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6 MARKUP OF:

7 H.R. 4348, TO REAUTHORIZE THE KAY HAGAN TICK ACT, AND FOR
8 OTHER PURPOSES;

9 H.R. 4541, EARLY ACT REAUTHORIZATION OF 2025;

10 H.R. 3747, ACCELERATING ACCESS TO DEMENTIA AND ALZHEIMER'S
11 PROVIDER TRAINING (AADAPT) ACT;

12 H.R. 8209, SCHOOL-BASED HEALTH CENTERS REAUTHORIZATION ACT OF
13 2026;

14 H.R. 5160, STEM CELL THERAPEUTIC AND RESEARCH REAUTHORIZATION
15 ACT OF 2025;

16 H.R. 8205, ACCELERATING ACCESS TO CRITICAL THERAPIES FOR ALS
17 REAUTHORIZATION ACT OF 2026;

18 H.R. 2715, DESTRUCTION OF HAZARDOUS IMPORTS ACT;

19 H.R. 2821, FDA MODERNIZATION ACT 3.0;

20 H.R. 5347, HEALTH CARE EFFICIENCY THROUGH FLEXIBILITY ACT;

21 AND

22 H.R. 1703, CHOICES FOR INCREASED MOBILITY ACT OF 2025

23 WEDNESDAY, MAY 13, 2026

24 House of Representatives,

25 Subcommittee on Health,

26 Committee on Energy and Commerce,

27 Washington, D.C.

28 The subcommittee met, pursuant to call, at 2:01 p.m. in
29 Room 2123, Rayburn House Office Building, Hon. Morgan
30 Griffith [Chairman of the Subcommittee], presiding.

31 Present: Representatives Griffith, Harshbarger,
32 Bilirakis, Carter of Georgia, Joyce, Balderson, Miller-Meeks,
33 James, Houchin, Rulli, and Guthrie (ex officio); DeGette,
34 Ruiz, Dingell, Kelly, Barragan, Schrier, Trahan, Veasey,
35 Ocasio-Cortez, Auchincloss, Carter of Louisiana, Landsman,
36 and Pallone (ex officio)

37 Staff Present: Ansley Boylan, Director of Operations;
38 Jessica Donlon, General Counsel; Sydney Greene, Director of
39 Finance and Logistics; Jay Gulshen, Chief Counsel; Annabelle
40 Huffman, Policy Analyst; Megan Jackson, Staff Director; Noah
41 Jackson, Clerk; AT Johnson, Special Advisor; Daniel Kelly,
42 Press Secretary; Joel Miller, Deputy Staff Director; Ben
43 Mullaney, Press Secretary; Lillian Noland, Staff Assistant;
44 Clare Paoletta, Professional Staff Member; Claire Richey,
45 Clerk; Jake Riith, Staff Assistant; Chris Sarley, Member
46 Services/Stakeholder Director; Emma Schultheis, Policy
47 Analyst; Timothy Trimble, Staff Assistant; Katie West, Press
48 Secretary; Nick Wooldridge, Professional Staff Member; Lydia
49 Abma, Minority Policy Analyst; Shana Beavin, Minority
50 Professional Staff Member; Jennifer Black, Minority
51 Professional Staff Member; Keegan Cardman, Minority Staff
52 Assistant; Tiffany Guarascio, Minority Staff Director; Perry

53 Hamilton, Minority Deputy Director, Member Services, and
54 Outreach; Saha Khaterzai, Minority Professional Staff Member;
55 Serena Klebba, Minority Intern; Una Lee, Minority Chief
56 Counsel, Health; Andrew Souvall, Minority Director of
57 Communications, Outreach, and Member Services; and Hannah
58 Treger, Minority Staff Assistant.
59

60 *Mr. Griffith. The subcommittee will come to order.

61 The chairman now recognizes himself for an opening
62 statement.

63 Today's markup consists of 10 bills addressing a range
64 of important health issues. The legislation before us
65 reflects this subcommittee's efforts to improve public health
66 outcomes, enhance patient access, and modernize our health
67 care delivery system to better meet the challenges Americans
68 face. These bills represent thoughtful efforts from members
69 on both sides of the aisle. Several of the bills before us
70 focus on reauthorizing critical public health programs that
71 support early detection and prevention that expire at the end
72 of the fiscal year.

73 Marking up these reauthorizations gives us the ability
74 to continue to support these initiatives while also allowing
75 us the opportunity to examine ways we can strengthen these
76 programs. This includes H.R. 4348, the Kay Hagan Tick Act
77 reauthorization, which supports and enhances programs for
78 tick-borne disease research, prevention, and interagency
79 coordination.

80 We will also consider H.R. 4541, the Breast Cancer
81 Education and Awareness Requires Learning Young Act, or the
82 EARLY Act, which supports breast cancer detection and
83 education for young and high-risk women.

84 Additionally, we will mark up the Accelerating Access

85 and Dementia and Alzheimer's Provider Act, or the AADAPT Act
86 reauthorization which seeks to improve care through provider
87 tools and training initiatives.

88 I also want to highlight H.R. 8205, the Accelerating
89 Access to Critical Therapies for ALS Act which is before us
90 this afternoon. Last month I had the privilege of speaking
91 with the founders of I AM ALS, Brian Wallach and Sandra
92 Abrevaya, and participating alongside them in a press
93 conference held by Representative Quigley who has done great
94 work on this issue. Their testimony before the subcommittee
95 was both moving and insightful, and I especially want to
96 recognize that they had driven all the way from Chicago to be
97 at our hearing and advocate for this important program to
98 support those with ALS.

99 We will also consider H.R. 5160, the Stem Cell
100 Therapeutic and Research Reauthorization Act, which extends
101 and funds national programs that facilitate bone marrow and
102 cord blood transplants for patients with blood cancers and
103 other fatal diseases.

104 In addition, we are marking up H.R. 8209, legislation to
105 reauthorize school-based health centers which aim to
106 strengthen school-based health services and mental health
107 access for students.

108 We also have a couple of FDA reform bills before us
109 today, one of which is H.R. 2715, the Destruction of

110 Hazardous Imports Acts, which give -- Act, which gives the
111 FDA the authority to destroy imported products that pose a
112 significant public health concern. The other is H.R. 2021,
113 the FDA Modernization 3.0 Act, which directs the FDA to fully
114 implement policies established under FDA modernization 2.0 to
115 reduce unnecessary animal testing for drug development.

116 Lastly, we will mark up two bills from our Medicare
117 patient access hearing earlier this year: H.R. 1703, the
118 Choices for Increased Mobility Act works to expand access to
119 titanium and carbon fiber wheelchairs for Medicare
120 beneficiaries while H.R. 5347, the Health Care Efficiency
121 Through Flexibility Act, aims to improve health care
122 reporting for accountable care organizations.

123 I am encouraged by the collaborative work that has gone
124 into the legislation before us today, and I want to thank all
125 the members and staff who worked to bring these bills to the
126 subcommittee. I look forward to continuing to work on these
127 policies and bringing them to the full committee, and I am
128 eager for a production -- a productive markup this afternoon.

129 The chairman now recognizes -- that would be me -- I now
130 recognize the ranking member, Ms. DeGette, for five minutes
131 for her opening statement.

132 *Ms. DeGette. Thank you, Mr. Chairman. I am pleased
133 that we are marking up these 10 bipartisan bills today, all
134 of which I support, and I encourage my colleagues to support

135 them as well.

136 The EARLY Act, led by Representatives Wasserman Schultz
137 and Miller-Meeke, reauthorizes a critical program that helps
138 women learn about detecting breast cancer early, which means
139 we have a more treatable disease.

140 The Destruction of Hazardous Imports Act, led by
141 Representatives Higgins and Carter, will give the FDA the
142 ability to mandate that an importer destroy an FDA-regulated
143 product that is denied entry, keeping our communities safe
144 from illegal vapes and unsafe food.

145 And the Act for ALS reauthorization led by
146 Representatives Quigley and Calvert will build on the
147 successes of the original Act for ALS, bringing promising
148 treatments to patients who can't wait, and bolstering the
149 research infrastructure for a cruel disease that has claimed
150 too many lives including my own father-in-law. And the
151 testimony at the hearing that we had on this was really,
152 truly moving, Mr. Chairman.

153 I could go on, and all of these 10 bills are good bills
154 we should pass expeditiously. But I am forced to say this is
155 our -- only our second Health Subcommittee markup this
156 Congress. And by this point in the 118th Congress we had had
157 five subcommittee markups.

158 It shouldn't be lost on any of us either that most of
159 these bills are reauthorizations, or a commitment to

160 continuing work that is already happening and should continue
161 to happen. But neither this committee nor this Congress seem
162 to be intent on solving the problems that are facing our
163 constituents.

164 The committee is not taking up legislation to help the
165 estimated 20 percent fewer people enrolled on the ACA
166 exchanges who are now facing down the prospect of life
167 without health insurance, much less the 80 percent of
168 enrollees who report higher health care costs this year, all
169 thanks to the majority's refusal to extend enhanced ACA tax
170 credits.

171 This committee is not taking up legislation to restore
172 the research engine that powers American innovation at the
173 NIH as the Administration seeks to cut funding for science
174 and research -- researchers.

175 The committee is not taking up legislation to address
176 the crisis facing rural hospitals and the people they serve
177 as they await the big bad bill's Medicaid cuts.

178 And this is really the work of a majority just intent on
179 doing the bare minimum. This committee's work during the
180 119th Congress is defined by two things: taking health care
181 away from millions of Americans to line the pockets of the
182 wealthy at the behest of Donald Trump; and sitting idly by as
183 biomedical research, vaccination, pandemic preparedness, and,
184 really, public health as a whole, all historically bipartisan

185 priorities, are dismantled. Right now, as of today, we have
186 vacancies at two of our critical public health agencies, the
187 FDA and the CDC.

188 Now, Mr. Chairman, you and I work well together on so
189 many issues, and so many of my colleagues on both sides of
190 the aisle are good friends. When we identify common goals,
191 we do good things for the American people. And I still think
192 we can, and I still think we can in this Congress. So I say
193 it with the desire to work for the American people that this
194 committee needs to stop waiting for permission from Donald
195 Trump to do its job. We are Article I, the first branch of
196 government, the branch that is most connected to the people.
197 It is our job to set policy and tell the executive branch
198 what to do and make them do it, not vice versa.

199 We can also work to solve these problems which I believe
200 everyone in this room wants to solve, or we can just simply
201 go through the motions. I promise you that the Democrats,
202 when we take the majority, are not going to shy away from the
203 big issues that our constituents care about, and we hope that
204 we will have some cooperation on the other side of the aisle.
205 But until then I guess we will have to settle for these bills
206 today.

207 And frankly, we do need to reauthorize these programs.
208 We need to send them to the floor, where I will work with you
209 to make sure they pass and that the underlying programs will

210 continue to benefit the American people.

211 And I yield back.

212 *Mr. Griffith. The gentlelady yields back. I now
213 recognize the chairman of the full committee, the gentleman
214 from Kentucky, Mr. Guthrie, for his five-minute opening
215 statement.

216 *The Chair. Thank you, Chairman Griffith. Thank you so
217 much for your leadership advancing these bills and my good
218 friend, the Ranking Member DeGette, for saying she will work
219 to move these on -- across the floor.

220 Today we are authorizing key programs that are making
221 meaningful differences in the lives of Americans. These
222 programs are helping us fight vector-borne diseases like Lyme
223 disease and malaria. They are preventing breast cancer in
224 young women through targeted education campaigns. They are
225 developing treatments for ALS, giving hope to patients and
226 families impacted by this devastating disease. And finally,
227 these programs are improving access to care by meeting
228 patients where they are at, through school-based health
229 centers; through the use of technology to train, advise, and
230 support clinicians; and seeking to provide specialty care in
231 rural and underserved areas.

232 We are also working up two pieces of legislation that
233 will improve the Medicare program for beneficiaries and
234 providers. One bill would provide greater flexibility in

235 quality reporting methods for providers participating in
236 certain accountable care organizations, reducing red tape for
237 these providers as they transition to value-based models of
238 care. The second bill would provide additional flexibility
239 for Medicare Part B beneficiaries to have the ability to pay
240 for certain wheelchair upgrades.

241 Further, we are marking up a bill that will allow the
242 FDA to crack down on port shopping, a practice where foreign
243 actors use to push illicit and dangerous products into our
244 U.S. supply chain. This bill will improve efficiencies at
245 our ports and make better use of FDA's finite resources to
246 protect the American public.

247 All in all, these bills we are marking up today would
248 ensure vital programs continue. They offer more flexibility
249 to patients and providers to strengthen the foundation of our
250 health care system. While there is always more to be done,
251 this markup is another critical step towards a safer and
252 healthier future for all Americans.

253 Thank you, and I yield back.

254 *Mr. Griffith. The gentleman yields back. Now I
255 recognize the ranking member of the full committee, the
256 gentleman from New Jersey, Mr. Pallone.

257 *Mr. Pallone. Thank you, Mr. Chairman.

258 Today we are considering bipartisan legislation to
259 reauthorize public health programs that improve Americans'

260 health, spur biomedical innovation, and sustain critical
261 research. And these programs are components of our public
262 health infrastructure that help keep Americans healthy, from
263 cancer screening programs to disease surveillance networks.

264 But before I discuss the markup legislation I wanted to
265 raise concerns about the Trump Administration's troubling
266 leadership of our public health agencies. The hantavirus
267 outbreak comes at a time when the Trump Administration has
268 pulled the U.S. out of the World Health Organization, the CDC
269 has lost a quarter of its staff and has no Senate-confirmed
270 leadership, and HHS fired every full-time employee at a
271 program to assist the cruise industry in preventing and
272 controlling the spread of illnesses on cruise ships.

273 The National Institutes of Health continues to drag its
274 feet in getting critical biomedical funding out the door.
275 Grant funding from NIH to our biomedical researchers is down
276 44 percent in fiscal year 2026, compared to the 4-year
277 average from 2021 through 2024.

278 Whether the slow pace of grant disbursement results from
279 malice or incompetence is not clear. But what is clear is
280 this can't continue. Yesterday the Food and Drug
281 Administration Commissioner Mukherjee resigned after a tenure
282 that was marked by chaos, confusion, potential corruption.

283 And Trump and congressional Republicans are making the
284 affordability crisis worse by cutting trillions from

285 America's health care while refusing to extend subsidies that
286 make health care more affordable for American families.
287 Prices for basic necessities including health care, gas,
288 utility bills, and groceries continue to skyrocket while
289 Republicans do nothing to deal with this.

290 And turning back to the bills before us, I am pleased we
291 are considering the School-Based Health Centers
292 Reauthorization Act, led by Representative Tonko, which
293 brings health care directly into schools. Students can
294 access primary care, mental health care, case management,
295 dental care, and nutrition education right at school, and
296 this reduces many barriers to care including transportation
297 challenges and a lack of primary care doctors.

298 The EARLY Act reauthorization, H.R. 4541, led by
299 Representative Wasserman Schultz addresses breast cancer in
300 women under 50. About 16 percent of all new breast cancer
301 cases occur in women younger than 50, where it is likely to
302 be found at a later stage and even more aggressive and harder
303 to treat. And this program supports CDC-led education
304 outreach to close detection gaps, empower women to take early
305 action, and ultimately save lives.

306 We are also marking up the Act for ALS Act. Now, last
307 month we heard from the co-founders of I AM ALS, Brian
308 Wallach and Sandra Abrevaya, and -- you know, on the
309 importance of this law to patients, caregivers, and

310 researchers, especially for advancing scientific
311 understanding of ALS and other rare neurodegenerative
312 diseases. And as we work towards reauthorization we hope to
313 address some of the concerns raised by the GAO report,
314 including ensuring that the FDA has the funds to operate the
315 Rare Neurodegenerative Disease Grant program.

316 We are also considering the Destruction of Hazardous
317 Imports Act which would provide the FDA with important
318 authorities to protect Americans from harmful products. This
319 bill would grant the FDA the authority to require importers
320 to destroy products that pose a significant public health
321 concern, preventing them from being shipped to another port
322 of entry. And these products have included food contaminated
323 with salmonella, Listeria, and carcinogenetic unapproved
324 animal drugs, as well as misbranded medical devices. It also
325 includes illegal e-cigarette products that are flooding the
326 market from places like China because we need to make sure
327 that Americans are not harmed by purchasing these products,
328 and this authority will help prevent that.

329 So we are looking into several other reauthorized public
330 health programs to build upon and continue this success, and
331 I look forward to advancing these important bills to the full
332 committee.

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

334 *Mr. Griffith. The gentleman yields back the remainder

335 of his time. The chair reminds members that, pursuant to the
336 Committee rules, all members' opening statements will be made
337 a part of the record. Are there any further opening
338 statements for today?

339 Recognizing Dr. Ruiz for three minutes for an opening
340 statement.

341 *Mr. Ruiz. Thank you, Mr. Chairman. I am -- I echo
342 what the ranking member has just said regarding dealing with
343 these important bills, but not addressing the overall crisis
344 of the cuts to Medicaid and nutritional support, and all the
345 cuts to staffing and the agencies within HHS that are
346 responsible to making sure that we keep a healthy community.

347 I do want to say, though, that as an emergency
348 physician, you know, I have treated patients of all ages with
349 various health conditions. I represent a rural, underserved,
350 medically underserved community, and so I have seen firsthand
351 the needs of kids, the needs of people who go without health
352 care and they need it. I have seen patients show up in
353 hospitals with advanced illnesses because they couldn't
354 afford to go to the doctor sooner, or they tried but there
355 was no availability to get them in.

356 So for our kids it is especially critical to get timely
357 and regular check-ups to support healthy growth and
358 development. That is why the school-based health center
359 program is so important. In communities where kids might

360 otherwise not have access to medical care, they can receive
361 primary care, behavioral health services, and preventive
362 screenings right at school.

363 You know, according to the National Association of
364 Community Health Centers, community health centers serve 18
365 percent of all kids in my state in California. But there is
366 still insufficient access to primary care, with nearly 30
367 percent of California's children and teens not getting a
368 preventative check-up. Investing in school-based care is
369 essential to closing this gap, and that is why I would like
370 to express my support for the H.R. 8209, one of the bills
371 considered today, the School-Based Health Centers
372 Reauthorization Act that was introduced by my colleagues,
373 Representatives Tonko and Balderson.

374 This program is instrumental in promoting healthy kids
375 and healthy communities. They are a good location because,
376 you know, the communities live around the schools. And if
377 you can put FQHCs, community health centers, in schools to
378 take care of kids, then often times they are also able to
379 take care of their parents or their grandparent when they go
380 and they pick up the kids with an appointment.

381 So I support this. This is one very strong vehicle that
382 works. I have seen it in my district. I have seen it in the
383 school districts and where I serve. And so I urge my
384 colleagues to support and move H.R. 8209 in a bipartisan

385 manner.

386 And I yield back.

387 *Mr. Griffith. The gentleman yields back. Are there
388 any other members wishing to do an opening statement?

389 Going, going, gone. All right.

390 That said, we will now move to calling up bills, and the
391 chair will call up H.R. 4348, and ask the clerk to report.

392 *The Clerk. H.R. 4348, a bill to reauthorize the Kay
393 Hagan Tick Act, and for other purposes. Be it enacted by the
394 Senate and House of Representatives of the United States of
395 America --

396 *Mr. Griffith. Without objection, the first reading of
397 the bill will be dispensed with, and the bill will be open
398 for amendments at any point.

399 So ordered.

400 [The bill follows:]

401

402 *****COMMITTEE INSERT*****

403

404 *Mr. Griffith. I now recognize myself for time on the
405 Kay Hagan Tick Act.

406 H.R. 4348 reauthorizes the Kay Hagan Tick Act, a
407 landmark piece of legislation which developed a national
408 strategy for vector-borne diseases which in this bill you can
409 read as a tick-borne disease, diseases like Lyme.

410 Representative Chris Smith from New Jersey is the
411 champion of this legislation and has been for years. He has
412 done great work, and I am glad we are continuing to move this
413 bill.

414 The bill is named after Senator Kay Hagan, who passed
415 away from complications of the tick-borne virus called
416 Powassan. This bill will continue building on the foundation
417 that was created when the authorization of the bill was first
418 passed in 2019.

419 There are three critical components of this bill that
420 will be reauthorized under the bill: first, it would require
421 HHS to continue their public health strategy and working
422 group to prevent and control tick-borne illnesses; second, it
423 would reauthorize the Regional Centers of Excellence for
424 another five years; third, it would continue the CDC grants
425 awarded to certain entities to improve their efforts to
426 combat and collect data on tick-borne illnesses.

427 Tick-borne illnesses are spreading quickly in our
428 country, and these diseases can have devastating impacts on

429 people's lives. Virginia is one of the top states for Lyme
430 disease, with southwest Virginia having some of the highest
431 rates of Lyme and other tick-borne illnesses. I live with
432 one of those diseases called Alpha-gal syndrome, which is
433 from the Lone Star tick. It causes an allergic condition
434 triggered by a sugar molecule called alpha-gal, which is
435 found in most mammals but not in humans. There are many
436 tick-borne illnesses, and we have only scratched the surface
437 in understanding these diseases.

438 And with that I yield back and I hope everybody will
439 support the bill.

440 Madam Vice Chair -- or excuse me, ranking member.

441 *Ms. DeGette. Thank you. I move to strike the last
442 word.

443 *Mr. Griffith. The gentlelady is recognized to speak on
444 the bill.

445 *Ms. DeGette. Thank you. So Mr. Chairman, as you
446 accurately pointed out, Lyme is no longer a disease of just
447 the northeast United States. And also it is not the only
448 tick-borne disease. Rising cases and geographical creep of
449 tick-borne disease mean that health departments and providers
450 across the country, even in my western state of Colorado, are
451 facing this growing threat. The CDC plays an essential role
452 in supporting prevention, diagnosis, and treatment of rising
453 cases of Lyme and other tick-borne diseases.

454 This bill gives CDC the continuing authority and the
455 resources it needs to improve public awareness and patient
456 care, including through the National Public Health Strategy,
457 to combat tick-borne diseases. The whole-of-government
458 approach is a lesser known product of the 21st Century Cures
459 Act which Fred Upton and I passed those years ago, and it has
460 been integral in expanding research, improving diagnostics,
461 and coordinating efforts across Federal agencies.

462 We have a lot of work to do in Lyme and other tick-borne
463 diseases, and so it is really great that we are not letting
464 it lapse. I urge support for this bill.

465 And I yield back.

466 *Mr. Griffith. The gentlelady yields back. Is anyone
467 else wishing to speak on the Kay Hagan Tick Act?

468 I recognize the gentlelady from Washington, Ms.
469 Schrier, Dr. Schrier.

470 *Ms. Schrier. Thank you, Mr. Chairman. I am really
471 happy that our committee is advancing reauthorization of this
472 Kay Hagan Tick Act which improves research, prevention,
473 diagnostics, and treatment for tick-borne diseases.

474 Up until a few years ago it was incredibly rare to see
475 ticks, just like Ranking Member DeGette just talked about, in
476 my home state of Washington -- so we are going even further
477 west now -- or really anywhere in the Pacific Northwest, for
478 that matter. However, due to warmer winters and climate

479 change, we are seeing ticks expand their habitats and survive
480 in places they hadn't before, just like we are seeing
481 mosquitoes with mosquito-borne illnesses survive in areas
482 where they had never before and now coming into the United
483 States. We are even getting ticks in parts of Washington in
484 areas like the Issaquah Alps and the Olympic Peninsula.

485 The numbers speak for themselves. New cases of
486 Americans with tick-borne disease have multiplied over the
487 past 15 years. And since 1982 there has been a 25-fold
488 increase. And that comes despite the challenge of testing
489 for Lyme disease, where there is a high number of false
490 negatives with blood tests at the beginning and it is mostly
491 a clinical diagnosis because the test tests for antibodies.

492 So this bill will ensure we have the public health
493 workforce equipped and ready to prevent and treat tick bites,
494 that we have better testing, better funding for local and
495 state health departments to make sure we are catching these
496 and able to treat them. So I support this bill and urge my
497 colleagues to also vote yes so that Americans will not have
498 to deal with this threat.

499 I yield back.

500 *Mr. Griffith. The gentlelady yields back. Is anyone
501 else wishing to speak?

502 Seeing none, the question now occurs on forwarding H.R.
503 4348 to the full committee.

504 All those in favor, say aye.

505 Opposed, no.

506 The ayes have it. The bill is agreed to and forwarded
507 to the full committee.

508 All right. Now we will call up 4541, House Resolution
509 4541. Will the clerk please report?

510 *The Clerk. H.R. 4541, a bill to reauthorize the Young
511 Women's Breast Health Education and Awareness Requires
512 Learning Young Act of 2009. Be it enacted by the Senate and
513 House of Representatives of the United States of America --

514 *Mr. Griffith. And without objection, the first reading
515 of the bill will be dispensed with, and the bill will be open
516 for amendment at any point.

517 Seeing no objection, so ordered.

518 [The bill follows:]

519

520 *****COMMITTEE INSERT*****

521

522 *Mr. Griffith. Does anyone wish to be recognized on the
523 bill?

524 All right, seeing none, it is a good bill, it is one
525 that we have bipartisan support for, and I hope that all the
526 members will support it. Is anyone else wishing to speak on
527 the bill?

528 Seeing none, the question now occurs on forwarding H.R.
529 4541 to the full committee.

530 All those in favor, say aye.

531 Those opposed, no.

532 The ayes have it and the bill is agreed to and forwarded
533 to the full committee.

534 I now call up H.R. 3747 and ask the clerk to report.

535 *The Clerk. H.R. 3747, a bill to amend the Public
536 Health Service Act to reauthorize the Project ECHO grant
537 program to establish grants under such program to disseminate
538 knowledge and build capacity to address Alzheimer's disease
539 and other dementias, and for other purposes. Be it enacted
540 by the Senate and House of --

541 *Mr. Griffith. Without objection, the first reading of
542 the bill will be dispensed with. Any objection?

543 Hearing none, the bill will be open for amendment at any
544 point. So ordered.

545 [The bill follows:]

546

547 *****COMMITTEE INSERT*****

548

549 *Mr. Griffith. Does anyone seek recognition on this
550 bill?

551 All right, seeing no one at this moment wishing to speak
552 on 3747, I will advise the subcommittee that it is a good
553 bill that has bipartisan support.

554 *Ms. DeGette. Do you want to do the ANS?

555 *Mr. Griffith. And there is an ANS, okay. Mr.
556 Balderson, do you have an ANS?

557 That would be an amendment in the nature of a substitute
558 for those watching at home.

559 *Mr. Balderson. Yes.

560 *Mr. Griffith. Would the gentleman please call up his
561 amendment?

562 *Mr. Balderson. Thank you, Mr. Chairman. I have an
563 amendment at the desk with the file name H3747SCR_ANS_01.

564 *Mr. Griffith. The clerk will report, please.

565 *The Clerk. Amendment in the nature of a substitute to
566 H.R. 3747 offered by Mr. Balderson of Ohio. Strike all after
567 the enacting clause and insert the following. Section 1,
568 short title.

569 *Mr. Griffith. The ANS -- the reading of the ANS will
570 be dispensed, without objection.

571 So ordered.

572 [The amendment of Mr. Balderson follows:]

573

574 *****COMMITTEE INSERT*****

575

576 *Mr. Griffith. And the gentleman from Ohio, Mr.
577 Balderson, is now recognized for five minutes to speak on the
578 ANS.

579 *Mr. Balderson. Thank you, Mr. Chairman, for holding
580 this markup today and moving this bill forward.

581 Today more than 7 million Americans, including more than
582 236,000 Ohioans, are living with Alzheimer's disease. As
583 these numbers continue to rise, we need stronger provider
584 training and better access to community-based dementia care
585 so families can get answers sooner and connect to care
586 earlier. The AADAPT Act helps give primary care providers
587 the resources they need to help families get that diagnosis
588 sooner.

589 In rural communities access to specialists is often
590 limited, and for many families their primary care provider is
591 the first and sometimes only point of contact when cognitive
592 decline begins to appear. Yet too many frontline providers
593 report they do not have the training, tools, or support they
594 need to confidently identify and manage dementia-related
595 conditions. As a result, far too many Americans are
596 diagnosed later than they should be, after valuable time for
597 treatment and planning has already been lost.

598 The AADAPT Act helps address that gap by strengthening
599 and reauthorizing the Project ECHO program, a technology-
600 enabled training model that connects frontline providers in

601 rural and underserved communities with specialists through
602 virtual mentoring and education networks. This approach
603 gives frontline providers practical training they can apply
604 directly in their communities.

605 The goal is simple: patients and families need answers
606 sooner. As new Alzheimer's treatments continue to emerge, we
607 need a health care workforce prepared to identify and manage
608 these conditions earlier. I am proud to lead this bipartisan
609 effort because most of us know someone who has been -- faced
610 this disease, and understand how difficult it can be for
611 patients and families.

612 Strengthening the health care workforce and improving
613 access to dementia care are priorities we should all be able
614 to support. I urge my colleagues on both sides of the aisle
615 to support this bill.

616 Thank you, Mr. Chairman. I yield back.

617 *Mr. Griffith. The gentleman yields back. Is anyone
618 else wishing to discuss the amendment in the nature of a
619 substitute?

620 I recognize the gentlelady from California, Ms.
621 Barragan.

622 *Ms. Barragan. Thank you, Mr. Chairman. I move to
623 strike the last word.

624 I want to also thank the gentleman for his comments and
625 leading on this, the gentleman from Ohio.

626 While I support this ANS, I am disappointed that it
627 removes the targeted funding for Alzheimer's disease and
628 related dementias that was included in the original bill.
629 This specific allocation is critical for many reasons. Over
630 7 million Americans currently live with Alzheimer's disease,
631 and by 2050 the number of people is projected to increase to
632 nearly 13 million Americans. In 2026 Alzheimer's and other
633 dementias will cost the nation \$409 billion, and by 2050
634 these costs could rise to nearly \$1 trillion. Nearly 13
635 million Americans provide unpaid care for people with
636 Alzheimer's, valued at more than \$446 billion. These are
637 costs to our health care system, to the economy.

638 And most importantly, it costs lives. As a caregiver
639 for my mother who has Alzheimer's, I understand what is at
640 stake, especially what a timely and accurate diagnosis can
641 mean for families. Too often individuals are diagnosed late
642 or not at all. Primary care providers are usually the first
643 place families turn to, yet many of these providers report
644 that they don't feel fully prepared to diagnose or manage
645 dementia; 69 percent receive little to no dementia training
646 in medical school; and 39 percent are not confident enough to
647 make a diagnosis.

648 Now, I remember the time when I took my mother to a
649 doctor. I thought I saw early signs of her dementia or
650 Alzheimer's. I went and asked a doctor to say, hey, can she

651 be assessed? Can somebody see if there is something that I
652 can do? What advice do you have? And I remember being sent
653 with her to somebody who asked her, "Do you know how you got
654 dressed this morning,'" and proceeded to ask questions that
655 she clearly could still answer. And we walked away with the
656 advice of eat a larger Mediterranean diet.

657 It just goes to show you that we didn't get the advice
658 that we should have gotten, whether it was to do more
659 puzzles, whether it was to be more active with your brain,
660 whatever it is that wasn't given, and I think that is a
661 disservice. And that is why I joined Representative
662 Balderson to co-lead the AADAPT Act, which would continue
663 access to more specialized education for our primary care
664 providers. Investment and research has led to innovative
665 diagnostic tools and treatment, but this means very little to
666 patients and their families if our primary care workforce is
667 not prepared to use them.

668 I urge my colleagues to support this ANS, but I hope we
669 can continue to work on dedicated funding. Americans who
670 face this devastating disease should not have to go longer
671 without answers or support because the health care system was
672 not prepared to meet them where they are.

673 Thank you, and I yield back.

674 *Mr. Griffith. The gentlelady yields back. Now I
675 recognize the gentleman from Pennsylvania, Dr. Joyce, for his

676 time, five minutes, to discuss the amendment in the nature of
677 a substitute.

678 *Mr. Joyce. Thank you, Mr. Chairman. I would like to
679 offer my support for an important bill, H.R. 3747, the
680 Accelerating Access to Dementia and Alzheimer's Provider
681 Training Act. This bill reauthorizes grant programs that
682 enable specialists to collaborate with and support the -- so
683 necessary -- support the primary care physicians need, as
684 they are the primary individuals who diagnose and treat
685 patients with Alzheimer's disease.

686 We all know our population is aging, and primary care
687 doctors need to be equipped to care for more patients with
688 these devastating diseases. Programs like Project ECHO that
689 are supported by these grants can help to make sure that
690 especially in rural areas where access to specialists is
691 often limited, rural patients can have access to the doctors
692 with the knowledge to offer the care that they need and the
693 care that they deserve.

694 In addition, these grant programs also reduce the need
695 for unnecessary referrals and hospitalizations which are
696 costly and burdensome to patients, as they are forced to
697 travel far from their homes. This bill will greatly expand
698 the capabilities of rural health care and allow the early
699 diagnosis for those with Alzheimer's and other forms of
700 dementia.

701 I would urge all my colleagues to support the ANS and
702 the underlying bill.

703 Thank you, Mr. Chair, and I yield back.

704 *Mr. Griffith. The gentleman yields back. Is there
705 anyone else wishing to speak to the amendment in the nature
706 of substitute?

707 All right, if there is no further discussion, the vote
708 occurs on the amendment in the nature of a substitute.

709 All those in favor, signify by saying aye.

710 All those opposed, nay.

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

712 All right. Is there any further discussion on
713 forwarding H.R. 3747 to the full committee?

714 Seeing none, all those in favor, say aye.

715 Those opposed, no.

716 The aye has it, and the bill is agreed to and forwarded
717 to the full committee.

718 I now call up H.R. 8209 and ask the clerk to report it.

719 *The Clerk. H.R. 8209, a bill to amend the Public
720 Health Service Act to reauthorize the School-Based Health
721 Centers Grant Program.

722 *Mr. Balderson. Yes, thank you.

723 *The Clerk. Be it enacted --

724 *Mr. Griffith. Without objection, the first reading of
725 the bill shall be dispensed with, and the bill be open for

726 amendment at any point. Any objection?

727 Seeing none, so ordered.

728 [The bill follows:]

729

730 *****COMMITTEE INSERT*****

731

732 *Mr. Griffith. Does anyone wish to be recognized on the
733 bill?

734 I recognize the gentleman from Ohio, Mr. Balderson, for
735 five minutes to speak on the bill.

736 *Mr. Balderson. Thank you, Mr. Chairman. I move to
737 strike the last word and speak in support of the bill.

738 First I would like to thank my colleague from New York,
739 Congressman Tonko, for his leadership on this legislation and
740 working with me to reauthorize the School-Based Health
741 Centers Grant Program.

742 School-based health centers help students access a broad
743 range of age-appropriate health care services in a
744 convenient, familiar, and trusted setting. These centers
745 primarily serve underserved communities and play an important
746 role in delivering primary care to children and adolescents,
747 including preventive services, dental screenings, and mental
748 health support.

749 Today more than 2,500 school-based health centers serve
750 over 6.3 K-12 -- K through 12 students nationwide, helping
751 connect families to care in a setting where students already
752 spend much of their day.

753 Across my district in Ohio families face real barriers
754 to care, from provider shortages and long travel distances to
755 transportation issues and limited access to pediatric or
756 behavioral health services. School-based health centers help

757 close some of those gaps by bringing preventative and primary
758 care services directly into the community environment that
759 students rely on every day.

760 We also cannot ignore the growing need for youth mental
761 health services. Schools continue to see increased demand
762 for counseling, behavioral health support, and early
763 intervention services. School-based health centers can help
764 connect students to care earlier and in a more coordinated
765 way while still working alongside parents, local providers,
766 and school personnel.

767 Importantly, these centers operate within clear
768 guardrails under Federal law, including parental consent
769 requirements, patient privacy protections, coordination with
770 community providers, and compliance with state and local
771 laws. This bill helps ensure students are healthy enough to
772 learn, attend class consistently, and succeed in life. It
773 also supports local communities and gives schools additional
774 tools to support students' health needs in a practical,
775 accessible way.

776 I believe this legislation will help strengthen access
777 to care for students and families in communities across the
778 country, and I encourage my colleagues to support the bill.

779 Mr. Chairman, I yield back. Thank you.

780 *Mr. Griffith. The gentleman yields back. Is anyone
781 else wishing to speak on the bill?

782 I recognize the gentlelady from Washington, Dr. Schrier,
783 for five minutes.

784 *Ms. Schrier. Well, first, thank you, Mr. Chairman. I
785 would like to thank Representative Balderson, Representative
786 Tonko for supporting this bill, introducing this bill, and I
787 am really glad the committee is taking this up today.

788 As a pediatrician I have seen kids miss out on both
789 wellness and sick care simply because they didn't have a
790 reliable way to get to a clinic. School-based health centers
791 help eliminate these hurdles by bringing that high-quality
792 care directly to where kids are.

793 In my home state of Washington we have over 70 school-
794 based health centers that have provided nearly 17,000 visits
795 to our state's children, and the advantages of these clinics
796 are clear. When care is accessible for kids, we see higher
797 vaccination rates, better diabetes management, access to
798 dental care, counseling, and early -- and identification of
799 illness outbreaks that might otherwise go unnoticed. We also
800 see better academic performance for kids because they stay in
801 school so they have higher class attendance, higher GPAs, and
802 fewer disciplinary incidents.

803 So I support this bill because it provides the long-term
804 stability necessary for millions of students who rely on
805 these centers. We cannot expect students to focus on their
806 futures or their academics if they are struggling with

807 untreated physical or mental health challenges. So I urge my
808 colleagues to support this bill to make sure every child gets
809 the care they need.

810 Thank you. I yield back.

811 *Mr. Griffith. The gentlelady yields back. Is anyone
812 else wishing to speak on the bill?

813 All right, seeing no further discussion on the bill, the
814 question now occurs on forwarding -- excuse me -- H.R. 8209
815 to the full committee.

816 All those in favor, say aye.

817 Those opposed, no.

818 The ayes have it and the bill is agreed to and forwarded
819 to the full committee.

820 The chair will now call up House Resolution 5160 and ask
821 the clerk to report.

822 *The Clerk. H.R. 5160, a bill to reauthorize the Stem
823 Cell Therapeutic and Research Act of 2005, and for other
824 purposes. Be it enacted by the Senate and House of
825 Representatives of the United States of America --

826 *Mr. Griffith. All right, and without objection the
827 first reading of the bill is dispensed with, and the bill
828 will be open for amendment at any point. Any objections?

829 Seeing none, so ordered.

830 [The bill follows:]

831

832 *****COMMITTEE INSERT*****

833

834 *Mr. Griffith. Does anyone seek to be recognized on the
835 bill?

836 I recognize the gentleman from Florida, Mr. Bilirakis,
837 for five minutes to speak on the bill.

838 *Mr. Bilirakis. Thank you very much. I appreciate it,
839 Mr. Chairman.

840 Every thousands of -- again, every year thousands of
841 Americans are diagnosed with devastating diseases such as
842 leukemia, lymphoma, sickle cell disease, and other inherited
843 immune system disorders. For many of these patients a bone
844 marrow or cord blood transplant can provide a critical
845 treatment option and, in some cases, a path toward long
846 recovery.

847 Finding a compatible donor, however, is often incredibly
848 difficult, particularly for those who do not have a matching
849 donor within their own family. The C.W. "Bill" Young Cell
850 Transplantation Program helps make these lifesaving
851 transplants possible by coordinating donor matching,
852 transplant resources, and patient support through a single
853 national system. The National Cord Blood Inventory
854 complements that work by supporting the collection and
855 preservation of high-quality umbilical cord blood units that
856 can be used for transplantation and research.

857 Cord blood and adult stem cell treatments have already
858 helped tens of thousands of patients, including children with

859 rare genetic and immune disorders who otherwise may have had
860 very little treatment options. This legislation continues
861 Federal support for these proven programs, strengthens the
862 national transplant infrastructure, and helps ensure patients
863 can continue accessing lifesaving transplant options.

864 I am proud to join Representatives Smith, Matsui,
865 Pingree, Tenney, and Mfume in introducing this bipartisan
866 legislation, and I want to thank all that participated.
867 Again, the late, great Chairman Bill Young actually sponsored
868 this, initially sponsored this legislation. So we will do
869 this in his memory, as well.

870 Thank you very much, and I yield back, Mr. Chairman.

871 *Mr. Griffith. The gentleman yields back. Is anyone
872 else wishing to speak on the bill?

873 All right, seeing none, the question now occurs on
874 forwarding H.R. 5160 to the full committee.

875 All those in favor, say aye.

876 Those opposed, no.

877 The ayes have it, and the bill is agreed to and
878 forwarded to the full committee.

879 The chair now calls up H.R. 8205 and asks the clerk to
880 report.

881 *The Clerk. H.R. 8205, a bill to amend the Accelerating
882 Access to Critical Therapies for ALS Act to reauthorize the
883 provisions of such acts through fiscal year 2031, and for

884 other purposes.

885 *Mr. Griffith. And without objection, the first reading
886 of the bill is dispensed with, and the bill will be open for
887 amendment at any point.

888 Without objection, so ordered.

889 [The bill follows:]

890

891 *****COMMITTEE INSERT*****

892

893 *Mr. Griffith. Does anyone seek to be recognized on the
894 bill to speak to the bill?

895 I recognize the gentleman from Florida, Mr. Bilirakis,
896 for five minutes to speak on the bill.

897 *Mr. Bilirakis. Thank you, Mr. Chairman. I appreciate
898 it.

899 ALS is a devastating disease that gradually takes away a
900 person's ability to move, speak, eat, and breathe. And today
901 there is still no cure. For many families time is the
902 greatest challenge. Patients living with ALS cannot afford
903 to wait through years of, again, slow research and regulatory
904 timelines.

905 Congress recognized the reality when it passed Act for
906 ALS in 2021. The goal was to accelerate research, improve
907 coordination, and expand access to promising investigational
908 therapies. Since then the program has helped strengthen
909 collaboration between researchers, regulators, manufacturers,
910 and patient advocates working to better understand and treat
911 ALS. H.R. 8205 continues that work by extending these
912 programs through 2031 so critical research and access efforts
913 can continue without interruption.

914 The bill also strengthens oversight by requiring updated
915 FDA action plans, additional reporting, and closer review of
916 clinical trial progress. Importantly, this legislation
917 recognizes that advances made in ALS research may also help

918 patients living with other rare neurodegenerative diseases.

919 While there is still much work ahead, continuing to
920 support research, innovation, and access to promising
921 therapies offers hope to patients and families confronting
922 these devastating diseases every day. So I am proud to
923 cosponsor this bill and I urge my colleagues to support it.

924 Thank you very much, and I yield back, Mr. Chairman.

925 *Mr. Griffith. The gentleman yields back. Is anyone
926 else wishing to speak on the bill?

927 Seeing none, the question now occurs on forwarding H.R.
928 8205 to the full committee.

929 All those in favor, say aye.

930 Those opposed, no.

931 The ayes have it, and the bill is agreed to and
932 forwarded to the full committee.

933 And I am going to try to get one more in before we go to
934 vote, so I will call up H.R. 2715 and ask the clerk to
935 report.

936 *The Clerk. H.R. 2715, a bill to amend the Federal
937 Food, Drug, and Cosmetic Acts to extend the destruction
938 authority of the Secretary of Health and Human Services to
939 articles that present a significant public health concern,
940 and for other purposes.

941 *Mr. Griffith. And without objection, the first reading
942 of the bill is dispensed with, and the bill will be open for

943 amendment at any point.

944 Seeing no objection, so ordered.

945 [The bill follows:]

946

947 *****COMMITTEE INSERT*****

948

949 *Mr. Griffith. And I understand we have an amendment in
950 the nature of substitute on this one.

951 Mr. Carter, the gentleman is recognized to call up his
952 amendment in the nature of a substitute.

953 *Mr. Carter of Louisiana. Thank you, Mr. Chairman. I
954 thank the committee for considering my bipartisan bill with
955 my colleague, representative Clay Higgins, H.R. 2715, the
956 Destruction of Hazardous Imports Act.

957 *Mr. Griffith. All right. Do you want to call that up?

958 *Mr. Carter of Louisiana. Yes.

959 *Mr. Griffith. Would the clerk please call up the
960 amendment in the nature of a substitute?

961 *The Clerk. Amendment in the nature of a substitute to
962 H.R. 2715, offered by Mr. Carter of Louisiana.

963 [The amendment of Mr. Carter of Louisiana follows:]

964

965 *****COMMITTEE INSERT*****

966

967 *Mr. Griffith. All right, and Mr. Carter is now
968 recognized for five minutes to discuss his amendment in the
969 nature of a substitute.

970 *Mr. Carter of Louisiana. Thank you, Mr. Chairman.

971 This bill authorizes Food and Drug Administration to
972 require an importer to destroy an FDA-regulated product
973 refused entry into the U.S. because it poses a significant
974 public health concerns at the importer's expense. This bill
975 also prohibits the unauthorized movement of any article
976 designated for destruction by the FDA.

977 This amendment in the nature of a substitute includes
978 technical assistance edits from the FDA to clarify the
979 process for ordering and destructing -- destruction of
980 hazardous shipments, including a due process provision
981 allowing the owner of the -- and articles subject to
982 destruction to appeal. It also allows the Federal Government
983 additional time to finalize regulations related to this
984 legislation.

985 I would like to thank the FDA for its partnership in
986 crafting this, these amendments. Our legislative hearing in
987 March -- we heard from expert witnesses about the need for
988 these reforms.

989 Under current law foreign exporters can ship
990 contaminated or counterfeit products to the U.S., knowing
991 they can withdraw the shipment if flagged by the FDA and try

992 to simply enter at a different port, a process known as port
993 shopping. Some imported foods, especially seafood, have been
994 found to be contaminated with carcinogenic drugs, pesticides,
995 and other harmful impurities. This loophole puts American
996 consumers at risk and undermines our food safety system.

997 The problem extends beyond food. There has been a rise
998 in exports of dangerous vape devices, e-liquids containing
999 banned substances, and excessive nicotine as well as
1000 counterfeit drugs like GLP-1s. This threat is real and is
1001 documented. Exporters, especially Chinese exporters, have
1002 been caught resubmitting rejected shipments at different
1003 ports. This bill closes that loophole, creating a real
1004 deterrent for exporters who currently face little consequence
1005 for their ill deeds.

1006 Providing this authority has been a bipartisan priority
1007 for both the Biden and Trump Administrations. The Trump
1008 Administration's FDA asked that -- asked for this authority
1009 in its last legislative priority report. Granting the FDA
1010 these authorities has supported -- has been supported for a
1011 broad group of industry organizations including the Southern
1012 Shrimp Alliance, Louisiana Farm Bureau Federation, the
1013 Partnership for Safe Medicines, the National Association of
1014 State Controlled Substance Authorities, and the National
1015 Consumer League, among many others.

1016 Mr. Chairman, I thank you and I urge this committee to

1017 adopt this amendment and pass this critical legislation.

1018 *Mr. Griffith. I thank the gentleman for yielding back.
1019 Does anyone else wish to discuss the amendment in the nature
1020 of a substitute?

1021 Seeing none, if there is no further discussion, the vote
1022 occurs on the amendment.

1023 All those in favor shall signify by saying aye.

1024 All those opposed, no.

1025 The ayes have it, and the amendment in the nature of a
1026 substitute is agreed to.

1027 The question now is on forwarding H.R. 2715, as amended,
1028 to the full committee.

1029 All those in favor, say aye.

1030 Opposed, no.

1031 The ayes have it, and the bill is agreed to and
1032 forwarded to the full committee.

1033 That said, we have two more bills that -- we are
1034 probably going to have to recess now to go vote. We have
1035 five votes in the vote series. We will come back and do the
1036 remaining two bills -- oh, three. Okay. Yes, you are right.
1037 I have only got two. All right, we will get the three bills
1038 remaining done when we get back.

1039 [Recess.]

1040 *Mr. Griffith. The subcommittee will come back to
1041 order. We appreciate everybody's patience while we went off

1042 to vote on matters of the day.

1043 The chair would now call up H.R. 2821 and ask the clerk
1044 to report.

1045 *The Clerk. H.R. 2821, a bill to require the Secretary
1046 of Health and Human Services, acting through the Commissioner
1047 of Food and Drugs, to publish a final rule relating to non-
1048 clinical testing methods.

1049 *Mr. Griffith. And without objection, the first reading
1050 of the bill is dispensed with and the bill will be open for
1051 amendment at any point.

1052 Without objection, so ordered.

1053 [The bill follows:]

1054

1055 *****COMMITTEE INSERT*****

1056

1057 *Mr. Griffith. Does anyone seek to be recognized on the
1058 bill?

1059 The gentleman from Georgia, Mr. Carter, is recognized to
1060 speak on the bill for five minutes.

1061 *Mr. Carter of Georgia. Mr. Chairman, I move to strike
1062 the last word.

1063 Many of our families would feel incomplete without the
1064 pets and animals that bring unconditional love to our lives.
1065 However, there are millions of animals in our country that
1066 are forced into inhumane testing for pharmaceutical
1067 development. Yet every year millions of animals are still
1068 subjected to inhumane testing and development of
1069 pharmaceuticals.

1070 As policy-makers we have a responsibility to protect
1071 those who cannot protect themselves. That includes ensuring
1072 we embrace modern scientific innovation that can reduce
1073 unnecessary animal suffering while advancing medical
1074 progress. That is why in 2022 I was proud to help lead
1075 passage of the FDA Modernization Act 2.0 which, for the first
1076 time, allowed drug developers to use modern, animal-free
1077 testing methods as alternatives to traditional animal
1078 testing. Congress made its intent clear: we wanted to
1079 reduce outdated testing requirements and encourage more
1080 effective, humane, and innovative approaches to drug
1081 development.

1082 Unfortunately, the Biden Administration failed to fully
1083 implement that law, limiting its effectiveness and leaving
1084 too many animals still at risk. That is why I introduced the
1085 FDA Modernization Act 3.0. This legislation ensures that the
1086 FDA finally carries out the will of Congress and the American
1087 people by fully embracing modern alternatives to animal
1088 testing. This bill will help reduce and replace the use of
1089 animals in non-clinical research while also improving the
1090 efficiency of the drug development process and helping bring
1091 lifesaving treatments to patients faster.

1092 This is a common-sense, bipartisan step forward for
1093 science, for innovation, and for animal welfare. I urge my
1094 colleagues to support the FDA Modernization Act 3.0.

1095 And I yield back.

1096 *Mr. Griffith. The gentleman yields back. Is there any
1097 other discussion on H.R. 2821?

1098 We will give Mr. Carter just a minute. He wants to
1099 speak on it, so we will give him a minute to get set up.

1100 *Mr. Carter of Louisiana. Yes, sir. Thank you, Mr.
1101 Chairman. I move to strike the last word.

1102 *Mr. Griffith. The gentleman is recognized to speak on
1103 the measure.

1104 *Mr. Carter of Louisiana. I am proud to speak in
1105 support of H.R. 2821, the FDA Modernization Act 3.0
1106 introduced by Representative Buddy Carter which I am proud to

1107 co-lead with a bipartisan coalition of colleagues
1108 Representatives Barragan, Buchanan, DeLauro, and Harshbarger.

1109 Over three years ago the FDA Modernization Act 2.0 was
1110 signed into law, allowing the FDA to approve human drugs
1111 without requiring animal testing through modern, often more
1112 effective alternatives. However, since then the FDA has not
1113 issued updated regulations to phase out animal testing. This
1114 legislation before us requires the FDA to take those steps to
1115 modernize and transfer drug development for the 21st century
1116 and accelerating safer, more humane, more effective medical
1117 breakthroughs.

1118 Overall, it is a win for patients; it is a win for
1119 innovation; it is a win for animal welfare. I ask all my
1120 colleagues to join us in supporting this measure in voting
1121 yes.

1122 Mr. Chairman, I yield.

1123 *Mr. Griffith. The gentleman yielded. Is there any
1124 further discussion on the measure?

1125 Seeing none, the question now occurs on forwarding H.R.
1126 2821 to the full committee.

1127 All those in favor, say aye.

1128 Those opposed, no.

1129 The ayes have it and the bill is agreed to and forwarded
1130 to the full committee.

1131 The chair now calls up H.R. 5347 and asks the clerk to

1132 report.

1133 *The Clerk. H.R. 5347, a bill to amend Title XVIII of
1134 the Social Security Act to ensure the availability of
1135 appropriate collection types for quality reporting under the
1136 Medicare Shared Savings Program, and for other purposes.

1137 *Mr. Griffith. Without objection, the first reading of
1138 the bill is dispensed with, and the bill will be open for
1139 amendment at any point. Any objection?

1140 Seeing none, so ordered.

1141 [The bill follows:]

1142

1143 *****COMMITTEE INSERT*****

1144

1145 *Mr. Griffith. Does anyone wish to be recognized to
1146 speak on the bill?

1147 Seeing none, is there an amendment in the nature of a
1148 substitute to -- and I believe there is, and I have an
1149 amendment at the clerk's desk, if the clerk could call the
1150 amendment up.

1151 *The Clerk. Amendment in the nature of a substitute to
1152 H.R. 5347 offered by Mr. Griffith of Virginia. Strike all
1153 after the enacting clause, and insert the following --

1154 *Mr. Griffith. And without objection, the reading of
1155 the amendment is dispensed with.

1156 [The amendment of Mr. Griffith follows:]

1157

1158 *****COMMITTEE INSERT*****

1159

1160 *Mr. Griffith. And I am recognized for five minutes in
1161 support of the amendment in the nature of a substitute.

1162 This amendment in the nature of a substitute is a good
1163 one that I offer my support for, and it is the Health Care
1164 Efficiency through Flexibility Act which was introduced by
1165 Congressman Vern Buchanan and of which Congressman Dan
1166 Crenshaw, a member of the Energy and Commerce Committee, is
1167 an original cosponsor.

1168 This legislation would reduce red tape for physicians
1169 and other health care providers as they transition to value-
1170 based models of care like the Medicare Shared Savings
1171 Program. H.R. 5347 would require the Secretary to maintain
1172 the availability of certain collection types for accountable
1173 care organizations, or ACOs, quality reporting under the
1174 Medicare Shared Savings Program, including electronic
1175 clinical quality measures, Merit-based Incentive Payment
1176 System, or MIPS, clinical quality measures, and Medicare
1177 clinical quality measures.

1178 The bill would also exempt ACOs from certain data
1179 submission requirements when a participant within the ACO is
1180 unable to submit quality data through the collection type
1181 selected by the ACO for a particular measure. This would
1182 only apply when the ACO would otherwise meet the data
1183 completeness requirements.

1184 These reforms will ease administrative burdens for

1185 providers participating in ACOs as providers move towards
1186 newer collection types like electronic clinical quality
1187 measures and other forms of digital quality measures. These
1188 quality measures, which can often be extracted directly from
1189 electronic health records, offer promise to reduce quality
1190 reporting burdens and costs.

1191 However, some providers, such as smaller physician
1192 practices, may not use electronic health record systems that
1193 are able to produce the files needed to submit these types of
1194 measures. The bill will provide an additional runway or
1195 additional runways to these providers to help them continue
1196 to move toward value-based care management -- manage value-
1197 based care arrangements like ACOs while limiting the quality
1198 reporting burden as these technologies and systems develop.

1199 Lastly, this legislation would establish a pilot program
1200 at CMS for digital quality measure reporting through which
1201 Medicaid -- Medicare Shared Savings Program, or MSSP, ACOs
1202 would submit two measures through a digital quality measure
1203 collection type. As noted, digital quality measures are a
1204 promising way to report quality data and ideally reduce the
1205 cost and burden of quality reporting in the longer run. This
1206 pilot will help identify challenges that may need to be
1207 addressed before these measures are used across MSSP and
1208 similar programs.

1209 I urge passage of the amendment in the nature of

1210 substitute and the underlying bill, and I yield back. Are
1211 there others wishing to speak to the amendment in the nature
1212 of a substitute?

1213 Seeing none, we will move to a vote on the amendment in
1214 the nature of a substitute.

1215 All those in favor shall signify by saying aye.

1216 All opposed, nay.

1217 The ayes have it.

1218 And now the question occurs on forwarding H.R. 5347, as
1219 amended, to the full committee.

1220 All those in favor, say aye.

1221 Those opposed, no.

1222 The ayes have it, and the bill is agreed to and
1223 forwarded to the full committee.

1224 And now we go to what I believe is our last bill, H.R.
1225 1703, and I would call the clerk to report the bill.

1226 *The Clerk. H.R. 1703, a bill to amend Title XVIII of
1227 the Social Security Act to clarify payment rules for manual
1228 wheelchairs under part B of the Medicare program.

1229 *Mr. Griffith. And without objection, the first reading
1230 of the bill is dispensed with, and the bill will be open for
1231 amendment at any point. Any objections?

1232 Seeing none, so ordered.

1233 [The bill follows:]

1234

1235 *****COMMITTEE INSERT*****

1236

1237 *Mr. Griffith. Does anyone wish to be recognized on the
1238 bill?

1239 And does the gentleman from Pennsylvania wish to seek
1240 recognition on speaking to the measure?

1241 *Mr. Joyce. On the amendment.

1242 *Mr. Griffith. On an amendment in the nature of a
1243 substitute?

1244 *Mr. Joyce. Yes, sir.

1245 *Mr. Griffith. All right, the gentleman is recognized
1246 to call up his amendment.

1247 *Mr. Joyce. Mr. Chair, I have an amendment at the desk
1248 with the file name H1703SCAINS_01_xml.

1249 *Mr. Griffith. And if the clerk will report.

1250 *The Clerk. Amendment in the nature of a substitute to
1251 H.R. 1703 offered by Mr. Joyce of Pennsylvania.

1252 *Mr. Griffith. And we will dispense with any further
1253 reading of the amendment in the nature of substitute.

1254 Without objection, so ordered.

1255 [The amendment of Mr. Joyce follows:]

1256

1257 *****COMMITTEE INSERT*****

1258

1259 *Mr. Griffith. And now the gentleman from Pennsylvania,
1260 Dr. Joyce, is recognized for five minutes to speak to his
1261 amendment in the nature of a substitute.

1262 *Mr. Joyce. Thank you, Mr. Chairman. I would like to
1263 offer my full-throated support for an important piece of
1264 legislation before our subcommittee today that would
1265 strengthen patient access to care.

1266 H.R. 1703, the Choices for Increased Mobility Act,
1267 clarifies payment roles for manual wheelchairs under Medicare
1268 Part B, and will give individuals with disabilities the
1269 opportunity to exercise their own choice when it comes to
1270 their medical equipment. Specifically, this bill will allow
1271 Medicare patients the opportunity to decide whether a
1272 titanium or a carbon fiber wheelchair is right for them.
1273 Then patients with Medicare Part B have the ability to pay
1274 out of pocket for wheelchair upgrades if they so choose --
1275 the operative word here being choosing on their own. That
1276 choice is part of this legislation. This legislation creates
1277 two new wheelchair codes and it enables upgrades within an
1278 existing code, removing the current obstacles in place and
1279 offering the upgraded benefit to end users at no additional
1280 cost to CMS.

1281 In 2016 the Durable Medical Equipment Medicare
1282 Administration contractors issued a policy that severely
1283 limited access to titanium and carbon fiber wheelchairs by

1284 preventing the billing of the existing code and allowing the
1285 beneficiary to cover the difference of the upgrades. As a
1286 result, the only way to obtain a titanium or carbon fiber
1287 wheelchair is to pay the entire cost out of pocket by the
1288 patient wishing to choose that chair. This is cost
1289 prohibitive to the many beneficiaries, and has detrimental
1290 effects on access to titanium and carbon fiber wheelchairs.
1291 This not only affects the patient; it affects their families
1292 who help them, who lift those wheelchairs; it affects their
1293 caregivers who push and utilize these heavier wheelchairs.

1294 This subcommittee should be encouraging Medicare
1295 patients to take full advantage of their health care benefits
1296 and, more important, giving them a say in the choice that
1297 will directly impact their quality of life. This bipartisan
1298 legislation will remove the barrier that since,
1299 unfortunately, 2016 has impeded access to lightweight,
1300 durable medical equipment for individuals who live day to day
1301 with mobility impairments.

1302 I would like to thank the cosponsor of this bill,
1303 especially Dr. Kim Schrier of Washington, and urge adoption
1304 of the ANS and support for the underlying legislation.

1305 Thank you, Mr. Chair, and I yield back.

1306 *Mr. Griffith. The gentleman yields back. I now
1307 recognize -- no, the gentlelady says that she is happy with
1308 the bill as is, and ready to rock and roll.

1309 Does anybody else wish to be heard on the measure?

1310 All right. If no further discussion, the vote occurs on
1311 the amendment.

1312 All those in favor shall signify by saying aye.

1313 All those opposed, no, nay.

1314 The ayes have it. The amendment in the nature of a
1315 substitute is adopted. We now go to the underlying -- or to
1316 the measure as a whole.

1317 The question now occurs on forwarding H.R. 1703, as
1318 amended, to the full committee.

1319 All those in favor, say aye.

1320 Those opposed, no.

1321 The ayes have it, and the bill is agreed to and
1322 forwarded to the full committee.

1323 And one last thing before we all leave.

1324 Without objection, the staff is authorized to make
1325 technical and conforming changes to the legislation approved
1326 by the committee today. Any objection?

1327 Seeing none, so ordered.

1328 Without objection, the subcommittee is adjourned.

1329 [Whereupon, at 4:12 p.m., the Subcommittee was
1330 adjourned.]