other members seek recognition to make an opening  
437 statement?

438 [No response.]

439           \*Ms. Eshoo. Not seeing or hearing any, that concludes  
440 our opening statements.

441           And pursuant to committee rules, members' written  
442 opening statements shall be made part of the record, and  
443 members should submit written opening statements to the  
444 Clerk's desk.

445           All right. Now we will begin our consideration of  
446 bills. The chair calls up H.R. 1193, the Cardiovascular  
447 Advances in Research and Opportunities Legacy Act, or the  
448 CAROL Act.

449           The Clerk will report the title of the bill please.

450           \*The Clerk. H.R. 1193, to amend Title IV of the Public  
451 Health Service Act to direct the Director of the National  
452 Institute --

453           \*Ms. Eshoo. Without objection, the first reading of the  
454 bill will be dispensed with. The bill is now considered as  
455 read.

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

458           [The bill follows:]

459

460           \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

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462

463 \*Ms. Eshoo. Are there any members seeking recognition  
464 to speak on H.R. 1193? Anyone virtual?

465 [No response.]

466 \*Ms. Eshoo. All right.

467 \*Mr. Guthrie. I have an amendment.

468 \*Ms. Eshoo. The gentleman has an amendment at the desk?

469 \*Mr. Guthrie. I have an amendment at the desk.

470 \*Ms. Eshoo. That is the purpose that the member seeks  
471 recognition.

472 \*Mr. Guthrie. Okay. Thanks.

473 I will speak on the bill. Now is the amendment process.

474 \*Ms. Eshoo. Right.

475 \*Mr. Guthrie. Madam Chair, I have an amendment at the  
476 desk.

477 \*Ms. Eshoo. I now recognize Mr. Guthrie to offer an  
478 amendment in the nature of a substitute.

479 The Clerk will report the amendment please.

480 \*The Clerk. Amendment in the nature of a substitute to  
481 H.R. 1193, offered by Mr. Guthrie of Kentucky.

482 \*Ms. Eshoo. Without objection the reading of the  
483 amendment will be dispensed with.

484 And Mr. Guthrie is recognized for five minutes.

485 \*Mr. Guthrie. Thank you, Madam Chair.

486 I want to take a moment to commend Representative Andy  
487 Barr for introducing the CAROL Act. We all know Andy well.

488 It is a legacy bill that honors his late wife, Carol, who  
489 tragically lost her life to sudden cardiac arrest last year.

490 Carol was diagnosed with mitral valve prolapse, a common  
491 heart valve disease. Though most cases are thought to be  
492 benign, reported complications can result in sudden cardiac  
493 arrest.

494 Unfortunately, over 25,000 people die each year in the  
495 U.S. from heart valve disease, primarily due to  
496 underdiagnosis and undertreatment of the condition.

497 The CAROL Act helps address the underdiagnosis and  
498 undertreatment of valvular heart disease by investing in  
499 vital research that will advance technological imaging and  
500 precision medicine to enable intervention and treatment plans  
501 for patients.

502 Identifying patients at high risk of negative outcomes  
503 from valvular heart disease can lead to saving lives.

504 The amendment and underlying bill instruct the Centers  
505 for Disease Control and Prevention to increase public  
506 awareness regarding symptoms of valvular heart disease and  
507 effective strategies for winning sudden cardiac arrest.

508 The CAROL Act further ensures that CDC continues  
509 important initiatives with the Division of Heart Disease and  
510 Stroke, including those related to valvular heart disease.  
511 Specifically, the CDC will work to broaden the awareness of  
512 valvular heart disease, enhance surveillance of hospital

513 cardiac arrests in order to improve patient outcomes.

514 All of us still have hearts that are pouring out to our  
515 good friend and colleague, Andy Barr, his two lovely young  
516 daughters, and we know that other families struggle from this  
517 as well.

518 It is a good opportunity for us to make a difference in  
519 the lives and prevent other families from going through this  
520 tragedy.

521 So I urge my colleagues to support this lifesaving  
522 amendment and the underlying bill, and I yield back.

523 [The amendment in the nature of a substitute of Mr.  
524 Guthrie follows:]

525

526 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

527

528

529           \*Ms. Eshoo. The gentleman yields back.

530           Are there other members seeking recognition to speak on  
531 the amendment?

532           The gentleman from Pennsylvania is recognized for five  
533 minutes.

534           \*Mr. Joyce. Madam Chair, I wish to strike the last  
535 word.

536           \*Ms. Eshoo. So ordered.

537           \*Mr. Joyce. Thank you, Chair Eshoo, for yielding.

538           And also thank you, Ranking Member Guthrie, for both of  
539 your work today in preparing the CAROL Act for markup.

540           I would like to thank my colleague, Representative Andy  
541 Barr on his diligent work on bringing forward this important  
542 piece of legislation.

543           Every year over 25,000 Americans succumb to valvular  
544 heart disease, and many more unfortunately remain completely  
545 undiagnosed. This bill will invest in the critical research  
546 that will improve outcomes for those with this disease.

547           This research will be primarily focusing on identifying  
548 risk factors in addition to advancing diagnostics and  
549 treatments, all aimed towards keeping patients healthy  
550 throughout their lives.

551           Passage of the CAROL Act will significantly expedite  
552 this research, and in the process, it will ultimately save  
553 lives.



554 I urge the committee to adopt this amendment in the  
555 nature of a substitute, and I yield the balance of my time.

556 \*Ms. Eshoo. The gentleman yields back.

557 Are there any other members who seek recognition to  
558 offer an amendment to the amendment?

559 [No response.]

560 \*Ms. Eshoo. Seeing none, with no further debate, we  
561 will proceed to a vote on the amendment.

562 All those in favor of the amendment -- excuse the chair  
563 -- in the nature of a substitute to H.R. 1193 will signify by  
564 saying aye.

565 All those opposed signify by saying no.

566 In the opinion of the chair the ayes have it.

567 We will now take a vote on final passage.

568 All those in favor of forwarding H.R. 1193, as amended,  
569 to the full committee will signify by saying aye.

570 All those opposed will signify by saying no.

571 In the opinion of the chair the ayes have it.

572 H.R. 1193, as amended, is forwarded to the full  
573 committee.

574 The chair now calls up H.R. 1667, the Dr. Lorna Breen  
575 Healthcare Provider Protection Act, and the Clerk will report  
576 the title of the bill please.

577 \*The Clerk. H.R. 1667, to address behavioral health and  
578 wellbeing among healthcare professionals. A bill to address

579 the behavioral health and wellbeing among --

580 \*Ms. Eshoo. Without objection, the first reading of the  
581 bill will be dispensed with. The bill is now considered as  
582 read.

583 Without objection, the bill is considered as read and  
584 open for amendment at any time.

585 [The bill follows:]

586

587 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

588

589

590 \*Mr. Griffith. Madam Chair.

591 \*The Clerk. Are there members seeking recognition to  
592 speak on H.R. 1667?

593 Mr. Griffith. Madam Chair, I have an amendment in the  
594 nature of a substitute at the desk.

595 \*Ms. Eshoo. The gentleman is recognized for five  
596 minutes.

597 \*Mr. Griffith. Madam Chair, Madam Chair.

598 I am proud to present this bill in honor of Dr. Lorna  
599 Breen, a talented physician.

600 \*Ms. Eshoo. Just a minute, just a minute. I am sorry.  
601 The Clerk needs to report the amendment.

602 \*The Clerk. Amendment in the nature of a substitute to  
603 H.R. 1667 offered by Mr. Griffith of Virginia. Strike all  
604 after the enacting clause and insert the following. Section  
605 --

606 \*Ms. Eshoo. Without objection, the reading of the  
607 amendment will be dispensed with, and the gentleman is  
608 recognized for five minutes.

609 \*Mr. Griffith. I am still proud to present this bill in  
610 honor of Dr. Lorna Breen, a talented physician who lived her  
611 life in service to others.

612 As our subcommittee heard from Corey Feist, cofounder of  
613 the Dr. Lorna Breen Heroes Foundation and the brother-in-law  
614 of Dr. Breen, in his testimony on October 26, Dr. Breen was

615 the Director of the Emergency Department at Columbia  
616 Presbyterian's Allen Hospital.

617 In the spring of 2020, in the span of three weeks, Dr.  
618 Breen treated confirmed COVID patients, contracted COVID  
619 herself, and then returned to an overwhelming number of  
620 incredibly sick patients. She and her colleagues worked  
621 around the clock with limited PPE, not enough oxygen, not  
622 enough beds, and not enough help.

623 After 12-hour shifts, she and her coworkers would stay  
624 at work to help with the continuous flow of patients. By  
625 April 9, Dr. Breen hit her breaking point. She was nearly  
626 catatonic and needed serious help.

627 But for fear that she would lose her medical license or  
628 be ostracized by her colleagues, that caused her to delay  
629 seeking necessary support and ultimately cost Dr. Breen her  
630 life. She died by suicide on April 26th, 2020.

631 Health care workers have faced a unique set of mental  
632 health and emotional challenges during this time. It takes a  
633 very special person to willingly take on responsibility for  
634 another human's physical wellbeing. I can only imagine the  
635 immense pressure these folks often bear and the emotional  
636 toll it can take on them.

637 The COVID-19 pandemic brought to light the fact that our  
638 Nation's system of healthcare does not adequately support  
639 provider's mental health. It has caused and continues to

640 cause extreme levels of burnout.

641       The legislation before us today aims to reduce and  
642 prevent suicide, burnout, and mental and behavioral health  
643 conditions among our healthcare professionals.

644       Some funding for this purpose was included in the  
645 American Rescue Plan, and that includes some funding for the  
646 purpose of addressing mental and behavioral health of medical  
647 professionals.

648       We are here today to appropriately authorize  
649 discretionary funds for such programs. It is important to  
650 provide predictable funding for this program and a pathway  
651 for reauthorization in the future.

652       Since we do not know exactly how much of the ARP funding  
653 has been released or which grantees it will go to, I would  
654 like to ask that the majority work with us on future  
655 oversight of this program so that we can determine how best  
656 to reauthorize it when the time comes.

657       Companion legislation in the Senate, S.610, unanimously  
658 passed the Senate on August 6th, 2021. I now urge my House  
659 colleagues to join me in supporting our healthcare workforce  
660 through the passage of this bill, and I would also have to  
661 say that I think that while we cannot bring Dr. Lora Breen  
662 back, that this would be a worthy tribute to her effort to  
663 help the American patient throughout her career.

664       Thank you, Madam Chair, and I yield back.

665 [The amendment in the nature of a substitute of Mr.

666 Griffith follows:]

667

668 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

669

670

671           \*Ms. Eshoo. The gentleman yields back.

672           The chair recognizes herself for five minutes to strike  
673 the last word and speak on the bill and its AINS.

674           America's healthcare workers have been and continue to  
675 face the deadly crisis with heavy workloads, unpredictable  
676 schedules, and emotionally charged situations. Our  
677 healthcare workers have been experiencing unprecedented  
678 levels of stress and exhaustion.

679           The pandemic has exacerbated this crisis. Three-  
680 quarters of the healthcare workforce in our country now  
681 report being frustrated, overwhelmed, and burned out. One in  
682 five healthcare workers has left the workforce entirely.

683           Despite these unsettling statistics, there has been  
684 really an ignoring of healthcare workers' mental health.  
685 Nearly half of our Nation's healthcare professionals need  
686 mental health treatments, do not access it for fear of  
687 professional repercussions. And this was clearly the case  
688 when we heard the testimony of Dr. Breen's brother-in-law.

689           As a result, physicians have the highest suicide rates  
690 of any profession, and it is estimated that 400 doctors die  
691 by suicide in our country each year. Dr. Lorna Breen, an  
692 emergency department director, died by suicide last year. As  
693 we heard from her brother-in-law at our hearing on the bill,  
694 when she hit her breaking point in the midst of the pandemic,  
695 she was too concerned about losing her medical license to

696 seek out professional help.

697         This legislation calls for stronger support for our  
698 caregivers to help them weather their physically and  
699 emotionally draining work. This comprehensive bipartisan  
700 legislation provides grant funding for suicide prevention and  
701 peer support at healthcare facilities.

702         It also helps to make sure that healthcare professionals  
703 can ask for mental health help without facing negative  
704 consequences in their careers.

705         This legislation has been endorsed by over 70 healthcare  
706 organizations spanning all aspects of the industry. The AINS  
707 aligns the authorization period from five years to three  
708 years to be consistent with the American Rescue Plan  
709 activities, makes programmatic changes to the scope and time  
710 frame of the grants, adds the GAO study to examine  
711 duplications of programs across HHS, and makes technical  
712 changes with a greater focus on substance use disorders.

713         The pervasiveness of the mental health crisis among the  
714 healthcare workforce has gone on for a long time, and as much  
715 as we depend on healthcare workers to care for us, especially  
716 during the pandemic, our healthcare workers are now depending  
717 on us.

718         So today we make their mental health and their  
719 livelihood a top priority, and I join with my colleagues in  
720 urging that the full subcommittee support the bill and the



721 AINS.

722 Are there other members seeking recognition to speak on  
723 the amendment?

724 Ms. Kuster, all right. For what purpose does the  
725 gentlewoman from New Hampshire seek recognition?

726 \*Ms. Kuster. Madam Chairwoman, I move to strike the  
727 last word.

728 \*Ms. Eshoo. The gentlewoman is recognized for five  
729 minutes.

730 \*Ms. Kuster. Thank you, Madam Chair.

731 I'm so pleased to see this committee include the Dr.  
732 Lorna Breen Healthcare Provider Protection Act as part of our  
733 work today.

734 As the founder and now cochair of the bipartisan  
735 Addiction and Mental Health Task Force, this legislation was  
736 included in our recent task force legislative agenda to  
737 address the mental health needs of our healthcare providers  
738 and end the stigma in accessing treatment.

739 As I said last week in our committee hearings on this  
740 legislation, I am constantly hearing from clinicians in my  
741 district about the current workforce crisis. An enormous  
742 contributor of that crisis is the fatigue and burnout that  
743 our frontline clinicians are experiencing daily.

744 This bipartisan legislation will support our healthcare  
745 workforce in their own wellbeing, ensuring that they feel

746 cared for as they care for others. It is critical that we  
747 remove barriers to accessing treatment and stigma around  
748 accessing treatment for mental health and change the culture  
749 in the healthcare industry so that we can save lives and  
750 support a stronger, more vital workforce.

751 I am a proud cosponsor of the Dr. Lorna Breen Healthcare  
752 Provider Protection Act, and I urge my colleagues to support  
753 this important legislation.

754 Thank you, and I yield back.

755 \*Ms. Eshoo. Thank you. The gentlewoman yields back.

756 Are there other members seeking recognition to speak on  
757 the amendment?

758 For what purpose does the gentlewoman from Minnesota  
759 seek recognition?

760 \*Ms. Craig. Madam Chairwoman, I move to strike the last  
761 word and speak in support of the AINS and the Dr. Lorna Breen  
762 Healthcare Provider Protection Act.

763 \*Ms. Eshoo. The gentlewoman is recognized for five  
764 minutes.

765 \*Ms. Craig. Thank you so much, Madam Chairwoman.

766 For over a year and a half our healthcare workers have  
767 struggled on the front lines against a deadly pandemic. We  
768 cannot overstate or over understand the physical and  
769 emotional stress of treating countless, countless COVID-19  
770 patients.

771 I have heard from providers in my district who have  
772 understandably chosen to retire rather than continue to  
773 operate under the unbearable level of stress, and obviously  
774 from so many who have suffered through mental health  
775 challenges.

776 In 2018, the Minnesota Hospital Association surveyed  
777 over 22,000 physicians and advanced practice professionals.  
778 Their study showed 38.2 percent of the responding clinicians  
779 reported some level of burnout, more than double the amount  
780 reported in other fields.

781 No doubt, the COVID-19 pandemic has made a bad situation  
782 even worse. By authorizing grants for behavioral health  
783 programs, the Dr. Lorna Breen Healthcare Provider Protection  
784 Act will help prevent suicide, mental health disorders, and  
785 burnout among healthcare professionals.

786 It would require HHS to study and develop  
787 recommendations to address provider burnout and direct the  
788 CDC to conduct the Healthcare Worker Outreach Campaign. It  
789 is heartening that we have seen broad bipartisan support for  
790 this proposal, which speaks to the magnitude of the need.

791 I urge my colleagues on this committee to support this  
792 vital legislation.

793 And with that, Madam Chair, I yield back.

794 \*Ms. Eshoo. The gentlewoman yields back.

795 Are there other members seeking recognition to speak on

796 the amendment?

797 The gentlewoman, for what purpose does the gentlewoman  
798 of Washington State seek recognition?

799 \*Ms. Schrier. Madam Chair, I move to strike the last  
800 word to speak in support of the amendment in the nature of a  
801 substitute to H.R. 1667.

802 \*Ms. Eshoo. The gentlewoman is recognized for five  
803 minutes.

804 \*Ms. Schrier. Thank you.

805 I wish to speak at this point on the amendment in the  
806 nature of a substitute to H.R. 1667, the Dr. Lorna Breen  
807 Healthcare Provider Protection Act, and I am very happy the  
808 committee is taking up this important piece of legislation.

809 After battling this pandemic for nearly two years,  
810 providers are exhausted. As the prolonged high intensity  
811 work combined with understaffing can take a huge toll on  
812 mental health.

813 And as tragically with Dr. Lorna Breen, the fear of  
814 being judged or even worry that you might lose your license  
815 for seeking support can have fatal consequences.

816 Well, this bill combats the stigma of seeking mental  
817 healthcare by establishing grants for employee education,  
818 peer support programming, and mental and behavioral health  
819 treatment prioritizing COVID hotspots.

820 So identify and disseminate evidence-informed best

821 practices for reducing and preventing suicide and burnout  
822 among healthcare professionals. This bill is so important  
823 because no provider should ever worry that seeking help will  
824 put their career at risk.

825 I have got to tell you that as a physician, I know the  
826 culture of medicine. We are trained to put ourselves on the  
827 backburner, work 36-hour shifts, do not show weakness, never  
828 cry, know everything, postpone relationships, do not even  
829 think about having a family until after residency, and that  
830 is without a major health crisis.

831 I know all over my district I have heard what a toll  
832 this pandemic has taken on healthcare workers. Physicians  
833 are retiring early. Many more are considering leaving the  
834 profession altogether, despite investing years of training to  
835 become a doctor.

836 They are overworked, understaffed, and in many cases just  
837 demoralized from taking care of people whose illness was  
838 entirely preventable and then you cast them as the villain  
839 when they will not prescribe what patients are asking them to  
840 prescribe.

841 You know, it is more than just doctors. There are  
842 shortages all across the provider spectrum. At one rural  
843 hospital in my district, there are 150 open nursing  
844 positions, which is roughly a 20 percent vacancy rate. So  
845 doctors are unsupported.

846           We need to pass this bill out of committee today, move  
847 it to the floor for a vote just for the sake of all of our  
848 healthcare providers. Madam Chair, if passed, this bill will  
849 save lives.

850           The amendment in the nature of a substitute I am  
851 offering with Mr. Griffith today allows the technical fixes  
852 to match this language to the Senate-passed version of the  
853 bill. It aligns the authorizations with the already passed  
854 provisions in the American Rescue Plan, plus adds in a  
855 Government Accountability Office study to ensure that there  
856 is no duplication of this important work.

857           This is a bipartisan effort already passed in the  
858 Senate, and we owe it to our healthcare heroes. I urge my  
859 colleagues on both sides of the aisle to support this  
860 amendment and pass the Lorna Breen Act.

861           And I yield back.

862           \*Ms. Eshoo. Good work.

863           If there is no further discussion or amendments, we will  
864 proceed to a vote on the amendment in the nature of a  
865 substitute.

866           All those in favor of the amendment in the nature of a  
867 substitute to H.R. 1667 will signify by saying aye.

868           All those opposed will signify by saying no.

869           In the opinion of the chair the chair the ayes have it.

870           The amendment in the nature of a substitute to H.R. 1667 is

871 agreed to.

872 The question now occurs on favorably forwarding H.R.  
873 1667, as amended, to the full committee.

874 All those in favor of forwarding H.R. 1667, as amended,  
875 to the full committee will signify by saying aye.

876 All those opposed will signify by saying no.

877 In the opinion of the chair the ayes have it. H.R.  
878 1667, as amended, is forwarded to the full committee.

879 Good work, members. All right. The chair now calls up  
880 H.R. 3297, the Public Health Workforce Loan Repayment Act of  
881 2021.

882 And the Clerk will please report the title of the bill.

883 \*The Clerk. H.R. 3297, to amend the Public Health  
884 Service Act to establish the Public Health Workforce Loan  
885 Repayment Program. In the House of Representatives May 18 --

886 \*Ms. Eshoo. Without objection, the first reading of the  
887 bill will be dispensed with. The bill is now considered as  
888 read.

889 Without objection, the bill is considered as read and  
890 open for amendment at any time.

891 [The bill follows:]

892

893 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

894

895

896           \*Ms. Eshoo. Are there any members seeking recognition  
897 to speak on H.R. 3297?

898           \*Mr. Bucshon. Madam Chairwoman.

899           \*Ms. Eshoo. For what purpose does the member seek  
900 recognition?

901           \*Mr. Bucshon. I move to strike the last word.

902           \*Ms. Eshoo. The gentleman is recognized for five  
903 minutes.

904           \*Mr. Bucshon. Thank you.

905           While I always think it is great when this committee  
906 gets back to its bipartisan ways and holds markups with  
907 bipartisan bills.

908           I feel it is important to point out honestly the irony  
909 of today's markup. On a day that we still have no idea what  
910 will be in the reconciliation spending package or when we  
911 will even vote on it, we are meeting to discuss moving  
912 bipartisan bills to help address public health initiatives,  
913 some of which may be duplicative to monies already spent in  
914 the previous relief packages or proposed to be spent in the  
915 reconciliation bill.

916           However, we do not know because we have held no  
917 oversight hearings on the previous relief funding and  
918 Republicans have been left out of the conversation in the  
919 reconciliation process.

920           In the committee we are showing, again, how



921 bipartisanship works. When outside of these committee doors,  
922 unfortunately, that is the last thing that appears to be  
923 happening.

924         We are spending reckless amounts of money with little or  
925 no oversight to see how it is spent and if it is even spent  
926 at all. For example, in the proposed spending bill being  
927 considered, apparently it sends \$300 million to the FDA for  
928 IT infrastructure. Yet the agency still does not even have a  
929 permanent commissioner in the middle of a pandemic.

930         This committee should be demanding the administration  
931 nominated a permanent commissioner to make sure we are  
932 advancing innovative drugs and treatments and quickly  
933 responding to the pandemic, not handing them over a blank  
934 check with no oversight.

935         It also is ironic that we are here today to say we are  
936 supporting providers, yet we are again failing to address the  
937 most pressing issue for providers currently, which are  
938 looming, reimbursement cuts. And I have spoken to this  
939 before.

940         In fact, just this week CMS finalized the Medicare  
941 Physician Fee Schedule rule, and the cuts are still in there.

942         So, again, I ask if today is not the right time to address  
943 them, when is?

944         That is not even mentioning the sequester cuts and the  
945 pay-go cuts that are pending at the end of this year.

946 I am all for advancing bipartisan bills. That is why I  
947 really enjoy my work on this committee so much, and I work  
948 with many people on both sides of the aisle.

949 No committee in Congress practices more bipartisanship  
950 than the Energy and Commerce Committee. I truly believe  
951 that.

952 That is why I think it is a shame that the same approach  
953 currently is not being practiced outside these committee  
954 walls. Imagine the great priorities we could advance if we  
955 all worked together on such a large spending package rather  
956 than fast tracking trillions of dollars with completely  
957 shutting out the minority party.

958 Again, thank you, Madam Chairwoman, for having these  
959 bipartisan bills. I am supporting them, but we really should  
960 be showing the rest of Congress how you get things done in a  
961 bipartisan way.

962 Thank you, and I yield back.

963 \*Ms. Eshoo. The gentleman yields back.

964 Are there any other members seeking recognition to speak  
965 on H.R. 3297?

966 Democratic side? No.

967 For what purpose does the member seek recognition.

968 \*Mr. Bilirakis. To strike the last word, Madam Chair.

969 \*Ms. Eshoo. The gentleman from Florida is recognized  
970 for five minutes.

971           \*Mr. Bilirakis. Thank you. Thank you, Madam Chair.

972           I appreciate these bills moving forward and am glad to  
973 support them.

974           But I would be remiss if I did not speak on what is  
975 concurrently going on with the majority's reconciliation bill  
976 and the things that are being added to the package that were  
977 never even considered in the subcommittee or full committee.

978           Why can Congress not operate like this committee  
979 operates?

980           I cannot emphasize enough how disappointed I am to see a  
981 Democratic colleague suggest things like the disproportionate  
982 hospital share cuts to our safety net hospitals who also  
983 provide care to the most in need in our communities.

984           In my State of Florida, a hospital association estimates  
985 this would result in over \$158 million in hospital cuts. It  
986 is really unacceptable as far as I am concerned. These  
987 provisions put together behind closed doors seem to be  
988 directly targeted at States like mine to force them to do  
989 what Democrats want, and that is really unfair and  
990 unfortunate.

991           It is also incredibly unfortunate to see bills that we  
992 have negotiated in a bipartisan way, such as the Medicaid  
993 funding cap for Puerto Rico and the territories, be taken and  
994 thrown away just to put in a hyper partisan package.

995           As we know, the state of that negotiated territories

996 bill was thrown off kilter by the Biden administration's  
997 creative interpretation of the law to make this funding  
998 permanent. Nevertheless, we acted in a bipartisan way to  
999 find a solution and a way forward.

1000 We agreed to put in a GAO legal analysis into the CR to  
1001 look at CMS' interpretation of existing law that we believed  
1002 does not represent congressional intent.

1003 In fact, the Congressional Research Service also  
1004 conducted a legal review of the administration's decision to  
1005 make territory funding permanent, which I would like to enter  
1006 into the record, and in that review, CRS stated, and I quote,  
1007 "To the extent that the flush text of subparagraph G(2) is  
1008 determined to be ambiguous, it is unclear that it is  
1009 officially implausible that Congress intended to return  
1010 Puerto Rico Medicaid funding to levels provided as recently  
1011 as fiscal year 2019, to depart from the text's most natural  
1012 reading.''

1013 In other words, even if the law's language is ambiguous,  
1014 interpreting this would most likely find that Congress  
1015 intended to revert funding for Puerto Rico back to the lower  
1016 levels. This means that the administration was wrong and  
1017 that our bipartisan bill is still needed.

1018 I was proud to support full Medicaid funding for the  
1019 territories and to get that bill enacted, along with  
1020 Congressman Soto, my fellow Floridian. And yet despite these

1021 efforts, the majority decided to turn this into a political  
1022 game by stripping away our bipartisan deal and putting only  
1023 their preferred partisan provisions into the package.

1024 They used a budget gimmick to take advantage of a low,  
1025 inaccurate score, with no accountability or oversight that  
1026 was included in the bill we voted on.

1027 So while I support these bills, Madam Chair, on the  
1028 docket today moving forward on a bipartisan basis, I do  
1029 wonder how the majority just expects us to ignore what is  
1030 simultaneously going on with the reconciliation package and  
1031 whether they are just going to turn around negotiating  
1032 packages and move them through partisan reconciliation in the  
1033 future.

1034 This should not be actual bypassing this great  
1035 committee. So sadly, the President has already been set to  
1036 do that, and it is very unfortunate.

1037 And I yield back, Madam Chair. Thank you.

1038 \*Ms. Eshoo. Can you clarify the document, Mr.  
1039 Bilirakis, that you sought recognition to place in the  
1040 record?

1041 \*Mr. Bilirakis. It is the CRS' review.

1042 \*Ms. Eshoo. It is the CRS document? Okay. Dial back  
1043 with me.

1044 \*Mr. Bilirakis. It is the CRS' review.

1045 \*Ms. Eshoo. Okay.

1046 [The information follows:]

1047

1048 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

1049

1050

1051           \*Ms. Eshoo. The gentleman yields back.

1052           Are there any other members seeking recognition to speak  
1053 on H.R. 3297?

1054           The gentleman from Florida, Mr. Dunn, is recognized for  
1055 five minutes.

1056           \*Mr. Dunn. Thank you very much, Madam Chair.

1057           I move to strike the last word.

1058           \*Ms. Eshoo. You are recognized for five minutes.

1059           \*Mr. Dunn. Thank you, Madam Chair.

1060           I appreciate my colleagues for introducing this bill  
1061 that will grow our public health workforce. I also  
1062 appreciate the opportunity to evaluate each of these bills  
1063 before us during a Health Committee work-up.

1064           I am extremely disappointed that we were not afforded  
1065 the opportunity when the Build Back Better Act was marked up  
1066 in this committee. That bill certainly deserved the  
1067 consideration of both the subcommittee and the full  
1068 committee.

1069           Today we are making important revisions to thoughtful  
1070 bills which reflect bipartisan consensus and thoughtful  
1071 analysis of their impact. That did not happen with the  
1072 Speaker's tax and spending spree.

1073           Instead, in September we were forced to debate a version  
1074 of the reconciliation bill during a marathon markup with  
1075 significant time constraints. Had we been given the

1076 appropriate time to evaluate that bill and learn more about  
1077 its impacts and associated cost, I am sure that we would have  
1078 had a spirited conversation in this committee about the  
1079 merits of the pay-fors under our jurisdiction.

1080 One such pay-for that is brand new as of last week and  
1081 was not included in the version we marked up months ago seeks  
1082 to punish public and rural hospitals caring for the most  
1083 vulnerable Americans in the wake of a global pandemic. I  
1084 find this egregious and totally inappropriate.

1085 The Democrats' unprecedented attack on disproportionate  
1086 share hospitals' DSH funding in red States is troubling and  
1087 in bad faith.

1088 Section 30,724 of the tax and spending spree seeks to  
1089 significantly slash DSH and uncompensated care full funding,  
1090 threatening the viability as far as rural and critical access  
1091 hospitals.

1092 This section would create a dire access to care crisis  
1093 in Florida and other States. The impact in Florida over just  
1094 one year would be a loss of \$32 million to our safety net  
1095 hospitals. Hundreds of thousands of patients rely on care  
1096 that hospitals are able to provide because of DSH funding and  
1097 because of low-income pool funding.

1098 Frankly, this is a shameful, unacceptable pay-for in a  
1099 bill that has been plagued by bad policy, process problems,  
1100 and misaligned goals from the outset.



1101 With that, Madam Chair, I yield back.

1102 \*Ms. Eshoo. The gentleman yields back.

1103 Are there any other members seeking recognition to speak  
1104 on H.R. 3297?

1105 \*Mr. Crenshaw. Madam Chair, I move to strike the last  
1106 word.

1107 \*Ms. Eshoo. Who is seeking? Mr. Crenshaw. For what  
1108 purpose does the gentleman seek recognition?

1109 \*Mr. Crenshaw. I move to strike the last word.

1110 \*Ms. Eshoo. The gentleman is recognized for five  
1111 minutes.

1112 \*Mr. Crenshaw. Thank you, Madam Chair.

1113 And I will echo the sentiment of my colleagues. Thank  
1114 you for conducting this markup and thank you to our  
1115 colleagues across the aisle for working on good policy and  
1116 good legislation that I plan on supporting today.

1117 But I will also echo the sentiment of my colleagues. We  
1118 do have to address the elephant in the room, which is the  
1119 reconciliation package that is imminent.

1120 And I want to address one particular thing, and I want  
1121 to ask my Texas colleagues on the other side of the aisle how  
1122 on earth can you vote for this. How on earth can you vote  
1123 for something that is so egregious and bad policy for Texas?

1124 It is not just the energy tax. It is not just the tax  
1125 on our oil and gas workers because that does not surprise me.

1126 I have always understood that you do not value those people.

1127 But I was always under the impression that my colleagues  
1128 wanted to help the most vulnerable among us and would not do  
1129 something that would harm them so badly. So it strikes me as  
1130 strange that we would cut Medicaid dollars for a State like  
1131 Texas simply as punishment for not expanding Medicaid.

1132 So now it gets cut to the tune of \$250 million in  
1133 funding that goes directly to Texas safety net hospitals,  
1134 these safety net hospitals that do good quality charity care  
1135 for everyone. I thought this was what we wanted, a hospital  
1136 like this system. It works better. It is more direct. It  
1137 is more efficient. And we are going to cut it? We are going  
1138 to cut the disproportionate share of hospital funding?

1139 And there is a backstory to this, but, hey, do not worry  
1140 because at least the high earners in New York and New Jersey  
1141 will get their State and local tax deductions, some of which  
1142 to the tune of \$36,000 in tax decreases for the wealthiest  
1143 among us.

1144 So how did this happen? After Biden took office in  
1145 order to punish Texas, they pulled the Texas uncompensated  
1146 care pool waiver on some technicality. The White House did  
1147 it. They blamed it on some low-level bureaucrat, but the  
1148 White House did it.

1149 Luckily the court said this is ridiculous and they  
1150 reinstated it. So we got our waiver back, and our low-income

1151 safety net hospitals could breathe easy, and the patients  
1152 that get care there could breathe easy.

1153 But for some reason in this reconciliation package, in  
1154 order to punish these kinds of States like Texas, they are  
1155 going to cut the DSH funding, and this is what it will do to  
1156 the Houston area. This is what it will do to my district.  
1157 At least \$23 million in cuts to the Harris Hospital system.  
1158 That is our primary safety net hospital: high quality for  
1159 everyone.

1160 Again, I thought that is what we wanted. So at least  
1161 \$12 million cuts to the Texas Children's Hospital, one of the  
1162 best in the world for treating children, a \$12 million cut.

1163 Another \$3 million cut would be to MD Anderson, the  
1164 leader in cancer treatment in the world because they also  
1165 provide charity care. There will be a \$3 million cut for  
1166 that.

1167 And then obviously, that is just a couple of hospitals  
1168 in the Houston area. It does not represent the full amount  
1169 of Texas at least, which is about \$250 million. This is  
1170 massive. This is consequential.

1171 Without these Medicaid waivers, these hospitals will be  
1172 forced to accept 50 cents on the dollar for providing care to  
1173 patients. With the waiver, we can increase the payment rate  
1174 to our physicians and help provide better access to care than  
1175 with Medicaid expansion.

1176           So I urge my colleagues please take a look at what is in  
1177 this. Please do not support something that so directly  
1178 impacts in a negative way our own constituents in Texas. It  
1179 is not worth it. It is not worth the politics. It is not  
1180 worth this retribution against red States because it hurts  
1181 the people that we represent.

1182           Thank you, and I yield back.

1183           \*Ms. Eshoo. The gentleman yields back.

1184           Are there any other members that wish to -- for what  
1185 purpose does the gentleman from Texas seek recognition?

1186           \*Mr. Burgess. I move to strike the requisite number of  
1187 words.

1188           \*Ms. Eshoo. The gentleman is recognized for five  
1189 minutes.

1190           \*Mr. Burgess. And thank you, Madam Chair.

1191           So the underlying bill or the AINS to the underlying  
1192 bill that we are talking about right now is important, and I  
1193 do want to thank the other members, Congressman Crow,  
1194 Congressman Guthrie and Eshoo on this committee for their  
1195 partnership on this important piece of legislation.

1196           And, Chairwoman, thank you for your work on the  
1197 amendment in the nature of a substitute to align the House  
1198 version with its Senate companion. That is important. We  
1199 want to see it enacted into law.

1200           I am a little bit concerned because we did originally

1201 seek and receive significant technical assistance during the  
1202 writing of this bill. I understand there is going to be an  
1203 effort to seek technical assistance on the amendment in the  
1204 nature of a substitute, and I would just urge that we have  
1205 that in hand before we get to the full committee markup.

1206 But we all know, we all remember that before the  
1207 coronavirus pandemic, our country did struggle with workforce  
1208 shortages across State, local, and tribal public health  
1209 agencies. So this piece of legislation would award loan  
1210 repayment agreements to public health professionals who  
1211 recruit a qualified workforce to end shortages across our  
1212 communities' public health agencies.

1213 And we have all witnessed the importance of strong  
1214 public health agencies. Without robust contact tracing and  
1215 testing efforts at the local level, our communities are ill  
1216 equipped to handle future outbreaks.

1217 This past year, the Nation watched our public health  
1218 workforce go above and beyond to defeat the coronavirus. So  
1219 it is critical as we are starting to emerge from the pandemic  
1220 that our public health workforce has the support it needs on  
1221 the front lines.

1222 A strong public health workforce is critical in our  
1223 fight against coronavirus, and we know the coronavirus is,  
1224 despite efforts from two administrations, the coronavirus is  
1225 not going away anytime soon.

1226           So I am grateful to our public health partners. I am  
1227 grateful that the Public Workforce Loan Repayment Act was  
1228 included in today's markup, but again, I would stress  
1229 technical assistance is needed on the revisions before we get  
1230 to the full committee markup.

1231           Furthermore, I think we must examine the funding stream  
1232 as the American Rescue Plan included over seven and a half  
1233 billion dollars for similar efforts. So we do want to be  
1234 certain that we streamline the funding and not be  
1235 duplicative in the efforts that we are making.

1236           So in order to prepare for the next pandemic, we need to  
1237 develop creative and innovative incentives to build our  
1238 public health workforce, and we should empower and support  
1239 the next generation of this workforce. This bill was a step  
1240 in the right direction by providing financial relief and  
1241 encouraging students to pursue this path.

1242           But just like everyone else on this side of the dais, it  
1243 is unconscionable that we are going through this markup and  
1244 not talking about this massive reconciliation bill that is  
1245 before the House of Representatives, the biggest bill that  
1246 will have ever passed the House of Representatives.

1247           I remember our friend Ralph Hall telling me about days  
1248 past when this committee marked up the Clean Air Act for  
1249 eight months, and now this thing is going through with  
1250 scarcely a hearing in the Energy and Commerce Committee, the

1251 primary authorizing committee for easily 60 percent of the  
1252 non-defense economy in this country.

1253         So like others, I am concerned about the addition of  
1254 Section 30,724. It cuts funding from disproportionate shared  
1255 hospitals from 100 percent of what is expected to 87 and a  
1256 half percent and prohibits non-expansion States for  
1257 implementing uncompensated care pools.

1258         I spoke about this one last night and during the rules  
1259 today. Now I will say it again. Disproportionate shared  
1260 hospitals were established to support hospitals with either  
1261 high rates of Medicaid utilization or high rates of low-  
1262 income populations.

1263         Section 1923(b) of the Social Security Act establishes  
1264 that this is meant to support hospitals that go out of their  
1265 way to support care for the poor.

1266         And our previous colleague, Gene Green, who was the  
1267 ranking member of this subcommittee when I was chairman  
1268 several Congresses ago, observed on several occasions how  
1269 efforts to punish a State like Texas only lead to punishing  
1270 the very people that we are purporting to want to help.

1271         This is misguided. It is wrong. It is wrong that it  
1272 came through without the proper hearing and vetting in this  
1273 committee.

1274         So apparently Democrats have decided they only care  
1275 about supporting DSH hospitals in States that will conform to

1276 their wishes, and that is not the way our country was  
1277 founded. That is not the way it was set up.

1278 We are a country that is governed with the consent of  
1279 the governed. This looks nothing like that.

1280 I yield back.

1281 \*Ms. Eshoo. The gentleman yields back.

1282 The chair recognizes herself to strike the last word.

1283 I think it is important to be clear about what the Build  
1284 Back Better legislation does. Because 12, as you speak of  
1285 them, of my colleagues, 12 red States have spent ten years  
1286 denying free health coverage to its poorest citizens, and so  
1287 the legislation, legislation, steps in and provides a Federal  
1288 option for those people so that they have health insurance  
1289 coverage.

1290 There will be less uncompensated care in especially our  
1291 safety net hospitals because four million people will be  
1292 covered, and the Build Back Better accounts for that.

1293 Now, in addition, in the American Rescue Plan, Florida  
1294 could receive \$3.5 billion, with a B, in Federal Medicaid  
1295 funding right now if it chose to expand Medicaid. Texas,  
1296 Texas could receive \$6 billion, with a B, under the American  
1297 Rescue Plan. It is still on the table, \$6 billion in Federal  
1298 Medicaid right now if it chose to expand Medicaid.

1299 So while I have always had an appreciation for safety  
1300 net hospitals, I chaired the board of directors of one for a



1301 decade and for DSH and for Medicaid. These are  
1302 extraordinarily substantial sums that would bring excellent  
1303 care to people that do not have insurance today.

1304 So I think that there is clearly another side to this.

1305 I also want to accept for the record Mr. Bilirakis'  
1306 request to place the CRS memo entitled "Analysis of Section  
1307 1108(g)(2) of the Social Security Act.''

1308 [The information follows:]

1309

1310 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

1311

1312

1313           \*Ms. Eshoo. Are there -- I think I still have some  
1314 time.

1315           \*Ms. Castor. Would you yield to me, Madam Chair?

1316           \*Ms. Eshoo. I would be happy to. Who am I yielding to?

1317           \*Ms. Castor. Ms. Castor.

1318           \*Ms. Eshoo. I yield to you.

1319           \*Ms. Castor. Thank you very much.

1320           I really appreciate your comments, and it is important  
1321 to do a little math here. You know, since the Affordable  
1322 Care Act was adopted, Florida and a handful of other States  
1323 have had the opportunity to draw down very significant  
1324 dollars to cover a lot of our neighbors who have fallen into  
1325 the Medicaid coverage gap.

1326           Florida has left about \$66 billion on the table since  
1327 the ACA was adopted. The fact that they have not drawn down  
1328 those dollars to cover our neighbors is fiscally  
1329 irresponsible, and it is morally wrong.

1330           And you are right to highlight the fact that if Florida  
1331 announced today that they were moving to expand Medicaid, we  
1332 would draw down about three to \$3.5 billion. That would be  
1333 about \$14.3 billion over the five years.

1334           So I know the hospitals, our community health centers,  
1335 the doctors and hardworking nurses, they could really use  
1336 those dollars to cover uncompensated care. So thankfully,  
1337 through the Build Back Better Act, we found a way to provide

1338 coverage to in Florida maybe 800,000 of our neighbors there  
1339 through the tax credits.

1340           It is too bad Florida and the other States still have an  
1341 opportunity to do Medicaid expansion the right way, but  
1342 really it is a moral imperative that our neighbors,  
1343 especially in the middle of a pandemic get the health care  
1344 services they need and that our providers have the  
1345 compensated care for their services.

1346           And remember this Build Back Better Act is fully paid  
1347 for. It will not add to the deficit one penny.

1348           So thank you, Madam Chair, for allowing me the  
1349 opportunity to get --

1350           \*Ms. Eshoo. The gentlewoman's time has expired.

1351           Are there other members that seek recognition to speak  
1352 on H.R. 3297?

1353           Mrs. Rogers, for what purpose does the gentlewomen seek  
1354 recognition?

1355           \*Mrs. Rodgers. I move to strike the last word.

1356           \*Ms. Eshoo. The gentlewoman is recognized for five  
1357 minutes.

1358           \*Mrs. Rodgers. Thank you, Madam Chair.

1359           I had the opportunity to be in front of the Rules  
1360 Committee last night for nearly four hours. The idea that  
1361 the bill, the reconciliation package, is paid for is almost  
1362 laughable to me.

1363           There is no CBO score. We got the text an hour and a  
1364 half before we went to Rules, and there is increased  
1365 spending, but yet we are still at 1.7 billion. It is like  
1366 the numbers do not add up.

1367           And it is unprecedented to bring this type of a bill  
1368 forward without the hearings. We are legislators. We are  
1369 duly elected legislators, representatives from States all  
1370 over the country, and it is important; it is fundamental that  
1371 as legislators that we do our jobs to legislate, and it just  
1372 underscores the problems with this bill.

1373           And the abuse of power by the majority to impose their  
1374 will upon States is to anti-our form of government. We  
1375 believe in [audio malfunction]. We believe in the  
1376 laboratories of democracy. We do not want a Federal  
1377 Government making all the decisions.

1378           We believe that you get better outcomes, more  
1379 accountability at the State level, and within Medicaid, there  
1380 are States that are doing remarkable work, that are being  
1381 creative in how they structure their program in a way that is  
1382 going to best meet the needs of our most vulnerable, those  
1383 with disabilities, those low income.

1384           And for the Federal Government to impose a one-size-  
1385 fits-all approach on the States I believe is completely un-  
1386 American. We should be embracing the States. We should be  
1387 embracing each State deciding what is best for them.

1388           And I know that the majority is printing a record amount  
1389 of money right now, and they are throwing it at everybody,  
1390 but just more money does not mean that you are going to get  
1391 better outcomes.

1392           You need people. You need flexibility. You need the  
1393 States to be doing what they think is best, and with that I  
1394 will yield to Dr. Burgess.

1395           \*Mr. Burgess. I thank the gentlewoman ranking member  
1396 for yielding.

1397           If you are into the history of the 1115 waiver, which  
1398 Mr. Crenshaw spoke about so eloquently, it started in 2011,  
1399 and it began because the Medicaid expansion was slow to start  
1400 and was not going to begin for another couple of years, and  
1401 States like Texas and Florida, with high needs and high  
1402 numbers of uninsured and underinsured patients, sought to  
1403 construct their own programs.

1404           And the problem with the 1115 waiver, I would submit, is  
1405 it worked too well, and with the previous administration, the  
1406 Obama administration, wanting to draw it back, the States  
1407 were reluctant to give it up.

1408           First, they attempted with Florida. They gave Texas an  
1409 extension. They thought that extension would expire during a  
1410 Democratic administration, but it expired in a Republican  
1411 administration, and both Florida and Texas were able to get  
1412 their 1115 waivers continued.

1413           At the end of the Trump administration, the 1115 waiver  
1414 was given a ten-year authorization because it was working so  
1415 well, and then the administration four months later pulled it  
1416 back and said you cannot have it.

1417           So it was really a bait-and-switch proposition, but the  
1418 charge that it does not matter if we cut DSH and  
1419 uncomplicated care pools in the non-expansion States because  
1420 the States will see a [audio malfunction] gain in Federal  
1421 dollars is only partly true.

1422           And the part that is not true is really pretty painful.

1423           If you choose to just look at some of the data, you could  
1424 accept that premise as being accurate, but looking at the  
1425 facts, the cuts begin at the beginning of fiscal year 2023.  
1426 So that is October 1st of this year. That is not too far  
1427 away.

1428           There will be a sudden burst of tax credits to low-  
1429 income populations for calendar years 2023 and 2025, but then  
1430 the cuts continue in perpetuity. Then they never go away.

1431           And all the while the issues of the Medicaid shortfall  
1432 and income [audio malfunction] care will continue  
1433 indefinitely. Low-income patients are the net losers with  
1434 this policy. It is punitive and just serves one role,  
1435 allowing this administration who for some reason does not  
1436 like the State of Texas, the State of Florida, the State of  
1437 Tennessee to allow it to score political wins.

1438           Again, I would just remind everyone the whole preface of  
1439 the disproportionate share of hospitals using that as an  
1440 offset in the Affordable Care Act was because when everyone  
1441 was lying down in the Elysian Fields of Obamacare, this  
1442 enforcement shared hospital would not be necessary. They are  
1443 clearly necessary in States that have expanded Medicaid  
1444 because we know that because those States are not getting  
1445 cuts on their DSH compensation.

1446           If it is really true that this is just something that  
1447 should be proportioned equally, why would those cuts not  
1448 exist in expansion States as well as non-expansion States.

1449           I yield back.

1450           \*Ms. Eshoo. The gentleman's time has expired.

1451           Are there any other members that seek recognition?

1452           For what purpose does the gentleman from Georgia seek  
1453 recognition?

1454           \*Mr. Carter. Madam Chair, I move to strike the last  
1455 word.

1456           \*Ms. Eshoo. The gentleman is recognized for five  
1457 minutes.

1458           \*Mr. Carter. Madam Chair, continuing this discussion on  
1459 this massive reconciliation bill, the one that I am talking  
1460 about, the one that we did not have enough time to debate in  
1461 this committee, but then, again, we are on what, the third  
1462 iteration of it? So what difference does it make? It is not

1463 anything like it was before when it came before this  
1464 committee.

1465 And it is so big none of us have had a chance, and I do  
1466 not know of anyone on Capitol Hill that has had a chance, to  
1467 read the whole big. It is so big, and therein lies the  
1468 problem.

1469 There is language in this bill that would have severe  
1470 consequences for disproportionate share hospitals. That is  
1471 what we have been talking about.

1472 And you know, you say it is the hospitals. It is not  
1473 the hospitals. It is the patients.

1474 You know, that is the problem in Washington, D.C. When  
1475 we talk about healthcare, we talk about money when we should  
1476 be talking about patients.

1477 So do you realize what this is going to do? You think  
1478 it is going to penalize the State. Do you think these 12  
1479 States that are going to suffer because of this, they are  
1480 really going to suffer? It is the patients who are going to  
1481 suffer.

1482 We have always understood, Congress has always  
1483 understood the importance of Medicaid DSH payments, and we  
1484 have repeatedly delayed, cut DSH payments. Time and time  
1485 again Congress has delayed cuts to these patients.

1486 Medicaid DSH payments are intended to make up for  
1487 Medicaid underpayment and uncompensated care, and hospitals



1488 generally receive about 60 cents from Medicaid compared to  
1489 every dollar received from private insurance. That is what  
1490 DSH was for.

1491 The Democrats are proposing a 12 and a half percent cut  
1492 to DSH allotment in the Build Back Better Plan, and this cut  
1493 remains in the third iteration in the last tech that was  
1494 released by the Rules Committee just yesterday.

1495 I appeal, I implore my colleagues across the aisle to  
1496 ask themselves why would you want to cut DSH payments to  
1497 hospitals who largely serve low-income populations by 12 and  
1498 a half percent in the middle of a pandemic. Do we not  
1499 realize what is going on here?

1500 Folks, I represent South Georgia, a rural area. We are  
1501 suffering. We have got rural hospitals who are closing.  
1502 They need help. They especially need help during this  
1503 pandemic.

1504 And yet you are so set on forcing a one-size-fits-all  
1505 approach to Medicaid expansion on States that you would  
1506 rather put hospitals out of business, impacting the patients,  
1507 than risk a patient's ability to get care.

1508 As I said, I represent a State that did not expand  
1509 Medicaid. We did not expand Medicaid all the way to 138  
1510 percent, but we did receive a waiver that got us up to 100  
1511 percent of the Federal poverty line, and there is no coverage  
1512 gap in our State. There is no coverage gap in the State of

1513 Georgia at all.

1514           Yet from zero percent of the Federal poverty line to 100  
1515 percent in the State of Georgia, you get Medicaid, and from  
1516 100 percent up, you get Obamacare coverage. We do not have a  
1517 gap.

1518           But you want to penalize us because we did not do it the  
1519 way you wanted us to do it, because we did not follow the  
1520 cookie cutter example out of Washington D.C. We did what we  
1521 felt was best for the State of Georgia. That is what we did.

1522           Now, you are choosing to penalize the State, and again,  
1523 it is not the hospitals you are going to be penalizing. It  
1524 is the patients because you are going to put the hospitals  
1525 out of business and, therefore, the patients are the ones who  
1526 are going to suffer.

1527           These proposed cuts would be as much as \$6.8 billion in  
1528 Federal funding over ten years. These payments keep  
1529 hospitals going. They enable hospitals to care for patients  
1530 in Georgia and in every other States.

1531           This Build Back Broke plan should not move forward, and  
1532 these cuts should not happen. These are real cuts affecting  
1533 real people. Keep that in mind.

1534           I want to yield the few remaining seconds I have got to  
1535 Representative Crenshaw.

1536           \*Mr. Crenshaw. Thank you. I will yield back.

1537           \*Mr. Carter. He yields back. So I will yield back,

1538 Madam Chair.

1539 \*Mr. Griffith. Does the gentleman yield.

1540 \*Mr. Carter. I will yield.

1541 \*Mr. Griffith. Can the gentleman answer to me how if  
1542 they are only affecting the States with these cuts that did  
1543 not expand Medicaid this fits in with the constitutional  
1544 language in the case where the Supreme Court struck down  
1545 Medicaid expansion as being mandatory on the States because  
1546 they could not take money away from the States from an old  
1547 program if they refused to implement a new program?

1548 Is that not in violation? Is it not exactly the plan in  
1549 violation with what the Supreme Court said in their ruling  
1550 when they upheld main Obamacare but said you could not expand  
1551 Medicaid?

1552 \*Mr. Carter. I would agree with the gentleman, and I  
1553 would yield back.

1554 \*Ms. Eshoo. The gentleman's time has expired.

1555 The chair requests the unanimous consent request to  
1556 place the following in the record: a Brookings report.

1557 The report found that DSH hospitals in the 12 States  
1558 that have refused to expand Medicaid would get, under the  
1559 Build Back Better legislation, \$13 billion, with a B, for  
1560 uncompensated care, and \$2.2 billion in additional monies,  
1561 essentially the profits from the volume that they would enjoy  
1562 because poor people would be covered.

1563           So I ask for unanimous --

1564           \*Mr. Griffith. Can we have a copy of that and then go  
1565 through the report in a little bit before we end the hearing.

1566           \*Ms. Eshoo. Yes. I would be happy to.

1567           Mr. Griffith. Madam Chair.

1568           \*Ms. Eshoo. Yes.

1569           \*Mr. Griffith. If it only applies though to the States  
1570 that did not expand Medicaid, have we not violated what the  
1571 Supreme Court's instructions were in their case dealing with  
1572 Obamacare where they said you could not take money away from  
1573 States because they would not implement a new program?

1574           And so since we are apparently targeting those States  
1575 that did not expand Medicaid, are we, in fact, going to be in  
1576 violation of the Supreme Court's prior ruling on that?

1577           \*Ms. Eshoo. I do not believe the Supreme Court, when  
1578 they undertook their review of the ACA, got into any DSH  
1579 cuts.

1580           \*Mr. Griffith. The gentlewoman would be correct in  
1581 that, but they did deal specifically with dealing in any kind  
1582 of a punitive manner or different manner in States that were  
1583 using existing money that did not expand and --

1584           \*Ms. Eshoo. Yes, but in response to the gentleman.  
1585 This is my 29th year in Congress. Most of the oil paintings  
1586 in our hearing room, I have served under these chairmen, and  
1587 over the years, I have had fights with lots of chairmen, both

1588 Republicans and Democrats, on DSH cuts.

1589 I remember it very clearly with Mr. Dingell because he  
1590 was a formidable one to debate with and go up against. So  
1591 the issue of DSH is not cannon law.

1592 It is an instrument that has been important in our  
1593 safety net hospitals. I know that. I know it backwards and  
1594 forwards because of the hospital where I chaired the board of  
1595 directors, my own hospital in -- not my own, but in the  
1596 county that I lived in when I served on the San Matao County  
1597 Board of Supervisors.

1598 So DSH cuts have been debated. They have been on the  
1599 table with certain percentages to be cut back under both  
1600 Democratic majorities and Republican majorities. So, I mean,  
1601 that is nice. I am giving you my first-hand experience here.

1602 Well, I have been on the committee for 27 years. This is my  
1603 29th year in Congress.

1604 Is there any other member who wishes to be recognized?  
1605 The gentleman from Utah, Mr. Curtis, you are recognized for  
1606 five minutes.

1607 \*Mr. Curtis. Thank you, Madam Chair and Ranking Member  
1608 Guthrie.

1609 To be clear, the bills before us today have my support,  
1610 but to echo my colleagues' frustrations about the  
1611 reconciliation package currently being considered which  
1612 completely overshadows good faith, bipartisan hearings like

1613 we are having today.

1614           Americans are dealing with runaway inflation while  
1615 seeing higher rates of drug overdose and suicides as a result  
1616 of the COVID-19 pandemic. We simply cannot ignore the  
1617 problems in front of us.

1618           We must work to double down on investments in behavioral  
1619 health services, in addition to telehealth which  
1620 reconciliation fails to address.

1621           The legislation also includes provisions that would be  
1622 detrimental to the American pharmaceutical innovation and  
1623 ultimately lead to higher costs to patients with limits to  
1624 cures for life threatening diseases.

1625           We should be finding opportunities to work with our  
1626 industry partners, patients and providers to foster  
1627 innovation, address critical health access issues, and ensure  
1628 those suffering with opioid use disorders have the necessary  
1629 resources to overcome the vicious cycle of addiction.

1630           The good news is we have bipartisan bills to address  
1631 these problems that we have recently heard in this very  
1632 committee. My legislation, for example, the HEALS Act would  
1633 provide the funds to train and develop future behavioral  
1634 healthcare workers and get more resources to communities in  
1635 need across the country.

1636           I urge my colleagues to put people before politics and  
1637 to work to pass policy such as the HEALS Act and other

1638 bipartisan legislation that will improve long-term health  
1639 outcomes.

1640 I yield my time to my friend from Texas, Congressman  
1641 Crenshaw.

1642 \*Mr. Crenshaw. I thank my colleague.

1643 I just want to address this conversation directly about  
1644 Medicaid expansion. It is a good debate, and it is a debate  
1645 that we should be having and will likely have for a very long  
1646 time.

1647 Fundamentally, this debate is about what to do with  
1648 resources. Should you engage in a one-size-fits-all policy  
1649 or should you allow some flexibility at the state level?  
1650 Because I think we all want the same outcome, right?

1651 You want a certain population to be taken care of. The  
1652 question is how you do it. And it was said before that if  
1653 Texas would just expand Medicaid and just take those federal  
1654 dollars, you get 6 billion --

1655 \*Ms. Eshoo. Would the gentleman suspend? I am sorry to  
1656 interrupt you. The staff has told me that we have lost the  
1657 feed here in the room. So we are going to have to --

1658 \*Mr. Crenshaw. I was on a roll.

1659 [Laughter.]

1660 \*Ms. Eshoo. I know. And I was paying very close  
1661 attention. But I pay close attention to what everyone says  
1662 because I respect all, everyone.

1663           \*Unknown Speaker. Let's just pause.

1664           \*Ms. Eshoo. All right. Let's just pause. Just take a  
1665 breather, grab a cup of coffee.

1666           [Recess.]

1667           \*Ms. Eshoo. All right. We will come back to order.

1668           I think that we have the green light from our engineer.

1669           Thank you for repairing whatever that was broken.

1670           Where are we?

1671           The chair recognizes the gentleman from Texas who we had  
1672 to interrupt.

1673           \*Mr. Crenshaw. Thank you, Madam Chair.

1674           So as I was saying, this is a good debate to have over  
1675 the expansion of Medicaid, and it is a debate about  
1676 resources, how to help the same people. We are all talking  
1677 about the same people and how to help them in the most  
1678 efficient manner that helps them the most.

1679           And I was about to note that it was put out before that  
1680 if Texas would just expand Medicaid, they might get \$6  
1681 billion in Federal funding. Let's assume that is true. That  
1682 would be double what we are getting in Federal funding from  
1683 the Uncompensated Care Program through our waiver.

1684           But the question is: does that give us a better  
1685 outcome? And is it better for these hospitals that actually  
1686 have to implement this care, these safety net hospitals?

1687           And the answer is no. I would like to submit for the



1688 record this letter from these hospitals, America's Hospitals  
1689 and Health Systems, which indicate opposition to this because  
1690 they like this system. It is more flexible for them. It  
1691 makes more sense for them, allows them to deal directly with  
1692 the State instead of the bureaucracy at CMS. They do not  
1693 have to deal with patients where they only get compensated 50  
1694 cents on the dollar.

1695 This is better for these hospitals that do this great  
1696 work, the point being that there are other ways to accomplish  
1697 the same goal, and we should actually be happy that we are  
1698 accomplishing that goal at half the price, \$3 billion versus  
1699 \$6 billion.

1700 That should be our goal because it is not like that \$6  
1701 billion is free money. It comes from taxpayers no matter how  
1702 you cut it, and we should not necessarily assume there is  
1703 some inherent value in simply expanding the Medicaid  
1704 population.

1705 We should not assume there is some inherent value in  
1706 simply spending more dollars. It does not make us better  
1707 people. What makes us better is if we are getting better  
1708 outcomes and allowing States the flexibility to drive towards  
1709 those better outcomes.

1710 Thank you, Madam Chair. And I yield back.

1711 \*Ms. Eshoo. The gentleman yields back.

1712 Without objection this letter from the America's

1713 Hospitals and Health Systems will be made part of the record.

1714 [The information follows:]

1715

1716 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

1717

1718

1719           \*Ms. Eshoo. Are there any other members seeking  
1720 recognition?

1721           \*Mr. Guthrie. Madam Chair.

1722           \*Ms. Eshoo. Yes.

1723           \*Mr. Guthrie. Madam Chair, thanks for the recognition  
1724 to strike the last word.

1725           I just want to warn to say we do not object to the  
1726 Brookings Institute article that you brought forward. So we  
1727 will accept that as well.

1728           \*Ms. Eshoo. Thank you.

1729           [The information follows:]

1730

1731           \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

1732

1733

1734           \*Mr. Guthrie. And this is a good debate to have, and I  
1735 just want to say it is frustrating. I know we had a three-  
1736 day markup in September, but now we have provisions that were  
1737 not in that markup in September that we did not get to argue  
1738 out.

1739           And what my good friend from Virginia was talking about,  
1740 like there are things we need to talk about. What if the  
1741 Courts strike down the DSH payment cuts, which are used as a  
1742 pay-for? Then we spend the money, but we do not have to pay-  
1743 for moving forward.

1744           And the Supreme Court did make a ruling on DSH cuts  
1745 because all 50 States plus all the others were cut. DSH cuts  
1746 were cut during the Affordable Care Act because the argument  
1747 was that the Medicaid expansion is going to take care of the  
1748 need. Therefore, DSH cuts were not needed.

1749           It turned out that was not to be the case. So the issue  
1750 that we say is that the 12 States that did not expand are the  
1751 ones that uncompensated care and DSH cuts are moving forward,  
1752 and the argument brought forth is, well, they are going to  
1753 get more money. Therefore, it is going to offset the cuts.

1754           Well, that did not happen with 38 other States,  
1755 including mine in Kentucky. My hospitals did not come to me  
1756 and say everybody is showing up to our doors getting care.  
1757 They were saying that DSH cuts were still needed.

1758           So those are things that we want to talk about.

1759 I am a cosponsor of the bill that we are actually  
1760 discussing, the Public Health Workforce Loan Repayment Act.  
1761 I want to highlight that that is also part of you had 7.6  
1762 billion funding in the American Rescue Plan almost eight  
1763 months ago. We have been told that CDC is literally creating  
1764 a new program to find a way to spend almost half of the money  
1765 between now and full committee.

1766 We asked for the majority to work with us to face this  
1767 legislation to ensure we are not duplicating efforts, and we  
1768 are addressing the public workforce physical cliff that is  
1769 being created.

1770 I just want to moving forward on H.R. 3, as we know it,  
1771 the version that is moving forward. We did not pass that out  
1772 of committee. I understand that there is another version.  
1773 We do not really have it. We have the language, and we are  
1774 going through it.

1775 But we can work on bipartisan drug pricing. We have  
1776 H.R. 19, 40 bipartisan drug proposals. We get Republicans  
1777 and Democrats to support for it.

1778 An example in there, when I was the ranking Republican  
1779 on Oversight and Investigations, we had lead hearings on the  
1780 importance of lowering insulin costs, and we were able to  
1781 move forward.

1782 And the Trump administration made a voluntary program  
1783 for Medicare Part D which would cap monthly insulin costs,

1784 and those are the kind of things that we work together on.

1785           So I would just ask that our concern is there are  
1786 bipartisan things we ought to work together moving forward,  
1787 and we are not able to do so, and then even the bill that we  
1788 are going to be asked to vote on some say as early as this  
1789 week, we do not have the opportunity to have the hearing on.

1790           And this is helpful to have these discussions about it.

1791           It really does affect hospitals even though you know what  
1792 the theory was in the Affordable Care Act. You expand  
1793 Medicaid. You do not have to have this care because  
1794 everybody is covered.

1795           Even though the States did not expand, that turned out  
1796 not to be accurate, but I think people believed it. But it  
1797 turned out not to be accurate as we move forward, and it will  
1798 not be accurate for these other 12 States and will be real  
1799 cuts that the letter from Mr. Crenshaw put into the record to  
1800 address this.

1801           So with that I will yield back.

1802           \*Ms. Eshoo. The gentleman yields back.

1803           Are there any other members seeking recognition to speak  
1804 on H.R. 3297?

1805           Okay. For what purpose does the gentleman seek  
1806 recognition?

1807           \*Mr. Griffith. Madam Chair, I would strike the last  
1808 word.

1809           \*Ms. Eshoo. The gentleman is recognized for five  
1810 minutes.

1811           \*Mr. Griffith. Madam Chair, I want to associate myself  
1812 with concerns of my colleagues and say that I, too, am very  
1813 disappointed with the process by which the Build Back Better  
1814 Act has moved through the House.

1815           I like the bills we are debating today, but apparently  
1816 sometime in the process this week, the drug provision,  
1817 pricing provisions commonly known as H.R. 3, which we did not  
1818 pass out of this committee in our previous markup of Build  
1819 Back Better has gotten back into the bill.

1820           Now, as you all know, nearly two years ago when this was  
1821 first proposed in this committee and the subcommittee, I  
1822 raised issues of constitutionality because on its face it is  
1823 clearly unconstitutional.

1824           I stand by my argument that by imposing an excise tax of  
1825 up to 95 percent on certain sales, 95 percent of the gross on  
1826 certain sales and certain pharmaceutical, this legislative  
1827 text violates the Fifth Amendment.

1828           If legislation causes property to suffer a significant  
1829 diminution of value or deprivation of economically beneficial  
1830 use, legislation results in a regulatory taking.

1831           I do not see how you can do 95 percent excise tax and  
1832 say that that does not qualify as a regulatory taking.

1833           Now, I may want to remind you because you might think it

1834 is just me making a partisan ploy that the nonpartisan  
1835 Congressional Research Service agrees with my assessment, and  
1836 in fact, they went one step further and said it may also  
1837 violate the excessive fines section of the United States  
1838 Constitution because a punitive forfeiture violates the  
1839 excessive fines clause of the Eighth Amendment if it takes  
1840 disproportionately to the gravity of a defendant's offense.

1841 Now, what is interesting about this, Madam Chair, is I  
1842 have been making this argument now for just about two years.

1843 This first came up about two years ago. No one has come up  
1844 to me and said, "Wait a minute, Morgan. Take a look at this  
1845 Supreme Court case. Morgan, take a look at this legal theory  
1846 to say you are wrong because it fits into this niche.''

1847 Not one person has come forward. All I get are blank  
1848 stares.

1849 I submit that my colleagues on the other side of the  
1850 aisle and even on the floor know or ought to know this piece  
1851 of legislation, this part of the bill is unconstitutional.

1852 Further, the legislation fails to include an appropriate  
1853 method of overseeing the so-called negotiation process. It  
1854 states that the process of renegotiating eligible drugs would  
1855 not be subject to administrative or judicial review.

1856 It also allows for the negotiation process to be  
1857 implemented in years 25 and 26 without going through the  
1858 rulemaking processes.



1859           This phrase, "The Secretary shall implement by program,  
1860 instruction, or otherwise," appears repeatedly in the drug  
1861 pricing section leading me to believe that HHS would not be  
1862 required to open their process to public comment.

1863           All of this leads me to conclude that the HHS would be  
1864 imposing restrictions with no public input and there would be  
1865 no judicial or administrative review of their decision. How  
1866 is that due process? I ask: how is that due process?

1867           This amendment simply states, "No person shall be held  
1868 to answer for a capital or otherwise infamous crime unless  
1869 held on a presentment or invitement of a grand jury, except  
1870 in cases arising in the land or naval forces or in the  
1871 militia when in actual service in time of war or public  
1872 danger."

1873           I do not want anybody saying I am leaving anything out.

1874           "Nor shall any person be subject to the same offense to  
1875 be twice put in jeopardy of life or limb, nor shall be  
1876 compelled in any criminal case to be a witness against  
1877 himself nor be deprived of life, liberty, or property without  
1878 due process of law, nor shall private property be taken for  
1879 public use without just compensation."

1880           Here we are taking private property. We are taking  
1881 property, and we are doing it with no judicial or  
1882 administrative reviews of the HHS decision.

1883           We are clearly in violation of the due process clause if

1884 we pass this, and so a true negotiation about drug pricing  
1885 could have been worked out. We want drug pricing language,  
1886 too. That is why we have H.R. 19.

1887 But instead of negotiating and working together and  
1888 trying to find a solution that works for American people, the  
1889 Democrats -- and not the Democrats on this subcommittee and  
1890 not the Democrats necessarily in this committee -- but the  
1891 Democrat leadership continually has decided they are going to  
1892 continually beat their head against the wall and fight for  
1893 H.R. 3, notwithstanding the fact that leadership knows or  
1894 ought to know that drug pricing scheme is unconstitutional.

1895 I yield back.

1896 \*Ms. Eshoo. The gentleman yields back.

1897 Are there other members who wish to speak on H.R. 3297?

1898 For what purpose does the gentleman wish to seek  
1899 recognition?

1900 \*Mr. Joyce. Madam Chair, I move to strike the last  
1901 word.

1902 \*Ms. Eshoo. The chair recognizes Dr. Joyce of  
1903 Pennsylvania for five minutes.

1904 \*Mr. Joyce. Thank you for yielding, Madam Chair.

1905 And while I do not oppose the bills that we are  
1906 currently discussing, I do have serious concerns with  
1907 approving new programs and new funding when we do not yet  
1908 know the outcome of the latest versions of the partisan

1909 reconciliation bill and all the while funding from the last  
1910 partisan reconciliation bill remains unspent, remains  
1911 unspent.

1912           For the last month now the majority has been negotiating  
1913 behind closed doors trying to tie together a bill with the  
1914 only requirement, the only requirement is that it can pass  
1915 with little regards to the long-term impacts of that chosen  
1916 policy.

1917           Negotiating backwards from a top line, a price, and then  
1918 trying to fill in the details? That is not a good way to  
1919 legislate, and when they do release text, it often does not  
1920 line up with the outcome.

1921           One such example happened just yesterday. When the text  
1922 before Rules appeared to state that negotiations on drug  
1923 pricing may occur ten years for biologics in contrast seven  
1924 years for small molecules, and the White House outline states  
1925 that the drug products would be nine years for small  
1926 molecules and 12 years for biologics.

1927           Numbers matter. Details matter. Notable omissions in  
1928 this \$1.85 trillion bill, although we have no confirmation it  
1929 actually costs 1.85 trillion, are that there is no CBO score.

1930           There is not a pathway forward to avoid crippling Medicare  
1931 reimbursement cuts for our front-line healthcare providers,  
1932 front-line healthcare providers who have remained steadfast  
1933 during a pandemic.

1934           The cuts to the front-line healthcare providers will  
1935 potentially decimate healthcare practices particularly in the  
1936 rural and underserved areas where Medicare payments make up a  
1937 larger portion, a larger portion of their patient population.

1938           We could be working today on a bipartisan solution to  
1939 this. We all know that the deadline is coming at the end of  
1940 this year, and the clock is ticking. Lives are on the line.  
1941 Patients and hospitals will ultimately suffer.

1942           This committee also could be working to find ways to  
1943 immediately provide relief for hospitals who are suffering  
1944 from constant staffing shortages and in some dire cases  
1945 cutting back on the services that they provide to our  
1946 community.

1947           Instead the administration is doubling down by releasing  
1948 a one-size-fits-all vaccine mandate, and while we will be  
1949 playing yet another game of wait and see on a partisan bill  
1950 that is very unpopular with the American people and will do  
1951 nothing to stop the multiple crises that we are currently  
1952 facing.

1953           My plea is simple. I urge that we work together to  
1954 address these issues in the bipartisan way that is a  
1955 tradition of this committee.

1956           Thank you, Madam Chair, and I yield the balance of my  
1957 time.

1958           \*Ms. Eshoo. The gentleman yields back, the good doctor.

1959           Are there any other members that seek recognition to  
1960 speak on the legislation?

1961           \*Mr. Mullin. Madam Chair.

1962           \*Ms. Eshoo. Oh, where are you? Oh, you are up there.

1963           \*Mr. Mullin. Yes.

1964           \*Ms. Eshoo. You are out there somewhere. I hear your  
1965 voice. It sounds like you are speaking from heaven.

1966           [Laughter.]

1967           \*Ms. Eshoo. For what purpose does the gentleman seek  
1968 recognition?

1969           \*Mr. Mullin. If only my wife would feel the same.

1970           Madam Chair, I move to strike the last word.

1971           \*Ms. Eshoo. The gentleman is recognized for five  
1972 minutes.

1973           \*Mr. Mullin. Listen. I want to echo my colleagues'  
1974 concerns, too. It is hard to sit here and work in a  
1975 bipartisan manner when for months we have had this socialist  
1976 movement, agenda, literally rammed down our throats.

1977           And at some point, we have got to call it for what it  
1978 is. I mean, this reconciliation bill is extreme. It moves  
1979 us in the wrong direction. It takes the entrepreneurial  
1980 spirit literally out of the country through a lot of aspects.  
1981 It starts picking winners and losers.

1982           It starts spending taxpayer dollars on matters that we  
1983 do not want them spent, and among many of the horrible

1984 provisions in this bill, it funds abortions with taxpayer  
1985 dollars.

1986 I mean 58 percent of Americans disagree with this  
1987 policy, and many of them, including myself, have a very, very  
1988 strong and deeply held belief against it.

1989 You know, for decades we have had a bipartisan consensus  
1990 on that Hyde amendment, but yet again the House Democrats  
1991 have caved to the far left. Really that is what you guys  
1992 have done. You guys have caved to the far left, and the  
1993 party has taken away this very important protection, and this  
1994 is absurd.

1995 Instead of continuing down this socialist path that we  
1996 are running down, we should be working together like we are  
1997 in a lot of the bills today and really fixing issues that are  
1998 important to the American people.

1999 And we can agree; we surely can agree on this. We see  
2000 what is going on, and it is one thing that we can set some of  
2001 this stuff to the side and find a bipartisan movement to say  
2002 we should not be funding abortions with taxpayer dollars.

2003 I mean, the Hyde amendment has been there, and there is  
2004 plenty of work that shows that. We have been working on this  
2005 for decades, together on this same issue.

2006 So with that I yield back.

2007 \*Ms. Eshoo. Would the gentleman yield to me his  
2008 remaining time?

2009 \*Mr. Mullin. Yes, ma'am, I would love to.

2010 \*Ms. Eshoo. I appreciate it very much.

2011 The following is according to the Kaiser Family  
2012 Foundation, and we can provide the item for the record with  
2013 the minority.

2014 Mr. Crenshaw asked about the inherent value of Medicaid  
2015 coverage for patients. Now, this is according to the Kaiser  
2016 Family Foundation. Here are the facts.

2017 It has been shown that Medicaid enrollees (a) have  
2018 better access to care than the uninsured.

2019 (b) They are less likely to postpone care.

2020 Medicaid coverage leads to a decline in infant and child  
2021 and teen mortality.

2022 (c) It also lowers rates of hospitalization and ER  
2023 visits later in life.

2024 And (d) it reduces mortality among adults.

2025 This is worthy --

2026 \*Mr. Mullin. Madam Chair, what --

2027 \*Ms. Eshoo. -- this is worthy for the record, and we  
2028 will get the paperwork to the minority.

2029 \*Mr. Mullin. But, Madam Chair, reclaiming my time.

2030 \*Ms. Eshoo. Sure.

2031 \*Mr. Mullin. I do not see where it has to do with the  
2032 Hyde amendment. What we are talking about with the Hyde  
2033 amendment is literally --

2034           \*Ms. Eshoo. I just wanted to use the time to make the  
2035 statements relative to Mr. Crenshaw.

2036           \*Mr. Mullin. Oh, okay. I understand. I was confused  
2037 there.

2038           \*Ms. Eshoo. We did not have time for my side.

2039           \*Mr. Mullin. Because I just have a hard time  
2040 understanding what that had to do with the Hyde amendment  
2041 when that is not what I was bringing up. I get that.

2042           I yield back.

2043           \*Ms. Eshoo. I should have said so, but you would not  
2044 have yielded your time to me. But I appreciate it.

2045           The gentleman yields back. Are there any other members  
2046 that wish to speak on the bill?

2047           That is it?

2048           All right. The chair recognizes herself to offer an  
2049 amendment in the nature of a substitute.

2050           The Clerk will report the amendment please.

2051           \*The Clerk. An amendment in the nature of a substitute  
2052 to H.R. 3297, offered by Ms. Eshoo of California. Strike all  
2053 after the enacting clause and insert the following.

2054           \*Ms. Eshoo. Without objection, the reading of the  
2055 amendment will be dispensed with.

2056           And I recognize myself for five minutes.

2057           Our Nation's public health infrastructure is in peril.  
2058 Public health departments have been underfunded and



2059 understaffed for years, and the public health workforce is  
2060 facing extreme shortages with no framework for the revival,  
2061 retention, or repayment of workers.

2062         This neglect, I think all the members of this  
2063 subcommittee know, was on fully display last year when public  
2064 health departments were unable to respond effectively to the  
2065 COVID-19 crisis. Public health agencies are currently  
2066 warning us temporary emergency funding will not do enough to  
2067 address the workforce shortage.

2068         For example, yesterday Kaiser Health News published an  
2069 article titled "Labs with No One to Run Them: Why Public  
2070 Health Workers are Fleeing the Field."

2071         In it, Donna Ferguson, the Director of a public health  
2072 lab, stated, "The biggest threat right now is not the next  
2073 emerging pathogen but labs closing due to lack of staffing."

2074         It is time to rebuild the pipeline for health department  
2075 workers and ensure a lasting and successful workforce to  
2076 better prepare our country to address future public health  
2077 crises.

2078         The Public Health Workforce Loan Repayment Program is a  
2079 bipartisan bill that would promote the recruitment of public  
2080 health professionals at local, State, and tribal public  
2081 health agencies to ensure that there are well coordinated  
2082 preparedness efforts and responses to pandemics and  
2083 infectious disease threats.

2084           The legislation is supported by the National Association  
2085 of County and City Health Officials on behalf of the  
2086 country's nearly 3,000 local health departments.

2087           I offer the AINS to make several technical changes to  
2088 the eligibility requirements of the Student Loan Repayment  
2089 Program, and to move the authorization period forward to  
2090 fiscal year 2023 and 2027 to align with the appropriations  
2091 cycle.

2092           And I am proud to co-lead this legislation to offer this  
2093 AINS, and I urge my colleagues to support the bill and its  
2094 amendments.

2095           [The amendment in the nature of a substitute of Ms.  
2096 Eshoo follows:]

2097

2098 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

2099

2100

2101           \*Ms. Eshoo. Okay. Where were we?

2102           Are there any other members seeking recognition to speak  
2103 on the amendment?

2104           \*Mr. Guthrie. Madam Chair, I request to strike the last  
2105 word.

2106           \*Ms. Eshoo. The gentleman is recognized for five  
2107 minutes.

2108           \*Mr. Guthrie. Thank you.

2109           I'm going to be really brief. I just wanted to point  
2110 out that I know the Kaiser Foundation report, I think we are  
2111 reviewing that and will get back with you on that, but it  
2112 compared Medicaid versus the uninsured and said that Medicaid  
2113 has better results than the uninsured.

2114           Mr. Crenshaw is not here right now but I do not think  
2115 that is what he is advocating for whatsoever compared to  
2116 uninsured. It was that States can do other things with money  
2117 to be flexible and be innovative and entrepreneur; that they  
2118 could do other things with the same dollars to make sure  
2119 people are covered.

2120           And so he was not comparing Medicaid versus uninsured.  
2121 It was Medicaid versus other alternatives that Texas has in  
2122 place. So I just wanted to clear that up for the record.

2123           And I yield back.

2124           \*Ms. Eshoo. It was my understanding that he asked about  
2125 the inherent value of Medicaid coverage for patients, and

2126 that is why I placed that in the record.

2127 But, you know, we have different views. What we put in  
2128 the record, each side believes has value, and it is important  
2129 to have that.

2130 \*Mrs. Rodgers. Madam Chair.

2131 \*Ms. Eshoo. For what purpose does the gentlewoman from  
2132 Washington seek recognition?

2133 \*Mrs. Rodgers. Madam Chair, I would like to strike the  
2134 last word.

2135 \*Ms. Eshoo. The gentlewoman is recognized for five  
2136 minutes.

2137 \*Mrs. Rodgers. Thank you, Madam Chair.

2138 I am pleased to support the Public Health Workforce Loan  
2139 Repayment Act, which establishes the loan repayment program  
2140 to promote the recruitment of public health professionals.

2141 We have a long list of important bills before us today.  
2142 However, one of the most heart-wrenching questions before  
2143 Congress right now is whether the majority will impose their  
2144 radical position on mandating taxpayer funding of abortion on  
2145 our country.

2146 Abortion is one of the most divisive issues in America.

2147 It pierces every heart, and the question before this  
2148 committee today, as many times before, is whether taxpayer  
2149 funding to be used to fund abortions.

2150 We know that the vast majority of Americans believe

2151 taxpayer dollars should not be used to fund abortions or  
2152 subsidize insurance plans that cover abortions.

2153         The Hyde amendment has been the law of the land for  
2154 decades, with support from Republicans and Democrats.

2155         However, Democrats on this committee are now demanding  
2156 the elimination of Hyde. It is just the latest example of  
2157 the extreme agenda being driven through this Congress.

2158         I want to be clear that abandoning Hyde is not the will  
2159 of the people. Until recently, abandoning Hyde protections  
2160 was not the position of President Biden. But it seems his  
2161 political agenda is now driven by extreme activists.

2162         Democrats passed the American Rescue Plan, and the  
2163 fiscal year 2022 discretionary appropriations bills without  
2164 the critical Hyde protections, and they are doing the same  
2165 now with this massive reconciliation package to achieve what  
2166 they say is transformational change in America.

2167         The bills before us today authorize discretionary  
2168 appropriations that in the past would be subject to the Hyde  
2169 amendment. In addition to directing taxpayers to pay for  
2170 abortions through the passage of the deceptively named  
2171 Women's Health Protection Act, Democrats want these federally  
2172 funded abortions to be available at any time, on demand, up  
2173 until birth.

2174         It is an extreme agenda that is being rammed through  
2175 Congress, through the unprecedented pro-abortion policies in

2176 the reconciliation package. Under that bill, if low-income  
2177 women want to buy a health plan and use tax credits, they  
2178 must purchase a plan that covers elective abortion.

2179         If a woman is pro-life and does not want health  
2180 insurance that pays for abortion, she is on her own. In  
2181 addition, because Democrats have rejected Hyde, the \$20  
2182 billion in duplicative, unnecessary public health spending in  
2183 the bill could be used for abortion training, services, and  
2184 facilities.

2185         This is radical. The Hyde amendment has been supported  
2186 and renewed annually on a bipartisan basis multiple times for  
2187 decades. Less than a year ago Democrats all supported Hyde  
2188 protection funding for community health centers, teaching  
2189 health centers, and the next National Health Service Corps.

2190         It is wrong, and it is not the will of the American  
2191 people. The vast majority, 58 percent, believe taxpayer  
2192 funding of abortion should not be used to fund or taxpayer  
2193 dollars should not be used to fund abortion or subsidize  
2194 insurance plans that cover abortion.

2195         Now, I know my friends on the other side will counter  
2196 this argument with competing surveys over *Roe v. Wade*, but I  
2197 want to make clear that I am not talking about people's  
2198 opinions regarding the legality of abortion or access to  
2199 abortion services.

2200         The issue before us right now is whether to federally

2201 subsidize abortion with taxpayer dollars. The reality is  
2202 that most Americans do not want to be forced to use their  
2203 taxpayer dollars to fund something that goes deeply against  
2204 their conscience.

2205 It is one of the many reasons why this massive  
2206 reconciliation bill is bad policy and should be rejected.

2207 I yield back, Madam Chair.

2208 \*Ms. Eshoo. The gentlewoman yields back.

2209 Are there any other members that wish to be recognized  
2210 to speak on the underlying bill?

2211 [No response.]

2212 Hearing and seeing none, all right, if there is no  
2213 further discussion or amendments, we will proceed to a vote  
2214 on the amendment in the nature of a substitute.

2215 All those in favor of the amendment in the nature of a  
2216 substitute to H.R. 3297 will signify by saying aye.

2217 All those opposed will signify by saying no.

2218 In the opinion of the chair, the ayes have it.

2219 All right. The question now occurs on favorably  
2220 forwarding H.R. 3297, as amended, to the full committee.

2221 All those in favor of forwarding H.R. 3297, as amended,  
2222 to the full committee will signify by saying aye.

2223 All those opposed will signify by saying no.

2224 In the opinion of the chair, the ayes have it.

2225 All right. H.R. 3297, as amended, is forwarded to the

2226 full committee.

2227 All right. Now where are we? Thirty-three, twenty.

2228 The chair now calls up H.R. 3320, the Allied Health  
2229 Workforce Diversity Act of 2021.

2230 And the Clerk please will report the bill.

2231 \*The Clerk. H.R. 3320, to amend Title VII of the Public  
2232 Health Service Act authorizes assistance for increasing  
2233 workforce diversity in the professions of physical therapy,  
2234 occupational therapy --

2235 \*Ms. Eshoo. Without objection, the first reading of the  
2236 bill will be dispensed with. The bill is now considered as  
2237 read.

2238 Without objection, the bill is considered as read and  
2239 open for amendment at any time.

2240 [The bill follows:]

2241

2242 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

2243

2244



2245 \*Ms. Eshoo. Are there any members seeking recognition  
2246 to speak on H.R. 3320?

2247 \*Ms. Matsui. Madam Chair?

2248 \*Ms. Eshoo. Yes. For what purpose does the gentlewoman  
2249 seek recognition?

2250 \*Ms. Matsui. Madam Chair, I have an amendment at the  
2251 desk.

2252 \*Ms. Eshoo. The gentlewoman is recognized for five  
2253 minutes.

2254 The Clerk has to report the amendment. I am sorry, Ms.  
2255 Matsui.

2256 Would the Clerk please report the amendment?

2257 \*The Clerk. Amendment to H.R. 3320, offered by Ms.  
2258 Matsui of California, page 2, Lines 8 and 9 --

2259 \*Ms. Eshoo. Without objection, the reading of the  
2260 amendment will be dispensed with, and the gentlewoman from  
2261 California is recognized for five minutes.

2262 \*Ms. Matsui. Thank you, Madam Chair.

2263 The Allied Health Workforce Diversity Act invests \$40  
2264 million in funding to increase diversity in America's  
2265 healthcare workforce and help us attract, recruit, and retain  
2266 students from underrepresented backgrounds.

2267 This is especially important in the fields of  
2268 occupational therapy, physical therapy, and speech language  
2269 pathology for over 77 percent of health professionals are

2270 White.

2271           For patients of color, we know that patients have better  
2272 outcomes when seen by health care providers who speak the  
2273 same language or share a similar cultural background as  
2274 themselves.

2275           My amendment incorporates a technical fix to remove the  
2276 limited list of accreditation bodies and expands the tool of  
2277 eligible accredited programs that can benefit from this bill.

2278           I want to thank Representative Bobby Rush and Markwayne  
2279 Mullin for their leadership in championing this legislation.

2280           I ask my colleagues to support adoption of this  
2281 amendment and the underlying bill.

2282           Thank you, and I yield back.

2283           [The amendment of Ms. Matsui follows:]

2284

2285 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

2286

2287

2288 \*Ms. Eshoo. The gentlewoman yields back.

2289 Are there any other members that seek recognition to  
2290 speak on the amendment?

2291 [No response.]

2292 \*Ms. Eshoo. Not hearing or seeing any. Let's see where  
2293 we are on this page.

2294 If there is no further debate, we will proceed to a vote  
2295 on the amendment.

2296 All those in favor of the amendment will signify by  
2297 saying aye.

2298 All those opposed will signify by saying no.

2299 In the opinion of the chair, the ayes have it. The  
2300 amendment is agreed to.

2301 Are there any further amendments to this legislation?

2302 [No response.]

2303 \*Ms. Eshoo. No? The question now occurs on favorably  
2304 forwarding H.R. 3320, as amended, to the full committee.

2305 All those in favor of forwarding H.R. 3320, as amended,  
2306 to the full committee will signify by saying aye.

2307 All those opposed will signify by saying no.

2308 In the opinion of the chair the ayes have it.

2309 H.R. 3320, as amended, is now forwarded to the full  
2310 committee.

2311 Okay. Moving right along here, the chair calls up H.R.  
2312 3537, the Accelerating Access to Critical Therapies for ALS

2313 Act.

2314 And the Clerk will please report the title of the bill.

2315 \*The Clerk. H.R. 3537, to direct the Secretary of

2316 Health and Human Services to support research --

2317 \*Ms. Eshoo. Without objection, the first reading of the

2318 bill will be dispensed with. The bill is now considered as

2319 read.

2320 [The bill follows:]

2321

2322 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

2323

2324

2325           \*Ms. Eshoo. The chair recognizes herself for five  
2326 minutes to strike the last word and speak on the bill and its  
2327 AINS.

2328           Oh, I am sorry. Well, I will speak to the bill then.

2329           The AACT for ALS is the most popular bill in the United  
2330 States House of Representatives with 326 bipartisan  
2331 cosponsors. This is because of the hard work and the  
2332 tenacity of the bill's sponsors, Representatives Quigley and  
2333 Fortenberry, as well as the ALS advocates who will not allow  
2334 Congress to ignore their suffering.

2335           ALS affects one in 300 people. Within three years of  
2336 diagnosis, most patients die because they are robbed of the  
2337 ability to move, speak, and breathe.

2338           In the United States every 90 minutes someone dies from  
2339 ALS. We cannot treat this disease as business as usual. We  
2340 have to increase funding for science, the clinical trials,  
2341 for expanded access, and accelerated regulatory approach for  
2342 ALS treatments to move the needle on this dreaded disease  
2343 that is truly a death sentence.

2344           The AACT for ALS meets this urgent need by helping more  
2345 patients receive experimental treatments through expanded  
2346 access programs.

2347           The expanded access program is especially critical for  
2348 ALS patients because more than 50 percent of people with ALS  
2349 do not qualify for clinical trials and are often given no

2350 treatment options whatsoever.

2351           Importantly, as we heard at our hearing from Harvard's  
2352 Dr. Merit Cudkowicz, expanded access programs do not prevent  
2353 or interfere with controlled, well designed clinical trials.  
2354           Instead, expanded access is for people who are ineligible  
2355 for existing clinical trials.

2356           So this legislation, along with the changes made in the  
2357 AINS allows for more people to have expanded access through  
2358 experimental treatment in parallel with well-designed  
2359 clinical trials.

2360           Dr. Cudkowicz also testified about how expanded access  
2361 can help researchers learn about ALS. In the expanded access  
2362 program she runs at Harvard, she was able to research how to  
2363 best dose the medication as well as record improved patient  
2364 function from the treatment.

2365           This legislation and its AINS provide a framework to  
2366 allow NIH and FDA to benefit from this type of research from  
2367 the expanded access program.

2368           Colleagues, this is a transformational bill to make sure  
2369 people with ALS are given treatment options and something  
2370 they all deserve. They all deserve; they all deserve to be  
2371 able to hope.

2372           So I urge all of my colleagues to support the bill. I  
2373 salute the sponsors, the bipartisan sponsors, again, Mr.  
2374 Quigley, Mr. Fortenberry, all those that have cosponsored the

2375 legislation, and thank again the witnesses that traveled  
2376 across the country under really difficult, trying  
2377 circumstances to be here in this hearing room to give their  
2378 moving testimony.

2379         Oh, I am sorry. I would like to acknowledge that our  
2380 colleague, Mr. Quigley is here in the hearing room. Thank  
2381 you for your superb work.

2382         This is a big step, and we may not be able to hear the  
2383 applause across the country, but it is there. We made a  
2384 promise during the hearings on both sides of the aisle, and I  
2385 do not know how many of you read the comments that were  
2386 online. They were so heartfelt. I mean, I cried reading  
2387 them.

2388         So with that, colleagues, I know everyone is going to  
2389 vote for this and bravo to the committee members, and, Mr.  
2390 Quigley, thank you for being here today to witness this, and  
2391 to Mr. Fortenberry.

2392         They really have been so undeterred. They have worked  
2393 and worked and worked and worked. This is a huge  
2394 accomplishment on behalf of the community and our country  
2395 that has really captured the sincere attention and action of  
2396 the Congress.

2397         Now, let's see who would like to be recognized. For  
2398 what purpose does the gentlewoman from Washington seek  
2399 recognition?

2400           \*Mrs. Rodgers. Madam Chair, I have an amendment at the  
2401 desk.

2402           \*Ms. Eshoo. The gentlewoman is recognized for five  
2403 minutes now.

2404           Will the Clerk please report the amendment?

2405           \*The Clerk. An amendment in the nature of a substitute  
2406 to H.R. 3537, authored by Mrs. Rodgers of Washington. Strike  
2407 all after the enacting --

2408           \*Ms. Eshoo. Without objection, the reading of the  
2409 amendment will be dispensed with.

2410           And Mrs. McMorris Rodgers is recognized for five  
2411 minutes.

2412           \*Mrs. Rodgers. Thank you, Madam Chair.

2413           First, I want to join in saluting all of the members,  
2414 the advocates, the individuals that are battling this dreaded  
2415 disease and their advocacy on this legislation.

2416           This is a bipartisan amendment that I am offering with  
2417 Chairman Pallone that incorporates feedback that we have  
2418 received from HHS and will require the Government  
2419 Accountability Office, GAO, to conduct a study on the  
2420 implementation of the grant programs created under the bill.

2421           I want to thank Chairman Pallone, as well as the  
2422 sponsors, Mr. Quigley, who is in the room, Mr. Fortenberry.  
2423 Truly, they have led an extraordinary effort and the entire  
2424 ALS community for working together to get this bill where it



2425 is today.

2426 As we have heard from our witnesses back in July, ALS  
2427 and other neurodegenerative diseases are life altering. They  
2428 impact both patients and their families' lives in  
2429 unimaginable ways.

2430 Yet despite the challenges they face, the patients and  
2431 caregivers we heard from were filled with hope, hope that  
2432 future generations may not have to suffer the same obstacles  
2433 they face in accessing promising treatments; hope that one  
2434 day there will be a cure.

2435 Hope for lifesaving treatments and cures is here in  
2436 America. We cannot forget that. We have led the world in  
2437 discovering and developing breakthrough medicine. America is  
2438 where hope becomes a reality.

2439 This legislation builds on our success as a leader in  
2440 medical ingenuity. It will help us further understand the  
2441 neurodegenerative diseases so that we can advance in our  
2442 efforts to find new cures and treatments.

2443 It will facilitate access to promising investigational  
2444 therapies for those who otherwise would have had no options.

2445 It provides another reason to feel hopeful about our  
2446 future.

2447 I urge a yes vote on this amendment and on the passage  
2448 of the underlying bill.

2449 I yield back.

2450 [The amendment in the nature of a substitute of Mrs.

2451 Rodgers follows:]

2452

2453 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

2454

2455

2456 \*Ms. Eshoo. The gentlewoman yields back.

2457 Are there other members seeking recognition to speak on  
2458 the amendment?

2459 \*Mr. Curtis. Madam Chair.

2460 \*Ms. Eshoo. Yes, Mr. Curtis?

2461 \*Mr. Curtis. I move to strike the last word.

2462 \*Ms. Eshoo. Another voice from heaven.

2463 [Laughter.]

2464 \*Ms. Eshoo. The gentleman from Utah is recognized for  
2465 five minutes.

2466 \*Mr. Curtis. Thank you, Madam Chair and Ranking member.

2467 I speak with a little bit of hesitancy because of the  
2468 personal nature of this. I lost a good neighbor about four  
2469 years ago to ALS. Surprisingly, a gentleman moved in across  
2470 the street from me a little over a year ago, and he passed  
2471 away, and a very good friend about two and a half blocks away  
2472 passed away last year. And last Saturday I visited a good  
2473 friend for the very last time, Osborn. He passed away Monday  
2474 from ALS.

2475 Warren and I and our families had vacationed together.  
2476 We had worked together. We have served in the community  
2477 together, and Warren was unique because he had unlimited  
2478 resources. He was what I would call a super entrepreneur.  
2479 He had the ability to fly around the world for treatments and  
2480 tried treatments that he couldn't take here in the United

2481 States.

2482           Unfortunately, much of this time he was away from his  
2483 family in the few years that he had left because these  
2484 treatments were not available in the United States, and of  
2485 course, so many who suffer from ALS have no ability to access  
2486 these treatments.

2487           I feel in many ways that we have let these good people  
2488 down; that these treatments that show some promise are  
2489 unavailable to them, and they find themselves, as we heard in  
2490 the hearing, so desperate for anything that would give them  
2491 hope.

2492           So I speak in great support of this bill and not just  
2493 this bill, but a continuing commitment. He and I think all  
2494 of us [audio malfunction] to make sure that we stop losing  
2495 them to this very terrible disease.

2496           And with that, Madam Chair, I yield back.

2497           \*Mrs. Rodgers. Would the gentleman yield?

2498           \*Mr. Curtis. Yes.

2499           \*Mrs. Rodgers. It's Cathy.

2500           \*Mr. Curtis. Hi, Cathy. Yes, I yield.

2501           \*Mrs. Rodgers. I, too, just wanted to recognize and  
2502 thank the leadership of Chairman Anna Eshoo in making sure  
2503 that this legislation is passed and that we are giving  
2504 options to our ALS patients.

2505           I meant to do that earlier.

2506           So I just appreciate your commitment and leadership and  
2507 getting the job done.

2508           I yield back or I yield.

2509           \*Mr. Curtis. Yes, I yield

2510           \*Ms. Eshoo. The gentleman yields back.

2511           Thank you to both members for your beautiful comments.

2512           Are there any other members that seek recognition to  
2513 speak on the amendment?

2514           [No response.]

2515           \*Ms. Eshoo. Not hearing or seeing any that seek  
2516 recognition, if there is no further debate, we will proceed  
2517 to a vote on the amendment in the nature of a substitute.

2518           All those in favor of the amendment in the nature of a  
2519 substitute to H.R. 3537 will signify by saying aye.

2520           Lots of ayes. That is music to everyone's ears.

2521           Is there anyone that dares to vote no?

2522           [No response.]

2523           \*Ms. Eshoo. Not hearing any, in the opinion of the  
2524 chair, the ayes have it. The amendment in the nature of a  
2525 substitute to H.R. 3537 is agreed to.

2526           The question now occurs on favorably forwarding H.R.  
2527 3537, as amended, to the full committee.

2528           All those in favor forwarding H.R. 3537, as amended, to  
2529 the full committee will signify by saying aye.

2530           All those opposed will signify by saying no.

2531 In the opinion of the chair the ayes have it.

2532 Halleluiah.

2533 All right. Who invented all of this?

2534 [Laughter.]

2535 \*Ms. Eshoo. I am sorry.

2536 H.R. 3537, as amended, is forwarded to the full  
2537 committee. Wonderful work, members. It is a big one.

2538 Okay. Now, the chair calls up 4555, the Oral Health  
2539 Literacy and Awareness Act of 2021.

2540 The Clerk will please report the bill.

2541 \*The Clerk. H.R. 4555, to amend the Public Health  
2542 Service Act to authorize a public education campaign across  
2543 all relevant programs of the Health Resources and Services  
2544 Administration to increase --

2545 \*Ms. Eshoo. Without objection, the first reading of the  
2546 bill will be dispensed with --

2547 \*Mr. Cardenas. Madam Chairwoman.

2548 \*Ms. Eshoo. -- and the bill is now considered as read.  
2549 Without objection, the bill is considered as read and  
2550 open for amendment at any point.

2551 [The bill follows:]

2552

2553 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

2554

2555

2556           \*Ms. Eshoo. Are there any members seeking recognition  
2557 to speak on H.R. 4555?

2558           \*Mr. Cardenas. I seek to be recognized to strike the  
2559 last word. This is Congressman Cardenas.

2560           \*Ms. Eshoo. The gentleman from California is recognized  
2561 for five minutes.

2562           \*Mr. Cardenas. Thank you, Madam Chairwoman.

2563           And I would like to thank all of my colleagues for all  
2564 of your wonderful support for this legislation, H.R. 4555.

2565           When it comes to oral health literacy and awareness,  
2566 this act will do much to make sure that we improve the lives  
2567 and the health and the wellbeing of all people in our great  
2568 country.

2569           I am so glad that we are marking up all of these nine  
2570 bills today, including this bill.

2571           I want to give a special thanks and a shout out to my  
2572 good friend and colleague, Congressman Bilirakis, for  
2573 cosponsoring this bill.

2574           Millions of Americans have often neglected their oral  
2575 health without understanding the long-term effects on their  
2576 overall health.

2577           Tooth decay is the most common chronic illness among  
2578 school age youth. That is our children, ladies and  
2579 gentlemen, affecting roughly one in four children.

2580           I said "chronic.'" In 2012, almost one in five

2581 Americans 65 and older had untreated cavities and also 40  
2582 percent had gum disease.

2583         In terms of people across our great country, in 2016  
2584 less than half of all American adults and adolescents and  
2585 teenagers visited a dentist in 2016.

2586         That means just right here in Los Angeles that is over  
2587 three million people, men, women, and children, who have gone  
2588 without dental care.

2589         These numbers are especially bad in communities where  
2590 there are barriers to access and coverage for dental care and  
2591 other health care needs.

2592         Education in addition to access and coverage are all  
2593 important pieces for making change. In fact, most oral  
2594 health ailments can be avoided by regular preventative  
2595 healthy habits.

2596         For all of these reasons, I am grateful for the  
2597 inclusion of my bill in today's markup, and I urge a yes vote  
2598 from all of my colleagues.

2599         And once again, many of the things that we can do in our  
2600 great country are preventative, and this bill, when it comes  
2601 to education and literacy and awareness about people's oral  
2602 health, this act will do much to improve the lives of all  
2603 Americans and our economy.

2604         With that, Madam Chairwoman, unless somebody wants part  
2605 of my time, I will yield back.



2606 \*Ms. Eshoo. The gentleman yields back.

2607 Are there any other members that would like to speak on  
2608 H.R. 4555?

2609 [No response.]

2610 \*Ms. Eshoo. Hearing and seeing none, we do not have any  
2611 amendments, and so if there is no further debate, we will  
2612 proceed to a vote.

2613 The question now occurs on favorably forwarding H.R.  
2614 4555 to the full committee.

2615 All those in favor of forwarding H.R. 4555 to the full  
2616 committee will signify by saying aye.

2617 All those opposed will signify by saying no.

2618 In the opinion of the chair the ayes have it. H.R. 4555  
2619 is forwarded to the full committee.

2620 The chair now calls up H.R. 5487, the Stillbirth Health  
2621 Improvement and Education for Autumn Act of 2021, or the  
2622 SHINE for Autumn Act of 2021.

2623 And the Clerk will please report the bill.

2624 \*The Clerk. H.R. 5487, to improve research and data  
2625 collection on stillbirth and for other purposes.

2626 \*Ms. Eshoo. Without objection, the first reading of the  
2627 bill will be dispensed with. The bill is now considered as  
2628 read.

2629 Without objection, the bill is considered as read and  
2630 open for amendment at any point.

2631 [The bill follows:]

2632

2633 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

2634

2635

2636 \*Mr. Mullin. Madam Chair.

2637 \*Ms. Castor. Madam Chair.

2638 \*Ms. Eshoo. Okay. The gentleman from Oklahoma is  
2639 recognized.

2640 \*Mr. Mullin. Madam Chair, I have an amendment at the  
2641 desk

2642 \*Ms. Eshoo. What is your amendment labeled? Is it an  
2643 amendment?

2644 All right. Mr. Mullin, because you have an amendment, I  
2645 am going to recognize Ms. Caster to speak on the underlying  
2646 bill first. Excuse me.

2647 The chair recognizes the gentlewoman from Florida for  
2648 her five minutes.

2649 \*Ms. Castor. Thank you, Madam Chair.

2650 I move to strike the last word and speak in favor of the  
2651 SHINE for Autumn Act.

2652 And thank you very much for holding this important  
2653 markup today and for including the SHINE for Autumn Act.

2654 A month ago, I introduced the Stillbirth Health  
2655 Improvement and Education for Autumn, or SHINE for Autumn  
2656 Act, which represented Herrera Beutler, Roybal-Allard, and  
2657 Rep. Mullin.

2658 This bill is named after Autumn Joy, who was stillborn  
2659 on July 8th, 2011. Her mother, Debbie, has turned Autumn's  
2660 tragic death into a mission to increase stillbirth awareness

2661 and education and lower the stillbirth death rare, which is  
2662 the aim of our SHINE for Autumn Act today.

2663 And I am proud to help lead this legislation and keep  
2664 the memory of Autumn Joy alive.

2665 As we heard during our recent hearing on the bill,  
2666 stillbirth rates are unacceptably high, with approximately  
2667 24,000 babies being stillborn in the United States each year.

2668

2669 We ranked 25th among 49 high income countries with  
2670 respect to stillbirth rates. Stillbirth is 2.1 times more  
2671 common among Black mothers than White mothers, which is  
2672 attributed to the impacts of racism on health.

2673 This heartbreaking loss can happen in any family though,  
2674 and yet there is still so much that we do not know about  
2675 stillbirth. That is why the SHINE for Autumn Act seeks to  
2676 improve surveillance and data collection relating to  
2677 stillbirth and invest in research to examine the causes of  
2678 stillbirth and its risk factors.

2679 Additionally, it would seek to increase education and  
2680 awareness. American parents deserve better data and science  
2681 to improve pregnancy outcomes and health in our community.  
2682 So I am pleased that we are taking up this bill, and I ask  
2683 our colleagues to support the SHINE for Autumn Act today.

2684 Thank you, and I yield back.

2685 \*Ms. Eshoo. The gentlewoman yields back.

2686 Are there other members who would like to speak to the  
2687 underlying bill, H.R. 5487?

2688 [No response.]

2689 \*Ms. Eshoo. Not seeing or hearing any, are there any  
2690 members seeking recognition to offer a bipartisan amendment?

2691 \*Mr. Mullin. Madam Chair.

2692 \*Ms. Eshoo. Mr. Mullin. Mr. Mullin, you are  
2693 recognized.

2694 \*Mr. Mullin. Madam Chair, thank you again for holding  
2695 this very important markup, including my bill.

2696 \*Ms. Eshoo. Oh, I am sorry.

2697 \*Mr. Mullin. Yes?

2698 \*Ms. Eshoo. The Clerk needs to report the amendment.

2699 \*The Clerk. Amendment to H.R. 5487, offered by Mr.  
2700 Mullin of Oklahoma. Page 2, Line 13, strike "and" --

2701 \*Ms. Eshoo. Without objection, the reading of the  
2702 amendment will be dispensed with, and the gentleman is  
2703 recognized for five minutes.

2704 Thanks for your patience.

2705 \*Mr. Mullin. Absolutely. Well, thank you again for  
2706 holding this very important markup and including my bill, the  
2707 SHINE for Autumn Act.

2708 The United States ranks 25th for the number of  
2709 stillbirths among high income countries. In 2019, over  
2710 21,500 babies were stillborn in our country. This is

2711 honestly unacceptable.

2712           The SHINE for Autumn Act claims to lower the U.S.  
2713 stillbirth rate by providing resources to State and Federal  
2714 health departments, improving data collection, for instance,  
2715 of stillbirths, and increasing education and awareness of  
2716 stillbirths.

2717           My simple amendment makes clarifying technical changes  
2718 to include stakeholder feedback and improve the research and  
2719 data collection outlined in this bill.

2720           Again, thank you for moving this bill quickly through  
2721 the committee, and I urge a yes on this vote.

2722           And I yield back.

2723           [The amendment of Mr. Mullin follows:]

2724

2725 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

2726

2727

2728           \*Ms. Eshoo. Are there any members that seek recognition  
2729 to speak on the amendment?

2730           [No response.]

2731           \*Ms. Eshoo. Not seeing or hearing any, if there is no  
2732 further debate, we will proceed to a vote on the amendment.

2733           All those in favor will signify by saying aye.

2734           All those opposed, no.

2735           The ayes have it. The amendment is agreed to, and if  
2736 there are not any further amendments, now a recorded vote?

2737           The question now occurs on favorably forwarding H.R.  
2738 5487 to the full committee, as amended.

2739           All those in favor of forwarding H.R. 5487, as amended,  
2740 to the full committee will signify by saying aye.

2741           All those opposed will signify by saying no.

2742           In the opinion of the chair, the ayes have it.

2743           H.R. 5487, as amended, is forwarded to the full  
2744 committee.

2745           Thank you, colleagues. That is a very good bill. I  
2746 have always found the issue of stillbirth to be something  
2747 that is haunting, just haunting, and the trauma of it remains  
2748 with the families I think really over a lifetime.

2749           The chair now calls up H.R. 5551, the Improving the  
2750 Health of Children Act.

2751           And I ask the Clerk to report the bill please.

2752           \*The Clerk. H.R. 5551, to amendment Title 3 of the

2753 Public Health Service Act to reauthorize the National Center  
2754 on Birth Defects and Developmental Disabilities, and for  
2755 other purposes. In the House of Representatives --

2756 \*Ms. Eshoo. Without objection, the first reading of the  
2757 bill will be dispensed with. The bill is now considered as  
2758 read.

2759 Without objection, the bill is considered as read and  
2760 open for amendment at any time.

2761 [The bill follows:]

2762

2763 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

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2766           \*Ms. Eshoo. Are there any members seeking recognition  
2767 to speak on H.R. 5551?

2768           For what purpose does the gentleman from Georgia seek  
2769 recognition?

2770           \*Mr. Carter. Madam Chair, I have got an AINS at the  
2771 desk.

2772           \*Ms. Eshoo. The Clerk will report the amendment.

2773           \*The Clerk. An amendment in the nature of a substitute  
2774 to H.R. 5551, authored by Mr. Carter of Georgia. Strike all  
2775 after the enacting clause --

2776           \*Ms. Eshoo. Without objection, the reading of the  
2777 amendment will be dispensed with.

2778           And the gentleman from Georgia is recognized for five  
2779 minutes.

2780           \*Mr. Carter. Thank you, Madam Chair.

2781           And thank you for bringing up this bipartisan  
2782 legislation today. This is a very important bill. As we all  
2783 know, the National Center on Birth Defects and Developmental  
2784 Disabilities does phenomenal work to detect, prevent, and  
2785 research birth defects and intellectual disabilities for a  
2786 wide range of conditions.

2787           They also provide much needed educational resources to  
2788 parents and caregivers about the conditions the child may  
2789 have, and they work to raise awareness about conditions that  
2790 may be hard to identify.

2791           Unfortunately, the center has been operating under an  
2792 expired authorization since 2007. We must not forego our  
2793 commitment to these children.

2794           This legislation reaffirms congressional support of the  
2795 center, expands the scope to study more conditions, and  
2796 provides an increased authorization so that they can continue  
2797 to carry out the great work they do.

2798           I want to thank the bipartisan supporters of this  
2799 legislation for the help in authorizing this bill:  
2800 Representatives Trahan, Butterfield and Hudson.

2801           And I urge a yes vote today so that we can get this  
2802 legislation to the full House.

2803           Thank you, Madam Chair, and I yield back.

2804           [The amendment in the nature of a substitute of Mr.  
2805 Carter follows:]

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2807           \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

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2810           \*Ms. Eshoo. The gentleman yields back.

2811           Are there other members seeking recognition to speak on  
2812 the amendment?

2813           \*Mrs. Trahan. Madam Chair.

2814           \*Ms. Eshoo. Oh, good to see you.

2815           \*Mrs. Trahan. And to see you.

2816           \*Ms. Eshoo. For what purpose does the gentlewoman seek  
2817 recognition.

2818           \*Mrs. Trahan. Madam Chair, I would like to strike the  
2819 last word and speak in support of my amendment and the  
2820 underlying bill, H.R. 5551, the Improving the Health of  
2821 Children Act.

2822           \*Ms. Eshoo. The gentlewoman is recognized for five  
2823 minutes.

2824           \*Mrs. Trahan. Thank you, Madam Chair.

2825           The Improving the Health of Children Act will  
2826 reauthorize the National Center for Birth Defects and  
2827 Developmental Disabilities of the CDC for the first time in  
2828 15 years. The bill expands the center's role and authorizes  
2829 new funding that will enable the agency to continue to carry  
2830 out programs and research that have been instrumental in  
2831 advancing the health and wellbeing of the Nation's most  
2832 vulnerable population.

2833           The center promotes the health and wellbeing of mothers  
2834 and babies through surveillance research and prevention of

2835 birth defects and infant disorders; enhances understanding of  
2836 developmental disabilities so children can live their fullest  
2837 lives; and improves the health of people living with  
2838 disabilities.

2839 My amendment with Mr. Carter increases the authorization  
2840 amount as well as expands the scope of programmatic  
2841 activities to better reflect the critical work at the center.

2842 As this committee continues to advance new and  
2843 critically needed policies, it is equally important to invest  
2844 in the established programs in place that improve the health  
2845 of mothers, infants, and families.

2846 This bill does just that, and I urge my colleagues to  
2847 support it today.

2848 Thank you, Madam Chair. I yield back.

2849 \*Ms. Eshoo. The gentlewoman yields back.

2850 Are there any other members that wish to be recognized  
2851 to speak on the AINS?

2852 [No response.]

2853 \*Ms. Eshoo. Not seeing or hearing any members, we will  
2854 go to the vote. Bear with me.

2855 If there is no further discussion or amendments, we will  
2856 proceed to a vote on the amendment in the nature of a  
2857 substitute.

2858 All those in favor of the amendment in the nature of a  
2859 substitute to H.R. 5551, as amended, will signify by saying

2860 aye.

2861 All those opposed will signify by saying no.

2862 In the opinion of the chair, the ayes have it. The  
2863 amendment in the nature of a substitute to H.R. 5551, as  
2864 amended, is agreed to.

2865 It was not amended. I am sorry. Shall I restate it?

2866 The amendment in the nature of a substitute to H.R. 5551  
2867 is agreed to.

2868 The question now occurs on favorably forwarding H.R.  
2869 5551, as amended, to the full committee.

2870 All those in favor of forwarding H.R. 5551, as amended,  
2871 to the full committee will signify by saying aye.

2872 Those opposed will signify by saying no.

2873 In the opinion of the chair the ayes have it.

2874 H.R. 5551, as amended, is forwarded to the full  
2875 committee.

2876 Amen, and we are close to the big amen. We have one  
2877 more, right? Good work everybody.

2878 The chair now calls up H.R. 5561, the Early Hearing  
2879 Detection and Intervention Reauthorization Act.

2880 And the Clerk will please report the bill.

2881 \*The Clerk. H.R. 5561 to reauthorize the program for  
2882 early detection, diagnosis, and treatment regarding deaf and  
2883 hard of hearing newborns, infants, and young children, and  
2884 for other purposes. In the House of Representatives, October

2885 12th, 2021 --

2886 \*Ms. Eshoo. Oh, without objection, the Clerk's reading  
2887 of the bill will be dispensed with. The bill is now  
2888 considered as read.

2889 Without objection the bill is considered as read and  
2890 open for amendment at any point.

2891 [The bill follows:]

2892

2893 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

2894

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2896           \*Ms. Eshoo. Are there any members seeking recognition  
2897 to speak on H.R. 5561?

2898           \*Mr. Guthrie. Madam Chair.

2899           \*Ms. Eshoo. For what purpose is the gentleman seeking  
2900 recognition?

2901           \*Mr. Guthrie. Chair, I would like to strike the last  
2902 word.

2903           \*Ms. Eshoo. The gentleman is recognized for five  
2904 minutes.

2905           \*Mr. Guthrie. Thank you.

2906           I just want to thank Representative Matsui for her  
2907 leadership over the years working with me on the Early  
2908 Hearing Detection and Intervention Reauthorization Act.

2909           We have worked together on this important bill since  
2910 2015, and I am glad we are continuing to address this issue.

2911           This legislation would authorize successful EHDI Program  
2912 for early hearing detection, diagnosis, intervention for  
2913 newborns and infants and young children, while also  
2914 increasing the focus on loss-to-follow-up services. So many  
2915 children with hearing loss are identified, but do not just  
2916 stop with identification.

2917           Through early detection families can be made aware of an  
2918 infant's or child's hearing loss and receive guidance on the  
2919 best practices moving forward. These families are provided  
2920 all information to make important decisions with respect to a

2921 full range of assistive hearing technologies and  
2922 communication modalities they find most appropriate for their  
2923 child.

2924 I urge my colleagues to support the Early Hearing  
2925 Detection and Intervention Act so we can continue these vital  
2926 services.

2927 I thank my friend, Ms. Matsui, for working with me on  
2928 this as we did on some of the other things, and I yield back.

2929 \*Ms. Eshoo. The gentleman yields back.

2930 Are there any other members that wish to seek  
2931 recognition?

2932 \*Ms. Matsui. Madam Chair.

2933 \*Ms. Eshoo. The gentlewoman from California is  
2934 recognized for five minutes.

2935 \*Ms. Matsui. Madam Chair, I move to strike the last  
2936 word.

2937 \*Ms. Eshoo. You are recognized for five minutes, my  
2938 friend.

2939 \*Ms. Matsui. I also want to voice my support for this  
2940 important legislation, the Early Hearing Detection and  
2941 Intervention Program.

2942 This program has helped significantly increase the  
2943 number of infant screens for hearing loss, and frequent  
2944 screening has led to a marked reduction in loss, in the loss  
2945 to follow-up treatment.



2946           Many more kids identified with hearing loss are being  
2947 connected with the diagnostic and early intervention care  
2948 they need.

2949           Additional funding for this program will help strengthen  
2950 the hearing loss identification and reduce diagnostic and  
2951 intervention service gaps.

2952           Unaddressed hearing loss in infants can have a  
2953 significant impact on communication skills, language  
2954 development, and learning.

2955           And I remain concerned about hearing care disparities in  
2956 medically underserved communities.

2957           As we move forward with this important legislation, I  
2958 encourage the committee to consider how we can work to  
2959 address disparities by improving CDC's data collection and  
2960 surveillance at the State EHDI Program.

2961           A status check from our Federal partners on the quality  
2962 and effectiveness of these screening programs is critical to  
2963 identifying specific areas in need of additional support.

2964           We have a real opportunity here to lay a foundation that  
2965 enhance connection to follow-up services among racial and  
2966 ethnic minorities in the future.

2967           I really did enjoy working with my colleague,  
2968 Representative Guthrie, as we do on many matters, and I do  
2969 look forward to working with the committee on these  
2970 improvements before we reach full markup.

2971 Thank you, and I yield back.

2972 \*Ms. Eshoo. The gentlewoman yields back.

2973 If there are no further members seeking recognition and  
2974 no further debate, we will proceed.

2975 Since we have got no amendments, we can go straight to a  
2976 vote.

2977 The question now occurs on favorably forwarding H.R.  
2978 5561 to the full committee.

2979 All those in favor of forwarding H.R. 5561 to the full  
2980 committee will signify by saying aye.

2981 All those opposed will signify by saying no.

2982 In the opinion of the chair, the ayes have it.

2983 H.R. 5561 is forwarded to the full committee.

2984 All right. Without objection, the staff is authorized  
2985 to make technical and conforming changes to the bills  
2986 consistent with the actions taken by the subcommittee today.

2987 And I now request unanimous consent to enter into the  
2988 record the following documents.

2989 \*Mr. Guthrie. Do you want to read them out or just make  
2990 --

2991 \*Ms. Eshoo. I will read them out.

2992 A letter from I AM ALS in support of H.R. 3537;

2993 A statement from Representative Fortenberry of Nebraska  
2994 in support of his legislation, H.R. 3537;

2995 A statement from Representative Quigley of Illinois in

2996 support of his legislation, H.R. 3537;

2997 A statement from the ALS Association in support of H.R.  
2998 3537.

2999 Thank you, ALS Association, for everything you have done  
3000 from all of us.

3001 A letter from the Delta Dental Institute;

3002 A document from JAMA Surgery entitled New USPSTF  
3003 Guidelines for Lung Cancer Screening, "Better but Not  
3004 Enough";

3005 A statement from the Muscular Dystrophy Association in  
3006 support of H.R. 3537;

3007 A statement from Debbie Haine Vijayvergiya, mother of  
3008 Autumn, in support of H.R. 5487. Thank you, mother of  
3009 Autumn.

3010 Remarks from Representative Hudson of North Carolina on  
3011 H.R. 5551;

3012 And an article from the Kaiser Family Foundation  
3013 entitled, quote, "Ten Things to Know About Medicaid, Setting  
3014 the Facts Straight," unquote.

3015 Are there any objections to placing --

3016 \*Mr. Guthrie. Andy Barr is going to submit a statement  
3017 for the record for the CAROL Act, if we can do that.

3018 \*Ms. Eshoo. No, I would be happy to include that in  
3019 this unanimous consent request.

3020 So ordered.

3021 [The information follows:]

3022

3023 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

3024

3025

3026           \*Ms. Eshoo. Mr. Guthrie, I think that is it.

3027           Okay. It has been wonderful to be together. Thank you  
3028 to the staffs on both sides of the aisle for the work that  
3029 they did.

3030           Thank you to our engineers that got us hooked back up  
3031 again.

3032           And to all of the members of the subcommittee, thank you  
3033 for your important work.

3034           The Health Subcommittee now stands adjourned.

3035           [Whereupon, at 1:22 p.m., the subcommittee was  
3036 adjourned.]

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