Documents for the Record

U.S. House Committee on Energy and Commerce
Subcommittee on Health
Markup of Seven Bills
September 10, 2025

Minority:

1. September 9, 2025, statement from the Association of American Medical Colleges
2. September 9, 2025, letter from the Muscular Dystrophy Association to Chair Griffith and Ranking Member DeGette in support of H.R. 4709
3. December 16, 2024, Section by Section of December 2024 Health Package submitted by Rep. DeGette

PRESS RELEASE

AAMC Statement on Markup of Legislation to Reauthorize the Title VII Health Professions and Title VIII Nursing Workforce Development Programs

Sept. 9, 2025

AAMC President and CEO David J. Skorton, MD, and AAMC Chief Public Policy Officer Danielle Turnipseed, JD, MHSA, MPP, issued the following statement ahead of the U.S. House of Representatives Energy and Commerce Health Subcommittee hearing on legislative proposals to expand the health workforce:

"The AAMC strongly urges lawmakers to reaffirm the federal government's commitment to making America healthy by building a health care workforce capable of meeting the health needs of patients and communities nationwide by reauthorizing the Health Resources and Services Administration's (HRSA) Title VII health professions and the Title VIII nursing workforce development programs.

The AAMC and 67 national health care organizations agree that strengthening the health care workforce must be a top priority. These health care organizations represent schools, students, health professionals, and communities focused on ensuring that the health workforce is prepared to meet the varied needs of our entire population and deliver excellent patient care. The programs in Title VII focused on health professions and in Title VIII focused on nursing workforce development ensure the country can support training for physicians, physician assistants, nurses, primary care providers, pediatric providers, dentists, geriatrics professionals, mental and behavioral health professionals,

public health practitioners, and other providers — many of whom go on to serve in rural and other medically underserved communities.

Reauthorizing the Title VII and Title VIII programs is vital to recruiting, training, and retaining the next generation of health care professionals who are prepared to meet the evolving needs of the American people. Legislation that makes meaningful investments in the health care workforce is especially critical to the national security and health of millions of people at a time when the U.S. faces significant health professions shortages, federal loan repayment limits, clinician burnout, and widening gaps in health outcomes."

TOPIC:

Advocacy, Policy, & Legislation | Budget/Appropriations | Legislation | HRSA - Health Resources & Services Administration

AAMC

September 9, 2025

The Honorable Morgan Griffith,
Chairman
House Committee on Energy and Commerce
Subcommittee on Health
2110 Rayburn House Office Building
Washington, DC 20515

The Honorable Diana DeGette,
Ranking Member
House Committee on Energy and Commerce
Subcommittee on Health
2111 Rayburn House Office Building
Washington, DC 20515

Re: Energy and Commerce Subcommittee on Health Markup of the Newborn Screening Saves Lives Reauthorization Act (H.R.4709)

Dear Chairman Griffith and Ranking Member DeGette:

In service of the neuromuscular disease (NMD) patient community, the Muscular Dystrophy Association (MDA) thanks the Energy and Commerce Subcommittee on Health (the Subcommittee) for convening tomorrow's markup on public health reauthorizations. In particular, we are incredibly grateful for the Subcommittee's consideration of the Newborn Screening Saves Lives Reauthorization Act of 2025 (H.R.4709), legislation that will strengthen and modernize our newborn screening ecosystem across the country. We ask that you support this legislation's progression to the full Committee as part of your participation in tomorrow's markup.

MDA is the #1 voluntary health organization in the United States for people living with muscular dystrophy, ALS, and related neuromuscular diseases. For 75 years, MDA has led the way in accelerating research, advancing care, and advocating for the support of our community. MDA's mission is to empower the people we serve to live longer, more independent lives.

Newborn screening is one of the most successful public health programs in U.S. history. Put together, each state's program collectively screens nearly every newborn in the United States for over 35 conditions that, if diagnosed at birth, can be treated, thus avoiding some of, if not all, of the most challenging features of the disease. Newborn screening saves thousands of lives every year, is one of the most cost-effective public health programs in history, and will only grow in importance as additional targeted and genetic rare disease therapies are developed and made available.

Newborn screening is particularly important to the rare neuromuscular disease community that we serve. Two conditions, spinal muscular atrophy (SMA) and Pompe disease, are currently included on the Recommended Uniform Screening Panel (RUSP) with universal state adoption of SMA, and all but three states screening for Pompe disease. We, along with Parent Project Muscular Dystrophy, have also submitted Duchenne muscular dystrophy for consideration to be added to the RUSP. While the Secretary's Advisory Committee on Heritable Disorders in Newborns and Children (ACHDNC) was disbanded this Spring, we remain hopeful that the

Department of Health and Human Services (the Department) and Secretary Kennedy will consider the evidence supporting our nomination and will add Duchenne to the RUSP. Currently the Department is seeking feedback from the community on adding Duchenne to the RUSP.

The Newborn Screening Saves Lives Reauthorization Act is incredibly important to our community for a number of reasons. First, the legislation reauthorizes and updates programs at the Health Resources and Services Administration (HRSA) that support and guide states on which conditions for which to screen, how to construct follow up programs for those who are diagnosed, and more. Second, the legislation reauthorizes and updates programs at the Centers for Disease Control and Prevention (CDC) that are instrumental in assisting state public health laboratories on the process of collecting and assessing the dried blood spots that are tested in newborn screening as well as the confirmatory testing following positive screens. Finally, the legislation reauthorizes and updates the Hunter Kelly Newborn Screening Research Program at the National Institutes of Health (NIH) that researches new potential screens for diseases not currently on the RUSP among other newborn screening research endeavors.

This legislation gives the Subcommittee the opportunity to support a comprehensive update to our newborn screening ecosystem and infrastructure by ensuring the Federal programs dedicated to assisting states are robust, up-to-date, and well-funded. We urge Subcommittee members to support the legislation in this markup.

We appreciate this opportunity to provide the Subcommittee with the perspectives of the NMD community. For questions regarding MDA or the above comments, please contact Paul Melmeyer, Executive Vice President, Public Policy and Advocacy, at pmelmeyer@mdausa.org,

Sincerely,

Paul Melmeyer, MPP
Executive Vice President, Public Policy and Advocacy
Muscular Dystrophy Association

Division [X] — Health

TITLE I—MEDICAID

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

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

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

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

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

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

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

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

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

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

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

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

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

TITLE II—MEDICARE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Title III—HUMAN SERVICES

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

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

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

Subtitle B—Other Matters

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

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

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

TITLE IV—PUBLIC HEALTH EXTENDERS

Subtitle A—Extensions

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

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

Subtitle B—World Trade Center Health Program

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

TITLE V—SUPPORT ACT REAUTHORIZATION

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

Subtitle A—Prevention

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

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

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

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

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

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

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

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

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

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

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

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

Subtitle B—Treatment

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

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

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

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

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

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

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

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

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

Subtitle C—Recovery

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

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

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

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

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

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

Subtitle D—Miscellaneous Matters

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

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

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

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

TITLE VI—PANDEMIC AND ALL-HAZARDS PREPAREDNESS AND RESPONSE

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

Subtitle A—State and Local Readiness and Response

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

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

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

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

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

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

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

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

Subtitle B—Federal Planning and Coordination

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

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

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

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

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

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

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

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

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

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

Subtitle C—Addressing the Needs of All Individuals

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

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

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

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

Subtitle D—Additional Reauthorizations

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

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

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

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

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

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

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

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

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

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

TITLE VII—PUBLIC HEALTH PROGRAMS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Title VIII — FOOD AND DRUG ADMINISTRATION

Subtitle A—Give Kids A Chance

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

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

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

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

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

Subtitle B—United States-Abraham Accords Cooperation and Security

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

Title IX — LOWERING PRESCRIPTION DRUG COSTS

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

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

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

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

TITLE X—MISCELLANEOUS

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