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5 MARKUP ON:

6 H.R. 3433 (MCCAUL AND ESHOO), GIVE KIDS A CHANCE ACT;

7 H.R. 7383 (MATSUI AND BILIRAKIS), RETAINING ACCESS AND

8 RESTORING EXCLUSIVITY (RARE) ACT;

9 H.R. 7384 (MCCAUL AND ESHOO), CREATING HOPE REAUTHORIZATION

10 ACT OF 2024;

11 H.R. 7188 (MOOLENAAR AND DINGELL), SHANDRA EISENGA HUMAN CELL

12 AND TISSUE PRODUCT SAFETY ACT;

13 H.R. 6033 (STEEL AND GOMEZ), SUPPORTING PATIENT EDUCATION AND

14 KNOWLEDGE (SPEAK) ACT OF 2023;

15 H.R. 7858 (JAMES AND D.G. DAVIS), TELEHEALTH ENHANCEMENT FOR

16 MENTAL HEALTH ACT OF 2024;

17 H.R. 7623 (CARTER AND BLUNT ROCHESTER), TELEHEALTH

18 MODERNIZATION ACT OF 2024;

19 H.R. 1406 (JOYCE AND PETERS), SUSTAINABLE CARDIOPULMONARY

20 REHABILITATION SERVICES IN THE HOME ACT;

21 H.R. 7856 (DEGETTE AND BILIRAKIS), PREVENT DIABETES ACT;

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22 H.R. 5394 (BALDERSON AND PORTER), EXPANDING REMOTE MONITORING  
23 ACCESS ACT;

24 H.R. 1199 (DUNN AND PETERS), FACILITATING INNOVATIVE NUCLEAR  
25 DIAGNOSTICS ACT OF 2023;

26 H.R. 6020 (OBERNOLTE AND DELBENE), HONOR OUR LIVING DONORS  
27 ACT;

28 H.R. 455 (BURCHETT AND COHEN), TO AMEND THE CONTROLLED  
29 SUBSTANCES ACT TO FIX A TECHNICAL ERROR IN THE DEFINITIONS;

30 H.R. 7213 (C. SMITH AND CUELLAR), AUTISM COLLABORATION,  
31 ACCOUNTABILITY, RESEARCH, EDUCATION, AND SUPPORT (CARES) ACT  
32 OF 2024;

33 H.R. 4534 (BOYLE AND FITZPATRICK), WOMEN AND LUNG CANCER  
34 RESEARCH AND PREVENTIVE SERVICES ACT OF 2023;

35 H.R. 670 (MOLINARO AND SHERRILL), THINK DIFFERENTLY DATABASE  
36 ACT;

37 H.R. 8084 (BILIRAKIS AND CRAIG), LIVE BENEFICIARIES ACT;

38 H.R. 8089 (GARCIA AND PETERS), MEDICARE AND MEDICAID FRAUD  
39 PREVENTION ACT OF 2024;

40 H.R. 8111 (MILLER-MEEKS AND CARTWRIGHT), TO AMEND TITLE XIX  
41 OF THE SOCIAL SECURITY ACT TO ENSURE THE RELIABILITY OF  
42 ADDRESS INFORMATION PROVIDED UNDER THE MEDICAID PROGRAM;

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43 H.R. 8112 (REP. D'ESPOSITO), TO AMEND TITLE XIX OF THE SOCIAL  
44 SECURITY ACT TO FURTHER REQUIRE CERTAIN ADDITIONAL PROVIDER  
45 SCREENING UNDER THE MEDICAID PROGRAM;

46 H.R. 4758 (TRAHAN AND MILLER-MEEKS), ACCELERATING KIDS'  
47 ACCESS TO CARE ACT;

48 H.R. 3227 (ESTES AND CONNOLLY), ENSURING SENIORS' ACCESS TO  
49 QUALITY CARE ACT; AND

50 H.R. 468 (GUTHRIE AND DEAN), BUILDING AMERICA'S HEALTH CARE  
51 WORKFORCE ACT

52

53 THURSDAY, MAY 16, 2024

54 House of Representatives,

55 Subcommittee on Health,

56 Committee on Energy and Commerce,

57 Washington, D.C.

58

59

60 The Subcommittee met, pursuant to call, at 10:01 a.m. in  
61 Room 2123, Rayburn House Office Building, Hon. Brett Guthrie  
62 [Chairman of the Subcommittee], presiding.

63 Present: Representatives Guthrie, Burgess, Latta,

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64 Griffith, Bilirakis, Bucshon, Carter, Dunn, Pence, Crenshaw,  
65 Joyce, Balderson, Miller-Meeks, Obernolte, and Rodgers (ex  
66 officio); Eshoo, Sarbanes, Cardenas, Ruiz, Dingell, Kuster,  
67 Kelly, Barragan, Blunt Rochester, Craig, Schrier, and Pallone  
68 (ex officio).

69 Staff Present: Kate Arey, Digital Director, Press;  
70 Jolie Brochin, Junior Professional Staff, Health; Sarah  
71 Burke, Deputy Staff Director, FO; Abigail Carroll, FDA  
72 Detailee, Health; Marjorie Connell; Director of Archives, FO;  
73 Nick Crocker, Senior Advisor & Director of Coalitions, FO;  
74 Corey Ensslin, Senior Policy Advisor, Health; Kristin Flukey,  
75 Professional Staff Member, Health; Seth Gold, Professional  
76 Staff Member, Health; Grace Graham, Chief Counsel, Health;  
77 Sydney Greene, Director of Operations, FO; Jay Gulshen,  
78 Senior Professional Staff, Health; Rebecca Hagigh, Executive  
79 Assistant, FO; Jessica Herron, Clerk, IDC; Nate Hodson, Staff  
80 Director, FO; Calvin Huggins, Staff Assistant, FO; Tara  
81 Hupman, Chief Counsel; Noah Jackson, Clerk, C&T; Sean Kelly,  
82 Press Secretary, Press; Lauren Kennedy, Clerk, O&I; Alex  
83 Khlopin, Staff Assistant, FO; Peter Kielty, General Counsel,  
84 FO; Emily King, Member Services Director; Molly Lolli,

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85 Counsel, Health; Mary Martin, Chief Counsel, E&E; Kaitlyn  
86 Peterson, Clerk, E&E; Carla Rafael, Senior Staff Assistant,  
87 FO; Emma Schultheis, Clerk, Health; Dray Thorne, Director of  
88 Information Technology, FO; Caitlin Wilson, Counsel, Health;  
89 Lydia Abma, Minority Policy Analyst; Shana Beavin, Minority  
90 Professional Staff Member; Jennifer Black, Minority FDA  
91 Detailee; Jacquelyn Bolen, Minority Health Counsel; Keegan  
92 Cardman, Minority Staff Assistant; Waverly Gordon, Minority  
93 Deputy Staff Director and General Counsel; Tiffany Guarascio,  
94 Minority Staff Director; Perry Hamilton, Minority Member  
95 Services & Outreach Manager, Saha Khaterzai, Minority  
96 Professional Staff Member; Mackenzie Kuhl, Minority Digital  
97 Manager; Una Lee, Minority Chief Health Counsel; Gayle  
98 Mauser, Minority Health Adviser; Katarina Morgan, Minority  
99 Health Fellow; Harry Samuels, Minority Oversight Counsel;  
100 Andrew Souvall, Minority Director of Communications, Outreach  
101 and Member Services.

102

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103           \*Mr. Guthrie. The subcommittee will come to order.

104           The chair recognizes myself for an opening statement.

105           Over the past several weeks the Health Subcommittee has  
106 led the way, bringing forward solutions to address some of  
107 the biggest challenges facing patients and our health care  
108 system. Today we are continuing that effort by advancing  
109 critical legislation that will help patients access  
110 lifesaving cures, enable seniors to continue receiving care  
111 from the comfort of their homes, and strengthen the Medicaid  
112 program for vulnerable patients, and support our workforce so  
113 that every American can get the care they need.

114           Now we have FDA-approved therapies that, in many  
115 instances, are the only treatments available for rare disease  
116 patients and their families. Part of the reason for the  
117 rapid development of these therapies is because of the  
118 congressionally-established Pediatric Rare Disease Priority  
119 Review Voucher program in 2012. Over 50 vouchers have been  
120 awarded as a result of this program: 39 for pediatric rare  
121 diseases, and over half of which have been awarded over the  
122 past 5 years. That is why I am glad we are considering  
123 legislation which would continue lifesaving access to

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124 therapies for kids living with rare diseases who currently  
125 lack any access to any treatments.

126 I would like to thank Representative Bilirakis for his  
127 leadership on this legislation and encourage my colleagues to  
128 support advancing the bill to the full committee today.

129 The acceleration of telehealth has also transformed our  
130 health care system, especially following the COVID-19  
131 pandemic. Over 30 million seniors in Medicare utilized  
132 telehealth services throughout the first months of the  
133 pandemic, giving beneficiaries the chance to have routine  
134 health care visits from the comfort of their homes. Congress  
135 extended these flexibilities beyond the public health  
136 emergency, but they are set to expire at the end of the year.

137 I would like to thank Representative Carter for his  
138 steadfast leadership on H.R. 7623, the Telehealth  
139 Modernization Act of 2024. This legislation serves as an  
140 important guidepost to the work we are doing today. This  
141 policy extends to the current telehealth flexibilities in our  
142 committee's jurisdiction for an additional two years, and  
143 includes other reforms.

144 While we have seen a number of positive developments in

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145 health over the past decade, not everything has been  
146 positive. We have seen an explosion in the rate of improper  
147 payments in the Medicaid program, reaching 50 billion in  
148 improper payments in 2022 alone. The Energy and Commerce  
149 Committee has done extensive work over the past several years  
150 to address these challenges, most recently considered a  
151 number of legislative solutions to stabilize the program.

152       Among these ideas we will be considering four bills that  
153 take steps to addressing key program integrity issues facing  
154 the Medicaid program such as increasing the frequency that  
155 state Medicaid programs check to make sure they are not  
156 paying for deceased beneficiaries, and requiring regular  
157 updates of address information for beneficiaries so we don't  
158 pay for care for people who live out of state.

159       I would like to thank Representatives Bilirakis,  
160 D'Esposito, Garcia, and Miller-Meeks for the leading of these  
161 bills, and encourage my colleagues to support this  
162 legislation.

163       Last, but certainly not least, we will be considering  
164 legislation to support our workforce and improve access to  
165 care for Americans across the country. This includes the



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166 Accelerating Kids' Access to Care Act, which will cut red  
167 tape for pediatricians, and my bill, H.R. 468, the Building  
168 America's Health Care Workforce Act, which will help build a  
169 more robust, critical workforce pipeline for our nation's  
170 nursing homes. Both bills come at a critical moment of our  
171 country. Our health care system is facing stark workforce  
172 shortages that existed before the pandemic, but only have  
173 grown more severe in recent years. Since 2020, over 500  
174 nursing homes have closed across the United States, and  
175 another 150,000 nurses are needed to reach pre-pandemic  
176 staffing levels.

177 In closing, I would like to thank my colleagues for  
178 bringing forth the solutions we are advancing today.  
179 Patients, providers, and taxpayers will greatly benefit from  
180 the important bipartisan work we are doing today.

181 I yield back and recognize the gentlelady from  
182 California, the ranking member, for five minutes for her  
183 opening statement.

184 \*Ms. Eshoo. Thank you, Mr. Chairman, and good morning,  
185 colleagues.

186 Today we will consider 23 bills, with most being

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187 bipartisan, which is wonderful. These important bills will  
188 help the oldest and the youngest amongst us to receive high-  
189 quality care.

190 First we will consider several bills to extend Medicare  
191 coverage for telehealth, cardiac rehabilitation, and remote  
192 patient monitoring.

193 Second, we will consider the Accelerating Kids' Access  
194 to Care Act, sponsored by Representatives Trahan and Miller-  
195 Meeks. This bill needs to become law because it will allow  
196 children with Medicaid coverage to receive lifesaving,  
197 specialized care across state lines.

198 Third, we will consider three bills to improve access to  
199 lifesaving treatments for people with a rare disease,  
200 especially children.

201 Earlier this Congress I, along with the chair of the  
202 Childhood Cancer Caucus, Representative Michael McCaul,  
203 introduced a package of bipartisan bills to make sure that  
204 children with rare diseases receive safe and effective  
205 treatment.

206 First, we introduced the Give Kids a Chance Act to  
207 authorize the FDA to direct clinical trials of combination

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208 therapies in children. Currently, the FDA can direct trials  
209 of combination therapies for adults, but not for children.  
210 Our bill gives FDA that authority. Today more than half of  
211 the House, 232 bipartisan members, have cosponsored the bill,  
212 and every member of this committee voted for it as part of  
213 user fees last Congress. Give Kids a Chance will be marked  
214 up today, and I look forward to this bill becoming law this  
215 year.

216         Second, we introduced the carrot of the Creating Hope  
217 Reauthorization Act to continue incentives for pediatric  
218 research by granting valuable Priority Review Vouchers to  
219 drug makers who market treatments for rare pediatric  
220 diseases. Creating Hope will also be marked up today.

221         Third, we introduced the stick, so to speak, of the  
222 Innovation in Pediatric Drugs Act. This legislation requires  
223 drugs for rare diseases to be studied in children after being  
224 approved for adults. The legislation also puts kids on an  
225 equal playing field with adults by allowing FDA to enforce  
226 post-market pediatric studies the same way the FDA enforces  
227 required post-market studies for adults.

228         Unfortunately, we haven't reached a bipartisan agreement

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229 yet on this bill, and it was not included in the markup. I  
230 plan to offer it as an amendment, and to continue bipartisan  
231 negotiations so a complete package of bills can be brought to  
232 the full committee.

233 The package should preserve the delicate balance between  
234 ensuring pediatric research is conducted on drugs approved  
235 for adults, while also providing financial incentives for the  
236 companies who do the work of creating new pediatric products.  
237 This is the model that Congress has used successfully for  
238 pediatric research for over 20 years, since the passage of  
239 the Pediatric Research Equity Act and the Best  
240 Pharmaceuticals for Children Act. Over 1,110 drug labels  
241 have been updated to reflect new pediatric information since  
242 these two laws took effect. We should use the same model and  
243 approach today, and I look forward to a productive market.

244 And I yield back, Mr. Chairman.

245 \*Mr. Guthrie. Thank you. The gentlelady yields back  
246 and the chair recognizes the chair of the full committee,  
247 Chair Rodgers, for five minutes for an opening statement.

248 \*The Chair. Good morning. Thank you, Chair Guthrie.

249 Today we consider bipartisan legislation to extend

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250 telehealth flexibilities that are set to expire at the end of  
251 the year. While continuing these flexibilities for seniors  
252 will require an investment by Congress, it is crucial that we  
253 continue to allow seniors to access health care via  
254 telehealth if they choose. The bills we are considering  
255 today will protect seniors' access to telehealth for an  
256 additional two years. They improve upon the bipartisan work  
257 of past congresses by adding new program integrity  
258 safeguards, and some of the bills will also expand how  
259 seniors can benefit from telehealth.

260 I commend Representatives Carter, Joyce, Balderson,  
261 James, Bilirakis, and many other members on both sides of the  
262 aisle for their continued hard work on advancing these  
263 policies.

264 Telehealth has proven to be vital for patients across  
265 the country, especially in rural areas like my district in  
266 eastern Washington. I look forward to advancing legislation  
267 today, and am committed to continuing working to address any  
268 outstanding concerns and to ensuring the legislation is fully  
269 paid for before we consider them at the full committee.

270 I am also pleased that we are considering several

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271 bipartisan bills to support and build upon efforts to  
272 increase access to care, raise awareness and improve  
273 coordination across our Federal Government for programs  
274 related to autism and lung cancer.

275         Lastly, the committee is working on a six-year  
276 reauthorization of the Rare Pediatric Disease Priority Review  
277 Voucher program ahead of its September 30 expiration. We  
278 have heard testimony on the importance of this program, and  
279 this week the Dion family has been meeting with offices to  
280 share their story.

281         When Peter and Maggie Dion were born, they were each  
282 discharged from the hospital with a clean bill of health, and  
283 initially seemed to be hitting their developmental  
284 milestones. Peter loved to fish for tuna with his dad.  
285 Maggie enjoyed dance and running with her mom. Everything  
286 changed when Peter was almost 10, and was struggling to climb  
287 up a set of stairs. Peter was diagnosed with a form of  
288 muscular dystrophy, limb-girdle type 2C. Later that year,  
289 then his six-year-old sister, Maggie, was also diagnosed with  
290 the same disease.

291         This type of muscular dystrophy is a rapidly

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292 progressive, muscle wasting disease, and there is currently  
293 no cure. As their father put it, there are so many genetic  
294 variations, doctors ran out of letters in the alphabet to  
295 identify the condition. The prevalence of the disease is  
296 low, as is. And with over 30 subtypes of the disease, each  
297 requiring a different gene replacement therapy, spurring the  
298 much-needed research and development proves challenging  
299 without additional incentives.

300         Without the Rare Pediatric Disease Priority Review  
301 Voucher program. Maggie and Peter's parents say their  
302 chances of getting treatments for their kids almost becomes  
303 impossible. For anyone who doubts why this program is  
304 needed, I urge you to consider the Dion family and their  
305 story. And sadly, it is a story known to many families.

306         Just this week the National Organization of Rare  
307 Diseases, which represents patients with rare diseases and  
308 their families, released analysis of the importance of the  
309 PRV program. It is clear from their analysis that the  
310 program is successful, but the report also provides important  
311 insights on how long it can take to see that success. Drugs  
312 take years, and hundreds of millions or even billions of

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313 dollars to develop. While the rare pediatric PRV program was  
314 started in 2012, more than half of the designations, awards,  
315 and voucher redemptions came in the last 4 years.

316 I want to thank Mr. Bilirakis, Ms. Eshoo, and many  
317 others for their work on the rare disease legislation being  
318 considered today. These bills will strengthen the orphan  
319 drug pathway, make sure drugs are studied for children  
320 battling cancer, and continue the important PRV program. I  
321 am proud of all the work and patient voices reflected in the  
322 legislation before us.

323 I also know that more can and should be done. This  
324 subcommittee has heard testimony on many other proposals,  
325 such as my legislation to improve access to home and  
326 community-based services in Medicaid, and I look forward to  
327 continuing to work with members to move those forward in the  
328 future.

329 Thank you, and I yield back.

330 \*Mr. Guthrie. The chair yields back, and the chair  
331 recognizes the ranking member of the full committee, Ranking  
332 Member Pallone, for five minutes for opening statement.

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



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334 Today the subcommittee will mark up 23 bills, many that  
335 I will support and others that I will, unfortunately, have to  
336 oppose.

337 We will begin by considering bipartisan telehealth  
338 legislation that would expand access to telehealth services  
339 for two additional years, and the expansion of telehealth  
340 flexibilities has allowed Medicare beneficiaries to continue  
341 to receive telehealth services and help advance health equity  
342 by providing critical services to hard-to-reach populations  
343 and underserved communities.

344 The bipartisan legislation we are considering would  
345 extend key telehealth flexibilities for 2 additional years  
346 until the end of 2026. As Congress continues to extend  
347 these, it is critical that we assess and monitor the quality  
348 of telehealth services to ensure that Medicare beneficiaries  
349 are receiving high-value, high-quality care. And I am  
350 pleased the legislation that will give -- will give the  
351 Centers for Medicare and Medicaid Services the tools  
352 necessary to do this important work. And I am also pleased  
353 that the bill will help strengthen program integrity by  
354 requiring CMS to collect additional data elements.

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355           Expanding access to telehealth is important, but we also  
356 need to make sure that patients can access these services,  
357 and that is why I am deeply concerned that the House  
358 Republican leadership has refused to extend the Affordable  
359 Connectivity Program which makes Internet access more  
360 affordable for more than 24 million American households. It  
361 is time for my Republican colleagues to join Democrats and  
362 renew funding for this critical program.

363           We are also considering several Medicare bills that are  
364 likely to have scoring implications, and we still don't have  
365 feedback from the Congressional Budget Office. While we will  
366 advance these proposals on a bipartisan basis today, it is  
367 critical that these policies do not increase seniors' cost  
368 sharing and premiums, or result in cuts to the Medicare  
369 program, and I won't support them going forward unless we can  
370 ensure that Medicare beneficiaries are fully protected from  
371 any cost increases.

372           I am also pleased that we will mark up H.R. 4758, the  
373 Accelerating Kids' Access to Care Act. This common-sense,  
374 bipartisan bill will help children receive the care they need  
375 and give their parents and caretakers one less challenge to

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376 navigate. I look forward to working with Chair Rodgers and  
377 the sponsors, Representatives Trahan and Miller-Meeks, to get  
378 this bill signed into law.

379         Next we will consider several bills that amend the Food  
380 and Drug Administration's authorities. Some of these bills,  
381 like the RARE Act, have been the result of significant  
382 bipartisan efforts to come to an agreement on meaningful  
383 policies. However, the overall package of legislation  
384 included here does not appropriately balance incentives for  
385 drug companies and the responsibilities to ensure the needs  
386 of pediatric patients are met.

387         My Republican colleagues have included H.R. 7384, which  
388 reauthorizes the Rare Pediatric Disease Priority Review  
389 Voucher program without having concrete evidence that the  
390 program has been effective in stimulating development or  
391 providing expedited patient access to these drugs. We have  
392 said since the last reauthorization that we would need to  
393 carefully scrutinize whether this program achieved the impact  
394 Congress intended, but I don't think that that has been done.

395         And we nonetheless tried to work to get to a bipartisan  
396 agreement, but unfortunately, Republican colleagues have

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397 refused to work with us on this, and Republicans should have  
398 included Ranking Member Eshoo's bill, the Innovation in  
399 Pediatric Drugs Act, which requires drugs for rare diseases  
400 to be studied in children, and provides FDA with the  
401 authority to penalize companies that do not complete their  
402 required pediatric studies on time.

403         If we are talking about getting more innovative  
404 pediatric drugs to market, we need to address the barriers in  
405 current law to this drug development, including this  
406 legislation in our markup today would have provided the  
407 appropriate balance needed in this discussion.

408 Unfortunately, our Republican colleagues were unwilling to  
409 work with us to come to an agreement on any of the pieces of  
410 Ranking Member Eshoo's bill, and that is disappointing. And  
411 for that reason I can't support H.R. 7384 today.

412         I am also disappointed that we are marking up 2 bills  
413 that would have a negative effect on nursing home quality of  
414 care. H.R. 3227 and H.R. 468 would unwind basic but  
415 important protections for training and employing nurse aides  
416 in nursing homes. Doing away with these protections does not  
417 solve nursing home staffing challenges, it just creates a

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418 race to the bottom. It leaves nurse aides to work in  
419 increasingly unsafe and understaffed settings, and elderly  
420 and disabled Americans without the quality of care they  
421 deserve.

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

424 \*Mr. Guthrie. The gentleman yields back. Are there any  
425 other members seeking for an opening statement?

426 Seeing none, we will move to the first bill, and the  
427 chair calls up H.R. 3227, and asks the clerk to report.

428 \*The Clerk. H.R. 3227, a bill to amend titles 18 and 19  
429 of the Social Security Act with respect to nursing facility  
430 requirements, and for other purposes.

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

434 So ordered.

435 [The bill follows:]

436

437 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

438

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

440 The gentleman from Indiana.

441 \*Mr. Pence. Mr. Chairman, I have an amendment at the  
442 desk.

443 \*Mr. Guthrie. The clerk will -- is there any discussion  
444 on the bill first?

445 \*Mr. Pallone. Yes.

446 \*Mr. Guthrie. On the bill before the amendment process?

447 \*Mr. Pallone. Yes.

448 \*Mr. Guthrie. Okay. So we are going to have a  
449 discussion on the bill before the amendment.

450 Mr. -- so the chair recognizes the ranking member.

451 \*Mr. Pallone. I mentioned my opposition to this --

452 \*Mr. Guthrie. For five minutes.

453 \*Mr. Pallone. -- in my opening statement. The Ensuring  
454 Senior Access to Quality Care Act would undo current law  
455 restrictions that prohibit certain nursing homes from  
456 conducting in-house nurse aide training programs for two  
457 years. These nursing homes have received penalties above a  
458 certain threshold, or have serious quality of care  
459 violations.

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460           Republicans claim that this change is needed to keep  
461 nurse aide training programs operational and address  
462 workforce shortages, but that argument just doesn't hold up.  
463 Nursing homes that are prohibited from operating nurse aide  
464 training programs already have a path forward for  
465 reinstatement of these programs.

466           Under current law, if a nursing home has violations  
467 serious enough to require the suspension of its nurse aide  
468 training program, and the disapproval was unrelated to the  
469 quality of care provided to residents, then that nursing home  
470 can receive a waiver to continue its training program. But  
471 this bill would moot that waiver process and allow nursing  
472 homes with deficiencies to continue to operate nurse aide  
473 training programs, even if they committed potentially  
474 egregious violations like falsifying records or failing to  
475 report resident abuse or a reasonable suspicion of a crime  
476 against a nursing home resident.

477           So allowing poor-performing nursing homes to train the  
478 next class of workers doesn't solve the workforce shortage  
479 problem, it just basically begs for new problems to occur.

480           So I urge my colleagues to vote no on this bill. And

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481 with that I yield back, Mr. Chairman, thank you.

482 \*Mr. Guthrie. The gentleman yields back. Is anyone  
483 else seeking discussion on the bill?

484 Seeing the gentlelady from Michigan, for what purpose do  
485 you seek recognition?

486 \*Mrs. Dingell. Mr. Chairman, I move to strike the last  
487 word.

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

489 \*Mrs. Dingell. Thank you, Mr. Chairman. We can all  
490 agree that nursing homes operating their own certified  
491 nursing assistant training program is a helpful way to combat  
492 the nursing shortage. However, if quality violations do  
493 occur, the Secretary of Health and Human Services must have  
494 the ability to provide checks on these systems.

495 The Ensuring Seniors' Access to Quality Care Act would  
496 reduce the oversight from HHS, and I cannot support it in its  
497 current form. The bill would repeal certain restrictions  
498 under Medicare and Medicaid that prohibit facilities with  
499 substandard care from training nurse aides. If deficiencies  
500 in quality of care are corrected, poor-performing facilities  
501 would be able to resume their training programs. However,



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502 this bill does not clearly define "quality of care," making  
503 it difficult to implement these guidelines.

504         Additionally, other egregious violations that are not  
505 related to the quality of care should still prevent  
506 facilities from training workers, such as record  
507 falsification, failure to report resident abuse, or  
508 reasonable suspicion of a crime against a resident, and  
509 retaliation against whistleblowers.

510         Growing the long-term workforce is an urgent priority,  
511 and I am never going to stop working for that. But we cannot  
512 do this at the expense of the health and safety of over 1.4  
513 million Americans living in nursing homes. It is our  
514 responsibility to ensure that this workforce is sufficiently  
515 trained and supported to provide high-quality care for these  
516 Americans and their families.

517         The bill contains no clear definition of what "quality  
518 of care means," which would lead to confusion and result in  
519 disparate outcomes across the country. Critically, there are  
520 egregious violations that might not be related to quality of  
521 care that should still disqualify.

522         We are in a critical time where nursing home residents

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523 are forced to live in facilities with inadequate staffing,  
524 and workers are confronted daily with a myriad of challenges,  
525 including poor wages and benefits, inadequate training, and  
526 few career advancement opportunities. I hope we can all work  
527 together to address it. It is a crisis in this country only  
528 growing worse, but this bill does not do it and I urge my  
529 colleagues to join me in voting no on H.R. 3327.

530 And I yield back the balance of my time.

531 \*Mr. Guthrie. The gentlelady yields back. Is anyone  
532 else seeking discussion on the bill?

533 Seeing none, are there any bipartisan amendments to the  
534 bill?

535 Seeing none, are there any other amendments to the bill?

536 The gentleman from Indiana is recognized.

537 \*Mr. Pence. You know, I hear almost every day from my  
538 constituents about the crisis of our health care system is  
539 facing due to workforce shortages. Nowhere is this more  
540 acute than in our nursing homes.

541 I am proud to have championed this issue. I recently  
542 introduced a Congressional Review Act to prevent the Biden  
543 Administration's disastrous nursing home staffing ratio rule.

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544 We have had some hearings here where we know there aren't  
545 enough nurses out there, so I guess -- I don't want to go to  
546 no care. I think we have got to find solutions here, and not  
547 just do whatever the Biden Administration wants us to do.

548 This bill is pretty straightforward today. It clarifies  
549 that nursing homes that have been subject to civil monetary  
550 penalties that are unrelated to patients' care should not  
551 have their ability to train staff revoked. This preserves  
552 the current prohibition on training staff and facilities  
553 where patient harm and quality are at risk.

554 President Biden is advocating for staffing ratios in  
555 nursing homes without providing a solution to actually train  
556 more workers and to get them in the facilities. This bill  
557 will do that.

558 Mr. Chairman, I yield back.

559 \*Mr. Guthrie. Does the gentleman have an amendment at  
560 the desk?

561 I believe the gentleman has an amendment at the desk.

562 \*Mr. Pence. I do have an amendment at the desk.

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

564 \*The Clerk. Amendment in the nature of a substitute to

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565 H.R. 3227, offered by Mr. Pence.

566 \*Mr. Guthrie. Without objection, the reading of the  
567 amendment is dispensed with.

568 [The amendment of Mr. Pence follows:]

569

570 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

571

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572           \*Mr. Guthrie. The gentleman has discussed his  
573 amendment. Is there any further discussion?

574           The gentlelady -- I begin with gentleman from  
575 California. You are recognized for five minutes for -- on  
576 the amendment.

577           \*Mr. Cardenas. Thank you very much, Mr. Chairman. I  
578 move to strike the last word.

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

580           \*Mr. Cardenas. I want again -- I want to again  
581 highlight the importance of listening to the voice of long-  
582 term care workers who have been clear about the difficulty  
583 they face in strengthening their workforce. Undermining  
584 standards for the workforce providing essential care to our  
585 nation's seniors would be harmful to our shared goal of  
586 ensuring quality and dignified care for all.

587           We must stand firm against any measures that enable  
588 facilities with evident care deficiencies to train the  
589 incoming workforce in nursing homes. Nurse aide trainings  
590 should be conducted by facilities with a proven track record  
591 of high-quality care, ensuring exceptional education for  
592 future health care workers and resident residents' well-

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593 being. I urge my colleagues to uphold the integrity of our  
594 health care workforce and oppose H.R. 3227 and the AINS.

595 Would anybody like the balance of my time?

596 Okay. Seeing none, I yield back.

597 \*Mr. Guthrie. The gentleman yields back. Is there any  
598 further discussion on the amendment?

599 Anyone from the Republican side?

600 Seeing none, the gentlelady from Delaware is recognized  
601 for five minutes for the amendment.

602 \*Ms. Blunt Rochester. Mr. Chair, I move to strike the  
603 last word.

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

605 \*Ms. Blunt Rochester. Mr. Chairman, as we are  
606 considering legislation at this markup to address the nursing  
607 workforce shortage, I am hopeful that the chairman will  
608 consider my own bill, H.R. 2411, the National Nursing  
609 Workforce Center Act, in the remaining months of this  
610 Congress.

611 Almost exactly a year ago I withdrew my bill, offered as  
612 an amendment, after the chairman committed to working with me  
613 to find a path forward on this important legislation. And I

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614 appreciate the chair's work on -- with me on this bill.  
615 While we still haven't found the path forward, I know that  
616 there is still time remaining to get this bill across the  
617 finish line.

618 Over 100,000 registered nurses have left the workforce  
619 due to pandemic-related burnout, and almost one-fifth of the  
620 more than 4.5 million licensed nurses in the United States  
621 intend to leave before 2027. H.R. 2411 is a bipartisan and  
622 bicameral effort that I am leading with Congresswoman Young  
623 Kim, which works to strengthen the nursing workforce and arm  
624 states with the tools that they need to implement solutions  
625 based on local conditions.

626 Specifically, it would establish a national nursing  
627 workforce center under HRSA, and create a pilot program to  
628 support state-based nursing workforce centers that carry out  
629 research, planning, and programs to address nursing workforce  
630 shortages. The U.S. has experienced cyclical nursing  
631 workforce challenges for decades, but none as pronounced as  
632 today's difficulties. Based on the current state of the  
633 nursing workforce in this country, I believe we need a  
634 common-sense strategy that centralizes the study and

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635 development of nursing workforce practice and policy, and  
636 better supports local entities in addressing state-specific  
637 nursing workforce challenges.

638 I believe that this is the most effective path forward  
639 to solve this crisis affecting both our workforce and  
640 patients, and I am hopeful that we can work closely to  
641 successfully pass the National Nursing Workforce Center Act.

642 Thank you, and I yield back.

643 \*Mr. Guthrie. Thank you. The gentlelady yields back.  
644 Is there any further discussion?

645 Seeing no discussion on the amendment, if there is no  
646 further discussion of the amendment, the vote occurs on the  
647 amendment.

648 All those in favor, signify by saying aye.

649 All those opposed, nay.

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

651 \*Mr. Pallone. We wanted a roll call.

652 \*Mr. Guthrie. On the amendment or on the bill? On the  
653 bill, right? Okay.

654 The question -- if there is no further discussion on the  
655 bill, the question now occurs on forwarding H.R. 3227, as



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656 amended, to the full committee. There has been a roll call  
657 asked for, and the clerk will call the roll.

658 \*The Clerk. Guthrie?

659 \*Mr. Guthrie. Aye.

660 \*The Clerk. Guthrie votes aye.

661 Burgess?

662 [No response.]

663 \*The Clerk. Latta?

664 \*Mr. Latta. Aye.

665 \*The Clerk. Latta votes aye.

666 Griffith?

667 \*Mr. Griffith. Aye.

668 \*The Clerk. Griffith votes aye.

669 Bilirakis?

670 \*Mr. Bilirakis. Aye.

671 \*The Clerk. Bilirakis votes aye.

672 Bucshon?

673 \*Mr. Bucshon. Aye.

674 \*The Clerk. Bucshon votes aye.

675 Hudson?

676 [No response.]

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677           \*The Clerk. Carter?  
678           \*Mr. Carter. Aye.  
679           \*The Clerk. Carter votes aye.  
680           Dunn?  
681           \*Mr. Dunn. Aye.  
682           \*The Clerk. Dunn votes aye.  
683           Pence?  
684           \*Mr. Pence. Aye.  
685           \*The Clerk. Pence votes aye.  
686           Crenshaw?  
687           [No response.]  
688           \*The Clerk. Joyce?  
689           \*Mr. Joyce. Aye.  
690           \*The Clerk. Joyce votes aye.  
691           Balderson?  
692           \*Mr. Balderson. Aye.  
693           \*The Clerk. Balderson votes aye.  
694           Harshbarger?  
695           [No response.]  
696           \*The Clerk. Miller-Meeks?  
697           \*Mrs. Miller-Meeks. Aye.

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

699 Obernolte?

700 \*Mr. Obernolte. Aye.

701 \*The Clerk. Obernolte votes aye.

702 Eshoo?

703 \*Ms. Eshoo. No.

704 \*The Clerk. Eshoo votes no.

705 Sarbanes?

706 \*Mr. Sarbanes. No.

707 \*The Clerk. Sarbanes votes no.

708 Cardenas?

709 \*Mr. Cardenas. No.

710 \*The Clerk. Cardenas votes no.

711 Ruiz?

712 \*Mr. Ruiz. No.

713 \*The Clerk. Ruiz votes no.

714 Dingell?

715 \*Mrs. Dingell. No.

716 \*The Clerk. Dingell votes no.

717 Kuster?

718 \*Ms. Kuster. No.

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719           \*The Clerk. Kuster votes no.  
720           Kelly?  
721           [No response.]  
722  
723           \*The Clerk. Barragan?  
724           \*Ms. Barragan. No.  
725           \*The Clerk. Barragan votes no.  
726           Blunt Rochester?  
727           \*Ms. Blunt Rochester. No.  
728           \*The Clerk. Blunt Rochester votes no.  
729           Craig?  
730           \*Ms. Craig. No.  
731           \*The Clerk. Craig votes no.  
732           Schrier?  
733           \*Ms. Schrier. No.  
734           \*The Clerk. Schrier votes no.  
735           Trahan?  
736           [No response.]  
737           \*The Clerk. Pallone?  
738           \*Mr. Pallone. No.  
739           \*The Clerk. Pallone votes no.

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740 Chair Rodgers?

741 \*The Chair. Aye.

742 \*The Clerk. Chair Rodgers votes aye.

743 \*Mr. Guthrie. Does anybody else need to answer the roll  
744 call?

745 \*Ms. Kelly. How is Kelly recorded?

746 \*Mr. Guthrie. Seeing none, the clerk will report the  
747 result.

748 \*Ms. Kelly. How is Kelly recorded?

749 \*Mr. Guthrie. Oh, how is Kelly recorded? I am sorry.

750 \*The Clerk. Ms. Kelly is not recorded.

751 \*Ms. Kelly. No.

752 \*The Clerk. Kelly votes no.

753 \*Mr. Guthrie. Seeing no others are seeking to record  
754 their vote, the clerk will report.

755 \*The Clerk. Chair Guthrie, on that vote there were 13  
756 ayes and 12 noes.

757 \*Mr. Guthrie. With 13 ayes and 12 noes, the bill is  
758 agreed to.

759 The chair now calls up H.R. 468, and asks the clerk to  
760 report.

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761           \*The Clerk. H.R. 468, a bill to amend title XI of the  
762 Social Security Act to extend beyond the COVID-19 emergency  
763 period. With certain modifications, the emergency  
764 declaration blanket waiver relating to training and  
765 certification of nurses --

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

769           So ordered.

770

771

772           [The bill follows:]

773

774           \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

775

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

777           The gentleman from New Jersey is recognized for five  
778 minutes to -- discussion of the bill.

779           \*Mr. Pallone. Thank you, Mr. Chairman. I move to speak  
780 in opposition.

781           This bill would undermine decades-long requirements for  
782 nurse aide training that were established because of serious  
783 concerns about untrained nursing home staff. Enacted in  
784 1987, the Nursing Home Reform Act required that nurse aides  
785 within the first 4 months of employment complete 75 hours of  
786 training and pass a competency test to work in nursing homes.  
787 But H.R. 468 would essentially rescind those requirements,  
788 allowing nursing homes to employ untrained nurses aides, in  
789 my opinion.

790           Proponents of this bill claim that unwinding these  
791 important protections would help to solve our workforce  
792 shortages. But to what end? Filling our nursing homes with  
793 staff who are inadequately equipped for the job is not only a  
794 disservice to the residents who rely on their care, but also  
795 to the qualified, trained nurse aides who deserve to work in  
796 safe and appropriately staffed settings.

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797           We know from experience how loosening these requirements  
798 plays out. During the height of the COVID-19 public health  
799 emergency, nurse aide training requirements were temporarily  
800 waived. As a result, many nursing homes hired individuals  
801 without adequate training. In many cases, these aides  
802 completed as little training as an eight-hour online course.  
803 And while this may have been necessary during COVID, this  
804 cannot and should not be the status quo for our nation's  
805 seniors. It is just not good enough.

806           And the Centers for Medicare and Medicaid Services has  
807 since rescinded those waivers, and in doing so indicated that  
808 on-site surveys revealed significant concerns with resident  
809 care, including abuse, weight loss, depression, and pressing  
810 -- and pressure ulcers. For example, CMS indicated nurse  
811 aides and paid feeding assistants may not have received the  
812 necessary training to help identify and prevent weight loss.

813           Now, I couldn't agree more that we should work together  
814 on ways to expand the nurse aide workforce and improve  
815 training for nurse aides working in nursing homes, but this  
816 proposal is penny wise and pound foolish, in my opinion. We  
817 must address the underlying issues that are keeping qualified



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818 nurse training aides from seeking out and maintaining jobs in  
819 nursing homes.

820           What they need is not hard to understand. Nurse aides  
821 should be treated with respect, paid an adequate wage,  
822 provided with benefits, and be able to work in a safe,  
823 appropriately staffed work environment. And nursing home  
824 residents should receive dignified care from people who have  
825 been trained to provide it.

826           So I would urge my colleagues to vote no on H.R. 468  
827 and, again, I thank you, Mr. Chairman, I yield back.

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

829           Is anyone seeking a discussion on the bill?

830           The gentleman from California is recognized for five  
831 minutes.

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

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

834           \*Mr. Ruiz. We are seeing nursing shortages throughout  
835 the country, but this bill is not the answer. H.R. 468  
836 extends the pandemic-era waiver issued by CMS that allowed  
837 untrained nurse aides to work in a facility without meeting  
838 their state's training and certification requirements. This

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839 waiver was rescinded two years ago for good reason. While  
840 the waiver helped during the pandemic health emergency under  
841 the context of a pandemic crisis that overwhelmed providers,  
842 it is no longer needed.

843         Allowing untrained or less-trained staff to care for  
844 some of our community's most vulnerable patients in long term  
845 care facilities jeopardizes quality of care and safety.  
846 Understanding the staffing burden our health care facilities  
847 face in times of crisis and on a day-to-day basis, we know we  
848 need to work towards solutions. But one of those solutions  
849 is not building up an untrained or less-trained workforce  
850 that has led to worse health outcomes. Instead, we should  
851 look towards solutions like expanding scholarship programs,  
852 or pipeline nursing programs starting in junior high all the  
853 way through nursing school, or better pay as an incentive for  
854 people wanting to go into the nursing profession, or loan  
855 forgiveness programs and incentives to provide more training  
856 in states with documented health workforce shortages.

857         So I oppose this bill. I urge my colleagues to vote no.  
858 I encourage this committee to look up these different  
859 solutions so that we can actually have positive, safe,

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860 constructive solutions in regards to the nursing shortage.

861 And I thank you, and I yield back.

862 \*Mr. Guthrie. The gentleman yields back. Is there any  
863 further discussion on the bill?

864 The gentlelady from Michigan, you are recognized for  
865 five minutes on the bill.

866 \*Mrs. Dingell. Thanks, Mr. Chair, and I move to strike  
867 the last word.

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

869 \*Mrs. Dingell. Thank you.

870 We can all agree -- and I think we are all saying it on  
871 both sides -- we must urgently expand our long-term care  
872 workforce. But we cannot sacrifice nurse training standards  
873 and the safety of patients to do so. Many groups, including  
874 the AFL-CIO, SEIU, Elder Justice Coalition, Justice in Aging,  
875 and Center for Medicare Advocacy have expressed strong  
876 concerns that these bills might undermine the quality of this  
877 workforce and threaten the lives of Americans who need their  
878 care.

879 We have already heard from both of my other colleagues  
880 about why this doesn't work, but I want to make a couple of

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881 other points.

882           This bill would also allow time worked by nurse aides to  
883 count towards the current 75-hour training requirement which  
884 helps to ensure the health and safety of residents. The  
885 current requirements include specialized training in critical  
886 areas such as protecting resident rights, communicating with  
887 cognitively impaired residents, providing personal care, and  
888 positioning residents. The training is not likely to be  
889 provided while they are working, for a whole host of reasons,  
890 most of them including high staff turnover and inadequate  
891 supervision.

892           And actually, according to the CMS, the waiver program  
893 may have had a negative impact on the quality of care.  
894 Online surveys during the waiver period indicated significant  
895 concerns with resident care, infection control, abuse, weight  
896 loss -- already discussed, depression, and pressure ulcers.  
897 Further an Iowa Dispatch article from 2022 documented abuse  
898 of residents by untrained workers. Without specialized  
899 training, workers are less equipped to identify and prevent  
900 these problems.

901           H.R. 468 may have made sense several years ago.

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902 However, we now have clear evidence that the waiver harmed  
903 residents. We cannot go back to the days of the pandemic,  
904 when untrained workers were still expected to provide quality  
905 care to residents. I have met with these residents. I have  
906 heard their stories. They have cried in my arms.

907 I urge my colleagues to vote no on this bill, and yield  
908 back.

909 \*Mr. Guthrie. The gentlelady yields back. Is anybody  
910 seeking recognition on the bill?

911 Seeing none, are there any bipartisan amendments on the  
912 bill?

913 Seeing no bipartisan amendments, I have an amendment at  
914 -- there are partisan amendment -- or I do have an amendment  
915 at the desk. Yes, a partisan amendment at the desk. The  
916 clerk will report.

917 \*The Clerk. Amendment in the nature of a substitute to  
918 H.R. 468, offered by Mr. Guthrie. Strike all after the  
919 enacting clause and insert the following.

920 \*Mr. Guthrie. Without objection, the reading of the  
921 amendment is dispensed with.

922 [The amendment of Mr. Guthrie follows:]

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923

924 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

925

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926           \*Mr. Guthrie. And I will recognize myself for five  
927 minutes on the amendment.

928           When I first agreed to carry this, we had the pandemic,  
929 and then there were waivers. And I know that we were  
930 concerned about the quality in our health care system and the  
931 availability of people to work in our health care system.  
932 And when I was first was discussing this, we knew during  
933 COVID there were going to be waivers that we were going to  
934 need to continue after the COVID emergency pandemic, and we  
935 looked at this specific one. That was a question I asked:  
936 Are there any instances anybody can point to that people were  
937 harmed because they had somebody, a nurse assistant,  
938 operating under this waiver? And I didn't receive any of  
939 those ideas. As a matter of fact, there is data that shows  
940 facilities utilizing nurse aides scored higher in key areas  
941 such as depression rates, lower mobility, lower -- rates of  
942 lower mobility, and lower rates of pressure ulcers.

943           And so, in order to get the staffing that we -- right,  
944 we don't want untrained workers, and that is not what this  
945 bill does, allow untrained workers to continue in the  
946 workforce. We have had two hearings on workforce shortages.

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947 We are all talking about workforce shortages. And now we  
948 know the Biden Administration has increased the ratios, and  
949 we know that nursing homes are just concerned about how they  
950 are going to be able to offer care that is affordable because  
951 they can't find the workers, then they are going to have to  
952 close their long-term care. So there is a lot of concerns.

953 And so what this bill does, if -- currently, if you are  
954 a certified nurse assistant, you have four months to complete  
955 all your training and all your testing and evaluation. You  
956 have got to remember, these are people who aren't going to  
957 college, have four years to complete what they are going to  
958 do, and they have -- these are people working, they have  
959 jobs, they have -- they may have a second job, they may have  
960 a family. There is a lot that goes on with these people, and  
961 we want to make sure that they have plenty of time to  
962 complete their training.

963 So what this does, it extends the training time from 4  
964 months to 12 months. And we also hear reports of backlog  
965 just getting evaluations done. So on day one the same person  
966 shows up under the current law as will be under this law.  
967 All we are saying is that the training that they have, they



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968 have 12 months to complete the training instead of just the 4  
969 months. It does allow for bedside experience to be for the  
970 hours needed, and it has flexibilities in testing and  
971 evaluation so people can have the opportunity to be tested.

972 Now, we are concerned about any unsafe situation. And  
973 what we have, it states -- it targets states that have  
974 nursing shortages. So once -- we are not just creating this  
975 program if there is not a problem. States have to certify  
976 there is a nursing shortage within their state. Then they  
977 will qualify this program.

978 And then, any facility that has had any instances of  
979 patient harm in the last two years will not qualify for this.  
980 And so we believe that facilities that are operating in good  
981 faith, operating in good programs can train their certified  
982 nurse assistants and do it within 12 years instead of 4  
983 months, because within the first 4 months it is the same  
984 person working that is -- we are just allowing them to have  
985 another 8 months to complete their certification. So if the  
986 concern is that we are putting in people that will be harmful  
987 to the residents, you should be worried about giving them  
988 even four months. They should show up with full

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989 certification, if that is the concern of yours.

990           And so I believe this is reasonable. It increases the  
991 pipeline, and it will give the opportunity for people to  
992 increase -- not just the patient, but the individual -- to  
993 increase their professional status and ability to earn or --  
994 income within themselves. And so I think this is a  
995 reasonable bill to address a problem we all know exists as a  
996 workforce pipeline shortage.

997           And I will yield back, and if anybody wants to  
998 discussion on the amendment, I will recognize. Is there any  
999 further discussion?

1000           Seeing none, the vote will occur -- if there is no  
1001 further discussion, the vote occurs on the amendment.

1002           All those in favor shall signify by saying aye.

1003           All those opposed, nay.

1004           The ayes have it, and the amendment is agreed to.

1005           Do you want a roll call for the full bill?

1006           All right. Are there any other discussion on the bill?

1007           Seeing none, the question now occurs on forwarding H.R.  
1008 468, as amended, to the full committee. A roll call has been  
1009 requested, and the clerk will call the roll.

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1010           \*The Clerk. Guthrie?  
1011           \*Mr. Guthrie. Aye.  
1012           \*The Clerk. Guthrie votes aye.  
1013           Burgess?  
1014           \*Mr. Burgess. Votes aye.  
1015           \*The Clerk. Burgess votes aye.  
1016           Latta?  
1017           \*Mr. Latta. Aye.  
1018           \*The Clerk. Latta votes aye.  
1019           Griffith?  
1020           \*Mr. Griffith. Aye.  
1021           \*The Clerk. Griffith votes aye.  
1022           Bilirakis?  
1023           \*Mr. Bilirakis. Aye.  
1024           \*The Clerk. Bilirakis votes aye.  
1025           Bucshon?  
1026           \*Mr. Bucshon. Aye.  
1027           \*The Clerk. Bucshon votes aye.  
1028           Hudson?  
1029           [No response.]  
1030           \*The Clerk. Carter?

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1031           \*Mr. Carter.   Aye.  
1032           \*The Clerk.   Carter votes aye.  
1033           Dunn?  
1034           \*Mr. Dunn.    Aye.  
1035           \*The Clerk.   Dunn votes aye.  
1036           Pence?  
1037           \*Mr. Pence.   Aye.  
1038           \*The Clerk.   Pence votes aye.  
1039           Crenshaw?  
1040           [No response.]  
1041           \*The Clerk.   Joyce?  
1042           \*Mr. Joyce.   Aye.  
1043           \*The Clerk.   Joyce votes aye.  
1044           Balderson?  
1045           \*Mr. Balderson.  Aye.  
1046           \*The Clerk.   Balderson votes aye.  
1047           Harshbarger?  
1048           [No response.]  
1049           \*The Clerk.   Miller-Meeks?  
1050           \*Mrs. Miller-Meeks.  Aye.  
1051           \*The Clerk.   Miller-Meeks votes aye.

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1052 Obernolte?  
1053 \*Mr. Obernolte. Aye.  
1054 \*The Clerk. Obernolte votes aye.  
1055 Eshoo?  
1056 \*Ms. Eshoo. No.  
1057 \*The Clerk. Eshoo votes no.  
1058 Sarbanes?  
1059 \*Mr. Sarbanes. No.  
1060 \*The Clerk. Sarbanes votes no.  
1061 Cardenas?  
1062 \*Mr. Cardenas. No.  
1063 \*The Clerk. Cardenas votes no.  
1064 Ruiz?  
1065 \*Mr. Ruiz. No.  
1066 \*The Clerk. Ruiz votes no.  
1067 Dingell?  
1068 \*Mrs. Dingell. No.  
1069 \*The Clerk. Dingell votes no.  
1070 Kuster?  
1071 [No response.]  
1072 \*The Clerk. Kelly?

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1073 [No response.]

1074 \*The Clerk. Barragan?

1075 [No response.]

1076

1077 \*The Clerk. Blunt Rochester?

1078 [No response.]

1079 \*The Clerk. Craig?

1080 [No response.]

1081 \*The Clerk. Schrier?

1082 \*Ms. Schrier. No.

1083 \*The Clerk. Schrier votes no.

1084 Trahan?

1085 [No response.]

1086 \*The Clerk. Pallone?

1087 \*Mr. Pallone. No.

1088 \*The Clerk. Pallone votes no.

1089 Chair Rodgers?

1090 \*The Chair. Aye.

1091 \*The Clerk. Chair Rodgers votes aye.

1092 \*Mr. Guthrie. Anyone who has not answered the roll?

1093 \*Ms. Kelly. How is Kelly --

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1094 \*Mr. Guthrie. How is Ms. Kelly recorded?

1095 \*The Clerk. Ms. Kelly is not recorded.

1096 \*Ms. Kelly. No.

1097 \*The Clerk. Kelly votes no.

1098 \*Mr. Guthrie. Is anyone else -- anyone seeking to be  
1099 recorded?

1100 Seeing no other members seeking to be recorded, the  
1101 clerk will report.

1102 \*The Clerk. Chair Guthrie, on that vote there were 14  
1103 ayes and 8 noes.

1104 \*Mr. Guthrie. Fourteen ayes and how many nays?

1105 \*The Clerk. Eight.

1106 \*Mr. Guthrie. The -- so out of 14 ayes and 8 nays, the  
1107 ayes have it, and the bill is agreed to.

1108 The chair calls up H.R. 3433, and asks the clerk to  
1109 report.

1110 \*The Clerk. H.R. 3433, a bill to amend the Federal  
1111 Food, Drug, and Cosmetic Act with respect to molecularly  
1112 targeted practice --

1113 \*Mr. Guthrie. Without objection, the first reading of  
1114 the bill is dispensed with, and the bill will be open for

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1115 amendment at any point.

1116 So ordered.

1117 [The bill follows:]

1118

1119 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

1120



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1121 \*Mr. Guthrie. Does anyone seek recognition on the bill?

1122 Seeing none, are there any bipartisan amendments?

1123 Seeing none, are there any other -- a bipartisan?

1124 The gentleman from Florida is recognized to discuss his  
1125 amendment.

1126 \*Mr. Bilirakis. Thank you.

1127 \*Mr. Guthrie. You have an amendment at the desk?

1128 \*Mr. Bilirakis. Yes, I do. It is H.R. 3433, and I do  
1129 have an amendment at the desk, so an amendment to H.R. 3433.  
1130 I don't have the number of the amendment.

1131 \*Mr. Guthrie. The clerk will report the amendment.

1132 \*The Clerk. Amendment in the nature of a substitute to  
1133 H.R. 3433, offered by Mr. Bilirakis.

1134 \*Mr. Guthrie. Without objection, the reading of the  
1135 amendment is dispensed with.

1136 [The amendment of Mr. Bilirakis follows:]

1137

1138 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

1139

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1140           \*Mr. Bilirakis. And the gentleman from Florida is  
1141 recognized for five minutes in support of his amendment.

1142           \*Mr. Bilirakis. Thank you. I appreciate it very much,  
1143 Mr. Chair.

1144           I am proud to offer this substitute amendment to H.R.  
1145 3433, the Give Kids a Chance Act, to speak in favor and ask  
1146 all my colleagues to support this amendment and the  
1147 underlying bill.

1148           This legislation will help provide children with new  
1149 access to clinical trials and therapies for pediatric  
1150 cancers. Currently, the FDA can only direct pediatric cancer  
1151 trials and studies for single drugs, and children with  
1152 relapsed cancer are rarely cured by one-drug treatments  
1153 because their cancers are often too advanced. Combination  
1154 therapies are successfully being applied to adult  
1155 populations, but not always for kids, and that is unfair.

1156           The kids -- the Give Kids a Chance Act will help provide  
1157 a pathway for pediatric studies of combination therapies for  
1158 children afflicted with cancer in cases where the second drug  
1159 is FDA approved and owned by that particular company.

1160           Additionally, my substitute amendment includes

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1161 provisions from our bipartisan bill with Representatives  
1162 McCaul, Eshoo, Trahan, Barragan, and Burgess, H.R. 7384, the  
1163 Creating Hope Reauthorization Act. This legislation extends  
1164 the Rare Pediatric Priority Review Voucher program, which  
1165 provides critical incentives for companies to invest in  
1166 research and development, and ultimately develop new  
1167 treatments for pediatric rare cancers.

1168         Almost 50 percent of patients living with rare diseases  
1169 are children, unfortunately, so offering this additional  
1170 incentive to provide fast-track review of an application upon  
1171 approval of a successful pediatric rare disease treatment has  
1172 proven successful since this program started in 2012. In  
1173 fact, 39 rare pediatric diseases have received treatment that  
1174 were spurred by a Priority Review Voucher award, the vast  
1175 majority of which had no previous FDA-approved therapy before  
1176 the program's inception. This includes diseases such as  
1177 Duchenne muscular dystrophy, Friedreich's ataxia, Rett  
1178 syndrome, and sickle cell disease, all of which can be life-  
1179 threatening conditions. It is amazing, the progress we have  
1180 made, but we need to do more.

1181         In our legislative hearing we heard from Khrystal Davis,

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1182 who advocated on behalf of the rare disease patient community  
1183 and told the story about her son, Hunter, and his journey  
1184 with spinal muscular atrophy. Without the additional PRV,  
1185 the Priority Review Voucher incentive, I worry that the  
1186 treatments like that one that he received wouldn't have  
1187 ultimately come into the market.

1188           Furthermore, recently the National Organization for Rare  
1189 Disease -- Disorders, or NORD, released a white paper showing  
1190 the effectiveness of the rare pediatric PRV program, which  
1191 has increased over time and led to more FDA-approved  
1192 treatments as a result. The PRV program has been proven to  
1193 work, and has ultimately been a difference-maker in a  
1194 treatment getting approved for the rare disease community.

1195           So my amendment will ensure that this critical program  
1196 continues beyond the current sunset date of September 30 of  
1197 this year, and adopts technical assistance feedback provided  
1198 by the FDA to streamline the application approval deadline to  
1199 one date of September 30, 2030. I think it makes a lot of  
1200 sense. Time is of the essence, though. We got to get this  
1201 bill passed. This alleviates concerns from the agency that  
1202 the two-phase structure led to a surge in applications before

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1203 the deadline, and instead ensures that we prevent disruptions  
1204 through a single date and six years. It makes sense. This  
1205 extension helps provide certainty for both the agency and the  
1206 industry.

1207 I thank, NORD. I would really thank them and the  
1208 EveryLife Foundation, and over 100 other patient groups that  
1209 have endorsed this policy, and I urge my colleagues to  
1210 support it. And in fact, the last time we reauthorized the  
1211 PRV program in this committee, it passed out unanimously. I  
1212 hope we can do that today.

1213 Lastly, my amendment incorporates the bipartisan bill I  
1214 co-lead with Representative Matsui, the RARE Act, which will  
1215 provide a technical fix to ensure regulatory certainty for  
1216 rare disease drug development and eliminate legal ambiguity  
1217 by codifying the interpretation of orphan drug exclusivity to  
1218 be based on the indication approved by the FDA, rather than  
1219 on the entire designation or disease population. Again, that  
1220 is -- that makes a lot of sense. Rare disease is not a rare  
1221 problem, as you know, and it affects over 30 million patients  
1222 nationwide. I hope my colleagues will do the right thing by  
1223 the rare disease community and our children, of course, by

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1224 supporting the AINS package.

1225 \*Mr. Guthrie. Thank --

1226 \*Mr. Bilirakis. And I yield back the balance of my --

1227 \*Mr. Guthrie. The gentleman yields back.

1228 \*Mr. Bilirakis. Thank you.

1229 \*Mr. Guthrie. Is there any further discussion on the  
1230 amendment?

1231 The gentlelady from California is recognized for five  
1232 minutes on the amendment.

1233 \*Ms. Eshoo. Thank you, Mr. Chairman. I move to strike  
1234 the last word.

1235 \*Mr. Guthrie. The gentlelady is recognized.

1236 \*Ms. Eshoo. And speak on the amendment in the nature of  
1237 a substitute.

1238 First I want to thank Congressman Bilirakis for offering  
1239 the amendment and for his long, long history of support for  
1240 people with rare diseases.

1241 As the co-chair of the Rare Disease Caucus, I am proud  
1242 to say that I worked with your father in 2003 to pass the  
1243 original bill that required pediatric studies in drugs, and I  
1244 look forward to continuing that legacy with you.

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1245           It pains me to say this, but I can't support the AINS  
1246 today unless my amendment is accepted, but I pledge to  
1247 continue working with you, Mr. Bilirakis, and colleagues on  
1248 both sides of the aisle to get to a very important bipartisan  
1249 solution. The AINS does have several important pieces of  
1250 legislation included in it.

1251           First, the Kids -- Give Kids a Chance Act directs drug  
1252 companies to conduct pediatric studies of combinations of  
1253 cancer drugs and therapies. Cutting-edge cancer treatments  
1254 involve a combination of drugs, and kids deserve to benefit  
1255 from that scientific advancement. I am proud to have  
1256 introduced this legislation with Congressman McCaul of Texas.

1257           Second, the RARE Act, introduced by Representatives  
1258 Matsui and Bilirakis, clarifies existing law so that orphan  
1259 drug exclusivity only applies for the specific approved use  
1260 of rare disease drugs, and this bill preserves important  
1261 orphan drug incentives.

1262           Third, the Creating Hope Reauthorization Act awards drug  
1263 makers with valuable vouchers for marketing a treatment for a  
1264 rare pediatric disease.

1265           The AINS today leaves out another critical bill that

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1266 Representative McCaul and I introduced as part of our package  
1267 to help children with rare diseases, the Innovation in  
1268 Pediatric Drugs Act. This legislation closes the loophole  
1269 that allows more than one quarter of all rare disease  
1270 medications on the market today to have no studies in it for  
1271 children. This legislation is an important counterweight to  
1272 the pediatric voucher program, which is only for diseases  
1273 that primarily impact children.

1274       When a rare disease affects both children and adults,  
1275 the drug company will often get a treatment for the disease  
1276 approved for adults, and not study it in children. Children  
1277 who suffer from rare diseases are, therefore, left behind.  
1278 Doctors, pharmacists, and parents are cutting pills and  
1279 mixing medicines, hoping the children under their care  
1280 receive a safe and effective dose. This legislation would  
1281 require drug companies that successfully market a rare  
1282 disease treatment to test it in children with the same  
1283 disease.

1284       Pediatric studies are usually required after a drug is  
1285 already on the market. When pediatric studies are late --  
1286 and FDA has found that many required pediatric studies are



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1287 more than 10 years late -- FDA's only recourse is to take the  
1288 drug off the market. This legislation allows the FDA to  
1289 enforce pediatric studies the same way it enforces drug  
1290 studies.

1291 We should build on the longstanding strategy of our  
1292 essentially carrot-and-stick approach to pediatric drug  
1293 development. The AINS offered by Congressman Bilirakis,  
1294 unfortunately, doesn't maintain that legacy, and it impacts  
1295 children with rare diseases that -- and also impact adults.

1296 So I offer this rather long but important explanation to  
1297 all of the members because, undoubtedly, every single member  
1298 here wants to improve remedies for children. And what was  
1299 left out, if it can be added in, which I believe is a very  
1300 important addition, we are going to have, I think, the most  
1301 strengthful package for pediatric drug use in our country.

1302 So with that, Mr. Chairman, I yield back.

1303 \*Mr. Guthrie. The gentlelady yields back. Is there any  
1304 further discussion on the amendment?

1305 The gentleman from Pennsylvania is recognized for five  
1306 minutes to discuss the amendment.

1307 \*Mr. Joyce. Mr. Chairman, I move to strike the last

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1308 word and speak in --

1309 \*Mr. Guthrie. The gentleman is recognized.

1310 \*Mr. Joyce. Thank you, Mr. Chairman. Today I am  
1311 pleased that we are considering H.R. 7384, the Creating Hope  
1312 Reauthorization Act that will reauthorize the Rare Pediatric  
1313 Disease Priority Review Voucher program until fiscal year  
1314 2029.

1315 The ability of companies to sell or redeem a new drug or  
1316 biologic for priority review is critical to a robust pipeline  
1317 of treatments for pediatric patients. The vouchers from this  
1318 program provide a strong incentive to develop drugs with rare  
1319 pediatric disease designations.

1320 Since the program's inception, these vouchers have been  
1321 awarded across 39 pediatric diseases, only 3 of which had any  
1322 FDA-approved treatments prior to the program.  
1323 Reauthorization of this program is critical to support  
1324 innovation in the rare pediatric disease space and address an  
1325 unmet need for children who suffer from these serious  
1326 conditions.

1327 Innovation is a core pillar of American medicine, and  
1328 our children deserve nothing but the best in terms of new,

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1329 lifesaving treatments. And it is incumbent on us, as  
1330 legislators, to ensure that the proper incentives are in  
1331 place for this to occur.

1332 The other bills included in this AINS will also help  
1333 lower costs and increase pediatric patients where there  
1334 otherwise might not be the necessary hope.

1335 I urge my colleagues to support the AINS, and I yield  
1336 back the balance of my time.

1337 \*Mr. Guthrie. The gentleman yields back.

1338 Is there further discussion?

1339 The ranking member is recognized for five minutes on the  
1340 amendment.

1341 \*Mr. Pallone. Thank you, Mr. Chairman. I move to  
1342 strike the last word --

1343 \*Mr. Guthrie. The gentleman is recognized.

1344 \*Mr. Pallone. -- and speak in opposition to the bill.  
1345 Although I like the substance of the underlying bill, I can't  
1346 support the AINS or the underlying bill because of the way my  
1347 Republican colleagues have decided to package these bills  
1348 today and their refusal to work with us on a bipartisan  
1349 basis.

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1350           The bills do not reflect this committee's responsibility  
1351 to ensure an appropriate balance between holding drug  
1352 sponsors accountable to patients and providing drug companies  
1353 with billions of dollars in financial incentives. And so I  
1354 urge my colleagues to oppose this bill and to support  
1355 Representative Eshoo's amendment to improve the bill and  
1356 ensure that manufacturers are doing their share to improve  
1357 the pipeline of pediatric drugs and carry out their  
1358 responsibilities to pediatric patients.

1359           I would like to start by reiterating that I do support  
1360 the underlying bill, and it is strong, and it is bipartisan.  
1361 And with the help of our efforts, it will lead to new  
1362 treatments for more advanced forms of pediatric cancer.

1363           Additionally, I am also supportive of H.R. 7383, the  
1364 Retaining Access and Restoring Exclusivity, or RARE Act,  
1365 which the majority intends to add by amendment to H.R. 3433,  
1366 obviously. And this bipartisan legislation would codify  
1367 FDA's long-held treatment of orphan drug exclusivity, which  
1368 has always said that the exclusivity extends to a particular  
1369 indication. But a recent court case, which held otherwise,  
1370 would essentially overturn decades of precedent of

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1371 interpreting the Orphan Drug Act, and this could lead to  
1372 products coming off the market and blocking innovation for  
1373 orphan drugs. However, the overall package I can't support  
1374 because, unfortunately, the majority refused to work with us  
1375 to strike a balanced approach to the reauthorization of the  
1376 Pediatric Priority Review Voucher program.

1377 In 2020, when this committee last reauthorized the  
1378 Pediatric Review Voucher program, I said that we would need  
1379 to keep a critical eye on the program to ensure it did not  
1380 overly tax FDA's resources, and that it provides the  
1381 incentives it promised. Unfortunately, we still have not  
1382 seen the compelling, concrete evidence that this program is  
1383 functioning how Congress intended it to.

1384 At our February hearing we heard from Dr. Aaron  
1385 Kesselheim from Harvard that these vouchers do not help start  
1386 new trials or bring new, innovative drugs to market in any  
1387 field, much less for rare pediatric diseases. Further, they  
1388 are disruptive to FDA's review processes, and can delay other  
1389 important therapies from being made available to patients.

1390 So I am willing, nonetheless, to work with my colleagues  
1391 across the aisle to reauthorize this program, make it work

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1392 better, and we have tried to meet them in the middle. But  
1393 unfortunately, the Republicans have refused to meet us  
1394 halfway, or even part of the way, in my opinion. Instead,  
1395 they are insisting that we reauthorize the rare pediatric  
1396 disease PRV program without any requirements to also hold  
1397 these companies accountable to the pediatric patients the  
1398 program was first created to help, and they have been  
1399 unwilling to work with us to incorporate, as we have said,  
1400 Representative Eshoo's bill, H.R. 6664, the Innovation of  
1401 Pediatric Drugs Act, which would strike the right balance by  
1402 requiring drugs for rare diseases to be studied in children.

1403         So these Priority Review Vouchers are worth hundreds of  
1404 millions, possibly billions of dollars to the drug companies  
1405 that benefit from them, and yet they refuse to conduct  
1406 clinical trials in pediatric populations for rare disease  
1407 drugs. And when they refuse to complete clinical trials in  
1408 pediatric patients for their approved drugs, we can't hold  
1409 them accountable. I mean, that is simply not acceptable to  
1410 me.

1411         So I think the committee should be considering Ms.  
1412 Eshoo's bill today because it would provide a holistic

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1413 approach that not only rewards drug developers, but also  
1414 holds them accountable to pediatric patients and strengthens  
1415 the pediatric drug pipeline. And that is why I strongly urge  
1416 support for Ms. Eshoo's amendment today, which would add the  
1417 Innovation in Pediatric Drugs Act to the bill.

1418 In previous reauthorizations of the rare pediatric  
1419 disease PRV, Democrats and Republicans worked across the  
1420 aisle to ensure Congress balanced responsibility of drug  
1421 sponsors with incentives to ensure the program provided a  
1422 full approach to bring products to patients. Unfortunately,  
1423 the legislation that Republicans have brought to the markup  
1424 today is not a reflection of the bipartisan work this  
1425 committee has done in the past.

1426 So I strongly urge my colleagues to vote no on this  
1427 bill, and I urge my colleagues to support Representative  
1428 Eshoo's amendment to the bill.

1429 And then with that I yield back, Mr. Chairman.

1430 \*Mr. Guthrie. The gentleman yields back. Is there any  
1431 further discussion on the AINS?

1432 Seeing none, is there an amendment to the AINS to be  
1433 offered?

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1434 The gentlelady from California.

1435 \*Ms. Eshoo. Thank you, Mr. Chairman. I have --

1436 \*Mr. Guthrie. You have your amendment?

1437 \*Ms. Eshoo. I wanted to speak to the amendment. It  
1438 preserves the --

1439 \*Mr. Guthrie. Let me get the clerk to --

1440 \*Ms. Eshoo. Oh, I am sorry. Okay.

1441 \*Mr. Guthrie. Would the clerk report the amendment?

1442 \*The Clerk. Amendment to the amendment --

1443 \*Mr. Guthrie. By the lady from California.

1444 \*The Clerk. Amendment to the amendment in the nature of  
1445 a substitute to H.R. 3433.

1446 \*Mr. Guthrie. Without objection, the reading of the  
1447 amendment is dispensed with.

1448 [The amendment of Ms. Eshoo follows:]

1449

1450 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

1451



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1452           \*Mr. Guthrie. And the gentlelady is recognized for five  
1453 minutes in discussion of her amendment.

1454           \*Ms. Eshoo. Thank you, Mr. Chairman.

1455           My amendment preserves the delicate flexibilities that  
1456 companies need to get drugs to market and reap the reward of  
1457 their work of creating new pediatric products, all without  
1458 hampering their ability to innovate. It includes nearly the  
1459 same legislation as Mr. Bilirakis's AINS, but also includes  
1460 bipartisan legislation -- I want to underscore that, it is  
1461 bipartisan legislation -- to require studies for children  
1462 with a rare disease.

1463           The legislation is moderate, and it is flexible because  
1464 it -- first, it limits the universe of required pediatric  
1465 studies to only those treatments that would have a meaningful  
1466 benefit for children. It provides waivers to exempt  
1467 companies from pediatric studies when a study is impossible  
1468 or highly impracticable -- for example, if a drug can't be  
1469 studied in certain age cohorts, or when a clinical trial is  
1470 too difficult to enroll children in -- and it gives the FDA  
1471 the same enforcement authority for pediatric studies that we  
1472 passed last Congress as part of our bipartisan changes to the

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1473 accelerated approvals pathway.

1474           The American Academy of Pediatrics, the Leukemia and  
1475 Lymphoma Society, the Children's Hospital Association,  
1476 Children's Cancer Cause, the National Organization for Rare  
1477 Disorders, the Alliance for Children Cancer [sic], the  
1478 Elizabeth Glaser Pediatric AIDS Foundation, Saint Jude  
1479 Children's Research Hospital, and the Coalition Against  
1480 Childhood Cancer have all endorsed the legislation.

1481           I would also like to submit for the record, Mr.  
1482 Chairman, a letter of support for the legislation signed by  
1483 41 organizations.

1484           \*Mr. Guthrie. Without objection, so ordered.

1485           [The information follows:]

1486

1487 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

1488

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1489           \*Ms. Eshoo. And finally, I want to address the length  
1490 of the reauthorization for the Priority Review Voucher  
1491 program. In Representative Bilirakis's amendment the length  
1492 of the reauthorization is six years, and my amendment is for  
1493 three years, so that it aligns with the user fee schedule,  
1494 ensuring the program is more easily reauthorized because it  
1495 will be paired with must-pass legislation. In past  
1496 reauthorizations we have always done four years.

1497           So I will work with you to settle on a number of years  
1498 between now and the full committee consideration to really  
1499 get, you know, to get this in place. It is just so important  
1500 for the kids.

1501           So I thank you, Mr. Chairman, and I yield back.

1502           \*Mr. Guthrie. The gentlelady yields back, and the chair  
1503 will now recognize myself on the amendment.

1504           I want to thank my good friend, Ranking Member Eshoo,  
1505 for all of her work that she has done. And your legacy in  
1506 this Congress will, number one, I think -- well, I don't know  
1507 of all of them, but I can tell you one that I know will be  
1508 how you have increased the rapidity of getting drugs to the  
1509 marketplace so that people can benefit from it, so people can

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1510 benefit sooner.

1511 I know some people like to quote a Harvard law professor  
1512 about this doesn't really matter, how quickly we move  
1513 forward, it is better to wait. But I will tell you, there  
1514 are families that are indifferent when they are suffering  
1515 from this. So I want to thank you for all the work.

1516 In the prior passage of the first laws incentivizing  
1517 pediatric studies, more than 80 percent of approved drugs had  
1518 no pediatric-specific labeling information. Now, owing to a  
1519 careful balance between the Best Pharmaceuticals for Children  
1520 Act, BPCA, and the Pediatric Research Equity Act, PREA, the  
1521 FDA has over 50 drugs with over 70 indications for the  
1522 treatment of pediatric cancers alone.

1523 We all share the same goal: to get the best possible  
1524 information and treatment to the kids that need it. That  
1525 being said, there is a philosophical difference on how we get  
1526 there, and the difference in mandates and penalties, how  
1527 would that improve accountability and expecting this outcome  
1528 ignores when so-called non-compliance occurs [sic].

1529 Instead, the threat of more stringent penalties for PREA  
1530 violations, when coupled with the elimination of orphan

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1531 exemption, would continue to erode needed investment in drug  
1532 development for rare diseases. Instead, we must facilitate  
1533 and incentivize innovation, especially where market  
1534 incentives may not exist, such as rare diseases that are  
1535 already difficult to study, given their rarity, especially in  
1536 children that we all want to protect.

1537         Unfortunately, the amendment does not grapple with the  
1538 meaningful headwinds to successful pediatric drug  
1539 development, particularly the significant challenges of  
1540 enrolling an adequate number of patients and generating  
1541 sufficient data regarding the drug's use in a pediatric  
1542 population.

1543         Under this amendment, drugs for rare diseases that the  
1544 Secretary determines could represent a meaningful therapeutic  
1545 benefit will be subjected to -- the first time to  
1546 requirements of study kids. That sounds simple, but  
1547 companies will have to wait for a guidance and a waiver list  
1548 to see how this threshold will be applied in practice, and  
1549 this is subjective and creates significant uncertainty, as  
1550 PREA requirements could apply to any number of drugs for rare  
1551 diseases.

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1552           Just to illustrate, in 2023, CDER approved 55 novel  
1553 drugs, over 50 percent of which were orphan-designated. CBER  
1554 approved 12 orphan designations designated new BLAs. With  
1555 each -- will each of these drugs require a waiver? And for  
1556 what age ranges will a drug for neonates need a waiver for  
1557 older children? On the other hand, will a manufacturer  
1558 require a waiver for product that isn't available until  
1559 symptoms manifest in older children? These are just some of  
1560 the outstanding questions that deserve more scrutiny and --  
1561 given it is a significant divergence from the status quo, not  
1562 to mention this proposed change takes place in the context of  
1563 systematic -- the incentives that have dropped under the  
1564 Biden Administration.

1565           As I understand, the FDA released dual controversial  
1566 draft guidances in May 2023, one of which that limited the  
1567 carrot of the BPCA. Moreover, the drugs being chosen as soon  
1568 as seven years after the FDA approval for the new drug  
1569 control in the IRA, I fear that labels for children will be  
1570 fewer over the next decade. According to a recent study, the  
1571 average time after original approval for a pediatric  
1572 indication approval was 8.9 years, and 10 of the 18 were

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1573 approved 7 years or more following original approval.

1574           Finally, the bill presents process challenges that  
1575 cannot be overlooked because it increases authorization  
1576 levels with no offset and other spending programs, and we  
1577 have worked to produce offsets as we move forward throughout  
1578 the full committee.

1579           So while I appreciate the effort and the hard work and  
1580 the goals, and I am grateful for the work on the BPCA and  
1581 PREA that has such amazing impact, I think that this  
1582 amendment takes the wrong approach, and I recommend a no  
1583 vote.

1584           Is anybody else seeking discussion on the amendment? I  
1585 yield back. Is anybody else seeking discussion?

1586           \*Ms. Eshoo. I want to ask you if you would -- oh, I  
1587 see.

1588           \*Mr. Guthrie. Oh, I have a minute left. Would you like  
1589 to -- I will yield to the gentlelady from California.

1590           \*Ms. Eshoo. Thank you, Mr. --

1591           \*Mr. Guthrie. Before I yield back.

1592           \*Ms. Eshoo. -- Chairman. In listening hard to what you  
1593 just said, these are all technical issues, and I stand ready

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1594 to work with you to resolve them because the underlying  
1595 purpose of the legislation is just too important to end up on  
1596 a scrap pile of things unattended to.

1597 And we are all committed to the children, so I am 1,000  
1598 percent committed to work out these technical issues that you  
1599 just outlined.

1600 \*Mr. Guthrie. Thank you, and 100 percent I will stand  
1601 by the -- when I said you were my friend, that is 100 percent  
1602 accurate, and when I said that you are a known leader in  
1603 getting this -- getting drugs to -- the pharmaceuticals to  
1604 the marketplace quicker, especially for children --

1605 \*Ms. Eshoo. Thank you.

1606 \*Mr. Guthrie. -- that has been your -- it will be your  
1607 legacy, in my view.

1608 I will yield back, and the chair recognizes the  
1609 gentleman from Texas for five minutes.

1610 \*Mr. Burgess. Mr. Chairman, I just had a question, but  
1611 it actually was just addressed by Ms. Eshoo. I do not want  
1612 to vote against this amendment. At the same time, I hope  
1613 that the committee -- I mean, I was here in 2003, as well,  
1614 and I think this is an extremely important concept, and I



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1615 hope, like Representative Eshoo, I do not want to see it  
1616 discarded on the heap of amendments that didn't make it. I  
1617 think it is worthy of continued study and continued work. So  
1618 I am grateful for her comments that she is willing to do  
1619 that, and I hope that we can see our way forward in the  
1620 future to do the same.

1621 \*Mr. Guthrie. Thank you. Thank you for those comments.

1622 \*Ms. Eshoo. Thank you.

1623 \*Mr. Guthrie. The gentleman yields back. Is there any  
1624 further discussion?

1625 Without further discussion, the vote occurs on the  
1626 amendment.

1627 Excuse me, does the gentleman from Florida seek  
1628 recognition on the amendment?

1629 \*Mr. Bilirakis. Yes.

1630 \*Mr. Guthrie. Okay.

1631 \*Mr. Bilirakis. Thank you very much, Mr. Chairman. I  
1632 appreciate it very much.

1633 As everyone knows, I have a ton of respect for the  
1634 Ranking Member Eshoo, and I appreciate her bringing up my  
1635 father's name, as well. You know, I didn't realize he was a

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1636 -- he authorized the bill initially, in 2003. You know, it  
1637 must be in our DNA, because we have the same interests, even  
1638 though we don't talk policy, we talk baseball and family  
1639 anymore, but we appreciate it very much.

1640 I am concerned, though, that the amendment she is  
1641 offering, as drafted -- and of course, I want to work with  
1642 you on these issues -- undercuts the bipartisan product we  
1643 have before us, and could ultimately harm the rare disease  
1644 patient community by delaying or preventing access to new  
1645 treatment options. The amendment does -- it would extend the  
1646 PRV program for three years less than the bipartisan-  
1647 introduced legislation in the manager's amendment. But on  
1648 that issue, of course, I am willing to work with you.

1649 But going through 2027 instead of 2030, I think 2027 is  
1650 the wrong date. Given the development timeliness for rare  
1651 disease treatments, this is not a meaningful extension, in my  
1652 opinion. Patient groups have resoundingly supported a long-  
1653 term PRV reauthorization, and this would go against that  
1654 policy in a way that I fear will hurt the pipeline for rare  
1655 disease treatments and cures.

1656 It would also create additional uncertainty, the

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1657 amendment would -- to the amendment -- for developers already  
1658 facing significant headwinds. It grants the agency enormous  
1659 discretion in red tape. The treatments the Secretary  
1660 designates would be subject to burdensome requirements to get  
1661 rare disease drugs approved by requiring pediatric studies,  
1662 and many of whom are already working with pediatric  
1663 populations and diseases.

1664         It doubles the size of the NIH program to study older  
1665 drugs and children without providing any sort of offset  
1666 through decreases of funding -- funded authorizations in  
1667 other areas, and does so well before the PBCA program  
1668 expires.

1669         Lastly, it would subject companies to significant  
1670 enforcement penalties who did not conduct their pediatric  
1671 studies, even though -- when it may not be feasible to  
1672 conduct these studies in the time required, instead giving  
1673 FDA more authority to decide whether to issue waivers.

1674         In particular, I have concerns with a shorter PRV  
1675 reauthorization, as I said, increasing requirements on rare  
1676 disease companies at a time when incentives have dramatically  
1677 decreased, and doubling an authorization without the

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1678 necessary offset, which jeopardizes consideration on the  
1679 floor.

1680         If you would be willing, of course, to withdraw --  
1681 otherwise, if you do -- if you don't withdraw, and this goes  
1682 down, of course, I am willing to work with you. But if you  
1683 if you do withdraw the amendment, I think we can make  
1684 progress on including a provision holding drug-makers  
1685 accountable for not following the provisions of the law or  
1686 conducting their studies, and working to potentially add this  
1687 -- again, this particular year improvement -- to the full  
1688 committee.

1689         I also appreciate the GAO study within the amendment,  
1690 and believe that would be a good starting point to better  
1691 identify and address the problem she is -- a great member --  
1692 is describing by the time we get to our next Prescription  
1693 Drug User Fee Act reauthorization process.

1694         But I don't want to jeopardize the bill. So,  
1695 unfortunately, I cannot support this amendment at this  
1696 particular time in its current form, and I ask my colleagues  
1697 to vote no on this particular amendment.

1698         Thank you very much, and I yield back the balance of my

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1699 time.

1700 \*Mr. Guthrie. The gentleman yields back. Is there any  
1701 further discussion on the amendment?

1702 \*Mr. Pallone. You know we want a roll call.

1703 \*Mr. Guthrie. You want a roll call vote?

1704 If no further discussion on the amendment, the vote will  
1705 occur, and there has been a roll call vote requested, and the  
1706 clerk will call the roll.

1707 \*The Clerk. Guthrie?

1708 \*Mr. Guthrie. No.

1709 \*The Clerk. Guthrie votes no.

1710 Burgess?

1711 \*Mr. Burgess. Pass.

1712 \*The Clerk. Burgess passes.

1713 Latta?

1714 \*Mr. Latta. No.

1715 \*The Clerk. Latta votes no.

1716 Griffith?

1717 \*Mr. Griffith. No.

1718 \*The Clerk. Griffith votes no.

1719 Bilirakis?

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1720 \*Mr. Bilirakis. No.  
1721 \*The Clerk. Bilirakis votes no.  
1722 Bucshon?  
1723 \*Mr. Bucshon. No.  
1724 \*The Clerk. Bucshon votes no.  
1725 Hudson?  
1726 [No response.]  
1727 \*The Clerk. Carter?  
1728 \*Mr. Carter. No.  
1729 \*The Clerk. Carter votes no.  
1730 Dunn?  
1731 \*Mr. Dunn. No.  
1732 \*The Clerk. Dunn votes no.  
1733 Pence?  
1734 \*Mr. Pence. No.  
1735 \*The Clerk. Pence votes no.  
1736 Crenshaw?  
1737 \*Mr. Crenshaw. No.  
1738 \*The Clerk. Crenshaw votes no.  
1739 Joyce?  
1740 \*Mr. Joyce. No.

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1741           \*The Clerk. Joyce votes no.  
1742           Balderson?  
1743           \*Mr. Balderson. No.  
1744           \*The Clerk. Balderson votes no.  
1745           Harshbarger?  
1746           [No response.]  
1747           \*The Clerk. Miller-Meeks?  
1748           \*Mrs. Miller-Meeks. No.  
1749           \*The Clerk. Miller-Meeks votes no.  
1750           Oberholte?  
1751           \*Mr. Oberholte. No.  
1752           \*The Clerk. Oberholte votes no.  
1753           Eshoo?  
1754           \*Ms. Eshoo. Aye.  
1755           \*The Clerk. Eshoo votes aye.  
1756           Sarbanes?  
1757           \*Mr. Sarbanes. Aye.  
1758           \*The Clerk. Sarbanes votes aye.  
1759           Cardenas?  
1760           \*Mr. Cardenas. Aye.  
1761           \*The Clerk. Cardenas votes aye.

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1762 Ruiz?  
1763 \*Mr. Ruiz. Aye.  
1764 \*The Clerk. Ruiz votes aye.  
1765 Dingell?  
1766 \*Mrs. Dingell. Aye.  
1767 \*The Clerk. Dingell votes aye.  
1768 Kuster?  
1769 \*Ms. Kuster. Aye.  
1770 \*The Clerk. Kuster votes aye.  
1771 Kelly?  
1772 \*Ms. Kelly. Aye.  
1773 \*The Clerk. Kelly votes aye.  
1774 Barragan?  
1775 \*Ms. Barragan. Aye.  
1776 \*The Clerk. Barragan votes aye.  
1777 Blunt Rochester?  
1778 \*Ms. Blunt Rochester. Aye.  
1779 \*The Clerk. Blunt Rochester votes aye.  
1780 Craig?  
1781 \*Ms. Craig. Aye.  
1782 \*The Clerk. Craig votes aye.



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1783 Schrier?

1784 \*Ms. Schrier. Aye.

1785 \*The Clerk. Schrier votes aye.

1786 Trahan?

1787 [No response.]

1788 \*The Clerk. Pallone?

1789 \*Mr. Pallone. Aye.

1790 \*The Clerk. Pallone votes aye.

1791 Chair Rodgers?

1792 \*The Chair. No.

1793 \*The Clerk. Chair Rodgers votes no.

1794 \*Mr. Guthrie. Is anyone else seeking to answer the roll

1795 call?

1796 Seeing none, the clerk will report.

1797 \*The Clerk. Chair Guthrie, on that vote there were 12

1798 ayes, 14 noes, and 1 pass.

1799 \*Mr. Guthrie. With 12 ayes, 14 noes, and 1 pass, the

1800 amendment is not agreed to.

1801 Are there further amendments?

1802 The question now occurs on adopting the amendment in the

1803 nature of a substitute.

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1804           If there is no further discussion of the amendment in  
1805 the nature of a substitute, all those in favor, vote aye.

1806           Other votes nay.

1807           The ayes have it, and the amendment is agreed to.

1808           The question now occurs on forwarding H.R. 3433, as  
1809 amended, to the full committee.

1810           All those in favor -- the gentleman requests a roll call  
1811 vote. The clerk will call the roll.

1812           \*The Clerk. Guthrie?

1813           \*Mr. Guthrie. Aye.

1814           \*The Clerk. Guthrie votes aye.

1815           Burgess?

1816           \*Mr. Burgess. Votes aye.

1817           \*The Clerk. Burgess votes aye.

1818           Latta?

1819           \*Mr. Latta. Aye.

1820           \*The Clerk. Latta votes aye.

1821           Griffith?

1822           \*Mr. Griffith. Aye.

1823           \*The Clerk. Griffith votes aye.

1824           Bilirakis?

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1825           \*Mr. Bilirakis. Aye.

1826           \*Ms. Eshoo. His voice.

1827           \*The Clerk. Bilirakis votes aye.

1828           Bucshon?

1829           \*Mr. Guthrie. He said allergies.

1830           \*Mr. Bucshon. Aye.

1831           \*The Clerk. Bucshon votes aye.

1832           Hudson?

1833           [No response.]

1834           \*Ms. Eshoo. It doesn't sound good.

1835           \*The Clerk. Carter?

1836           \*Mr. Carter. Aye.

1837           \*The Clerk. Carter votes aye.

1838           Dunn?

1839           \*Mr. Guthrie. He told me allergies.

1840           \*Mr. Dunn. Aye.

1841           \*Mr. Guthrie. -- something else.

1842           \*The Clerk. Dunn votes aye.

1843           Pence?

1844           \*Ms. Eshoo. Just allergies.

1845           \*Mr. Pence. Aye.

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1846           \*The Clerk. Pence votes aye.  
1847           Crenshaw?  
1848           \*Mr. Crenshaw. Aye.  
1849           \*The Clerk. Crenshaw votes aye.  
1850           Joyce?  
1851           \*Mr. Joyce. Aye.  
1852           \*The Clerk. Joyce votes aye.  
1853           Balderson?  
1854           \*Mr. Balderson. Aye.  
1855           \*The Clerk. Balderson votes aye.  
1856           Harshbarger?  
1857           [No response.]  
1858           \*The Clerk. Miller-Meeks?  
1859           [No response.]  
1860           \*The Clerk. Obernolte?  
1861           \*Mr. Obernolte. Aye.  
1862           \*The Clerk. Obernolte votes aye.  
1863           Pallone?  
1864           \*Mr. Pallone. No.  
1865           \*The Clerk. Pallone votes no.  
1866           Eshoo?

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1867           \*Ms. Eshoo. No.  
1868           \*The Clerk. Eshoo votes no.  
1869           Sarbanes?  
1870           \*Mr. Sarbanes. No.  
1871           \*The Clerk. Sarbanes votes no.  
1872           Cardenas?  
1873           \*Mr. Cardenas. No.  
1874           \*The Clerk. Cardenas votes no.  
1875           Ruiz?  
1876           \*Mr. Ruiz. No.  
1877           \*The Clerk. Ruiz votes no.  
1878           Dingell?  
1879           \*Mrs. Dingell. No.  
1880           \*The Clerk. Dingell votes no.  
1881           Kuster?  
1882           \*Ms. Kuster. No.  
1883           \*The Clerk. Kuster votes no.  
1884           Kelly?  
1885           [No response.]  
1886           \*The Clerk. Barragan?  
1887           \*Ms. Kelly. No.

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1888 \*Ms. Barragan. Aye.  
1889 \*The Clerk. Kelly votes no.  
1890 Barragan votes aye.  
1891 Blunt Rochester?  
1892 \*Ms. Blunt Rochester. No.  
1893 \*The Clerk. Blunt Rochester votes no.  
1894 Craig?  
1895 \*Ms. Craig. No.  
1896 \*The Clerk. Craig votes no.  
1897 Schrier?  
1898 \*Ms. Schrier. No.  
1899 \*The Clerk. Schrier votes no.  
1900 Trahan?  
1901 [No response.]  
1902 \*The Clerk. Chair Rodgers?  
1903 \*Mr. Pallone. Aye.  
1904 \*The Clerk. Chair Rodgers votes aye.  
1905 \*Voice. How is Miller-Meeks --  
1906 \*The Clerk. Mrs. Miller-Meeks is not recorded.  
1907 \*Mrs. Miller-Meeks. Aye.  
1908 \*The Clerk. Miller-Meeks votes aye.

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1909           \*Mr. Guthrie. Is anyone else seeking to answer the roll  
1910 call?

1911           Seeing none, the clerk will report.

1912           \*The Clerk. Chair Guthrie, on that vote there were 16  
1913 ayes and 11 noes.

1914           \*Mr. Guthrie. With 16 ayes and 11 noes, the bill is  
1915 agreed to.

1916           The chair calls up H.R. 7188, and asks the clerk to  
1917 report.

1918           \*The Clerk. H.R. 7188, a bill to require the Secretary  
1919 of Health and Human Services to conduct a national  
1920 evidence --

1921           \*Mr. Guthrie. Without objection, the first reading of  
1922 the bill is dispensed with, and the bill will be open for  
1923 amendment at any point.

1924           So ordered.

1925           [The bill follows:]

1926

1927           \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

1928

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1929           \*Mr. Guthrie. Does anyone seek recognition on the bill?

1930           You want to do the amendment, right?

1931           The gentlelady seeks recognition on the bill. The  
1932 gentlelady from Michigan is recognized.

1933           \*Mrs. Dingell. Thank you, Mr. Chairman. I am very  
1934 grateful that the Shandra Eisenga Human Cell and Tissue  
1935 Product Safety Act is included as part of today's markup. I  
1936 am leading this bipartisan bill alongside my friend and  
1937 colleague from Michigan, Representative John Moolenaar.

1938           Last summer I was contacted by the medical director of  
1939 the Washtenaw County Tuberculosis Clinic, who was treating a  
1940 patient, Shandra Eisenga, for a severe post-surgical  
1941 tuberculosis infection. She was actually Representative  
1942 Moolenaar's constituent, but she was being treated at the  
1943 University of Michigan, which is in my district. After a  
1944 month battling a severe TB infection in the intensive care  
1945 unit, Shandra, unfortunately, died.

1946           Shandra's physician was particularly alarmed, since he  
1947 realized that she had recently received a bone graft that was  
1948 manufactured by Aziyo Biologic, a company with a troubling  
1949 history with contaminated bone grafts. In 2021 units of



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1950 contaminated bone graft manufactured by Aziyo Biologic was  
1951 implanted into 113 patients; 87 of them developed TB  
1952 infections, and 8 died.

1953           Since Shandra's passing, it has been discovered that her  
1954 death was indeed linked to the contaminated bone graft  
1955 material produced by Aziyo Biologic. She was one of 36  
1956 patients who received material from the contaminated lot.  
1957 And as of today, this latest outbreak is linked to the deaths  
1958 of two patients, including Shandra.

1959           I have been working closely with the FDA and the Centers  
1960 for Disease Control and Prevention to better understand the  
1961 manufacture and regulation of human cells, tissues, or  
1962 cellular or tissue-based products -- HCTPs, for short -- to  
1963 ensure that they can be used to improve patient outcomes, not  
1964 harm them.

1965           Most of you know that a few years ago, when I had the  
1966 problem with my jaw, I had a bone graft. A series went into  
1967 my jaw, and I can personally say no one, no one spelled out  
1968 the potential risks. And that is why these pieces of  
1969 legislation are so important. Taken together, they will take  
1970 steps to ensure patients better understand the risks

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1971 associated with bone graft materials. But even more  
1972 important, improve the testing and screening of tuberculosis  
1973 in donor materials that are used in medical procedures.

1974 I thank the subcommittee chair and the ranking member  
1975 for including this important piece of legislation. I know my  
1976 colleague, Representative Moolenaar, is very grateful, too.  
1977 He has been a great bipartisan partner. We owe it to  
1978 Shandra, her family, and every other patient who has been  
1979 affected by contaminated bone grafts to ensure that we are  
1980 doing everything we can to prevent these unnecessary  
1981 tragedies from happening again.

1982 I urge my colleagues to vote yes on this bill, and I  
1983 yield back the remainder of my time.

1984 \*Mr. Guthrie. The gentlelady yields back. Is there any  
1985 further discussion on the bill?

1986 Seeing none, the gentleman from Texas is recognized for  
1987 an amendment.

1988 \*Mr. Crenshaw. Mr. Chairman, I have an amendment at the  
1989 desk.

1990 \*Mr. Guthrie. The clerk will report the amendment.

1991 \*The Clerk. Amendment in the nature of a substitute to

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1992 H.R. 7188, offered by Mr. Crenshaw.

1993 \*Mr. Guthrie. Without objection, the reading of the  
1994 amendment is dispensed with.

1995 [The amendment of Mr. Crenshaw follows:]

1996

1997 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

1998

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1999           \*Mr. Guthrie. And the gentleman from Texas is  
2000 recognized for five minutes in support of his amendment.

2001           \*Mr. Crenshaw. Thank you, Mr. Chairman. I am offering  
2002 this amendment in the nature of a substitute for the Shandra  
2003 Eisenga Human Cell and Tissue Product Safety Act, sponsored  
2004 by Representatives Moolenaar and Dingell.

2005           I want to be clear. I support the underlying bill, and  
2006 this AINS would keep that bill intact and add an additional  
2007 legislation, as well, which I am going to talk about now.

2008           The underlying bill, as my colleague just explained, is  
2009 for Shandra, who tragically passed away from tuberculosis  
2010 last year, becoming sick after a contaminated bone graft  
2011 during surgery, something that no patient should ever have to  
2012 go through.

2013           These cell and tissue products can save lives, but we  
2014 have to ensure that the standards are clear, that providers  
2015 and patients are educated on the risks and the benefits. And  
2016 this bill does a couple of key things: educates patients,  
2017 providers, and industry; and also ensures that the FDA has  
2018 the most up-to-date guidance so that industry can properly  
2019 screen for pathogens like tuberculosis.

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2020           Second, the bill includes important bipartisan policies  
2021 that I worked on with Representative Barragan, which -- I  
2022 really appreciate her bipartisan support on this. These are  
2023 policies that are going to encourage innovation in  
2024 regenerative medicine.

2025           So you might ask, what is that? What is regenerative  
2026 medicine? Regenerative medicine is when we use the human  
2027 body to heal disease. And in some cases, we are quite  
2028 literally using a patient's own body, their own cells, to  
2029 cure disease. It is one of the great medical miracles of our  
2030 time. But to succeed, we have got to make sure that the  
2031 regulatory environment encourages innovation, because these  
2032 are complex therapies, and there is a lot of emerging  
2033 science.

2034           So what this bill does, it encourages more FDA  
2035 communication with innovators. And this bill also moves us  
2036 closer to a new pathway so that we are not applying a one-  
2037 size-fits-all regulation to some of the most life-changing,  
2038 lifesaving cell therapies.

2039           Now, this is something that I continue -- plan to  
2040 continue to work on with the FDA, because the wrong

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2041 regulation can quite literally mean the difference between  
2042 innovation that saves lives and patients that are left out in  
2043 the cold with no options. This amendment will advance safety  
2044 and innovation, and I ask everyone to vote in support of it.

2045 Thank you, and I yield back.

2046 \*Mr. Bucshon. [Presiding] The gentleman yields back.

2047 Is there any other further discussion --

2048 \*Mr. Sarbanes. Mr. Chairman?

2049 \*Mr. Bucshon. -- on the amendment?

2050 Mr. Sarbanes is recognized.

2051 \*Mr. Sarbanes. I move to strike the last word.

2052 \*Mr. Bucshon. You are recognized for five minutes.

2053 \*Mr. Sarbanes. I would like to speak in support of the  
2054 AINS to H.R. 7188, the Shandra Eisenga Human Cell and Tissue  
2055 Product Safety Act.

2056 I want to note that I am -- I know I am channeling the  
2057 perspective of Ranking Member Pallone, as well.

2058 This language could improve human cell, tissue, and  
2059 cellular and tissue-based product safety through increased  
2060 awareness of scientific and regulatory efforts by the FDA's  
2061 Center for Biologics Evaluation and Research to oversee these

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2062 products.

2063 I am glad that we are working on a bipartisan basis to  
2064 get this legislation to a place that balances providing  
2065 clarity to industry, while also preventing the serious harms  
2066 that we heard our colleague, Mrs. Dingell, speak about,  
2067 including the death of Shandra Eisenga, the bill's namesake.

2068 I want to note that, unfortunately, this version still  
2069 does not include the language that would provide FDA with  
2070 additional enforcement levers to prevent bad actors from  
2071 marketing products that could lead to death or serious injury  
2072 from an outbreak. There are currently few meaningful  
2073 repercussions in the human cell and tissue products industry.  
2074 Providing the agency with additional enforcement tools would  
2075 allow them to more quickly and effectively protect the  
2076 public, and this would also encourage responsible  
2077 manufacturers to continue to develop and license products  
2078 where the scientific evidence supports the product's safety,  
2079 purity, and potency.

2080 Mr. Chair, I know that Democrat and Republican staff  
2081 have agreed to make changes before this moves to the full  
2082 committee. I appreciate that. I know that Ranking Member

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2083 Pallone also appreciates that commitment to keep working to  
2084 improve this legislation before we do move it to the full  
2085 committee. And given that commitment and our bipartisan  
2086 efforts, I will be voting in favor of this proposal, and I  
2087 know that Ranking Member Pallone is supportive, as well.

2088 And with that I thank you and I yield back.

2089 \*Mr. Bucshon. The gentleman yields back. Is there any  
2090 further discussion on the amendment?

2091 I recognize Mrs. Dingell.

2092 \*Mrs. Dingell. I just want to say I too support, as  
2093 the --

2094 \*Mr. Bucshon. Five minutes.

2095 \*Mrs. Dingell. -- support the -- but do hope we will  
2096 continue to talk, so that we are all working together to keep  
2097 this from happening to anybody else ever again.

2098 \*Mr. Bucshon. The gentlelady yields back. Is there any  
2099 other discussion on the amendment?

2100 If there is no further discussion, the vote occurs on  
2101 the amendment.

2102 All those in favor, signify by saying aye.

2103 All those opposed, say nay.



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2104 The ayes have it, and the amendment is agreed to.

2105 The vote now occurs on H.R. 7188, and a roll call vote  
2106 has been requested. The clerk will call the roll.

2107 \*The Clerk. Guthrie?

2108 \*Mr. Guthrie. Aye.

2109 \*The Clerk. Guthrie votes aye.

2110 Burgess?

2111 \*Mr. Burgess. Aye.

2112 \*The Clerk. Burgess votes aye.

2113 Latta?

2114 \*Mr. Latta. Aye.

2115 \*The Clerk. Latta votes aye.

2116 Griffith?

2117 \*Mr. Griffith. Aye.

2118 \*The Clerk. Griffith votes aye.

2119 Bilirakis?

2120 \*Mr. Bilirakis. Aye.

2121 \*The Clerk. Bilirakis votes aye.

2122 Bucshon?

2123 \*Mr. Bucshon. Aye.

2124 \*The Clerk. Bucshon votes aye.

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2125 Hudson?  
2126 [No response.]  
2127 \*The Clerk. Carter?  
2128 \*Mr. Carter. Aye.  
2129 \*The Clerk. Carter votes aye.  
2130 Dunn?  
2131 \*Mr. Dunn. Aye.  
2132 \*The Clerk. Dunn votes aye.  
2133 Pence?  
2134 \*Mr. Pence. Aye.  
2135 \*The Clerk. Pence votes aye.  
2136 Crenshaw?  
2137 \*Mr. Crenshaw. Aye.  
2138 \*The Clerk. Crenshaw votes aye.  
2139 Joyce?  
2140 \*Mr. Joyce. Aye.  
2141 \*The Clerk. Joyce votes aye.  
2142 Balderson?  
2143 \*Mr. Balderson. Aye.  
2144 \*The Clerk. Balderson votes aye.  
2145 Harshbarger?

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2146 [No response.]  
2147 \*The Clerk. Miller-Meeks?  
2148 [No response.]  
2149 \*The Clerk. Obernolte?  
2150 \*Mr. Obernolte. Aye.  
2151 \*The Clerk. Obernolte votes aye.  
2152 Eshoo?  
2153 \*Ms. Eshoo. Aye.  
2154 \*The Clerk. Eshoo votes aye.  
2155 Sarbanes?  
2156 \*Mr. Sarbanes. Aye.  
2157 \*The Clerk. Sarbanes votes aye.  
2158 Cardenas?  
2159 \*Mr. Cardenas. Aye.  
2160 \*The Clerk. Cardenas votes aye.  
2161 Ruiz?  
2162 \*Mr. Ruiz. Aye.  
2163 \*The Clerk. Ruiz votes aye.  
2164 Dingell?  
2165 \*Mrs. Dingell. Aye.  
2166 \*The Clerk. Dingell votes aye.

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2167 Kuster?  
2168 \*Ms. Kuster. Aye.  
2169 \*The Clerk. Kuster votes aye.  
2170 Kelly?  
2171 \*Ms. Kelly. Aye.  
2172 \*The Clerk. Kelly votes aye.  
2173 Barragan?  
2174 \*Ms. Barragan. Aye.  
2175 \*The Clerk. Barragan votes aye.  
2176 Blunt Rochester?  
2177 \*Ms. Blunt Rochester. Aye.  
2178 \*The Clerk. Blunt Rochester votes aye.  
2179 Craig?  
2180 \*Ms. Craig. Aye.  
2181 \*The Clerk. Craig votes aye.  
2182 Schrier?  
2183 \*Ms. Schrier. Aye.  
2184 \*The Clerk. Schrier votes aye.  
2185 Trahan?  
2186 [No response.]  
2187 \*The Clerk. Pallone?

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2188 \*Mr. Pallone. Aye.

2189 \*The Clerk. Pallone votes aye.

2190 Chair Rodgers?

2191 \*The Chair. Aye.

2192 \*The Clerk. Chair Rodgers votes aye.

2193 \*Mr. Bucshon. Are there any other members looking to be  
2194 recorded?

2195 Seeing none --

2196 \*The Clerk. Miller-Meeks is not recorded.

2197 \*Mrs. Miller-Meeks. Aye.

2198 \*The Clerk. Miller-Meeks votes aye.

2199 \*Mr. Bucshon. Are there any other members?

2200 Seeing none, the clerk will report.

2201 \*The Clerk. Chair Bucshon, on that vote there were 27  
2202 ayes and 0 noes.

2203 \*Mr. Bucshon. The ayes have it, and the bill is agreed  
2204 to, and the bill, 7188, is forwarded to the full committee.

2205 The chair calls up H.R. 6020, and asks the clerk to  
2206 report.

2207 \*The Clerk. H.R. 6020, a bill to amend the Public  
2208 Health Service Act to eliminate consideration --

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2209           \*Mr. Bucshon. Without objection, the first reading of  
2210 the bill is dispensed with, and the bill will be open to  
2211 amendment at any point.

2212           So ordered.

2213           [The bill follows:]

2214

2215           \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

2216

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

2217 \*Mr. Bucshon. Does anyone seek recognition on the bill?

2218 Mr. Obernolte, you are recognized.

2219 \*Mr. Obernolte. Mr. Chair, I move to strike the last  
2220 word.

2221 \*Mr. Bucshon. You are recognized for five minutes.

2222 \*Mr. Obernolte. Mr. Chairman, thank you for the  
2223 opportunity to testify in support of my bill, H.R. 6020, the  
2224 Honoring Our Living Donor Act.

2225 I think it is pretty clear that one of the most powerful  
2226 acts of generosity anyone can perform is the donation of an  
2227 organ to someone else, and there is a desperate need for  
2228 those donations. We currently have over 100,000 Americans on  
2229 the waiting list for an organ transplant, but unfortunately  
2230 there are not enough donated organs to go around, not even  
2231 close.

2232 Over 6,000 Americans died last year while still on the  
2233 waiting list, waiting for an organ transplant. And in the  
2234 last 15 years there has actually been a 7 percent decline in  
2235 the number of living organs that were donated.  
2236 Unfortunately, during that same period the waiting list for  
2237 donations has risen by over 50 percent, and over 100

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2238 Americans are added to that list every single day.

2239 In response to that need, several years ago Congress  
2240 established the National Living Donor Assistance Center to  
2241 provide financial assistance to people who are willing to  
2242 donate an organ. It is no surprise that, in addition to the  
2243 physical disability involved with donation, there is  
2244 substantial financial commitment involved. The typical  
2245 living donor has to take at least 2 weeks off of work,  
2246 sometimes as much as 6 or 8 weeks off of work to be able to  
2247 donate an organ.

2248 So the National Living Donor Assistance Center provides  
2249 financial assistance to those donors, and reimbursing them  
2250 for lost wages and things like child care that are required  
2251 as a result of their donation. Quite sensibly, there is a  
2252 requirement for an income limitation on this program, and the  
2253 donor must be at 350 percent of the poverty level or below.  
2254 But unfortunately and nonsensically, that income limitation  
2255 also applies to the recipient of the organ.

2256 I think we can all agree that making the income  
2257 limitation require only to the donor not only makes more  
2258 sense, but will incentivize more people to be able to afford



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2259 to be living organ donors and commit this unbelievable act of  
2260 generosity. So this bill makes that simple change to make  
2261 the income limitation apply only to the donor of the organ,  
2262 and not the recipient. I think this is a common-sense  
2263 provision.

2264 I would like to thank my Democratic co-chair,  
2265 Congresswoman DelBene, for leading this piece of legislation  
2266 with me, and I respectfully urge its adoption.

2267 I yield back, Mr. Chairman.

2268 \*Mr. Bucshon. The gentleman yields back. Is there any  
2269 further discussion on the bill?

2270 Seeing none, are there bipartisan amendments to the  
2271 bill?

2272 Mr. Obernolte.

2273 \*Mr. Obernolte. Mr. Chairman, I have an amendment in  
2274 the nature of a substitute at the desk.

2275 \*Mr. Bucshon. The clerk will report the amendment.

2276 \*The Clerk. Amendment in the nature of a substitute to  
2277 H.R. 6020, offered by Mr. Obernolte. Strike all after the  
2278 enacting --

2279 \*Mr. Bucshon. Without objection, the reading of the

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2280 amendment is dispensed with.

2281 [The amendment of Mr. Obernolte follows:]

2282

2283 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

2284

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2285           \*Mr. Bucshon. And the gentleman is recognized for five  
2286 minutes in support of the amendment.

2287           \*Mr. Obernolte. Mr. Chairman, this amendment in the  
2288 nature of a substitute makes technical changes to the  
2289 reporting language in the bill requested by stakeholders,  
2290 just common sense, and I urge its adoption.

2291           I yield back.

2292           \*Mr. Bucshon. The gentleman yields back. Is there any  
2293 further discussion on the amendment?

2294           Seeing none, if there is no further discussion, the vote  
2295 now occurs on the amendment.

2296           All those in favor, say aye.

2297           All those opposed, say no.

2298           In the opinion of -- my opinion, the ayes have it, and  
2299 the amendment is agreed to.

2300           Are there any other bipartisan amendments to the bill?

2301           Any other amendments to the bill?

2302           Seeing none, the vote now occurs on passage of the bill,  
2303 6020, to forward it to the full committee. A roll call vote  
2304 -- well, let's -- we have to vote. A roll call vote has been  
2305 requested on reporting the bill, as amended, to the full

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2306 committee. The clerk will call the roll.

2307 \*The Clerk. Guthrie?

2308 \*Mr. Guthrie. Aye.

2309 \*The Clerk. Guthrie votes aye.

2310 Burgess?

2311 [No response.]

2312 \*The Clerk. Latta?

2313 \*Mr. Latta. Aye.

2314 \*The Clerk. Latta votes aye.

2315 Griffith?

2316 \*Mr. Griffith. Aye.

2317 \*The Clerk. Griffith votes aye.

2318 Bilirakis?

2319 \*Mr. Bilirakis. Aye.

2320 \*The Clerk. Bilirakis votes aye.

2321 Bucshon?

2322 [No response.]

2323 \*The Clerk. Bucshon?

2324 \*Mr. Bucshon. Aye.

2325 \*The Clerk. Bucshon votes aye.

2326 Hudson?

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2327 [No response.]  
2328 \*The Clerk. Carter?  
2329 \*Mr. Carter. Aye.  
2330 \*The Clerk. Carter votes aye.  
2331 Dunn?  
2332 \*Mr. Dunn. Aye.  
2333 \*The Clerk. Dunn votes aye.  
2334 Pence?  
2335 \*Mr. Pence. Aye.  
2336 \*The Clerk. Pence votes aye.  
2337 Crenshaw?  
2338 [No response.]  
2339 \*The Clerk. Joyce?  
2340 \*Mr. Joyce. Aye.  
2341 \*The Clerk. Joyce votes aye.  
2342 Balderson?  
2343 \*Mr. Balderson. Aye.  
2344 \*The Clerk. Balderson votes aye.  
2345 Harshbarger?  
2346 [No response.]  
2347 \*The Clerk. Miller-Meeks?

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2348 \*Mrs. Miller-Meeks. Yes.  
2349 \*The Clerk. Miller-Meeks votes aye.  
2350 Obernolte?  
2351 \*Mr. Obernolte. Aye.  
2352 \*The Clerk. Obernolte votes aye.  
2353 Eshoo?  
2354 [No response.]  
2355 \*The Clerk. Eshoo?  
2356 \*Ms. Eshoo. Aye.  
2357 \*The Clerk. Eshoo votes aye.  
2358 Sarbanes?  
2359 \*Mr. Sarbanes. Aye.  
2360 \*The Clerk. Sarbanes votes aye.  
2361 Cardenas?  
2362 \*Mr. Cardenas. Aye.  
2363 \*The Clerk. Cardenas votes aye.  
2364 Ruiz?  
2365 \*Mr. Ruiz. Aye.  
2366 \*The Clerk. Ruiz votes aye.  
2367 Dingell?  
2368 [No response.]

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

2369           \*The Clerk. Kuster?  
2370           \*Ms. Kuster. Aye.  
2371           \*The Clerk. Kuster votes aye.  
2372           Kelly?  
2373           \*Ms. Kelly. Aye.  
2374           \*The Clerk. Kelly votes aye.  
2375           Barragan?  
2376           \*Ms. Barragan. Aye.  
2377           \*The Clerk. Barragan votes aye.  
2378           Blunt Rochester?  
2379           \*Ms. Blunt Rochester. Aye.  
2380           \*The Clerk. Blunt Rochester votes aye.  
2381           Craig?  
2382           \*Ms. Craig. Aye.  
2383           \*The Clerk. Craig votes aye.  
2384           Schrier?  
2385           \*Ms. Schrier. Aye.  
2386           \*The Clerk. Schrier votes aye.  
2387           Trahan?  
2388           [No response.]  
2389           \*The Clerk. Pallone?

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2390 \*Mr. Pallone. Aye.

2391 \*The Clerk. Pallone votes aye.

2392 Chair Rodgers?

2393 \*The Chair. Aye.

2394 \*The Clerk. Chair Rodgers votes aye.

2395 [Pause.]

2396 \*Mr. Guthrie. [Presiding] Where are we in the roll  
2397 call? Who have not answered the roll call?

2398 \*The Clerk. Burgess is not recorded; Hudson is not  
2399 recorded; Crenshaw is not recorded; Harshbarger is not  
2400 recorded; Dingell is not recorded.

2401 \*Mr. Guthrie. That is all of our -- okay.

2402 So is anybody else on your side seeking to record?

2403 Seeing none, will the clerk report?

2404 \*The Clerk. Chair Guthrie, on that vote there were 24  
2405 ayes and 0 noes.

2406 \*Mr. Guthrie. With 24 ayes and 0 noes, the bill is  
2407 agreed to.

2408 The chair calls up H.R. 455, and asks the clerk to  
2409 report.

2410 \*The Clerk. H.R. 455, a bill to amend the Controlled



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2411 Substances Act to fix a technical error in the definitions.

2412 Be it enacted by the Senate and the House --

2413 \*Mr. Guthrie. Without objection, the first reading of  
2414 the bill is dispensed with, and the bill will be open for  
2415 amendment at any point.

2416 So ordered.

2417 [The bill follows:]

2418

2419 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

2420

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2421 \*Mr. Guthrie. Does anyone seek recognition on the bill?

2422 Seeing none, are there any bipartisan amendments?

2423 Seeing none, are there any other amendments?

2424 \*Voice. Ms. Kuster.

2425 \*Mr. Guthrie. She has an amendment?

2426 \*Voice. Yes, Ms. Kuster.

2427 \*Mr. Guthrie. Ms. Kuster, do you have an amendment to  
2428 the bill? Yes.

2429 \*Ms. Kuster. Mr. Chairman, I would like to strike the  
2430 last word.

2431 \*Ms. Eshoo. Your microphone.

2432 \*Mr. Guthrie. If the gentlelady would report her  
2433 amendment -- will report to -- oh, strike the last word, I am  
2434 sorry.

2435 \*Ms. Kuster. Thank you very much.

2436 \*Mr. Guthrie. The lady is recognized for five minutes.

2437 \*Ms. Kuster. Thank you. I would like to call up an  
2438 important amendment concerning the Controlled Substances Act,  
2439 and it is Kuster\_98.

2440 \*Mr. Guthrie. The clerk will report.

2441 \*The Clerk. Amendment to H.R. 455, offered by Ms.

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2442 Kuster of New Hampshire.

2443 \*Mr. Guthrie. Without objection, the reading of the  
2444 amendment is dispensed with.

2445

2446 [The amendment of Ms. Kuster follows:]

2447

2448 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

2449

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2450           \*Mr. Guthrie. And the gentlelady is recognized for five  
2451 minutes in support of her amendment.

2452           \*Ms. Kuster. Thank you, Mr. Chairman. I understand  
2453 that this amendment is not germane to this bill, but I would  
2454 like to take this opportunity to highlight an important tool  
2455 to address the addiction and overdose crisis that is about to  
2456 expire.

2457           During the COVID-19 pandemic the Drug Enforcement  
2458 Administration allowed providers to prescribe medication-  
2459 assisted treatment for opioid use disorder remotely. This  
2460 flexibility allowed more Americans to receive this lifesaving  
2461 treatment that they needed and certainly deserved.

2462           Evidence shows that access to medication-assisted  
2463 treatment via telehealth has been transformative for people  
2464 with opioid use disorder. Remote access has meant that  
2465 patients no longer have to worry about transportation, child  
2466 care, taking time off from work, or other circumstances that  
2467 could impact their ability to get to a doctor's office. Just  
2468 this week the CDC released data showing overdose deaths fell  
2469 last year for the first time since the onset of the pandemic.

2470           Unfortunately, the flexibility that allows health care

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2471 providers to provide remote care for these patients expires  
2472 at the end of this year. After proposing and withdrawing a  
2473 burdensome rule last year, the DEA has yet to indicate that  
2474 they will allow patients to continue accessing their  
2475 lifesaving medication remotely. This is, quite frankly,  
2476 unconscionable. People will die as a result of this  
2477 decision, including people whom I love very much.

2478         Without action, patients will lose access to their  
2479 treatment. And at a time when overdose deaths are finally  
2480 falling, we should make it easier than ever for people who  
2481 want to get help to get better. If the DEA won't exercise  
2482 its authority to allow patients access to telehealth services  
2483 for opioid use disorder treatment, Congress should pass the  
2484 TREATS Act.

2485         The TREATS Act would allow patients to continue  
2486 receiving the help they need without the barriers associated  
2487 with in-person visits.

2488         And with that I will withdraw my amendment and yield  
2489 back.

2490         \*Mr. Guthrie. The gentlelady withdraws her amendment.  
2491 Is there any -- are there any other amendments on the bill?

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

2492 Is there any further discussion on the bill?

2493 Seeing none, the question now occurs on forwarding H.R.

2494 455 to the full committee.

2495 All those in favor -- you say we want a roll call vote?

2496 So there will be a roll call vote, so the clerk will

2497 call the roll.

2498 \*The Clerk. Guthrie?

2499 \*Mr. Guthrie. Aye.

2500 \*The Clerk. Guthrie votes aye.

2501 Burgess?

2502 [No response.]

2503 \*The Clerk. Latta?

2504 \*Mr. Latta. Aye.

2505 \*The Clerk. Latta votes aye.

2506 Griffith?

2507 \*Mr. Griffith. Aye.

2508 \*The Clerk. Griffith votes aye.

2509 Bilirakis?

2510 \*Mr. Bilirakis. Aye.

2511 \*The Clerk. Bilirakis votes aye.

2512 Bucshon?

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2513           \*Mr. Bucshon. Aye.  
2514           \*The Clerk. Bucshon votes aye.  
2515           Hudson?  
2516           [No response.]  
2517           \*The Clerk. Carter?  
2518           [No response.]  
2519           \*The Clerk. Dunn?  
2520           \*Mr. Dunn. Aye.  
2521           \*The Clerk. Dunn votes aye.  
2522           Pence?  
2523           [No response.]  
2524           \*The Clerk. Crenshaw?  
2525           \*Mr. Crenshaw. Aye.  
2526           \*The Clerk. Crenshaw votes aye.  
2527           Joyce?  
2528           \*Mr. Joyce. Aye.  
2529           \*The Clerk. Joyce votes aye.  
2530           Balderson?  
2531           \*Mr. Balderson. Aye.  
2532           \*The Clerk. Balderson votes aye.  
2533           Harshbarger?

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

2534 [No response.]

2535 \*The Clerk. Miller-Meeks?

2536 \*Mrs. Miller-Meeks. Aye.

2537 \*The Clerk. Miller-Meeks votes aye.

2538 Obernolte?

2539 \*Mr. Obernolte. Aye.

2540 \*The Clerk. Obernolte votes aye.

2541 Eshoo?

2542 \*Ms. Eshoo. Aye.

2543 \*The Clerk. Eshoo votes aye.

2544 Sarbanes?

2545 \*Mr. Sarbanes. Aye.

2546 \*The Clerk. Sarbanes votes aye.

2547 Cardenas?

2548 \*Mr. Cardenas. Aye.

2549 \*The Clerk. Cardenas votes aye.

2550 Ruiz?

2551 \*Mr. Ruiz. Aye.

2552 \*The Clerk. Ruiz votes aye.

2553 Dingell?

2554 [No response.]



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

2555           \*The Clerk. Kuster?  
2556           \*Ms. Kuster. Aye.  
2557           \*The Clerk. Kuster votes aye.  
2558           Kelly?  
2559           \*Ms. Kelly. Aye.  
2560           \*The Clerk. Kelly votes aye.  
2561           Barragan?  
2562           \*Ms. Barragan. Aye.  
2563           \*The Clerk. Barragan votes aye.  
2564           Blunt Rochester?  
2565           \*Ms. Blunt Rochester. Aye.  
2566           \*The Clerk. Blunt Rochester votes aye.  
2567           Craig?  
2568           \*Ms. Craig. Aye.  
2569           \*The Clerk. Craig votes aye.  
2570           Schrier?  
2571           \*Ms. Schrier. Aye.  
2572           \*The Clerk. Schrier votes aye.  
2573           Trahan?  
2574           [No response.]  
2575           \*The Clerk. Pallone?

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2576 \*Mr. Pallone. Yes.

2577 \*The Clerk. Pallone votes aye.

2578 Chair Rodgers?

2579 \*The Chair. Aye.

2580 \*The Clerk. Chair Rodgers votes aye.

2581 \*Mr. Pence. How is Pence recorded?

2582 \*The Clerk. Mr. Pence, you are not recorded.

2583 \*Mr. Pence. Aye.

2584 \*The Clerk. Pence votes aye.

2585 \*Mr. Guthrie. Is anyone else seeking to be recorded?

2586 Is anyone else seeking to vote?

2587 Seeing no others present to vote, the chair will ask the  
2588 clerk to report.

2589 \*The Clerk. Chair Guthrie, on that vote there were 24  
2590 ayes and 0 noes.

2591 \*Mr. Guthrie. With 24 ayes and 0 nays, the bill is  
2592 agreed to.

2593 The chair calls up H.R. 7213, and asks the clerk to  
2594 report.

2595 \*The Clerk. H.R. 7213, a bill to amend the Public  
2596 Health Service Act to enhance --

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2597           \*Mr. Guthrie. Without objection, the first reading of  
2598 the bill is dispensed with, and the bill will be open for  
2599 amendment at any point.

2600           So ordered.

2601           [The bill follows:]

2602

2603           \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

2604

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

2605           \*Mr. Guthrie. Does anyone seek recognition on the bill?

2606           Are there any bipartisan amendments?

2607           Seeing none, are there any other amendments?

2608           And the chair will recognize himself for an amendment.

2609           I have an amendment in the nature of the substitute at the

2610           desk. I ask the clerk to report.

2611           \*The Clerk. Amendment in the nature of a substitute to

2612           H.R. 7213 --

2613           \*Mr. Guthrie. Without objection, the amendment is

2614           dispensed with.

2615           [The amendment of Mr. Guthrie follows:]

2616

2617           \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

2618

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

2619           \*Mr. Guthrie. And I will recognize myself for five  
2620 minutes, and I appreciate the opportunity to substitute for  
2621 my good friend from Ohio on this amendment who has worked on  
2622 this bill and this amendment, my good friend, Bob Latta.

2623           I will explain the amendment. I want to speak in  
2624 support of this amendment. I am proud to be offering the  
2625 AINS, along with my friend from Ohio, and I am grateful for  
2626 all the work done on the bill by the sponsor, Representative  
2627 Chris Smith. He has been a fierce advocate and a leader on  
2628 these issues for decades.

2629           The program and activities authorized under Autism Cares  
2630 has been the primary driver of autism research services,  
2631 training, and monitoring across the Federal Government. The  
2632 AINS makes certain improvements to the current program,  
2633 including ensuring the programs are appropriately channeling  
2634 resources towards the most impactful forms of research and  
2635 services, as well as coordinating various programs at NIH,  
2636 CDC, and HRSA.

2637           The bill also continues to train providers in utilizing  
2638 valid and reliable screening tools to diagnose and provide  
2639 evidence-based interventions. The goal is to promote early

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2640 intervention strategies to improve outcomes for individuals  
2641 within with the autism spectrum disorder and other  
2642 developmental disabilities.

2643           Importantly, it takes steps to ensure the public and all  
2644 individuals with the autism community have an opportunity to  
2645 engage in and are included in the research process and other  
2646 activities related to autism spectrum disorder.

2647           I am proud of the work that has been done thus far on  
2648 this bill, and passionate engagement and communication of  
2649 stakeholders throughout the process. And we continue to  
2650 welcome feedback on the current text, and look forward to  
2651 working as it moves to full committee.

2652           I ask support of this AINS and support of the  
2653 legislation, and I will yield back.

2654           Does anyone else seek recognition on the AINS?

2655           Seeing none, if there is no further discussion, the vote  
2656 occurs on the amendment in the nature of a substitute.

2657           All those in favor shall signify by saying aye.

2658           All opposed, nay.

2659           The ayes have it, and the amendment is agreed to.

2660           The question now occurs on forwarding H.R. 7213, as

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2661 amended, to the full committee. A roll call has been  
2662 requested, and the clerk will call the roll.

2663 \*The Clerk. Guthrie?

2664 \*Mr. Guthrie. Aye.

2665 \*The Clerk. Guthrie votes aye.

2666 Burgess?

2667 [No response.]

2668 \*The Clerk. Latta?

2669 \*Mr. Latta. Aye.

2670 \*The Clerk. Latta votes aye.

2671 Griffith?

2672 \*Mr. Griffith. Aye.

2673 \*The Clerk. Griffith votes aye.

2674 Bilirakis?

2675 \*Mr. Bilirakis. Aye.

2676 \*The Clerk. Bilirakis votes aye.

2677 Bucshon?

2678 \*Mr. Bucshon. Aye.

2679 \*The Clerk. Bucshon votes aye.

2680 Hudson?

2681 [No response.]

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2682           \*The Clerk. Carter?  
2683           [No response.]  
2684           \*The Clerk. Dunn?  
2685           [No response.]  
2686           \*The Clerk. Pence?  
2687           \*Mr. Pence. Aye.  
2688           \*The Clerk. Pence votes aye.  
2689           Crenshaw?  
2690           [No response.]  
2691           \*The Clerk. Joyce?  
2692           \*Mr. Joyce. Aye.  
2693           \*The Clerk. Joyce votes aye.  
2694           Balderson?  
2695           \*Mr. Balderson. Aye.  
2696           \*The Clerk. Balderson votes aye.  
2697           Harshbarger?  
2698           [No response.]  
2699           \*The Clerk. Miller-Meeks?  
2700           \*Mrs. Miller-Meeks. Yes.  
2701           \*The Clerk. Miller-Meeks votes aye.  
2702           Oberholte?



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2703           \*Mr. Obernolte. Aye.

2704           \*The Clerk. Obernolte votes aye.

2705           Eshoo?

2706           \*Ms. Eshoo. Aye.

2707           \*The Clerk. Eshoo votes aye.

2708           Sarbanes?

2709           \*Mr. Sarbanes. Aye.

2710           \*The Clerk. Sarbanes votes aye.

2711           Cardenas?

2712           \*Mr. Cardenas. Aye.

2713           \*The Clerk. Cardenas votes aye.

2714           Ruiz?

2715           \*Mr. Ruiz. Aye.

2716           \*The Clerk. Ruiz votes aye.

2717           Dingell?

2718           [No response.]

2719

2720           \*The Clerk. Kuster?

2721           [No response.]

2722           \*The Clerk. Kelly?

2723           \*Ms. Kelly. Aye.

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2724 \*The Clerk. Kelly votes aye.  
2725 Barragan?  
2726 \*Ms. Barragan. Barragan is aye.  
2727 \*The Clerk. Barragan votes aye.  
2728 Blunt Rochester?  
2729 \*Ms. Blunt Rochester. Aye.  
2730 \*The Clerk. Blunt Rochester votes aye.  
2731 Craig?  
2732 \*Ms. Craig. Aye.  
2733 \*The Clerk. Craig votes aye.  
2734 Schrier?  
2735 \*Ms. Schrier. Aye.  
2736 \*The Clerk. Schrier votes aye.  
2737 Trahan?  
2738 [No response.]  
2739 \*The Clerk. Pallone?  
2740 \*Mr. Pallone. Aye.  
2741 \*The Clerk. Pallone votes aye.  
2742 Chair Rodgers?  
2743 \*The Chair. Aye.  
2744 \*The Clerk. Chair Rodgers votes aye.

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

2745           \*Mr. Guthrie. Is anyone seeking to answer the roll call  
2746 who has not -- is Mr. -- how is Mr. Crenshaw recorded?

2747           \*The Clerk. Mr. Crenshaw is not recorded.

2748           \*Mr. Crenshaw. Crenshaw votes aye.

2749           \*The Clerk. Crenshaw votes aye.

2750           \*Mr. Guthrie. Anyone else?

2751           Seeing none, the clerk will report.

2752           \*The Clerk. Chair Guthrie, on that vote there were 22  
2753 ayes and 0 noes.

2754           \*Mr. Guthrie. With 22 ayes and 0 nays, the bill is  
2755 agreed to.

2756           The chair calls up H.R. 4534, and asks the clerk to  
2757 report.

2758           \*The Clerk. H.R. 4534, a bill to require a review of  
2759 women and lung cancer.

2760           \*Mr. Guthrie. Without objection, the first reading of  
2761 the bill is dispensed with, and the bill will be open for  
2762 amendment at any point.

2763           So ordered.

2764           [The bill follows:]

2765

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2766 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

2767

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2768           \*Mr. Guthrie. Are there -- does anyone seek recognition  
2769 on the bill?

2770           For what purpose does the gentlelady from Illinois seek  
2771 recognition?

2772           \*Ms. Kelly. Mr. Chair, I move to strike the last word.

2773           \*Mr. Guthrie. The gentlelady is recognized.

2774           \*Ms. Kelly. Thank you, Mr. Chair. My amendment makes  
2775 some clarifying changes to the underlying bill to better  
2776 focus the existing collaboration between HHS, the DoD, and  
2777 the VA on research related to lung cancer and women in  
2778 underserved communities.

2779           The amendment establishes an interagency review to  
2780 evaluate current research on lung cancer, improve the  
2781 accessibility of lung cancer preventative services to women,  
2782 and provide a report to Congress with recommendations to  
2783 enhance public awareness and prevent activities for lung  
2784 cancer.

2785           During our legislative hearing on the bill in February,  
2786 we heard testimony from the American Cancer Society that  
2787 research is needed to determine if there are unique factors  
2788 for women, especially with respect to lung cancer. The

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2789 American Cancer Society testimony also noted that, despite  
2790 historically lower smoking rates than men, women are  
2791 estimated to make over half of all new lung cancer cases and  
2792 nearly half of all deaths in 2023.

2793 Furthermore, women have a slightly higher proportion of  
2794 lung cancer not attributable to modifiable risk factors like  
2795 smoking.

2796 I believe this amendment and the underlying bill will  
2797 provide a clearer, comprehensive understanding of the  
2798 existing research, as well as new, innovative opportunities  
2799 to reduce lung cancer mortality, particularly among women.

2800 I want to thank the staff of the chair and ranking  
2801 member for working with me on this language, and I would also  
2802 like to recognize and thank Representative Boyle for being  
2803 our champion of this effort in the House.

2804 As chair of the Congressional Black Caucus Health Brain  
2805 Trust, I will continue to work with my colleagues on both  
2806 sides of the aisle and the Biden-Harris Administration to  
2807 curb the harmful impacts of tobacco on communities of color,  
2808 and ensure that health equity is at the center of Federal  
2809 public health policy.

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2810 Thank you, and I yield back.

2811 \*Mr. Guthrie. The gentlelady yields back. I believe  
2812 the gentlelady also has an amendment at the desk. I am sorry  
2813 I didn't call the amendment up. Does the gentlelady have an  
2814 amendment at the desk?

2815 \*Ms. Kelly. Yes.

2816 \*Mr. Guthrie. The clerk will report.

2817 \*The Clerk. Amendment in the nature of a substitute to  
2818 H.R. 4534, offered by Ms. Kelly.

2819 \*Mr. Guthrie. Without objection, the reading of the  
2820 amendment is dispensed with.

2821 [The amendment of Ms. Kelly follows:]

2822

2823 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

2824

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2825           \*Mr. Guthrie. The gentlelady is recognized for five  
2826 minutes on the amount. I think you just explained the  
2827 amendment.

2828           \*Ms. Kelly. Right, I just explained that.

2829           [Laughter.]

2830           \*Mr. Guthrie. Thank you. So is there any other  
2831 discussion of the amendment? The gentlelady yields back. Is  
2832 there any further discussion?

2833           Seeing none, if there is no further discussion, the vote  
2834 occurs on the amendment.

2835           All in favor shall signify by saying aye.

2836           All opposed, nay.

2837           The ayes have it, and the amendment is agreed to.

2838           Is there any further discussion on the amendment or the  
2839 bill?

2840           Seeing none, the question now occurs on forwarding H.R.  
2841 4534, as amended, to the full committee. The roll call has  
2842 been requested, and the clerk will call the roll.

2843           \*The Clerk. Guthrie?

2844           \*Mr. Guthrie. Aye.

2845           \*The Clerk. Guthrie votes aye.



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2846 Burgess?  
2847 [No response.]  
2848 \*The Clerk. Latta?  
2849 \*Mr. Latta. Aye.  
2850 \*The Clerk. Latta votes aye.  
2851 Griffith?  
2852 \*Mr. Griffith. Aye.  
2853 \*The Clerk. Griffith votes aye.  
2854 Bilirakis?  
2855 \*Mr. Bilirakis. Aye.  
2856 \*The Clerk. Bilirakis votes aye.  
2857 Bucshon?  
2858 \*Mr. Bucshon. Aye.  
2859 \*The Clerk. Bucshon votes aye.  
2860 Hudson?  
2861 [No response.]  
2862 \*The Clerk. Carter?  
2863 [No response.]  
2864 \*The Clerk. Dunn?  
2865 [No response.]  
2866 \*The Clerk. Pence?

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2867           \*Mr. Pence.   Aye.

2868           \*The Clerk.   Pence votes aye.

2869           Crenshaw?

2870           \*Mr. Crenshaw.  Aye.

2871           \*The Clerk.   Crenshaw votes aye.

2872           Joyce?

2873           [No response.]

2874           \*The Clerk.   Balderson?

2875           \*Mr. Balderson.  Aye.

2876           \*The Clerk.   Balderson votes aye.

2877           Harshbarger?

2878           [No response.]

2879           \*The Clerk.   Miller-Meeks?

2880           [No response.]

2881           \*The Clerk.   Oberholte?

2882           \*Mr. Oberholte.  Aye.

2883           \*The Clerk.   Oberholte votes aye.

2884           Eshoo?

2885           [No response.]

2886           \*The Clerk.   Sarbanes?

2887           [No response.]

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2888 \*The Clerk. Cardenas?  
2889 \*Mr. Cardenas. Aye.  
2890 \*The Clerk. Cardenas votes aye.  
2891 Ruiz?  
2892 \*Mr. Ruiz. Aye.  
2893 \*The Clerk. Ruiz votes aye.  
2894 Dingell?  
2895 [No response.]  
2896 \*The Clerk. Kuster?  
2897 \*Ms. Kuster. Yes, yes.  
2898 \*The Clerk. Kuster votes aye.  
2899 Kelly?  
2900 \*Ms. Kelly. Aye.  
2901 \*The Clerk. Kelly votes aye.  
2902 Barragan?  
2903 [No response.]  
2904 \*The Clerk. Barragan?  
2905 \*Ms. Barragan. Yes.  
2906 \*The Clerk. Barragan votes aye.  
2907 Blunt Rochester?  
2908 \*Ms. Blunt Rochester. Aye.

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2909           \*The Clerk. Blunt Rochester votes aye.  
2910           Craig?  
2911           \*Ms. Craig. Aye.  
2912           \*The Clerk. Craig votes aye.  
2913           Schrier?  
2914           \*Ms. Schrier. Aye.  
2915           \*The Clerk. Schrier votes aye.  
2916           Trahan?  
2917           [No response.]  
2918           \*The Clerk. Pallone?  
2919           \*Mr. Pallone. Aye.  
2920           \*The Clerk. Pallone votes aye.  
2921           Chair Rodgers?  
2922           \*The Chair. Aye.  
2923           \*The Clerk. Chair Rodgers votes aye.  
2924           \*Mr. Guthrie. Is anyone seeking to answer the roll  
2925 call?  
2926           The gentlelady -- how is the gentlelady from California  
2927 recorded?  
2928           \*The Clerk. Ms. Eshoo is not recorded.  
2929           \*Ms. Eshoo. Aye.

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2930 \*Mr. Guthrie. The gentlelady --

2931 \*The Clerk. Eshoo votes aye.

2932 \*Mr. Guthrie. The gentleman from Maryland.

2933 \*The Clerk. Mr. Sarbanes is not recorded.

2934 \*Mr. Sarbanes. Aye.

2935 \*The Clerk. Sarbanes votes aye.

2936 \*Mr. Guthrie. Seeing no others, the clerk will report.

2937 [Pause.]

2938 \*The Clerk. Chair Guthrie, on that vote there were 21  
2939 ayes and 0 noes.

2940 \*Mr. Guthrie. With 21 ayes and 0 nays, the bill is  
2941 agreed to.

2942 The chair calls up H.R. 670, and asks the clerk to  
2943 report.

2944 \*The Clerk. H.R. 670, a bill to amend title four of the  
2945 Public Health Service Act to direct the Secretary of Health  
2946 and Human Services --

2947 \*Mr. Guthrie. Without objection, the first reading of  
2948 the bill is dispensed with, and the bill will be open for  
2949 amendment at any point.

2950 So ordered.

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

2951 [The bill follows:]

2952

2953 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

2954

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

2955           \*Mr. Guthrie. Are there any -- does anyone seek  
2956 recognition on the bill?

2957           On the bill or the amendment?

2958           On the bill, anyone on the bill?

2959           Are there any bipartisan amendments?

2960           Are there any other amendments?

2961           The gentlelady from New Hampshire is recognized.

2962           \*Ms. Kuster. Thank you, Mr. Chairman. I would like to  
2963 strike the last word.

2964           \*Mr. Guthrie. Would the chair -- excuse me, would the  
2965 clerk report the amendment?

2966           \*The Clerk. Amendment in the nature of a substitute to  
2967 H.R. 670, offered by Ms. Kuster.

2968           \*Mr. Guthrie. Without objection, the reading of the  
2969 amendment is dispensed with.

2970           [The amendment of Ms. Kuster follows:]

2971

2972           \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

2973

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2974           \*Mr. Guthrie. And the gentlelady from New Hampshire is  
2975 recognized for five minutes in support of her amendment.

2976           \*Ms. Kuster. Thank you, Mr. Chairman.

2977           My amendment would direct the Department of Health and  
2978 Human Services to establish a publicly available website  
2979 where people with disabilities and their caregivers and  
2980 families can find information about Medicaid services, and  
2981 supports available to them, and how to use them.

2982           For example, people with disabilities and their families  
2983 would be able to use this database to find information about  
2984 home and community-based services available near them and how  
2985 to access them. In states with lengthy wait lists, the  
2986 website will have information on expected wait times. This  
2987 simple proposal would make the complicated system that many  
2988 people with disabilities and their families navigate far more  
2989 accessible.

2990           I hope that we can work together to improve more  
2991 expansive changes, to improve access to home and community-  
2992 based services for the many people who rely upon them.

2993           [Pause.]

2994           \*Ms. Kuster. And I yield back.



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2995           \*Mr. Guthrie. The gentlelady yields back. Is there any  
2996 further discussion on the amendment?

2997           Seeing none, are there any amendments to the amendment?

2998           Seeing none, if there is no further discussion, the vote  
2999 occurs on the amendment.

3000           All those in favor shall signify by saying aye.

3001           All opposed, nay.

3002           The aye has it -- have it -- the aye has it, and the  
3003 amendment is agreed to.

3004           [Pause.]

3005           \*Mr. Guthrie. Are there any further amendments?

3006           Seeing none, the question now occurs on forwarding H.R.  
3007 670, as amended, to the full committee. A roll call has been  
3008 requested, and the clerk will call the roll.

3009           \*The Clerk. Guthrie?

3010           \*Mr. Guthrie. Aye.

3011           \*The Clerk. Guthrie votes aye.

3012           Burgess?

3013           [No response.]

3014           \*The Clerk. Latta?

3015           \*Mr. Latta. Aye.

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3016           \*The Clerk. Latta votes aye.  
3017           Griffith?  
3018           \*Mr. Griffith. Aye.  
3019           \*The Clerk. Griffith votes aye.  
3020           Bilirakis?  
3021           \*Mr. Bilirakis. Aye.  
3022           \*The Clerk. Bilirakis votes aye.  
3023           Bucshon?  
3024           \*Mr. Bucshon. Aye.  
3025           \*The Clerk. Bucshon votes aye.  
3026           Hudson?  
3027           [No response.]  
3028           \*The Clerk. Carter?  
3029           [No response.]  
3030           \*The Clerk. Dunn?  
3031           [No response.]  
3032           \*The Clerk. Pence?  
3033           \*Mr. Pence. Aye.  
3034           \*The Clerk. Pence votes aye.  
3035           Crenshaw?  
3036           [No response.]

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3037           \*The Clerk. Joyce?  
3038           [No response.]  
3039           \*The Clerk. Balderson?  
3040           [No response.]  
3041           \*The Clerk. Harshbarger?  
3042           [No response.]  
3043           \*The Clerk. Miller-Meeks?  
3044           [No response.]  
3045           \*The Clerk. Obernolte?  
3046           \*Mr. Obernolte. Aye.  
3047           \*The Clerk. Obernolte votes aye.  
3048           Eshoo?  
3049           \*Ms. Eshoo. Aye.  
3050           \*The Clerk. Eshoo votes aye.  
3051           Sarbanes?  
3052           \*Mr. Sarbanes. Aye.  
3053           \*The Clerk. Sarbanes votes aye.  
3054           Cardenas?  
3055           \*Mr. Cardenas. Aye.  
3056           \*The Clerk. Cardenas votes aye.  
3057           Ruiz?

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3058 \*Mr. Ruiz. Aye.  
3059 \*The Clerk. Ruiz votes aye.  
3060 Dingell?  
3061 [No response.]  
3062 \*The Clerk. Kuster?  
3063 \*Ms. Kuster. Aye.  
3064 \*The Clerk. Kuster votes aye.  
3065 Kelly?  
3066 \*The Clerk. Barragan?  
3067 \*Ms. Barragan. Aye.  
3068 \*The Clerk. Barragan votes aye.  
3069 Blunt Rochester?  
3070 \*Ms. Blunt Rochester. Aye.  
3071 \*The Clerk. Blunt Rochester votes aye.  
3072 Craig?  
3073 \*Ms. Craig. Aye.  
3074 \*The Clerk. Craig votes aye.  
3075 Schrier?  
3076 \*Ms. Schrier. Aye.  
3077 \*The Clerk. Schrier votes aye.  
3078 Trahan?

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3079 [No response.]

3080 \*The Clerk. Pallone?

3081 \*Mr. Pallone. Aye.

3082 \*The Clerk. Pallone votes aye.

3083 Chair Rodgers?

3084 \*The Chair. Aye.

3085 \*The Clerk. Chair Rodgers votes aye.

3086 \*Mr. Dunn. How is Dunn recorded?

3087 \*The Clerk. Mr. Dunn is not recorded.

3088 \*Mr. Dunn. Aye.

3089 \*The Clerk. Dunn votes aye.

3090 \*Mr. Guthrie. Is anyone else seeking recognition for  
3091 purposes of answering the roll call?

3092 Seeing none, the clerk will report.

3093 [Pause.]

3094 \*The Clerk. Mr. Guthrie, how is Mr. Balderson recorded?

3095 \*Mr. Guthrie. How is Mr. Balderson recorded?

3096 \*Mr. Balderson. Aye.

3097 \*The Clerk. Balderson votes aye.

3098 [Pause.]

3099 \*The Clerk. Chair Guthrie, on that vote there were 20

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3100 ayes and 0 noes.

3101 \*Mr. Guthrie. With 20 ayes and 0 nays, the bill is  
3102 agreed to.

3103 The chair calls up H.R. 8084, and asks the clerk to  
3104 report.

3105 \*The Clerk. H.R. 8084, a bill to amend title XIX of the  
3106 Social Security Act to require states to verify --

3107 \*Mr. Guthrie. Without objection, the first reading of  
3108 the bill is dispensed with, and the bill will be open for  
3109 amendment at any point.

3110 So ordered.

3111 [The bill follows:]

3112

3113 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

3114

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3115 \*Mr. Guthrie. Does anyone seek recognition on the bill?

3116 On the amendment or the bill?

3117 \*Mr. Bilirakis. On the bill.

3118 \*Mr. Guthrie. On the bill. The gentleman from Florida  
3119 is recognized for five minutes --

3120 \*Mr. Bilirakis. Thank you.

3121 \*Mr. Guthrie. -- to speak on the bill.

3122 \*Mr. Bilirakis. Thank you, Mr. Chairman, I appreciate  
3123 it very much. I move to strike the last word.

3124 \*Mr. Guthrie. The gentleman is recognized.

3125 \*Mr. Bilirakis. Thank you. I wanted to speak in  
3126 support of my bipartisan bill, H.R. 8084, the Leveraging  
3127 Integrity and Verification of Eligibility for Beneficiaries  
3128 Act, which I am proud to co-lead with my colleague,  
3129 Representative Angie Craig.

3130 The LIVE Beneficiaries Act was -- would address concerns  
3131 that were raised by the reports from HHS Office of Inspector  
3132 General which found that a number of states repeatedly have  
3133 made incorrect capitation payments per member per month to  
3134 the managed care organizations after enrollees had died.

3135 My simple bill would address this by requiring states to

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3136 check the Social Security Administration's Death Master File  
3137 on a quarterly basis, and disenroll deceased beneficiaries  
3138 from their rolls so that MCOs can't profit off of them  
3139 improperly. This is a common-sense policy to prevent  
3140 unnecessary payments going to managed care plans, and  
3141 ultimately saving state Medicaid program money.

3142 At our legislative hearing I asked Medicaid Director  
3143 Tsai about this particular issue. And since we have  
3144 introduced this bill, CMS has started to recognize this  
3145 problem and take some administrative steps with states. This  
3146 bill will help ensure we are abiding by good governance  
3147 standards in statute. We know that, too often, fraudulent  
3148 and wasteful payments occur in the Medicaid and Medicare  
3149 programs, and we should continue to find ways to cut down and  
3150 save taxpayer dollars wherever possible.

3151 So I ask my colleagues to support H.R. 8084, and I yield  
3152 back the balance of my time unless someone wants my time.

3153 I will yield back.

3154 \*Mr. Guthrie. The gentleman yields back, and the chair  
3155 will recognize the gentlelady from Minnesota for five minutes  
3156 for -- in support of the bill.



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3157           \*Ms. Craig. Thank you so much, Mr. Chairman. I move to  
3158 strike the last word.

3159           \*Mr. Guthrie. The gentlelady is recognized.

3160           \*Ms. Craig. Great. Thank you so much, Mr. Chairman. I  
3161 am so proud today that my bipartisan bill, the LIVE  
3162 Beneficiaries Act, is included in the markup, although it is  
3163 a little bit silly that we continue to have to promote this  
3164 legislation.

3165           This bill would prevent Medicaid capitation payments  
3166 being issued on behalf of deceased enrollees to Medicare --  
3167 excuse me, Medicaid-managed care organizations.

3168           I want to thank Representative Bilirakis for his  
3169 partnership and his common-sense piece of legislation.

3170           According to a recent HHS Office of Inspector General  
3171 report, an audit of just 14 states found that more than 249  
3172 million in improper Medicaid capitation payments were made to  
3173 MCOs on behalf of deceased enrollees between 2009 and 2019.  
3174 Of that, OIG found that over 3.5 million in improper payments  
3175 were made on behalf of deceased enrollees to MCOs in my home  
3176 state of Minnesota.

3177           When I came to Congress, I promised I would work across

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3178 the aisle to seek and reform the way government works. Our  
3179 bill makes important reforms to the government's oversight of  
3180 taxpayer dollars. By tackling this waste we can make room to  
3181 fund important priorities like the home and community-based  
3182 services that so many Medicaid beneficiaries rely on.

3183 In closing, I believe that my colleagues and I have a  
3184 duty to take on fiscal responsibility. However, I refuse to  
3185 balance the budget on the backs of our most vulnerable  
3186 populations by slashing critical health care programs. Our  
3187 bill is about improving the integrity of the Medicaid program  
3188 and making sure that Congress remains a good steward of  
3189 taxpayers' hard-earned dollars.

3190 Mr. Chairman, I thank you for the time, and I yield  
3191 back.

3192 \*Mr. Guthrie. Thank you. The gentlelady yields back.  
3193 Is there any further discussion?

3194 Seeing none, the question now occurs on forwarding H.R.  
3195 8084 to the full committee. A roll call has been requested,  
3196 and the clerk will call the roll.

3197 \*The Clerk. Guthrie?

3198 \*Mr. Guthrie. Aye.

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3199 \*The Clerk. Guthrie votes aye.

3200 Burgess?

3201 [No response.]

3202 \*The Clerk. Latta?

3203 \*Mr. Latta. Aye.

3204 \*The Clerk. Latta votes aye.

3205 Griffith?

3206 \*Mr. Griffith. Aye.

3207 \*The Clerk. Griffith votes aye.

3208 Bilirakis?

3209 \*Mr. Bilirakis. Aye.

3210 \*The Clerk. Bilirakis votes aye.

3211 Bucshon?

3212 \*Mr. Bucshon. Aye.

3213 \*The Clerk. Bucshon votes aye.

3214 Hudson?

3215 [No response.]

3216 \*The Clerk. Carter?

3217 [No response.]

3218 \*The Clerk. Dunn?

3219 [No response.]

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3220 \*The Clerk. Pence?  
3221 \*Mr. Pence. Aye.  
3222 \*The Clerk. Pence votes aye.  
3223 Crenshaw?  
3224 [No response.]  
3225 \*The Clerk. Joyce?  
3226 [No response.]  
3227 \*The Clerk. Balderson?  
3228 \*Mr. Balderson. Aye.  
3229 \*The Clerk. Balderson votes aye.  
3230 Harshbarger?  
3231 [No response.]  
3232 \*The Clerk. Miller-Meeks?  
3233 [No response.]  
3234 \*The Clerk. Obernolte?  
3235 \*Mr. Obernolte. Aye.  
3236 \*The Clerk. Obernolte votes aye.  
3237 Eshoo?  
3238 \*Ms. Eshoo. Aye.  
3239 \*The Clerk. Eshoo votes aye.  
3240 Sarbanes?

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3241 [No response.]  
3242 \*The Clerk. Cardenas?  
3243 \*Mr. Cardenas. Aye.  
3244 \*The Clerk. Cardenas votes aye.  
3245 Ruiz?  
3246 \*Mr. Ruiz. Aye.  
3247 \*The Clerk. Ruiz votes aye.  
3248 Dingell?  
3249 [No response.]  
3250 \*The Clerk. Kuster?  
3251 \*Ms. Kuster. Aye.  
3252 \*The Clerk. Kuster votes aye.  
3253 Kelly?  
3254 [No response.]  
3255 \*The Clerk. Barragan?  
3256 \*Ms. Barragan. Aye.  
3257 \*The Clerk. Barragan votes aye.  
3258 Blunt Rochester?  
3259 [No response.]  
3260 \*The Clerk. Craig?  
3261 \*Ms. Craig. Aye.

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3262           \*The Clerk. Craig votes aye.  
3263           Schrier?  
3264           \*Ms. Schrier. Aye.  
3265           \*The Clerk. Schrier votes aye.  
3266           Trahan?  
3267           [No response.]  
3268           \*The Clerk. Pallone?  
3269           \*Mr. Pallone. Aye.  
3270           \*The Clerk. Pallone votes aye.  
3271           Chair Rodgers?  
3272           \*The Chair. Aye.  
3273           \*The Clerk. Chair Rodgers votes aye.  
3274           \*Mr. Dunn. How is Dunn recorded?  
3275           \*The Clerk. Mr. Dunn is not recorded.  
3276           \*Mr. Dunn. Aye.  
3277           \*The Clerk. Dunn votes aye.  
3278           \*Mr. Guthrie. Is anyone else seeking to answer the roll  
3279 call?  
3280           Seeing none, the clerk will report.  
3281           \*The Clerk. Chair Guthrie, on that vote there were 18  
3282 ayes and 0 noes.

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3283           \*Mr. Guthrie. Excuse me. Would the clerk will report  
3284 again?

3285           \*The Clerk. Chair Guthrie, on that vote there were 18  
3286 ayes and 0 noes.

3287           \*Mr. Guthrie. With 18 ayes and 0 nays, the bill is  
3288 agreed to.

3289           [Pause.]

3290           \*Mr. Guthrie. Just to inform the committee, we got some  
3291 members at a budget hearing going -- or budget votes that are  
3292 going forward today. We also have members -- so we are going  
3293 to move to -- on your list to H.R. 7858, 7858. Make sure  
3294 everybody is aware.

3295           And the chair calls up H.R. 7858, and asks the clerk to  
3296 report.

3297           \*The Clerk. H.R. 7858, a bill to amend title XVIII of  
3298 the Social Security Act to establish a Medicare incident to -  
3299 - modifier for mental health services furnished through  
3300 telehealth. Be it enacted by the Senate and the House of  
3301 Representatives of the United States of America and Congress  
3302 assembled, section 1, short title. This act may be cited as  
3303 the --

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3304           \*Mr. Guthrie. Without objection, the first reading of  
3305 the bill is dispensed with, and the bill will be open for  
3306 amendment at any point.

3307           So ordered.

3308           [The bill follows:]

3309

3310           \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

3311



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3312 \*Mr. Guthrie. Is there any discussion on the bill?

3313 Are there any bipartisan amendments?

3314 To speak on the bill? Or -- because I have an AINS.

3315 You want to speak on the AINS, and I can bring the AINS up?

3316 Okay, so I will recognize myself. The chair -- excuse  
3317 me, let me -- Mr. Clerk, I have a chair at the desk. I have  
3318 an amendment at the desk, Mr. -- I have a chair at the desk,  
3319 as well.

3320 [Laughter.]

3321 \*Mr. Guthrie. I have an amendment at the desk.

3322 \*Ms. Kelly. A desk with a chair.

3323 \*Mr. Guthrie. The clerk will report the amendment.

3324 \*The Clerk. Amendment in the nature of a substitute to  
3325 H.R. 7858, offered by Mr. --

3326 \*Mr. Guthrie. Without objection, the reading of the  
3327 amendment is dispensed with.

3328 [The amendment of Mr. Guthrie follows:]

3329

3330 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

3331

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3332           \*Mr. Guthrie. And I will recognize myself for five  
3333 minutes in support of the amendment.

3334           I am offering this amendment in the nature of a  
3335 substitute. This is to Congressman James's bill, since he is  
3336 not on the subcommittee, and this amendment would expand the  
3337 scope of the introduced bill to not only better our  
3338 understanding of expanded access to mental health services  
3339 provided via telehealth, but all telehealth services.

3340           By knowing what type of providers are delivering which  
3341 service in telehealth, we will be able to be more certain  
3342 that telehealth patients are receiving appropriate care.  
3343 This policy also aligns with HHS OIG recommendations, and was  
3344 one of their primary suggestions when they briefed this  
3345 committee on their telehealth work.

3346           So this is a policy that is good for beneficiaries and  
3347 good for program integrity, and I encourage my colleagues to  
3348 support the amendment and final passage of the bill.

3349           And I will yield back and recognize the gentleman from  
3350 California for five minutes to speak on the amendment in the  
3351 nature of a substitute.

3352           \*Mr. Ruiz. Yes. Thank you, Mr. Chairman.

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3353           Telehealth services are a game-changer, indeed,  
3354 especially for rural communities that disproportionately  
3355 experience the burden of health care workforce shortages and  
3356 transportation barriers.

3357           But as we discuss telehealth legislation, we also need  
3358 to be thinking about the importance of reliable Internet  
3359 connectivity, because you can't have telehealth if you don't  
3360 have reliable Internet connectivity. Without reliable  
3361 broadband and access to the required technology, you see,  
3362 telehealth doesn't work. That is why it is so important to  
3363 extend and fully fund the Affordable Connectivity Program.

3364           The Affordable Connectivity Program subsidizes the cost  
3365 of Internet services for families, but it expires at the end  
3366 of the month. Allowing this program to expire will raise  
3367 costs for families that are already struggling to afford  
3368 Internet service. This program is crucial in rural  
3369 communities like my congressional district. One in five  
3370 households in the State of California is enrolled in this  
3371 program. In fact, 1 in 3 in my district and 38 percent of  
3372 households in my district are enrolled. That is 111,964  
3373 households.

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3374           So many families rely on this program to pay for the  
3375 Internet services they need for their telehealth  
3376 appointments, for their work, for their education, and more.  
3377 So I seriously urge my colleagues in this subcommittee to  
3378 support extending the Affordable Care Program so that all of  
3379 these telehealth bills can actually be of use to our  
3380 constituents.

3381           With that, would you like my time, Representative  
3382 Kuster?

3383           \*Ms. Kuster. Sure.

3384           \*Mr. Ruiz. All right. I yield to Representative  
3385 Kuster.

3386           \*Ms. Kuster. Like many others today, I am frustrated to  
3387 be sitting here two weeks before the Affordable Connectivity  
3388 Program ends, with no clear path to keep this program funded.

3389           In New Hampshire alone, the ACP has helped nearly 40,000  
3390 households connect to the Internet, allowing Granite Staters  
3391 to apply for jobs, to access health care, and to participate  
3392 in online education.

3393           This isn't a red state or a blue state issue. This  
3394 program benefits all Americans, regardless of where they

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3395 live, and it is especially beneficial for rural patients who  
3396 have come to rely upon the program to access video telehealth  
3397 services, as we are discussing today.

3398 And yet House Republican leadership refuses to add more  
3399 funding to the program. Twenty-three million Americans will  
3400 lose access to the Internet, and I am hoping that my  
3401 colleagues on this committee will join me in finding a  
3402 permanent funding solution for the ACP to help keep rural and  
3403 underserved communities connected.

3404 And with that, I yield back to Mr. -- Dr. Ruiz.

3405 \*Ms. Eshoo. Would the gentleman yield?

3406 \*Mr. Ruiz. And I yield to Representative Eshoo.

3407 \*Ms. Eshoo. I thank the gentleman. I just wanted to  
3408 add another statistic to this issue. Close to 50 percent of  
3409 the enrollees in the ACP are military families. That should  
3410 be yet another motivator.

3411 So I thank the gentleman for yielding, and I yield back  
3412 to him.

3413 \*Mr. Ruiz. And, you know, for those who say that ACP is  
3414 too expensive, for every dollar spent on the ACP program the  
3415 nation's GDP increases by almost \$4. Telehealth visits are

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3416 23 percent less expensive than in-person visits.

3417 And to those who say ACP eligibility is too wide, the  
3418 ACP has proven to be a crucial benefit for millions of  
3419 American households, including over 10 million military  
3420 families and 4 million veterans nationwide.

3421 So I need to ask, do our active service members and  
3422 veterans not deserve access to affordable Internet?

3423 We can have the conversation about eligibility, but  
3424 ultimately we need to find a path forward for this program to  
3425 ensure the millions of Americans who rely on it can stay  
3426 connected to their doctors, their loved ones, and each other.

3427 And with that I yield back.

3428 \*Mr. Guthrie. Thanks. The gentleman yields back. Is  
3429 there any further discussion on the amendment?

3430 The gentleman from Indiana is recognized to speak on the  
3431 amendment.

3432 \*Mr. Bucshon. Yes, I move to strike the last word.

3433 \*Mr. Guthrie. The gentleman is recognized.

3434 \*Mr. Bucshon. I want to thank my colleagues across the  
3435 other side of the aisle. I am going to talk on the  
3436 Affordable Connectivity Program.

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3437           Look, 55,000 people in my congressional district are  
3438           benefitting this [sic].

3439           I just want to note that the Senate at this point has  
3440           not offered a solution and sent that to the House.

3441           We have also really have not been asked to work on  
3442           reforms to the program that would earn our support to fund  
3443           the program. We can't -- we cannot just keep the COVID-era  
3444           program going without taking a look at what reforms would be  
3445           needed to ensure the program reaches households that need it  
3446           the most. Again, 55,000 people in my district are  
3447           participants in this.

3448           However, members on the committee, you know, in a  
3449           bipartisan way, are participating in a -- well, it is  
3450           bipartisan, bicameral -- USF working group. So we are  
3451           working on a solution to ensure that the Affordable  
3452           Connectivity Program is sustainable, long term, and I would  
3453           encourage everyone on the committee, all of my colleagues, to  
3454           help support that effort so that we can have an ACP program  
3455           with some needed long-term reforms that makes it sustainable,  
3456           so that all of our constituents can benefit from this  
3457           program.

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3458           And I yield back.

3459           \*Ms. Kuster. Would the gentleman yield?

3460           \*Mr. Guthrie. Would the gentleman yield?

3461           \*Mr. Bucshon. Sure.

3462           \*Ms. Kuster. I believe there is a Senate version. I  
3463 have been talking to my colleague, Senator Peter Welch, who  
3464 is working with our colleague, Senator J.D. Vance. And my  
3465 most recent conversations with Senator Welch are that there  
3466 are up to a dozen Republicans joining in that bipartisan  
3467 version.

3468           And so, noting all of the constituents, particularly --  
3469 and I think our chair may -- our ranking member may have a  
3470 chart that is helpful on this -- we are talking about rural  
3471 communities. We are talking about, you know, red states and  
3472 blue states. And so I hope that there will be a bipartisan  
3473 solution, and I hope, with your leadership, we will be able  
3474 to work with our speaker to get that to the floor.

3475           And with that I yield back.

3476           \*Mr. Bucshon. I reclaim my time. Yes, I will yield.

3477           \*Ms. Schrier. Thank you.

3478           Mr. Chairman, I would also just love to touch on the



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3479 Affordable Connectivity Program. It has been incredibly  
3480 useful in the State of Washington. One in eight households  
3481 in the state have saved money. We have even seen private  
3482 industry, the Internet service providers, respond by  
3483 establishing plans that only cost \$30 a month so that so many  
3484 of these people, the ones in the most need, actually can get  
3485 high-speed Internet at their homes or at their businesses for  
3486 free. This has been incredibly successful.

3487         You know, it lapsed last month, and I just don't think  
3488 we should be waiting for the Senate to take action on this.  
3489 Let's renew this program while we are waiting for a permanent  
3490 solution. This has helped students, people in rural  
3491 communities access health care. It has helped businesses  
3492 thrive. And I think we need to bring this to the floor  
3493 immediately, and not wait for the Senate.

3494         With that I will yield back.

3495         \*Mr. Bucshon. Reclaiming my time, as I reiterated  
3496 again, there is a bipartisan, bicameral working group, and I  
3497 think everyone is working towards a solution to ensure that  
3498 the Affordable Connectivity Program is sustainable long term.  
3499 And again, I would encourage everyone to work together on

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3500 this program.

3501 Mr. Chairman, I yield back.

3502 \*Mr. Guthrie. The gentleman yields back. Is there  
3503 further discussion?

3504 So we were on the AINS. So if there is no further  
3505 discussion, the vote occurs on the amendment.

3506 All those in favor shall signify by saying aye.

3507 All opposed, nay.

3508 The ayes have it.

3509 We will now -- the question now occurs on forwarding  
3510 H.R. 7858, as amended, to the full committee. A roll call  
3511 vote has been requested, and the clerk will call the roll.

3512 \*The Clerk. Guthrie?

3513 \*Mr. Guthrie. Aye.

3514 \*The Clerk. Guthrie votes aye.

3515 Burgess?

3516 \*Mr. Burgess. Burgess votes aye.

3517 \*The Clerk. Burgess votes aye.

3518 Latta?

3519 \*Mr. Latta. Aye.

3520 \*The Clerk. Latta votes aye.

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3521 Griffith?  
3522 \*Mr. Griffith. Aye.  
3523 \*The Clerk. Griffith votes aye.  
3524 Bilirakis?  
3525 \*Mr. Bilirakis. Aye.  
3526 \*The Clerk. Bilirakis votes aye.  
3527 Bucshon?  
3528 \*Mr. Bucshon. Aye.  
3529 \*The Clerk. Bucshon votes aye.  
3530 Hudson?  
3531 [No response.]  
3532 \*The Clerk. Carter?  
3533 \*Mr. Carter. Aye.  
3534 \*The Clerk. Carter votes aye.  
3535 Dunn?  
3536 \*Mr. Dunn. Aye.  
3537 \*The Clerk. Dunn votes aye.  
3538 Pence?  
3539 \*Mr. Pence. Aye.  
3540 \*The Clerk. Pence votes aye.  
3541 Crenshaw?

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3542 [No response.]  
3543 \*The Clerk. Joyce?  
3544 [No response.]  
3545 \*The Clerk. Balderson?  
3546 \*Mr. Balderson. Aye.  
3547 \*The Clerk. Balderson votes aye.  
3548 Harshbarger?  
3549 [No response.]  
3550 \*The Clerk. Miller-Meeks?  
3551 \*Mrs. Miller-Meeks. Aye.  
3552 \*The Clerk. Miller-Meeks votes aye.  
3553 Obernolte?  
3554 \*Mr. Obernolte. Aye.  
3555 \*The Clerk. Obernolte votes aye.  
3556 Eshoo?  
3557 \*Ms. Eshoo. Aye.  
3558 \*The Clerk. Eshoo votes aye.  
3559 Sarbanes?  
3560 [No response.]  
3561 \*The Clerk. Cardenas?  
3562 \*Mr. Cardenas. Aye.

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

3563 \*The Clerk. Cardenas votes aye.

3564 Ruiz?

3565 \*Mr. Ruiz. Aye.

3566 \*The Clerk. Ruiz votes aye.

3567 Dingell?

3568 [No response.]

3569 \*The Clerk. Kuster?

3570 [No response.]

3571 \*The Clerk. Kelly?

3572 [No response.]

3573 \*The Clerk. Barragan?

3574 \*Ms. Barragan. Aye.

3575 \*The Clerk. Barragan votes aye.

3576 Blunt Rochester?

3577 [No response.]

3578 \*The Clerk. Craig?

3579 [No response.]

3580 \*The Clerk. Schrier?

3581 \*Ms. Schrier. Aye.

3582 \*The Clerk. Schrier votes aye.

3583 Trahan?

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

3584 [No response.]

3585 \*The Clerk. Pallone?

3586 \*Mr. Pallone. Aye.

3587 \*The Clerk. Pallone votes aye.

3588 Chair Rodgers?

3589 \*The Chair. Aye.

3590 \*The Clerk. Chair Rodgers votes aye.

3591 \*Mr. Guthrie. Is anyone here to answer the roll call?

3592 Ms. Kuster?

3593 \*The Clerk. Ms. Kuster, you are not recorded.

3594 \*Ms. Kuster. Aye.

3595 \*The Clerk. Kuster votes aye.

3596 \*Mr. Guthrie. Dr. Joyce?

3597 \*The Clerk. Dr. Joyce is not recorded.

3598 \*Mr. Joyce. Joyce votes aye.

3599 \*The Clerk. Joyce votes aye.

3600 \*Mr. Guthrie. Anyone --

3601 \*Ms. Craig. Craig.

3602 \*Mr. Guthrie. Ms. Craig?

3603 \*The Clerk. Ms. Craig is not recorded.

3604 \*Ms. Craig. Craig votes aye.

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

3605           \*The Clerk. Craig votes aye.

3606           \*Mr. Guthrie. Is anyone else seeking to answer the roll  
3607 call?

3608           Seeing none, the chair will report -- the clerk will  
3609 report. Long day.

3610           \*The Clerk. Chair Guthrie, on that vote there were 22  
3611 ayes and 0 noes.

3612           \*Mr. Guthrie. With 22 ayes and 0 nays, the bill is  
3613 agreed to.

3614           I will alert the committee we will move to H.R. 8111,  
3615 8111. The chair calls up H.R. 811 -- 81 -- excuse me, let me  
3616 start over -- H.R. 8111, and asks the clerk to report.

3617           \*The Clerk. H.R. 8111, a bill to amend title XIX of the  
3618 Social Security Act to ensure that --

3619           \*Mr. Guthrie. Without objection, the first reading of  
3620 the bill is dispensed with, and the bill will be open for  
3621 amendment at any point.

3622           So ordered.

3623           [The bill follows:]

3624

3625           \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

3626

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

3627 \*Mr. Guthrie. Is there any discussion on the bill?

3628 The gentlelady from Iowa, Dr. Miller-Meeks, is  
3629 recognized for five minutes.

3630 \*Mrs. Miller-Meeks. Thank you, Mr. Chairman. I move to  
3631 strike the last word.

3632 \*Mr. Guthrie. The gentlelady is recognized.

3633 \*Mrs. Miller-Meeks. My bill, H.R. 8111, the Medicaid  
3634 Program Improvement Act, co-led by Congressman Cartwright,  
3635 would create a process for state Medicaid programs and  
3636 managed care organizations, or MCOs, to obtain address  
3637 information of program beneficiaries to ensure that they are  
3638 not enrolled in multiple state Medicaid programs.

3639 This simple, good-governance legislation would maintain  
3640 program integrity and help control unnecessary cost to states  
3641 and to the Federal Government without restricting access to  
3642 those who legitimately qualify for Medicaid.

3643 I thank the committee for moving my bill, and urge my  
3644 colleagues to vote yes.

3645 Thank you, Mr. Chairman. I yield back the balance of my  
3646 time.

3647 \*Mr. Guthrie. The gentlelady yields back. Is there any



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3648 discussion?

3649           Seeing no further discussion, are there any bipartisan  
3650 amendments?

3651           Are there any other amendments?

3652           Seeing none, well, actually, I will -- so we will move  
3653 to -- okay. Seeing none, we will move to the vote on the  
3654 bill.

3655           The question now occurs on forwarding H.R. 8111 to the  
3656 full committee.

3657           All those in favor -- oh, the clerk -- a roll call has  
3658 been asked, and the clerk will call the roll.

3659           \*The Clerk. Guthrie?

3660           \*Mr. Guthrie. Aye.

3661           \*The Clerk. Guthrie votes aye.

3662           Burgess?

3663           \*Mr. Burgess. Votes aye.

3664           \*The Clerk. Burgess votes aye.

3665           Latta?

3666           \*Mr. Latta. Aye.

3667           \*The Clerk. Latta votes aye.

3668           Griffith?

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3669 \*Mr. Griffith. Aye.  
3670 \*The Clerk. Griffith votes aye.  
3671 Bilirakis?  
3672 \*Mr. Bilirakis. Aye.  
3673 \*The Clerk. Bilirakis votes aye.  
3674 Bucshon?  
3675 \*Mr. Bucshon. Aye.  
3676 \*The Clerk. Bucshon votes aye.  
3677 Hudson?  
3678 [No response.]  
3679 \*The Clerk. Carter?  
3680 \*Mr. Carter. Aye.  
3681 \*The Clerk. Carter votes aye.  
3682 Dunn?  
3683 \*Mr. Dunn. Aye.  
3684 \*The Clerk. Dunn votes aye.  
3685 Pence?  
3686 \*Mr. Pence. Aye.  
3687 \*The Clerk. Pence votes aye.  
3688 Crenshaw?  
3689 [No response.]

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

3690           \*The Clerk. Joyce?

3691           \*Mr. Joyce. Aye.

3692           \*The Clerk. Joyce votes aye.

3693           Balderson?

3694           \*Mr. Balderson. Aye.

3695           \*The Clerk. Balderson votes aye.

3696           Harshbarger?

3697           [No response.]

3698           \*The Clerk. Miller-Meeks?

3699           \*Mrs. Miller-Meeks. Aye.

3700           \*The Clerk. Miller-Meeks votes aye.

3701           Oberholte?

3702           \*Mr. Oberholte. Aye.

3703           \*The Clerk. Oberholte votes aye.

3704           Eshoo?

3705           \*Ms. Eshoo. Aye.

3706           \*The Clerk. Eshoo votes aye.

3707           Sarbanes?

3708           [No response.]

3709           \*The Clerk. Cardenas?

3710           \*Mr. Cardenas. Aye.

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

3711 \*The Clerk. Cardenas votes aye.

3712 Ruiz?

3713 \*Mr. Ruiz. Aye.

3714 \*The Clerk. Ruiz votes aye.

3715 Dingell?

3716 [No response.]

3717 \*The Clerk. Kuster?

3718 \*Ms. Kuster. Aye.

3719 \*The Clerk. Kuster votes aye.

3720 Kelly?

3721 [No response.]

3722 \*The Clerk. Barragan?

3723 \*Ms. Barragan. Aye.

3724 \*The Clerk. Barragan votes aye.

3725 Blunt Rochester?

3726 [No response.]

3727 \*The Clerk. Craig?

3728 \*Ms. Craig. Aye.

3729 \*The Clerk. Craig votes aye.

3730 Schrier?

3731 \*Ms. Schrier. Aye.

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

3732 \*The Clerk. Schrier votes aye.

3733 Trahan?

3734 [No response.]

3735 \*The Clerk. Pallone?

3736 \*Mr. Pallone. Aye.

3737 \*The Clerk. Pallone votes aye.

3738 Chair Rodgers?

3739 \*The Chair. Aye.

3740 \*The Clerk. Chair Rodgers votes aye.

3741 \*Mr. Guthrie. Is there anyone seeking to answer the  
3742 roll?

3743 Seeing none, the clerk will report.

3744 \*The Clerk. Chair Guthrie, on that vote there were 22  
3745 ayes and 0 noes.

3746 \*Mr. Guthrie. With 22 ayes and 0 noes, the bill is  
3747 agreed to.

3748 The chair calls up H.R. 8089, and asks the clerk to  
3749 report.

3750 \*The Clerk. H.R. 8089, a bill to amend title XIX of the  
3751 Social Security Act to require certain additional provider  
3752 screening under the Medicaid program.

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3753           \*Mr. Guthrie. Without objection, the first reading of  
3754 the bill is dispensed with, and the bill will be open for  
3755 amendment at any point.

3756           So ordered.

3757           [The bill follows:]

3758

3759           \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

3760

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

3761           \*Mr. Guthrie. And I will recognize myself for five  
3762 minutes to speak on the bill.

3763           I think all of the ones bringing the -- I think we have  
3764 four bills today dealing with Medicaid, bringing these bills  
3765 forward about improper payments of Medicaid. According to  
3766 the Congressional Budget Office, Federal spending on Medicaid  
3767 is expected to increase from around \$550 billion in fiscal  
3768 year 2023 to almost \$800 billion in fiscal year 2033, and  
3769 that does not include state spending. Improper payments in  
3770 Medicaid reached \$50 billion in 2022. The OIG even stated  
3771 that there is a compelling need to prioritize government  
3772 program integrity to protect against improper payments.

3773           The four bipartisan bills we are marking up today  
3774 represent small but important steps to addressing key issues  
3775 facing state Medicaid programs. Included is frequently  
3776 checking for deceased enrollees; address verification for  
3777 enrollees; and ensuring providers are eligible to submit  
3778 claims to Medicaid programs. Without these reforms, state  
3779 lawmakers will be forced to potentially make tough decisions  
3780 to cut certain health care services and put vulnerable  
3781 patients at risk of losing health care coverage they may

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3782 need.

3783 I would like to thank Representatives Bilirakis,  
3784 D'Esposito, Garcia, and Miller-Meeks for leading on these  
3785 bills.

3786 I would also like to thank my good friend, chair of the  
3787 Rules Committee, Dr. Burgess, for leading on these bills.

3788 And I encourage my colleagues to support the legislation  
3789 today, and I will yield back.

3790 Does anyone seek recognition on the -- further  
3791 recognition on the bill?

3792 Are there any bipartisan amendments?

3793 Are there any other amendments?

3794 The doctor from Texas, Chair Burgess, is recognized.

3795 \*Mr. Burgess. Thank you, Mr. Chairman. I have an  
3796 amendment at the desk.

3797 \*Mr. Guthrie. The clerk will report.

3798 \*The Clerk. Amendment in the nature of a substitute to  
3799 H.R. 8089, offered by --

3800 \*Mr. Guthrie. Without objection, the reading of the  
3801 amendment is dispensed with.

3802 [The amendment of Mr. Burgess follows:]



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3803

3804 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

3805

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3806           \*Mr. Guthrie. And the doctor from Texas is recognized  
3807 for five minutes in support of the amendment.

3808           \*Mr. Burgess. Thank you, Mr. Chairman.

3809           So 8089 is a very straightforward bill. It requires  
3810 states to regularly check the Social Security  
3811 Administration's Death Master File for doctors who are  
3812 enrolled in their Medicaid programs, and to remove doctors  
3813 who are already dead. It sounds simple, but it can be  
3814 serious.

3815           In the wake of the Change Healthcare attacks, we know  
3816 now more than ever that hackers are looking for any way to  
3817 exploit our system. And then, when a doctor dies, their  
3818 National Provider Identification, or NPI, is not immediately  
3819 deactivated. The NPI of a deceased physician is low-hanging  
3820 fruit for a hacker to steal, and then to begin a Medicaid --  
3821 initiate a Medicaid billing cycle. It is the perfect crime  
3822 because, of course, the doctor is dead and not going to be  
3823 checking to see if there are any suspicious activity  
3824 occurring on their NPI.

3825           The amendment incorporates technical assistance that was  
3826 given by the agency.

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3827           We need states to be more accountable in preventing  
3828 fraud, and removing deceased doctors from the Medicaid  
3829 program so that they can't be subject to fraud after death is  
3830 one of the easiest things we can do, and it safeguards their  
3831 legacy.

3832           I yield back.

3833           \*Mr. Guthrie. The gentleman yields back. Is there  
3834 further discussion on the amendment?

3835           Seeing no further discussion, the vote occurs on the  
3836 amendment.

3837           All those in favor shall signify by saying aye.

3838           All those opposed, nay.

3839           The ayes have it, and the amendment is agreed to.

3840           The question now occurs on forwarding H.R. 8089, as  
3841 amended, to the full committee.

3842           All those in favor -- oh, excuse me. A roll call has  
3843 been requested, and the clerk will call the roll.

3844           \*The Clerk. Guthrie?

3845           \*Mr. Guthrie. Aye.

3846           \*The Clerk. Guthrie votes aye.

3847           Burgess?

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3848 \*Mr. Burgess. Burgess votes aye.

3849 \*The Clerk. Burgess votes aye.

3850 Latta?

3851 \*Mr. Latta. Aye.

3852 \*The Clerk. Latta votes aye.

3853 Griffith?

3854 \*Mr. Griffith. Aye.

3855 \*The Clerk. Griffith votes aye.

3856 Bilirakis?

3857 \*Mr. Bilirakis. Aye.

3858 \*The Clerk. Bilirakis votes aye.

3859 Bucshon?

3860 [No response.]

3861 \*The Clerk. Hudson?

3862 [No response.]

3863 \*The Clerk. Carter?

3864 \*Mr. Carter. Aye.

3865 \*The Clerk. Carter votes aye.

3866 Dunn?

3867 \*Mr. Dunn. Aye.

3868 \*The Clerk. Dunn votes aye.

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

3869 Pence?  
3870 \*Mr. Pence. Aye.  
3871 \*The Clerk. Pence votes aye.  
3872 Crenshaw?  
3873 [No response.]  
3874 \*The Clerk. Joyce?  
3875 \*Mr. Joyce. Aye.  
3876 \*The Clerk. Joyce votes aye.  
3877 Balderson?  
3878 \*Mr. Balderson. Aye.  
3879 \*The Clerk. Balderson votes aye.  
3880 Harshbarger?  
3881 [No response.]  
3882 \*The Clerk. Miller-Meeks?  
3883 \*Mrs. Miller-Meeks. Aye.  
3884 \*The Clerk. Miller-Meeks votes aye.  
3885 Obernolte?  
3886 \*Mr. Obernolte. Aye.  
3887 \*The Clerk. Obernolte votes aye.  
3888 Eshoo?  
3889 \*Ms. Eshoo. Aye.

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3890 \*The Clerk. Eshoo votes aye.  
3891 Sarbanes?  
3892 [No response.]  
3893 \*The Clerk. Cardenas?  
3894 \*Mr. Cardenas. Aye.  
3895 \*The Clerk. Cardenas votes aye.  
3896 Ruiz?  
3897 \*Mr. Ruiz. Aye.  
3898 \*The Clerk. Ruiz votes aye.  
3899 Dingell?  
3900 [No response.]  
3901 \*The Clerk. Kuster?  
3902 \*Ms. Kuster. Aye.  
3903 \*The Clerk. Kuster votes aye.  
3904 Kelly?  
3905 [No response.]  
3906 \*The Clerk. Barragan?  
3907 \*Ms. Barragan. Aye.  
3908 \*The Clerk. Barragan votes aye.  
3909 Blunt Rochester?  
3910 [No response.]

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

3911           \*The Clerk. Craig?  
3912           \*Ms. Craig. Aye.  
3913           \*The Clerk. Craig votes aye.  
3914           Schrier?  
3915           \*Ms. Schrier. Aye.  
3916           \*The Clerk. Schrier votes aye.  
3917           Trahan?  
3918           [No response.]  
3919           \*The Clerk. Pallone?  
3920           \*Mr. Pallone. Aye.  
3921           \*The Clerk. Pallone votes aye.  
3922           Chair Rodgers?  
3923           \*The Chair. Aye.  
3924           \*The Clerk. Chair Rodgers votes aye.  
3925           \*Mr. Guthrie. Is anyone seeking a roll call?  
3926           Seeing none -- Dr. Bucshon?  
3927           \*Mr. Bucshon. How is Bucshon recorded?  
3928           \*The Clerk. Mr. Bucshon is not recorded.  
3929           \*Mr. Bucshon. Aye.  
3930           \*The Clerk. Bucshon votes aye.  
3931           \*Mr. Guthrie. Is anyone else seeking to answer the roll

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3932 call?

3933           Seeing none, the clerk will report.

3934           \*The Clerk. Chair Guthrie, on that vote there were 22  
3935 ayes and 0 noes.

3936           \*Mr. Guthrie. With 22 ayes and 0 nays, the bill is  
3937 agreed to.

3938           I think we are back in order now, 8112. The chair calls  
3939 up H.R. 8112, and asks the clerk to report.

3940           \*The Clerk. H.R. 8112, a bill to amend title XIX of the  
3941 Social Security Act --

3942           \*Mr. Guthrie. Without objection, the first reading of  
3943 the bill is dispensed with, and the bill will be open for  
3944 amendment at any point.

3945           So ordered.

3946           [The bill follows:]

3947

3948           \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

3949



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

3950 \*Mr. Guthrie. Does anyone seek recognition on the bill?

3951 I believe, Mr. Carter, you have an amendment. Is there  
3952 any discussion on the bill?

3953 Seeing none, Mr. -- are there any bipartisan amendments?

3954 Seeing none, Mr. Carter, you are recognized.

3955 \*Mr. Carter. Mr. Chairman, I have an amendment at the  
3956 desk for H.R. 8112.

3957 \*Mr. Guthrie. The clerk will report the amendment.

3958 \*The Clerk. Substitute for the amendment in the nature  
3959 of a substitute to H.R. 8112. Offer --

3960 \*Mr. Guthrie. Without objection, the reading of the  
3961 amendment is dispensed with.

3962 [The amendment of Mr. Carter follows:]

3963

3964 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

3965

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

3966           \*Mr. Guthrie. And the gentleman is recognized for five  
3967 minutes in support of the amendment.

3968           \*Mr. Carter. Thank you, Mr. Chairman.

3969           Mr. Chairman, H.R. 8112 is simple. We should not let  
3970 bad doctors into the Medicaid program. One way that we try  
3971 to maintain the integrity of the program is by entering  
3972 doctors into the Data Exchange, or D-E-X, DEX, which is a  
3973 database managed by CMS that monitors doctors who have been  
3974 terminated from the Medicaid and Medicare programs.

3975           To be clear, doctors are not removed casually from  
3976 either program. You have to commit fraud or harm to patients  
3977 in order to be terminated from the programs. The issue here,  
3978 though, is that states are not always actively checking the  
3979 DEX. If a doctor breaks the law in Florida and is removed  
3980 from Florida's Medicaid program, the doctor will be entered  
3981 into the DEX. However, if Georgia or another state doesn't  
3982 check the DEX, we may inadvertently let the doctor into our  
3983 state.

3984           This bill is straightforward, and I hope we can all  
3985 agree that keeping bad doctors out of Medicaid is in  
3986 everyone's best interest.

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3987 Thank you, Mr. Chairman, and I yield back the remainder  
3988 of my time.

3989 \*Mr. Guthrie. The gentleman yields back. Is there any  
3990 further discussion on the amendment?

3991 If there is no further discussion, the vote occurs on  
3992 the amendment.

3993 All those in favor shall signify by saying aye.

3994 All opposed, nay.

3995 The ayes have it, and the amendment is agreed to.

3996 Are there any further amendments?

3997 Seeing none, the question now occurs on forwarding H.R.  
3998 8112, as amended, to the full committee, and the roll call  
3999 has been requested, and the clerk will call the roll.

4000 \*The Clerk. Guthrie?

4001 \*Mr. Guthrie. Aye.

4002 \*The Clerk. Guthrie votes aye.

4003 Burgess?

4004 \*Mr. Burgess. Burgess votes aye.

4005 \*The Clerk. Burgess votes aye.

4006 Latta?

4007 \*Mr. Latta. Aye.

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

4008           \*The Clerk. Latta votes aye.  
4009           Griffith?  
4010           \*Mr. Griffith. Aye.  
4011           \*The Clerk. Griffith votes aye.  
4012           Bilirakis?  
4013           \*Mr. Bilirakis. Aye.  
4014           \*The Clerk. Bilirakis votes aye.  
4015           Bucshon?  
4016           [No response.]  
4017           \*The Clerk. Hudson?  
4018           [No response.]  
4019           \*The Clerk. Carter?  
4020           \*Mr. Carter. Aye.  
4021           \*The Clerk. Carter votes aye.  
4022           Dunn?  
4023           \*Mr. Dunn. Aye.  
4024           \*The Clerk. Dunn votes aye.  
4025           Pence?  
4026           \*Mr. Pence. Aye.  
4027           \*The Clerk. Pence votes aye.  
4028           Crenshaw?

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

4029 [No response.]

4030 \*The Clerk. Joyce?

4031 \*Mr. Joyce. Aye.

4032 \*The Clerk. Joyce votes aye.

4033 Balderson?

4034 \*Mr. Balderson. Aye.

4035 \*The Clerk. Balderson votes aye.

4036 Harshbarger?

4037 [No response.]

4038 \*The Clerk. Miller-Meeks?

4039 \*Mrs. Miller-Meeks. Aye.

4040 \*The Clerk. Miller-Meeks votes aye.

4041 Obernolte?

4042 \*Mr. Obernolte. Aye.

4043 \*The Clerk. Obernolte votes aye.

4044 Eshoo?

4045 \*Ms. Eshoo. Aye.

4046 \*The Clerk. Eshoo votes aye.

4047 Sarbanes?

4048 [No response.]

4049 \*The Clerk. Cardenas?

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4050 \*Mr. Cardenas. Aye.  
4051 \*The Clerk. Cardenas votes aye.  
4052 Ruiz?  
4053 [No response.]  
4054 \*The Clerk. Dingell?  
4055 \*Mr. Ruiz. Aye.  
4056 \*Mrs. Dingell. Aye.  
4057 \*The Clerk. Ruiz votes aye.  
4058 Dingell?  
4059 \*Mrs. Dingell. Aye.  
4060 \*The Clerk. Dingell votes aye.  
4061 Kuster?  
4062 \*Ms. Kuster. Aye.  
4063 \*The Clerk. Kuster votes aye.  
4064 Kelly?  
4065 [No response.]  
4066 \*The Clerk. Barragan?  
4067 \*Ms. Barragan. Aye.  
4068 \*The Clerk. Barragan votes aye.  
4069 Blunt Rochester?  
4070 [No response.]

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

4071 \*The Clerk. Craig?  
4072 \*Ms. Craig. Aye.  
4073 \*The Clerk. Craig votes aye.  
4074 Schrier?  
4075 \*Ms. Schrier. Aye.  
4076 \*The Clerk. Schrier votes aye.  
4077 Trahan?  
4078 [No response.]  
4079 \*The Clerk. Pallone?  
4080 \*Mr. Pallone. Aye.  
4081 \*The Clerk. Pallone votes aye.  
4082 Chair Rodgers?  
4083 \*The Chair. Aye.  
4084 \*The Clerk. Chair Rodgers votes aye.  
4085 \*Mr. Guthrie. Is anyone seeking to answer the roll?  
4086 Dr. Bucshon?  
4087 \*Mr. Bucshon. How is Mr. Bucshon recorded?  
4088 \*The Clerk. Mr. Bucshon is not recorded.  
4089 \*Mr. Bucshon. Aye.  
4090 \*The Clerk. Bucshon votes aye.  
4091 \*Mr. Guthrie. Is anyone else seeking?

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4092           Seeing none, the clerk will report.

4093           \*The Clerk. Chair Guthrie, on that vote there were 23  
4094 ayes and 0 noes.

4095           \*Mr. Guthrie. With 23 ayes and 0 noes, the bill is  
4096 agreed to.

4097           The chair now calls up H.R. 6033, and asks the clerk to  
4098 report.

4099           \*The Clerk. H.R. 6033, a bill to require the Secretary  
4100 of Health and Human Services to establish a task force --

4101           \*Mr. Guthrie. Without objection, the first reading of  
4102 the bill is dispensed with, and the bill will be open for  
4103 amendment at any point.

4104           So ordered.

4105           [The bill follows:]

4106

4107           \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

4108



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4109 \*Mr. Guthrie. Does anyone seek recognition on the bill?

4110 Are there any bipartisan amendments?

4111 Are there any other amendments?

4112 The gentleman from Florida is recognized to offer an  
4113 amendment.

4114 \*Mr. Bilirakis. A bipartisan amendment, the -- an  
4115 amendment in the nature of a substitute.

4116 \*Mr. Guthrie. The clerk will report.

4117 \*The Clerk. Amendment in the nature of a substitute to  
4118 H.R. 6033 --

4119 \*Mr. Guthrie. Without objection, the reading of the  
4120 amendment is dispensed with.

4121 [The amendment of Mr. Bilirakis follows:]

4122

4123 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

4124

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4125           \*Mr. Guthrie. And the gentleman from Florida is  
4126 recognized for five minutes in support of his amendment.

4127           \*Mr. Bilirakis. Thank you, Mr. Chairman.

4128           I want to offer this AINS. It is a bipartisan bill,  
4129 bipartisan amendment to H.R. 6033. I ask my colleagues to  
4130 support the amendment.

4131           The Supporting Patient Education and Knowledge, or SPEAK  
4132 Act, is designed to increase access to telehealth services  
4133 for those who may experience barriers to traditional  
4134 telehealth care, such as those with disabilities or those  
4135 with limited English proficiency. Studies have shown that  
4136 these Medicare patients utilize telehealth at significantly  
4137 lower rates, potentially leading to worse outcomes and  
4138 leaving a key access tool out of reach.

4139           My amendment inserts the provisions of the bipartisan  
4140 bill I co-lead with Representative Steel, H.R. 7863, the  
4141 Expanding Language Access in Telehealth Act, to direct HHS to  
4142 develop best practices to improve language access and other  
4143 factors, particularly when patients are seeking behavioral  
4144 health services through telehealth.

4145           We have seen in recent years how valuable telehealth can

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4146 be for expanding access to critical behavioral health  
4147 treatment, but it has become apparent that some seniors need  
4148 additional support to fully utilize this tool in an effective  
4149 manner.

4150 Our bill ensures that providers and patients receive  
4151 training and support they need to take full advantage of this  
4152 essential tool. These best practices include potential use  
4153 of interpreters or audio-only services when video is  
4154 unavailable, and additional training materials on how to  
4155 access digital portals and multi-purpose video technologies.  
4156 HHS would be required to consult with electronic health  
4157 experts and remote patient monitoring companies, providers in  
4158 hospital settings, and health and language quality  
4159 certification organizations to disseminate this information.

4160 This common-sense amendment supports patients and  
4161 caregivers in the Medicare program, and allows seniors to  
4162 better access the full array of telehealth tools,  
4163 particularly when managing their mental health. So I urge  
4164 the passage of this particular amendment and, of course, the  
4165 underlying bill.

4166 And I will yield back, unless somebody needs my time.

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4167           \*Mr. Guthrie. The gentleman yields back. The gentleman  
4168 from California seeks recognition --

4169           \*Mr. Cardenas. Yes.

4170           \*Mr. Guthrie. -- for five minutes to speak on the  
4171 amendment.

4172           \*Mr. Cardenas. I move to strike the last word.

4173           \*Mr. Guthrie. The gentleman is recognized.

4174           \*Mr. Cardenas. I want to quickly discuss the value of  
4175 H.R. 6033, the Supporting Patients Education and Knowledge  
4176 Act, that I am excited to co-lead with Representative Steel  
4177 and a number of my colleagues on both sides of the aisle.

4178           The relationship between patients, health care  
4179 providers, and the health system at large is the cornerstone  
4180 of quality health care delivery. This legislation  
4181 demonstrates a bipartisan commitment to helping ensure access  
4182 to care across the United States for people with limited  
4183 English proficiency.

4184           As we expand innovative technologies and telehealth  
4185 services, we have a responsibility to the 25 million non-  
4186 English-speaking households in the United States. Developing  
4187 and implementing best practices to overcome barriers ensures

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4188 that every individual, regardless of their linguistic  
4189 background, receives the care they need and deserve.

4190 I thank my colleague, Congresswoman Steel, for co-  
4191 leading this bill, and I urge members of the committee to  
4192 support it.

4193 And with that, Mr. Chairman, I yield back.

4194 \*Mr. Guthrie. The gentleman yields back. Is there any  
4195 further discussion on the amendment?

4196 If there is no further discussion, the vote is on the  
4197 amendment.

4198 All those in favor shall signify by saying aye.

4199 All those opposed, nay.

4200 The ayes have it, and the amendment is agreed to.

4201 The question now occurs on forwarding H.R. 6033, as  
4202 amended, to the full committee. The clerk will call the  
4203 roll.

4204 \*The Clerk. Guthrie?

4205 \*Mr. Guthrie. Aye.

4206 \*The Clerk. Guthrie votes aye.

4207 Burgess?

4208 \*Mr. Burgess. Burgess votes aye.

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4209           \*The Clerk. Burgess votes aye.  
4210           Latta?  
4211           \*Mr. Latta. Aye.  
4212           \*The Clerk. Latta votes aye.  
4213           Griffith?  
4214           \*Mr. Griffith. Aye.  
4215           \*The Clerk. Griffith votes aye.  
4216           Bilirakis?  
4217           \*Mr. Bilirakis. Aye.  
4218           \*The Clerk. Bilirakis votes aye.  
4219           Bucshon?  
4220           [No response.]  
4221           \*The Clerk. Hudson?  
4222           [No response.]  
4223           \*Mr. Guthrie. I don't think he can.  
4224           \*The Clerk. Carter?  
4225           \*Mr. Carter. Aye.  
4226           \*The Clerk. Carter votes aye.  
4227           Dunn?  
4228           \*Mr. Dunn. Aye.  
4229           \*The Clerk. Dunn votes aye.

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4230 Pence?  
4231 \*Mr. Pence. Aye.  
4232 \*The Clerk. Pence votes aye.  
4233 Crenshaw?  
4234 [No response.]  
4235 \*The Clerk. Joyce?  
4236 \*Mr. Joyce. Aye.  
4237 \*The Clerk. Joyce votes aye.  
4238 Balderson?  
4239 \*Mr. Balderson. Aye.  
4240 \*The Clerk. Balderson votes aye.  
4241 Harshbarger?  
4242 [No response.]  
4243 \*The Clerk. Miller-Meeks?  
4244 \*Mrs. Miller-Meeks. Aye.  
4245 \*The Clerk. Miller-Meeks votes aye.  
4246 Obernolte?  
4247 \*Mr. Obernolte. Aye.  
4248 \*The Clerk. Obernolte votes aye.  
4249 Eshoo?  
4250 \*Ms. Eshoo. Aye.

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4251           \*The Clerk. Eshoo votes aye.  
4252           Sarbanes?  
4253           [No response.]  
4254           \*The Clerk. Cardenas?  
4255           \*Mr. Cardenas. Aye.  
4256           \*The Clerk. Cardenas votes aye.  
4257           Ruiz?  
4258           \*Mr. Ruiz. Aye.  
4259           \*The Clerk. Ruiz votes aye.  
4260           Dingell?  
4261           \*Mrs. Dingell. Aye.  
4262           \*The Clerk. Dingell votes aye.  
4263           Kuster?  
4264           \*Ms. Kuster. Aye.  
4265           \*The Clerk. Kuster votes aye.  
4266           Kelly?  
4267           [No response.]  
4268           \*The Clerk. Barragan?  
4269           \*Ms. Barragan. Aye.  
4270           \*The Clerk. Barragan votes aye.  
4271           Blunt Rochester?



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4272 [No response.]

4273 \*The Clerk. Craig?

4274 \*Ms. Craig. Aye.

4275 \*The Clerk. Craig votes aye.

4276 Schrier?

4277 \*Ms. Schrier. Aye.

4278 \*The Clerk. Schrier votes aye.

4279 Trahan?

4280 [No response.]

4281 \*The Clerk. Pallone?

4282 \*Mr. Pallone. Aye.

4283 \*The Clerk. Pallone votes aye.

4284 Chair Rodgers?

4285 \*The Chair. Aye.

4286 \*The Clerk. Chair Rodgers votes aye.

4287 \*Mr. Guthrie. Is anyone else seeking recognition for

4288 the roll call?

4289 \*Mr. Bucshon. Mr. Guthrie, how is Mr. Bucshon recorded?

4290 \*The Clerk. Mr. Bucshon is not recorded.

4291 \*Mr. Bucshon. Aye.

4292 \*The Clerk. Bucshon votes aye.

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4293 \*Mr. Guthrie. Anyone want the chance to vote?

4294 All right. The clerk will report.

4295 \*The Clerk. Chair Guthrie, on that vote there were 23  
4296 ayes and 0 noes.

4297 \*Mr. Guthrie. With 23 ayes and 0 nays, the bill is  
4298 agreed to.

4299 [Pause.]

4300 \*Mr. Bucshon. [Presiding] The chair now calls up H.R.  
4301 7623, and asks the clerk to report.

4302 \*The Clerk. H.R. 7623, a bill to amend title XVIII of  
4303 the Social Security Act to make permanent certain telehealth  
4304 flexibilities --

4305 \*Mr. Bucshon. Without objection, the first reading of  
4306 the bill is dispensed with, and the bill will be open to  
4307 amendment at any point.

4308 So ordered.

4309 [The bill follows:]

4310

4311 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

4312

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4313           \*Mr. Bucshon. Does anyone seek recognition on the bill?

4314           \*Mr. Pallone. Mr. Chairman?

4315           \*Mr. Bucshon. I recognize the ranking member.

4316           \*Mr. Pallone. Thank you, Mr. Chairman. I move to  
4317 strike the last word and express my support for the bill.

4318           The bipartisan legislation would extend key telehealth  
4319 flexibilities until the end of 2026 for 2 additional years.

4320           The expansion of telehealth flexibilities during the  
4321 COVID-19 public health emergency and subsequently in the  
4322 Consolidated Appropriations Act of 2023 has allowed millions  
4323 of Medicare beneficiaries to receive access to necessary  
4324 care, and expanding access to telehealth services during the  
4325 public health emergency helped save lives and help keep  
4326 providers afloat. Since then, further expansion of  
4327 telehealth services has helped provide critical services to  
4328 hard-to-reach populations and helped beneficiaries in areas  
4329 that are already underserved.

4330           Now, has found that telehealth utilization and spending  
4331 has increased substantially, and the use of telehealth  
4332 services among Medicare beneficiaries has continued to remain  
4333 high and far above pre-pandemic levels. And while we have

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4334 seen several tangible benefits to telehealth, I believe it is  
4335 important that further expansion has meaningfully increased  
4336 patient access to care and ensure high quality care for  
4337 beneficiaries.

4338           And I am pleased we were able to reach bipartisan  
4339 agreement to include language in the legislation that will  
4340 provide CMS with the tools and data necessary to monitor the  
4341 quality of health care services that beneficiaries are  
4342 receiving. CMS must be able to assess and monitor the  
4343 quality of health services that Medicare beneficiaries are  
4344 receiving.

4345           And I am also pleased the legislation includes language  
4346 that will help strengthen program integrity and ensure that  
4347 telehealth is being used appropriately.

4348           But the last thing I wanted to say is that it is  
4349 critical that we ensure equitable access to telehealth  
4350 services, and many Democrats have talked about this today.  
4351 Telehealth can help underserved individuals access care and  
4352 help individuals who are managing serious health conditions.  
4353 However, we know that many Americans lack the technology or  
4354 Internet access needed to use telehealth effectively, and the

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4355 American Connectivity Program has helped 23 million low and  
4356 middle-income households and an estimated 64 million  
4357 individuals access the Internet.

4358 But because of Republicans' failure to extend the  
4359 program, American families are at risk of losing Internet  
4360 access they need for work, school, and health care, including  
4361 telehealth. So I am happy that my Republican colleagues are  
4362 so supportive of telehealth, but I call on them to join our  
4363 efforts to save this critical program and renew funding.  
4364 Because otherwise, how are people going to access telehealth  
4365 if they don't have access to the Internet?

4366 [Chart]

4367 \*Mr. Pallone. There is a chart behind me here that  
4368 talks about the significance of the households enrolled in  
4369 the Affordable Connectivity Program in the various states of  
4370 Republican members, but I could hold up a similar one for  
4371 Democratic members, as well.

4372 So I look forward to working with members of the  
4373 committee to advance this bill through the full committee,  
4374 and I thank the many members who have been leaders on this  
4375 issue, such as Representatives Dingell, Blunt Rochester,

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4376 Matsui, Kuster, and Eshoo, and I urge my colleagues to  
4377 support this proposal.

4378 And thank you, Mr. Chairman.

4379 \*Mr. Bucshon. The gentleman yields back. Does anyone  
4380 else seek recognition to speak on the bill?

4381 Mrs. Dingell?

4382 He has got an AINS. This is on the bill.

4383 \*Mrs. Dingell. Okay.

4384 \*Mr. Bucshon. You are recognized for five minutes.

4385 \*Mrs. Dingell. Thank you, Mr. Chairman. I am just  
4386 respectful of my Republican colleagues at all times. I move  
4387 to strike the last word on this bill.

4388 \*Mr. Bucshon. The gentlelady is recognized.

4389 \*Mrs. Dingell. Thank you. Telehealth provides a  
4390 critical way for patients to access needed care. I am proud  
4391 to be a co-lead of H.R. 7623, the Telehealth Modernization  
4392 Act. This legislation would remove originating and  
4393 geographic site restrictions which would allow patients to  
4394 access telehealth from their homes, and would support  
4395 patients in both rural and urban areas.

4396 This legislation would also make permanent the ability

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4397 of federally-qualified health centers and rural health  
4398 clinics to provide telehealth services and provide adequate  
4399 reimbursements in those settings to ensure continued  
4400 provision of virtual services.

4401 Strengthened access to health services can benefit many  
4402 at-risk seniors, enabling them to continue accessing  
4403 important health care services while remaining safe in the  
4404 comfort of their own homes. During the April 10 legislative  
4405 hearing, I asked patient advocate Ms. Jeanette Ashlock how  
4406 extending telehealth flexibilities impacts the quality and  
4407 continuity of care, and she said it is essential to have that  
4408 tool of telehealth because all of us are different. Some of  
4409 us have mobility issues. Some of us can't get  
4410 transportation. Telehealth can get the care I need without  
4411 the stress of getting to the doctor.

4412 I would like to share another story, this time from a  
4413 provider in my district regarding the benefits. "I worked  
4414 with a young adult navigating severe anxiety and panic  
4415 attacks, and have seen them make great progress through  
4416 engaging in regular telehealth services. They live in a  
4417 rural community within the service area of Packard Health.

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4418 And with limited family resources, they struggle with  
4419 transportation. Having the option to do telehealth therapy  
4420 has made a tremendous difference. We simply would not have  
4421 been able to do therapy consistently in person, which would  
4422 have hampered our ability to provide effective mental health  
4423 services.''

4424         These services are critical for helping all patients  
4425 access the care they need. I really appreciate the  
4426 bipartisan coalition of members who have led this bill with  
4427 me: Representatives Carter, Blunt Rochester, Steube, Sewell,  
4428 Miller-Meeks, Van Drew, and Morelle. I urge all of my  
4429 colleagues to support this bill.

4430         And I do want to add to my ranking member's comment, and  
4431 I missed my opportunity a little earlier to say people need  
4432 to be able to have access. Those that can't afford  
4433 transportation can't afford connectivity, as well. So we  
4434 must continue funding the Affordable Connectivity Program,  
4435 ensuring millions of Americans aren't at risk of losing that  
4436 connection and that opportunity the Internet gives them to  
4437 get health care. Of the 23 million families the ACP helps,  
4438 19 percent are seniors, 26 percent live in rural areas, and



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4439 49 percent are military families.

4440 We have to work to pass the bipartisan ACP Extension Act  
4441 so that all Americans have access to the Internet and we give  
4442 them access by telehealth [sic]. I urge my colleagues to  
4443 find a permanent solution, and I thank everybody for  
4444 supporting this bill.

4445 And I yield back.

4446 \*Mr. Bucshon. The gentlelady yields back. Is anyone  
4447 else seeking recognition on the underlying bill?

4448 Ms. Barragan, for what purpose do you seek recognition?

4449 \*Ms. Barragan. I move to strike the last word.

4450 \*Mr. Bucshon. You are recognized for five minutes to  
4451 speak on the legislation.

4452 \*Ms. Barragan. Thank you, Mr. Chair. I move to strike  
4453 the last word.

4454 I strongly support the telehealth extensions in the  
4455 Telehealth Modernization Act. We saw through COVID-19 and  
4456 the pandemic the challenges that it posed, and how the  
4457 conversation of telehealth and the use of telehealth was just  
4458 -- expanded and highlighted the need for us to continue to  
4459 build on telehealth.

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4460           During the pandemic, temporary flexibilities allowed  
4461 Medicare providers to offer a broader range of services via  
4462 telehealth, especially for those who live in rural or  
4463 underserved areas. It also led to increased access to  
4464 critical health services for patients in urban areas, such as  
4465 residents in my district. In Los Angeles County, a visit to  
4466 a health care provider could mean hours of traffic. This can  
4467 especially be a challenge for those with chronic conditions,  
4468 older Americans, or people with mobility restrictions.

4469           As we move forward, it is critical we address the  
4470 significant disparities that exist in access to telehealth  
4471 use. Telehealth services are used less, for example, by  
4472 Spanish-speaking patients. That is why I am glad we are --  
4473 also marked up today the SPEAK Act, which would direct HHS to  
4474 create a task force to identify best practices to improve  
4475 access to telehealth for non-speakers.

4476           But as we have had this conversation -- and I want to  
4477 echo the comments of my colleagues -- saying you are for  
4478 something is different than acting on it. And I just kind of  
4479 want to remind folks, it was when Democrats were in control  
4480 of the House that we passed the infrastructure law. This was

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4481 a \$65 billion broadband investment that created the  
4482 Affordable Connectivity Program, which is what is keeping  
4483 people connected. Not a single Republican in this committee  
4484 voted for the Bipartisan Infrastructure Law.

4485 [Chart]

4486 \*Ms. Barragan. Yes, you know what? These bills impact  
4487 millions of Americans. And today the people that are  
4488 benefitting from these programs -- and here is a chart so you  
4489 could see how many of my Republican colleagues are  
4490 benefitting. Their constituents are benefitting from it.  
4491 Yet I don't see a push to call the speaker to make this  
4492 urgent. The program ends this month. This is this month.  
4493 There is no time. The time is right now to get together, to  
4494 move something on the House side.

4495 Just take a look at this chart. Representative  
4496 Obernolte from California, 1 in 3 of his constituents are on  
4497 the program, over 92,000 people.

4498 Who is next in line? Let's see. Representative Latta,  
4499 1 in 4 people, 69,887 of his constituents.

4500 I would think that the members whose constituents are  
4501 benefitting would be at the door of the speaker saying, hey,

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4502 we are in charge now. We need to help our constituents keep  
4503 their costs low.

4504 This is what Americans want, not another week on  
4505 appliances, but it is actually making sure that we move to  
4506 pass and extend the Affordable Connectivity Program because  
4507 all these things we are doing on telehealth are going to mean  
4508 that millions of Americans will not have access.

4509 So let us do that, and let us work together not just to  
4510 talk about it, but to have action across the aisle. Because  
4511 the last time I checked, Republicans were still in charge of  
4512 the House. So we got to continue, and I urge my colleagues  
4513 on the other side to not just say here that you are for  
4514 something. Move to get it passed as a discharge petition.  
4515 Talk to your to your leader over there. But please, let's do  
4516 this. It is so critically, critically important. And it is  
4517 ending now. There was an opportunity in the budget. We  
4518 could have done it then. There has been opportunity after  
4519 opportunity. So I would like to see some action.

4520 With that I yield back.

4521 \*Mr. Bucshon. The gentlelady yields. Does anyone else  
4522 seek recognition to speak on the underlying bill?

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4523           Seeing none, are there bipartisan amendments to the  
4524 bill?

4525           For what purpose does Mr. Carter seek recognition?

4526           \*Mr. Carter. Mr. Chairman, I seek recognition to offer  
4527 an amendment in the nature of a substitute to H.R. 7623, the  
4528 Telehealth Modernization Act.

4529           \*Mr. Bucshon. The clerk will report the amendment.

4530           \*The Clerk. Amendment in the nature of a substitute to  
4531 H.R. 7623, offered by Mr. Carter. Strike all after --

4532           \*Mr. Bucshon. Without objection, the reading of the  
4533 amendment is dispensed with.

4534           [The amendment of Mr. Carter follows:]

4535

4536           \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

4537

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4538           \*Mr. Bucshon. And the gentleman is recognized for five  
4539 minutes in support of his amendment.

4540           \*Mr. Carter. Thank you, Mr. Chairman.

4541           Mr. Chairman, I would like to offer this bipartisan  
4542 amendment that I am leading with Representatives Lisa Blunt  
4543 Rochester and Dr. Miller-Meeks.

4544           As a pharmacist now serving in Congress, one of my top  
4545 priorities has been improving the accessibility,  
4546 affordability, and quality of health care, no matter where  
4547 patients are located. Unfortunately, Americans living in  
4548 rural areas too often have few to no health care options  
4549 available close by, and have a 43 percent higher mortality  
4550 rate.

4551           Thankfully, this committee is considering my  
4552 legislation, the Telehealth Modernization Act, to preserve  
4553 patients' access to telehealth, which will help patients,  
4554 particularly seniors and those in rural areas, access timely,  
4555 high-quality health care.

4556           I often say that we knew how important telehealth was  
4557 before the pandemic, but we didn't quite realize it until the  
4558 pandemic. Telehealth has proven to be a safe and effective

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4559 way to deliver care, especially for patients who live in  
4560 rural communities far away from doctors. And it also helps  
4561 seniors who may not have the ability to travel to a doctor.  
4562 Telehealth has also proven to be an effective tool in  
4563 addressing the health care workforce and physician shortages.

4564 Without congressional action, these Medicaid -- these  
4565 Medicare telehealth flexibilities will expire at the end of  
4566 this year, creating an access cliff for tens of millions of  
4567 patients and providers. That is why I have introduced the  
4568 Telehealth Modernization Act with Representative Lisa Blunt  
4569 Rochester, which would extend these Medicare telehealth  
4570 flexibilities and ensure access to care for seniors.

4571 The amendment before us today would preserve Medicare  
4572 patients' access to telehealth through 2026, which is crucial  
4573 for our seniors and those in rural and underserved  
4574 communities. The amendment extends audio-only coverage to  
4575 help increase accessibility for those in rural communities  
4576 with limited or no access to broadband services. It also  
4577 extends to hospital -- the Hospital at Home telehealth  
4578 program through 2029, utilizes health centers and rural  
4579 health clinics to provide telehealth, and makes important

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4580 program reforms.

4581 I am also pleased to see this bipartisan amendment  
4582 include crucial Pharmacy Benefit Manager reforms from my  
4583 Protecting Patients Against PBM Abuses Act. This policy  
4584 would delink PBM compensation from the cost of medications  
4585 and increase price transparency, lowering the cost of  
4586 prescription drugs for seniors. This will save taxpayers  
4587 roughly \$700 million, and help reduce seniors' out-of-pocket  
4588 drug costs. This is common-sense, bipartisan policy that  
4589 will protect seniors from some of the most egregious  
4590 practices of PBMs, and make prescription drugs more  
4591 affordable.

4592 While I am disappointed that we are not making these  
4593 Medicare telehealth flexibilities permanent, I look forward  
4594 to working with my colleagues on this committee to ensure  
4595 that these vital telehealth services do not lapse.  
4596 Increasing access to telehealth for Medicare beneficiaries  
4597 means increasing access to quality care for our seniors.  
4598 That is why I urge my colleagues to support the Telehealth  
4599 Modernization Act.

4600 Thank you, Mr. Chairman, and I yield back the remainder



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4601 of my time.

4602 \*Mr. Bucshon. The gentleman yields back.

4603 \*Mr. Carter. Unless --

4604 \*Mr. Bucshon. Is anyone else seeking recognition to  
4605 speak on the AINS?

4606 Mrs. Miller-Meeks, you are recognized.

4607 \*Mrs. Miller-Meeks. Mr. Chairman, I move to strike the  
4608 last word.

4609 \*Mr. Bucshon. Five minutes.

4610 \*Mrs. Miller-Meeks. Thank you, Mr. Chairman. I am glad  
4611 to see the committee include my bill with Mr. Carter, H.R.  
4612 7623, the Telehealth Modernization Act, in the hearing today.  
4613 This bipartisan legislation expands audio-only telehealth  
4614 access for seniors, and maintains provisions that were  
4615 enacted last Congress such as removing geographic and  
4616 originating site restrictions for rural patients.

4617 Amongst other policies, the legislation also allows  
4618 federally-qualified health centers to furnish telehealth  
4619 services. UnityPoint, a hospital system in Iowa with  
4620 locations and clinics in my district, had 1,689 providers  
4621 serve 76,268 patients via telehealth in the past year. This

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4622 resulted in over 160,000 telehealth visits, with 94 percent  
4623 of them occurring in the outpatient setting with high levels  
4624 of patient satisfaction.

4625       Telehealth allows seniors, especially those in rural  
4626 areas, to have consistent and reliable access to their  
4627 physician, which is critically important for individual and  
4628 public health.

4629       I urge my colleagues to support this legislation, and  
4630 yield back the balance of my time.

4631       \*Mr. Bucshon. The gentlelady yields back. Is anyone  
4632 else wishing to speak on the AINS?

4633       Seeing none, if there is no further discussion, a vote  
4634 now occurs on the amendment.

4635       All those in favor, signify by saying aye.

4636       All those opposed, nay.

4637       The ayes have it, and the amendment is agreed to.

4638       [Pause.]

4639       \*Mr. Bucshon. Are there any other amendments to the  
4640 legislation?

4641       Seeing none, the question now occurs on forwarding H.R.  
4642 7623, as amended, to the full committee, and a recorded vote

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4643 has been requested. The clerk will call the roll.

4644 \*The Clerk. Guthrie?

4645 \*Mr. Guthrie. Aye.

4646 \*The Clerk. Guthrie votes aye.

4647 Burgess?

4648 [No response.]

4649 \*The Clerk. Latta?

4650 \*Mr. Latta. Aye.

4651 \*The Clerk. Latta votes aye.

4652 Griffith?

4653 \*Mr. Griffith. Aye.

4654 \*The Clerk. Griffith votes aye.

4655 Bilirakis?

4656 \*Mr. Bilirakis. Aye.

4657 \*The Clerk. Bilirakis votes aye.

4658 Bucshon?

4659 \*Mr. Bucshon. Aye.

4660 \*The Clerk. Bucshon votes aye.

4661 Hudson?

4662 [No response.]

4663 \*The Clerk. Carter?

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4664 \*Mr. Carter. Aye.  
4665 \*The Clerk. Carter votes aye.  
4666 Dunn?  
4667 [No response.]  
4668 \*The Clerk. Pence?  
4669 \*Mr. Pence. Aye.  
4670 \*The Clerk. Pence votes aye.  
4671 Crenshaw?  
4672 [No response.]  
4673 \*The Clerk. Joyce?  
4674 \*Mr. Joyce. Aye.  
4675 \*The Clerk. Joyce votes aye.  
4676 Balderson?  
4677 \*Mr. Balderson. Aye.  
4678 \*The Clerk. Balderson votes aye.  
4679 Harshbarger?  
4680 [No response.]  
4681 \*The Clerk. Miller-Meeks?  
4682 \*Mrs. Miller-Meeks. Aye.  
4683 \*The Clerk. Miller-Meeks votes aye.  
4684 Obernolte?

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4685           \*Mr. Obernolte. Aye.

4686           \*The Clerk. Obernolte votes aye.

4687           Eshoo?

4688           \*Ms. Eshoo. Aye.

4689           \*The Clerk. Eshoo votes aye.

4690           Sarbanes?

4691           [No response.]

4692           \*The Clerk. Cardenas?

4693           \*Mr. Cardenas. Aye.

4694           \*The Clerk. Cardenas votes aye.

4695           Ruiz?

4696           \*Mr. Ruiz. Aye.

4697           \*The Clerk. Ruiz votes aye.

4698           Dingell?

4699           [No response.]

4700           \*The Clerk. Kuster?

4701           \*Ms. Kuster. Aye.

4702           \*The Clerk. Kuster votes aye.

4703           Kelly?

4704           [No response.]

4705           \*The Clerk. Barragan?

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4706 \*Ms. Barragan. Aye.

4707 \*The Clerk. Barragan votes aye.

4708 Blunt Rochester?

4709 [No response.]

4710 \*The Clerk. Craig?

4711 \*Ms. Craig. Aye.

4712 \*The Clerk. Craig votes aye.

4713 Schrier?

4714 \*Ms. Schrier. Aye.

4715 \*The Clerk. Schrier votes aye.

4716 Trahan?

4717 [No response.]

4718 \*The Clerk. Pallone?

4719 \*Mr. Pallone. Aye.

4720 \*The Clerk. Pallone votes aye.

4721 Chair Rodgers?

4722 \*The Chair. Aye.

4723 \*The Clerk. Chair Rodgers votes aye.

4724 \*Mr. Bucshon. Is any other member seeking recognition  
4725 to vote?

4726 \*Mrs. Dingell. Dingell.

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4727 \*Mr. Bucshon. Mrs. Dingell?

4728 \*Mrs. Dingell. Aye.

4729 \*The Clerk. Mrs. Dingell votes aye.

4730 \*Mr. Bucshon. Does anyone else wish to be recorded?

4731 Seeing none, the clerk will report.

4732 \*The Clerk. Chair Bucshon, on that vote there were 21  
4733 ayes and 0 noes.

4734 \*Mr. Bucshon. The ayes have it, and the bill is agreed  
4735 to.

4736 The chair calls up H.R. 1406, and asks the clerk to  
4737 report.

4738 \*The Clerk. H.R. 1406, a bill to amend title XVIII of  
4739 the Social Security Act to permanently extend certain in-home  
4740 cardiopulmonary rehabilitation flexibilities --

4741 \*Mr. Bucshon. Without objection, the first reading of  
4742 the bill is dispensed with, and the bill will be open to  
4743 amendment at any point.

4744 So ordered.

4745 [The bill follows:]

4746

4747 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

4748

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4749 \*Mr. Bucshon. Does anyone seek recognition on the bill?

4750 I recognize the ranking member for five minutes.

4751 \*Mr. Pallone. Thank you, Mr. Chairman. I move to  
4752 strike the last word.

4753 \*Mr. Bucshon. For five minutes.

4754 \*Mr. Pallone. During the COVID-19 public health  
4755 emergency, the CMS waived a number of provisions in the  
4756 Medicare program, including temporarily allowing certain  
4757 cardiac and pulmonary rehab programs to be reimbursed for  
4758 services supervised virtually in a patient's home. Now,  
4759 these waivers were critically important because the Medicare  
4760 beneficiaries were some of the most vulnerable to COVID-19.

4761 As Congress considers further extensions of these  
4762 policies, it is important for us to carefully consider the  
4763 impact of these changes on our health care system. I have  
4764 been supportive of cardiac rehab, which consists largely of  
4765 nutrition counseling and supervised exercise, and I know that  
4766 that model has helped many people. But the cost of cardiac  
4767 rehab is substantial, and can have out-of-pocket costs of as  
4768 much as thousands of dollars for beneficiaries. So we need  
4769 to make sure that beneficiaries are getting good value for



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4770 their dollars.

4771 Under this bill patients who receive these services  
4772 virtually would be subject to significantly higher cost  
4773 sharing than if these services were delivered in a  
4774 physician's office. The bill would reimburse for cardiac  
4775 rehab provided virtually at the same rate as a hospital  
4776 outpatient department, and I am not sure if the significantly  
4777 higher reimbursement rate is appropriate or cost effective.  
4778 So we need to ensure that Medicare beneficiaries are getting  
4779 good value for their dollars.

4780 We also need to review the scoring from CBO and  
4781 understand the proposed offsets for any increased costs. And  
4782 I look forward to working with my colleagues to determine if  
4783 there may be a bipartisan path forward.

4784 And with that I yield back.

4785 \*Mr. Bucshon. The gentleman yields back. Is there any  
4786 further discussion on the underlying bill?

4787 Seeing none, are there any bipartisan amendments to the  
4788 bill?

4789 I recognize Dr. Joyce. For what purpose do you seek  
4790 recognition?

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4791           \*Mr. Joyce. Mr. Chair, I have an amendment in the  
4792 nature of a substitute at the desk.

4793           \*Mr. Bucshon. The clerk will report the amendment.

4794           \*The Clerk. Amendment in the nature of a substitute to  
4795 H.R. 1406, offered by Mr. Joyce. Strike all --

4796           \*Mr. Bucshon. Without objection, the reading of the  
4797 amendment is dispensed with.

4798

4799           [The amendment of Mr. Joyce follows:]

4800

4801           \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

4802

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4803           \*Mr. Bucshon. And the gentleman is recognized for five  
4804 minutes in support of his amendment.

4805           \*Mr. Joyce. Thank you, Chairman. I speak today in  
4806 strong support of the AINS to H.R. 1406, the Sustainable  
4807 Cardiopulmonary Rehabilitation Services in the Home Act.

4808           This important legislation will open up access to  
4809 virtual intensive cardiac and pulmonary rehab services for  
4810 our nation's seniors so that they are able to heal and  
4811 recover at home from severe cardiac and pulmonary episodes.

4812           H.R. 1406 improves access to much-needed care,  
4813 especially among underserved populations, and has been  
4814 demonstrated to improve chronic care and cardiovascular  
4815 outcomes. Every year more than one million Americans will  
4816 have a heart attack, bypass surgery, or other cardiac events  
4817 that will make them candidates for these rehab services. The  
4818 data shows that completing a cardiac rehab can increase life  
4819 expectancy by 5 years, and reduce hospitalizations by 30  
4820 percent.

4821           Despite CMS and CDC having set a goal of having 70  
4822 percent of patients complete this rehab, unfortunately, we  
4823 are currently only at 8 percent completion among those

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4824 eligible patients. One of the most commonly cited reasons  
4825 for why there is a lack of success is the lack of access and  
4826 the challenges associated with commuting to a hospital twice  
4827 a week for these services over the three-month prescribed  
4828 period.

4829           Fortunately, one of the very few silver linings of the  
4830 COVID-19 pandemic was that we saw an expansion in access,  
4831 with seniors being able to access these services virtually at  
4832 home through their original telehealth flexibilities.  
4833 Virtual cardiac rehab results in an overall 18 percent  
4834 reduction in cost to the system and a 38 percent reduction in  
4835 hospitalizations.

4836           Similar results were seen in pulmonary rehab for  
4837 patients with conditions like COPD, which showed that there  
4838 is a cost effective program that also reduces  
4839 hospitalizations and ultimately improves the quality of life.  
4840 This bill would restore this access to our seniors and ensure  
4841 that they have greater access to the necessary cardiac and  
4842 pulmonary services at home.

4843           I urge my colleagues to support this legislation, and I  
4844 yield the balance of my time.

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4845 \*Mr. Guthrie. [Presiding] The gentleman yields back.

4846 Is there anyone seeking recognition?

4847 Seeing none on the amendment, if there is no further  
4848 discussion, the vote occurs on the amendment.

4849 All those in favor shall signify by saying aye.

4850 All those opposed, nay.

4851 The amendment is agreed to.

4852 The question now occurs on forwarding H.R. 1406 to the  
4853 full committee.

4854 All those in favor shall say aye.

4855 All opposed, no.

4856 The ayes have it, and the bill is agreed to.

4857 The chair calls up H.R. 7856, and asks the clerk to  
4858 report.

4859 \*The Clerk. H.R. 7856, a bill to amend title XVIII of  
4860 the Social Security Act --

4861 \*Mr. Guthrie. Without objection, the first reading of  
4862 the bill is dispensed with, and the bill will be open for  
4863 amendment at any point.

4864 So ordered.

4865 [The bill follows:]

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4866

4867 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

4868

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4869 \*Mr. Guthrie. Does anyone seek recognition on the bill?

4870 Are there any bipartisan amendments?

4871 Are there any other amendments?

4872 The gentlelady from Washington is recognized.

4873 \*Ms. Schrier. Thank you, Mr. Chairman. I move to  
4874 strike the last word.

4875 \*Mr. Guthrie. The gentlelady is recognized.

4876 \*Ms. Schrier. Mr. Chairman, I would first like to thank  
4877 our committee leadership, Congresswoman DeGette and  
4878 Congressman Bilirakis, for working to move this proposal  
4879 forward.

4880 As a pediatrician and someone who has managed my own  
4881 type 1 diabetes for just about 40 years, I understand the  
4882 importance of prevention and a healthy lifestyle. The  
4883 Medicare Diabetes Prevention Program is a health behavior  
4884 change program to help Americans with pre-diabetes prevent it  
4885 from progressing to type 2 diabetes.

4886 The program includes up to 16 weekly group sessions over  
4887 a 6-month period, and then follow-up sessions over the next 6  
4888 months that involve training to make realistic, long-lasting  
4889 behavior changes around diet and exercise. The program is

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4890 provided at no cost to eligible seniors on Medicare, and has  
4891 been shown to improve the health and lifestyle of  
4892 participants, decreasing the chances of type 2 diabetes.

4893         Using CMS's own words, the reach of the MDPP has been  
4894 very limited. An estimated 16 million Americans aged 65 or  
4895 older are eligible for MDPP, the diabetes prevention program,  
4896 but fewer than 5,000 beneficiaries have participated as of  
4897 2021. Expanding this program to allow virtual participation  
4898 would be extremely impactful for seniors, especially those  
4899 who live in rural areas.

4900         There are no MDPP diabetes prevention program suppliers  
4901 in my entire district, which spans 10,000 square miles. That  
4902 is a serious access problem.

4903         This amendment would allow virtual providers to  
4904 participate in the MDPP over two years. Virtual care for  
4905 lifestyle change programs like this one work. All you have  
4906 to do is look at the CDC's National Diabetes Prevention  
4907 Lifestyle Change programs, many of which are offered as part  
4908 of this MDPP program. Some of those programs offer a 100  
4909 percent virtual option that participants can choose over in-  
4910 person sessions.



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4911           The CDC-recognized programs have been shown to improve  
4912 health and prevent diabetes when provided virtually, and  
4913 there is no reason why the same wouldn't be true as part of  
4914 the MDPP. So while I am disappointed that we weren't able to  
4915 find a way to permanently authorize this program, I am very  
4916 happy that this AINS makes virtual care part of the MDPP  
4917 demonstration for two years.

4918           I look forward to working with Congresswoman DeGette and  
4919 Congressman Bilirakis to make this program permanent next  
4920 Congress.

4921           I urge my colleagues to support my amendment in the  
4922 nature of a substitute and the underlying bill, and I yield  
4923 back the balance of my time.

4924           [Pause.]

4925           \*Mr. Guthrie. Okay, we left off the amendment. So I  
4926 will -- the clerk will report the amendment.

4927           \*The Clerk. Amendment in the nature of a substitute to  
4928 H.R. 7856, offered --

4929           \*Mr. Guthrie. Without objection, the reading of the  
4930 amendment is dispensed with.

4931           [The amendment of Ms. Schrier follows:]

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4932

4933 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

4934

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4935           \*Mr. Guthrie. And the gentlelady is recognized to  
4936 discuss her amendment.

4937           I believe you discussed your amendment.

4938           \*Ms. Schrier. Thank you, Mr. Chairman. As you have  
4939 heard, this is an important way to make diabetes education  
4940 and prevention available virtually, and I encourage my  
4941 colleagues to support this amendment. Thank you.

4942           I yield back.

4943           \*Mr. Guthrie. Thank you. The gentlelady yields back,  
4944 and the gentleman from Florida is recognized for five  
4945 minutes --

4946           \*Mr. Bilirakis. Thank you.

4947           \*Mr. Guthrie. -- to discuss the amendment.

4948           \*Mr. Bilirakis. I appreciate it, thank you. I move to  
4949 strike the last word.

4950           \*Mr. Guthrie. The gentleman is recognized.

4951           \*Mr. Bilirakis. Thank you, Mr. Chairman. I want to  
4952 thank Representative Schrier for her partnership and support  
4953 of our underlying bill that I lead with Representative  
4954 DeGette, the Prevention Diabetes Act, which expands the -- on  
4955 the Medicare Diabetes Prevention Program, which is an

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4956 effective program that has been proven to help patients lower  
4957 their risk for developing diabetes.

4958         The expanded model will allow CDC-recognized virtual  
4959 suppliers to participate in the program, and additional  
4960 access points to delay the onset of diabetes will save. It  
4961 will save significant taxpayer dollars and prevent  
4962 complications as a result of this chronic disease.

4963         Unfortunately, rather than the underlying bill's  
4964 permanent solution, the AINS narrows the scope down to a two-  
4965 year pilot program, and I am concerned that this will not  
4966 allow CMS enough time to properly develop the new components  
4967 or gather enough data for this program to be -- before we  
4968 have to come back and extend it again. So I am concerned,  
4969 Representative Schrier. Thanks for bringing that up, as  
4970 well.

4971         I am also concerned that the amendment removes the  
4972 flexibility that seniors be allowed to access the program  
4973 more than once in their lifetime, since we know that  
4974 evidence-based interventions may be required for diabetes and  
4975 pre-diabetes patients more than once. So we will lose a key  
4976 way to enhance the program's effectiveness.

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4977           While I am cognizant of the potential costs involving --  
4978 involved in setting up this bill and will support what we  
4979 already have here in this committee, whatever the committee  
4980 agrees to, I would like to continue to work with the chair  
4981 and the ranking member to find a pathway forward that will  
4982 make a meaningful impact on the diabetes communities.

4983           Thank you very much, Mr. Chairman. I do ask for support  
4984 of this AINS, and I yield back the balance of my time. And  
4985 obviously, I support the underlying bill.

4986           \*Mr. Guthrie. Thank you. The gentleman yields back.  
4987 Are there any further discussion on the amendment?

4988           If no further discussion, the vote occurs on the  
4989 amendment.

4990           All those in favor shall signify by saying aye.

4991           Those opposed, nay.

4992           The ayes have it, and the amendment is agreed to.

4993           The question occurs on forwarding H.R. 7856, as amended,  
4994 to the full committee.

4995           All those in favor shall say aye.

4996           All those opposed, no. The ayes have it, and the bill  
4997 is agreed to.

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4998           The chair calls up H.R. 5394, and asks the clerk to  
4999 report.

5000           \*The Clerk. H.R. 5394, a bill to ensure appropriate  
5001 access --

5002           \*Mr. Guthrie. Without objection, the first reading of  
5003 the bill is dispensed with, and the bill will be open for  
5004 amendment at any point.

5005           So ordered.

5006           [The bill follows:]

5007

5008           \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

5009

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5010           \*Mr. Guthrie. Does anyone seek recognition on the bill?  
5011           The amendment or the bill? The bill? The bill. Do you  
5012 have the amendment?

5013           So the gentlelady from Illinois is recognized for five  
5014 minutes.

5015           \*Ms. Kelly. Mr. Chair, I move to strike the last word.

5016           \*Mr. Guthrie. The gentlelady is recognized.

5017           \*Ms. Kelly. Affordable, reliable Internet service is a  
5018 necessity, not a luxury, especially as families continue to  
5019 navigate virtual learning, working from home, and telehealth  
5020 appointments. Unfortunately, Internet service can be  
5021 expensive, and too many people are left behind when it comes  
5022 to Internet access.

5023           The Affordable Connectivity Program has proven to help  
5024 people stay connected, even when monthly budgets are tight.  
5025 In my district 79,530 households have enrolled, or 1 in 4  
5026 households have saved money on their Internet bills because  
5027 of the ACP.

5028           I thank the Biden-Harris Administration, who worked with  
5029 Internet providers to offer high-speed Internet plans that  
5030 are fully covered by the ACP. Many working families in

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5031 Illinois have been getting high-speed Internet for free.

5032 Congress needs to act promptly to provide an extension  
5033 to this benefit and other extensions in telehealth. My  
5034 district is urban, suburban, and rural. ACP has helped low-  
5035 income and rural communities connect to the Internet, and  
5036 prospective lack of broadband access means that some  
5037 expectant mothers can't even have a basic telehealth  
5038 appointment.

5039 I encourage my colleagues to support my bicameral  
5040 legislation, H.R. 5886, Promoting Access to Broadband Act,  
5041 which would make grants available to inform eligibility to  
5042 programs like the ACP.

5043 I also ask for support for H.R. 5394, Expanding Remote  
5044 Monitoring Access Act, championed by Representative  
5045 Balderson, my co-chair of the Digital Health Caucus.

5046 I would like to thank you and your staff for your  
5047 ongoing work on remote patient monitoring, especially for  
5048 seniors.

5049 Both bills ensure no person is left outside innovation  
5050 and access, but to have better care in the long term.

5051 Thank you, and I yield back.



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5052           \*Mr. Guthrie. The gentlelady yields back. Is anyone  
5053 else seeking discussion on the bill?

5054           The gentleman -- no one -- you have a bill or a -- on  
5055 the amendment?

5056           \*Mr. Bilirakis. I do --

5057           \*Mr. Guthrie. The gentleman from Florida is recognized  
5058 for five minutes.

5059           \*Mr. Bilirakis. Thank you, Mr. Chairman, I appreciate  
5060 it.

5061           I want to briefly express my support for this bill and  
5062 the amendment, and I thank Representative Balderson for his  
5063 leadership on the Remote Monitoring Access Act.

5064           Remote monitoring has been proven as a way to ensure  
5065 patients are managing and maintaining their health conditions  
5066 from the comfort of their home. We should continue to expand  
5067 on this option for our seniors, wherever it is feasible. One  
5068 way in which this is done very effectively is through remote  
5069 chronic anticoagulation therapy for patients who have had a  
5070 stroke, artificial heart valves, or a history of blood  
5071 clotting. To ensure that the proper levels of blood thinning  
5072 is achieved, providers closely monitor these levels through

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5073 the international normalized ratio testing, which can be  
5074 conveniently done in the patient's home.

5075         And while INR testing is already covered by CMS under  
5076 the National Coverage Determination, unfortunately, patients  
5077 have to go in person for three months in order to be eligible  
5078 for the home-based INR testing, despite home testing proven  
5079 to be more effective and leading to higher adherence and  
5080 better outcomes. We should remove this unnecessary  
5081 requirement. I am working on a policy that would remove this  
5082 requirement for home INR testing.

5083         I would like to work with the committee and with  
5084 sponsors of this bill further to ensure that these patients  
5085 have these effective telehealth and remote patient  
5086 flexibilities.

5087         And again, I commend Representative Balderson for his  
5088 good work on this particular piece of legislation.

5089         I support the AINS and, of course, the underlying bill.

5090         \*Mr. Cardenas. Will --

5091         \*Mr. Bilirakis. I yield back.

5092         \*Mr. Cardenas. Will the gentleman yield?

5093         \*Mr. Bilirakis. Yes, please, I will.

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5094           \*Mr. Cardenas. Thank you, Mr. Bilirakis. I will keep  
5095 my remarks brief, but I do want to quickly discuss a point of  
5096 concern regarding H.R. 5394 and the other telehealth  
5097 legislation notice for today's hearing.

5098           Whether you want to call it telehealth or telehealth,  
5099 telehealth has emerged as an informative tool in health care,  
5100 but a tool is only helpful if you have access to it. One in  
5101 three of the households in my district depend on the  
5102 Affordable Connectivity Program, otherwise known as ACP, to  
5103 facilitate their access to the tools in the -- that the  
5104 Internet offers.

5105           The ACP has been critical in ensuring equitable access  
5106 to the Internet, benefitting my district as well as  
5107 historically underserved, low-income, rural communities  
5108 across the United States. Many of these households already  
5109 are struggling to make ends meet -- face the alarming  
5110 prospect of being disconnected from what has become a  
5111 necessity in their lives.

5112           Ensuring that low-income and rural households have  
5113 affordable Internet access through ACP is vital to the  
5114 success of our efforts to integrate telehealth services into

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5115 our health system. I urge my colleagues to commit to  
5116 telehealth accessibility and to ensuring that access to  
5117 affordable Internet is available to as many American  
5118 households as possible, especially when this is required and  
5119 necessary if telehealth is going to reach everyone that we  
5120 want it to reach.

5121 With that I yield back to Mr. Bilirakis.

5122 \*Mr. Bilirakis. And I will yield back, Mr. Chairman.

5123 \*Mr. Guthrie. The gentleman yields back. Is there any  
5124 other discussion on the bill?

5125 The gentleman from New Jersey.

5126 \*Mr. Pallone. Thank you, Mr. Chairman.

5127 \*Mr. Guthrie. You are recognized to speak on the bill.

5128 \*Mr. Pallone. Thank you. It is important that we  
5129 properly vet the implications of any bills we are considering  
5130 in committee, and it is unclear what problem this bill is  
5131 trying to address. But under current law, Medicare can  
5132 reimburse for remote monitoring when data is collected 16 out  
5133 of 30 days a month.

5134 It is also unclear to me whether lowering that threshold  
5135 to just two days of data collection for remote monitoring

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5136 services is appropriate, and in fact, I have heard concerns  
5137 that two days may not be appropriate.

5138 I am not sure we are getting good value for Medicare  
5139 beneficiaries who will need to pay cost sharing for these  
5140 services, and it is important that we prevent potential bad  
5141 actors from taking advantage of this system and seniors.

5142 I also understand that we still don't have feedback from  
5143 the Congressional Budget Office, so I am looking forward to  
5144 receiving this feedback and understanding how the majority  
5145 plans to offset the additional spending. But I just want to  
5146 mention that I will not support any policies that are not a  
5147 good value for seniors or raise premiums or increase out-of-  
5148 pocket expenses.

5149 So thank you again, and I yield back.

5150 \*Mr. Guthrie. The gentleman yields back. Is there  
5151 anyone seeking discussion on the bill?

5152 The gentlelady from Delaware.

5153 \*Ms. Blunt Rochester. Thank you, Mr. Chairman. I move  
5154 to strike the last word.

5155 \*Mr. Guthrie. The gentlelady is recognized.

5156 \*Ms. Blunt Rochester. Thank you, Mr. Chairman, and I

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5157 want to thank the committee for your support of the  
5158 Telehealth Modernization Act that I championed and co-  
5159 partnered with my friend, Congressman Buddy Carter.

5160         And as we continue to debate legislation related to  
5161 telehealth, we must also acknowledge the basic infrastructure  
5162 that allows people to take advantage of these lifesaving  
5163 telehealth services: connectivity. We know that 24 million  
5164 Americans lack reliable, high-speed Internet, which has  
5165 become essential for accessing work, school, and telehealth  
5166 services we are discussing today.

5167         We also know that the number-one barrier to access is  
5168 cost. That is why we came together on a bipartisan basis  
5169 last Congress to create the Affordable Connectivity Program,  
5170 which helps families who are struggling to afford their  
5171 Internet bills stay connected. Twenty-three million  
5172 Americans enrolled, a historic success in expanding broadband  
5173 access. And in Delaware, more than 52,000 households  
5174 enrolled in this program. That is one in eight households.

5175         We hold this markup at a critical moment for the ACP and  
5176 for families in my state and yours that need this lifeline.  
5177 I came from a state that is urban, suburban, rural, and

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5178 coastal. So we experience diverse challenges, but we all  
5179 have the universal need to stay connected. In 2024 the  
5180 Internet is not a luxury, it is a necessity.

5181 I have heard from many of my constituents, including a  
5182 constituent from Wilmington who lost her husband and is  
5183 living with a disability, who will be directly impacted if we  
5184 fail to extend this program. Funds are running out, and are  
5185 set to expire imminently. My constituents have asked me to  
5186 help make sure that doesn't happen, and I intend to do  
5187 everything in my power to make sure it does not.

5188 The Affordability Connectivity Program plays a vital  
5189 role in connecting our constituents to their health care  
5190 providers, and I urge my colleagues to work together to  
5191 extend the program as swiftly as possible.

5192 Thank you, and I yield back.

5193 \*Mr. Guthrie. The gentlelady yields back. Seeing no  
5194 further discussion on the bill, does anyone have a bipartisan  
5195 amendment?

5196 Are there any other amendments?

5197 The gentleman from Ohio is recognized for five minutes.  
5198 Well, the gentleman -- your amendment.

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5199           \*Mr. Balderson. Thank you, Mr. Chairman. I have an  
5200 amendment in the nature of a substitute at the desk.

5201           \*Mr. Guthrie. The clerk will report.

5202           \*The Clerk. Amendment in the nature of a substitute to  
5203 H.R. 5394 --

5204           \*Mr. Guthrie. Without objection, the reading of the  
5205 amendment is dismissed with.

5206           [The amendment of Mr. Balderson follows:]

5207

5208           \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

5209



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5210           \*Mr. Guthrie. And the gentleman from Ohio is recognized  
5211 for five minutes in support of the amendment.

5212           \*Mr. Balderson. Thank you, Mr. Chairman. I appreciate  
5213 that and also this markup, including my bill, H.R. 5394, the  
5214 Expanding Remote Monitoring Access Act. This amendment makes  
5215 a minor technical adjustment to the bill to address comments  
5216 we received from CMS.

5217           During the pandemic I was introduced to remote patient  
5218 monitoring when a hospital in an FQHC in my district showed  
5219 me firsthand their successful RPM programs. These programs  
5220 were made possible by a waiver that has since expired, and  
5221 which I believe needs to be reinstated.

5222           RPM empowers patients to better manage their chronic  
5223 conditions, while enabling health care providers to adjust  
5224 treatment plans and promptly identify critical events from a  
5225 distance in real time. This technology can reduce provider  
5226 workload by giving them greater access to patient feedback  
5227 and data to identify problems earlier.

5228           In rural communities like mine, where health care  
5229 providers are scarce and patients often face challenges  
5230 accessing traditional care facilities due to distance, these

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5231 services are especially helpful. However, when the waivers  
5232 expired, CMS went back to only paying for RPM when physicians  
5233 received at least 16 days worth of data per month.

5234 As our doctor colleagues on this committee will tell  
5235 you, sometimes they need to be able to monitor their patients  
5236 for a week, sometimes two. Cardiovascular patients,  
5237 diabetics, and those with renal disease are just a few of  
5238 those who can benefit from remote patient monitoring. But  
5239 under CMS policy, these patients are left without access  
5240 unless they give 16 days of monitoring data each month.

5241 Our bill follows the model Congress established for our  
5242 own telehealth flexibilities. This bill extends for two  
5243 years coverage of Remote Patient Monitoring for patients who  
5244 need at least two days of monitoring each month. This  
5245 interim solution ensures patients receive the necessary care  
5246 while Congress and CMS develop a comprehensive, long-term  
5247 plan.

5248 Patients will receive better care because they are  
5249 empowered to personally manage their health care conditions.  
5250 Medicare will see lower costs in the long run because these  
5251 devices will catch catastrophic events earlier. We are

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5252 already seeing the patient benefits and cost savings from  
5253 expanded RPM use. A study by the university hospitals in  
5254 Ohio projected that remote monitoring could potentially lead  
5255 to 87 percent fewer hospitalizations, 77 percent fewer  
5256 deaths, and reduce per-patient costs of over 11,000 compared  
5257 to standard care.

5258         After equipping patients with RPM for 6 months, Ochsner  
5259 Health Care System found that 79 of their hypertensive  
5260 patients achieved blood pressure control and 81 percent of  
5261 enrolled type 2 diabetes patients met their blood sugar  
5262 levels. The University of Alabama at Birmingham extended  
5263 Remote Patient Monitoring to 17,000 beneficiaries within the  
5264 Accountable Care Organization, including those with  
5265 congestive heart failure, chronic kidney disease, diabetes,  
5266 and hypertension, resulting in a savings of \$1,300 per month  
5267 per member.

5268         This markup is especially timely, given the ongoing  
5269 delays from the AMA, CPT panel, and inaction from the CMS in  
5270 last summer's PFS rulemaking. Patients who have benefitted  
5271 from Remote Patient Monitoring cannot wait any longer, and it  
5272 is encouraging to see this subcommittee take action today to

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5273 lead on increasing access to this critical care.

5274 I look forward to working to continue expanding access  
5275 to these valuable technologies, and encourage my colleagues  
5276 to join me today in supporting this amendment and the  
5277 underlying bill.

5278 Thank you, Mr. Chairman, I yield back.

5279 \*Mr. Guthrie. The gentleman yields back. Is there any  
5280 further discussion on the amendment?

5281 Seeing none, if there is no further discussion, the vote  
5282 occurs on the amendment.

5283 All those in favor shall signify by saying aye.

5284 All those, nay [sic].

5285 The ayes have it, and the amendment is agreed to.

5286 The question now occurs on forwarding H.R. 5394, as  
5287 amended, to the full committee.

5288 All those in favor, say aye.

5289 All those opposed, no.

5290 The noes -- excuse me, the ayes have it, and the bill is  
5291 agreed to.

5292 The chair calls up H.R. 1199, and asks the clerk to  
5293 report.

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5294           \*The Clerk. H.R. 1199, a bill to amend title XVIII of  
5295 the Social Security Act to ensure --

5296           \*Mr. Guthrie. Without objection, the first reading of  
5297 the bill is dispensed with, and the bill will be open for  
5298 amendment at any point.

5299           So ordered.

5300           [The bill follows:]

5301

5302           \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

5303

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5304           \*Mr. Guthrie. Does anyone seek recognition on the bill?

5305           The gentleman from New Jersey is recognized for five  
5306 minutes.

5307           \*Mr. Pallone. Thank you, Mr. Chairman.

5308           I understand the important role that diagnostic  
5309 radiopharmaceuticals have in diagnosing, monitoring, and  
5310 managing diseases properly. Oh, radiopharmaceuticals? And  
5311 in improving patient outcomes. It is important that we  
5312 ensure payment rates for these services do not jeopardize or  
5313 limit patients' access to necessary care and create  
5314 unsustainable financial burdens for providers.

5315           However, I believe any solution to this should not raise  
5316 out-of-pocket costs for Medicare beneficiaries. Unbundling  
5317 items that are currently included in a bundled payment means  
5318 that beneficiaries will have new and significantly higher  
5319 costs, or higher out-of-pocket costs, so I am pleased that  
5320 the bill protects beneficiaries from increased out-of-pocket  
5321 costs, and it is critical that we preserve this important  
5322 consumer protection. I would not be able to support this  
5323 policy unless we can ensure that Medicare beneficiaries are  
5324 fully protected from any cost increases associated with

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5325 paying separately for diagnostic radiopharmaceuticals.

5326 I am also concerned that technical assistance provided  
5327 by CMS has not yet been incorporated. I understand that we  
5328 are still waiting for feedback from the Congressional Budget  
5329 Office, and I want to ensure the bill does not result in  
5330 increased costs to the Medicare program or for seniors.

5331 I also want to ensure that the budget neutrality  
5332 provision does not jeopardize patients' access to care. I  
5333 don't think it is good precedent for us to make an across-  
5334 the-board cut to hospitals every time that Congress wants to  
5335 pay for a new service or item separately, because over time I  
5336 believe this will result in distortions in our payment  
5337 systems.

5338 But again, I look forward to working with my colleagues  
5339 to determine if -- you know, what path forward exists, and I  
5340 would yield back, Mr. Chairman. Thank you.

5341 \*Mr. Guthrie. The gentleman yields back. The chair  
5342 recognizes Dr. Dunn for five minutes to speak on the bill.

5343 \*Mr. Dunn. Thank you very much, Mr. Chairman. I would  
5344 like to speak in favor of the FIND Act, H.R. 1199, which will  
5345 help seniors receive better care.

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5346 I would like to thank my colleague, Mr. Peters, for  
5347 working with me for several years to advance this important,  
5348 common-sense solution to improving diagnostics for a wide  
5349 array of patients.

5350 I am passionate about access to cancer screening, and I  
5351 devoted a large part of my career to treating prostate  
5352 cancer. I have seen it affect my family, colleagues, and  
5353 many, many patients.

5354 I also know far too many who have suffered from  
5355 Alzheimer's and Parkinson's disease.

5356 The FIND Act aims to align Medicare reimbursement for  
5357 advanced radiopharmaceutical diagnostics with their value and  
5358 their cost.

5359 Screening saves lives. When a physician can obtain an  
5360 accurate diagnosis early, we can achieve the best outcome for  
5361 patients. Modern radiopharmaceutical imaging is far more  
5362 sensitive and accurate at diagnosing many diseases, both  
5363 benign and malignant, and we avoid unnecessary treatments due  
5364 to inaccurate scans. Medicare saves money. So not only is  
5365 advanced screening a money saver for the system and the  
5366 taxpayer, it is often a matter of life and death.



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5367           The Facilitating Innovative Nuclear Diagnostics Act, or  
5368 FIND Act, H.R. 1199, seeks to empower doctors and patients to  
5369 determine the correct diagnosis, and do it as early as  
5370 possible. Thirteen of my colleagues on this committee are  
5371 cosponsors.

5372           Last year Medicare solicited for comment five proposals  
5373 which could have remedied the current payment inequity during  
5374 their rulemaking. Unfortunately, Medicare did not adopt any  
5375 of those policies in the final rule.

5376           Our support for the FIND Act shows we support our  
5377 seniors who have prostate cancer, Parkinson's disease,  
5378 Alzheimer's disease, metastatic breast cancer, the list goes  
5379 on and on and on. Today I urge my colleagues to support the  
5380 FIND Act so that patients in their districts have access to  
5381 the most advanced and accurate diagnostics.

5382           And with that, anybody --

5383           \*Mr. Guthrie. Does the gentleman yield?

5384           \*Mr. Dunn. I will.

5385           \*Mr. Guthrie. Just thank you. Innovation has greatly  
5386 improved the ability to detect and treat a slew of life-  
5387 threatening diseases such as prostate cancer, Alzheimer's

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5388 disease. And the FIND Act is an important solution to ensure  
5389 patients' access to a new generation of radiopharmaceutical  
5390 diagnostics that will improve patient outcomes and save  
5391 lives.

5392 By voting to advance this legislation today, providers  
5393 will have more tools at their disposal to address the most  
5394 urgent needs of seniors and help increase the quality of life  
5395 for them and their families.

5396 I appreciate and encourage a yes vote, and would yield  
5397 back.

5398 \*Mr. Dunn. I do.

5399 \*Mr. Guthrie. You yield back?

5400 The gentleman yields back. Any further discussion?

5401 Seeing no amendment, we will move to -- the question now  
5402 occurs on forwarding H.R. 1199 to the full committee.

5403 All those in favor, say aye.

5404 All opposed, no. The ayes have it, and the bill is  
5405 agreed to.

5406 The chair calls up H.R. 4758, and asks the clerk to  
5407 report.

5408 \*The Clerk. H.R. 4758, a bill to amend title XIX of the

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5409 Social Security Act to streamline --

5410 \*Mr. Guthrie. Without objection, the first reading of  
5411 the bill is dispensed with, and the bill will be open for  
5412 amendment at any point.

5413 So ordered.

5414 [The bill follows:]

5415

5416 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

5417

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5418           \*Mr. Guthrie. Is there any discussion on the bill?

5419           Dr. Miller-Meeks from Iowa, you are recognized for five  
5420 minutes to speak on the bill.

5421           \*Mrs. Miller-Meeks. Thank you, Mr. Chairman. I move to  
5422 strike the last word.

5423           \*Mr. Guthrie. The gentlelady is recognized.

5424           \*Mrs. Miller-Meeks. Thank you, Mr. Chairman. I am  
5425 proud to see the committee marking up the Accelerating Kids'  
5426 Access to Care Act, which would streamline administrative  
5427 processes for providers who need to enroll in another state's  
5428 Medicaid program due to a lack of services provided in the  
5429 patient's home state.

5430           I was also proud to have a fellow Iowan and constituent,  
5431 Dr. Alex Bassuk, testifying before the committee in February  
5432 to support this legislation.

5433           As a physician who practiced in a river community, it  
5434 was not unusual for us to have patients come to us from  
5435 Illinois or Missouri to seek care in Iowa. There is  
5436 currently no standardized Federal pathway for this process,  
5437 meaning that providers must enroll in a state's Medicaid  
5438 program whenever they see a new patient from that state, and

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5439 must maintain regular paperwork to remain enrolled in each  
5440 state's Medicaid program.

5441       When a child from a new state is visiting a doctor, as  
5442 may be the case if a child from another state travels to Iowa  
5443 for care, there are often delays in care as the providers  
5444 sift through weeks of paperwork, risking the health of  
5445 children with critical, life-threatening conditions.

5446       One case that clearly speaks to the need for this bill  
5447 involves an 11-year-old from another Midwest state who has a  
5448 very rare and serious condition known as mid-aortic syndrome,  
5449 in which the aorta narrows, leading to multiple serious  
5450 complications that can result in death if untreated. In this  
5451 case, a referral was made from another children's hospital to  
5452 Boston Children's Hospital, which operates a leading program  
5453 to address this condition, and a comprehensive care plan was  
5454 assembled in April of 2022.

5455       In the case of the child's home states, all providers at  
5456 Boston Children's needed to be enrolled in the home state's  
5457 Medicaid program before the state would authorize this care.  
5458 By July 2022 the enrollments were still pending, which led to  
5459 a cancellation of care that had been scheduled for the

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5460 following month, August of 2022. The home state did not  
5461 complete its enrollment of the Boston Children's providers  
5462 until November of 2022. In early 2023, Boston Children's  
5463 assessed the child and a comprehensive care plan that  
5464 included additional providers, given the child's specific  
5465 condition, was assembled. A request for authorization was  
5466 submitted in May of 2023, and the care was ultimately  
5467 provided in September of 2023, nearly a year-and-a-half after  
5468 the initial contact occurred.

5469         Again, I am proud to see this committee move this  
5470 critical piece of legislation, and I encourage my colleagues  
5471 to support it.

5472         With that I yield back.

5473         \*Mr. Guthrie. The gentlelady yields back. Is there any  
5474 further discussion?

5475         The gentleman from -- the gentlelady from California is  
5476 recognized.

5477         \*Ms. Eshoo. Thank you, Mr. Chairman. I move to strike  
5478 the last word and --

5479         \*Mr. Guthrie. The gentlelady is recognized.

5480         \*Ms. Eshoo. -- speak on the bill. Thank you.

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5481 More than 84 million people are enrolled in Medicaid and  
5482 the Children's Health Insurance Program, which, of course,  
5483 provide health coverage to children in all 50 states and the  
5484 District of Columbia. Children enrolled in Medicaid often  
5485 have to travel to other states when there is a specialized  
5486 treatment or health service that is isn't available in their  
5487 home state.

5488 Thousands of children and their families traveled to  
5489 Lucile Packard Children's Hospital at Stanford, which is in  
5490 the heart of my congressional district. And over the years,  
5491 there have been Members themselves, as parents, who have  
5492 traveled to Lucile Packard for the specialized services that  
5493 they offer there. We should make it easier for children,  
5494 easier for children with Medicaid coverage, to receive the  
5495 specialized care that is there for them, and be able to cross  
5496 state lines and actually to get that care.

5497 The Accelerating Kids' Access to Care Act does just  
5498 that. I am proud to support it. I urge all the members of  
5499 the, of our committee to a vote for it so it can become law  
5500 this year. Children in need of lifesaving care really should  
5501 never be able -- be made to wait, and this legislation

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5502 addresses that.

5503 I thank the authors of the legislation, and I yield  
5504 back, Mr. Chairman.

5505 \*Mr. Guthrie. The gentlelady yields back. The chair  
5506 will recognize -- anyone on the Republican side?

5507 The gentleman from New Jersey for five minutes.

5508 \*Mr. Pallone. Thank you, Mr. Chairman. I want to speak  
5509 in support of the bill because I am excited that we are  
5510 moving forward on this critically important bill today, and  
5511 one step closer to it becoming law.

5512 I am going to just kind of summarize, but I wanted to  
5513 mention that during the legislative hearing in February we  
5514 heard stories of children who had to wait months to receive  
5515 the care they needed, all due to unnecessary red tape and  
5516 bureaucracy. And this status quo really helps no one,  
5517 because children's care needs can become more complex as time  
5518 goes on, leading to increased safety risks, worse outcomes,  
5519 and more intensive treatments.

5520 Providers have to invest countless hours in addressing  
5521 states' disparate screening and enrollment processes. And  
5522 for the parents and caretakers, ensuring one of the few



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5523 providers who can care for their children who is enrolled in  
5524 their state Medicaid program adds to their overwhelming  
5525 stress that they face every day.

5526 So this bill, obviously, helps to alleviate that burden  
5527 and expedite out-of-state care for children when needed. It  
5528 creates a pathway for pediatric providers to more easily  
5529 enroll in out-of-state Medicaid programs, but still maintains  
5530 the program integrity, so it is very important.

5531 And I just want to add to why I think -- look, let me  
5532 thank Chair Rodgers again, and also Representative Trahan for  
5533 putting this forward.

5534 And I yield back.

5535 \*Mr. Guthrie. Thank you. The gentleman yields back.  
5536 Is there any further discussion on the bill?

5537 Any bipartisan amendments?

5538 Are there any other amendments?

5539 Seeing none, the question now occurs on forwarding H.R.  
5540 4758 to the full committee.

5541 All those in favor, say aye.

5542 All opposed, no.

5543 The ayes have it, and the bill is agreed to.

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5544           That concludes the legislation before us and, without  
5545 objection, the staff is authorized to make technical and  
5546 conforming changes to the legislation approved by the  
5547 subcommittee today.

5548           So ordered.

5549           Without objection, the subcommittee stands adjourned.

5550           [Whereupon, at 1:44 p.m., the subcommittee was  
5551 adjourned.]