COMMITTEE ON
ENERGY & COMMERCE
CHAIRMAN FRANK PALLONE, JR.

MEMORANDUM

November 8, 2019

To: Subcommittee on Health Members and Staff

Fr: Committee on Energy and Commerce Staff

Re: Subcommittee Markup

On **Wednesday, November 13, 2019, at 10 a.m. in the John D. Dingell Room, 2123 of the Rayburn House Office Building**, the Subcommittee on Health will hold a markup of the following four bills: **H.R. 2339**, the "Reversing the Youth Tobacco Epidemic Act of 2019"; **H.R. 4995**, the "Maternal Health Quality Improvement Act"; **H.R. 4996**, the "Helping Medicaid Offer Maternity Services (MOMS) Act"; and **H.R. 2387,** the "Stop the Overuse of Petitions and Get Affordable Medicines to Enter Soon (STOP GAMES) Act of 2019".

For additional information, please refer to the Subcommittee on Health hearing memoranda dated September 6, 2019 ("Improving Maternal Health: Legislation to Advance Prevention Efforts and Access to Care"); and October 11, 2019 ("Legislation to Reverse the Youth Tobacco Epidemic").

I. H.R. 2339, "REVERSING THE YOUTH TOBACCO EPIDEMIC ACT OF 2019"

H.R. 2339, the "Reversing the Youth Tobacco Epidemic Act of 2019", introduced by Chairman Pallone (D-NJ) and Rep. Shalala (D-FL), would increase the minimum age to purchase tobacco products to 21; prohibit characterizing flavors in all tobacco products, including mint and menthol; and direct the Food and Drug Administration (FDA) to issue regulations to prohibit non-face-to-face sales of all tobacco products, including e-cigarettes. H.R. 2339 would also make it unlawful to market, advertise, or promote any e-cigarette product to individuals under the age of 21. This would include requiring manufacturers of all tobacco products, including e-cigarettes, to be held to the same advertising and sales requirements currently applied to the sale, distribution, and use of traditional cigarettes. Finally, the bill authorizes FDA to collect user fees from manufacturers of all tobacco products, including e-cigarettes, and increases the total amount of fees collected by $100 million.

An amendment in the nature of a substitute will be offered during markup of H.R. 2339 that incorporates FDA technical assistance as well as other changes.

II. H.R. 4995, "MATERNAL HEALTH QUALITY IMPROVEMENT ACT OF 2019"

H.R. 4995, the "Maternal Health Quality Improvement Act of 2019", introduced by Reps. Engel (D-NY), Bucshon (R-IN), Torres Small (D-NM), Latta (R-OH), Adams (D-NC), and Stivers (R-OH), creates and improves upon public health programs to address maternal health. Title I of the bill focuses on improving obstetric care in rural areas through enhanced data collection and coordination, the creation of rural obstetric network grants, the use of telehealth programs for maternal health care, and the creation of a rural maternal and obstetric care training demonstration program. Title I directs also the Government Accountability Office (GAO) to produce a report on maternal care in rural areas.

Title II of the bill addresses maternal health care across a multitude of settings. The bill authorizes grants for innovation in maternal health, a program currently known as the Alliance for Innovation on Maternal Health (AIM), including developing and disseminating best practices in providing maternal care. The bill addresses the ongoing problem of racial disparities in maternal health outcomes by establishing a grant program for medical and nursing schools to train health care professionals to reduce and prevent discrimination in providing maternal health care. The bill also directs the Department of Health and Human Services (HHS) to conduct a study and make recommendations for health professional training program best practices related to training to reduce and prevent discrimination. Additionally, the bill authorizes funding for a grant program for perinatal quality collaboratives, state or multi-state networks of health care providers, hospitals, and public health officials working to improve perinatal care and health outcomes for pregnant and postpartum women and their infants. The bill also creates a grant program to integrate services for pregnant and postpartum women to reduce adverse maternal health outcomes.

III. H.R. 4996, "HELPING MEDICAID OFFER MATERNITY SERVICES (MOMS) ACT OF 2019"

H.R. 4996, the "Helping Medicaid Offer Maternity Services (MOMS) Act of 2019", introduced by Reps. Kelly (D-IL), Burgess (R-TX), Underwood (D-IL), Rodgers (R-WA), Pressley (D-MA), and Carter (R-GA), would create a new state plan option to extend continuous Medicaid or CHIP eligibility for one year postpartum. It would also require the Medicaid and CHIP Payment and Access Commission (MACPAC) to issue a report on access to doula care in Medicaid.

IV. H.R. 2387, THE "STOP THE OVERUSE OF PETITIONS AND GET AFFORDABLE MEDICINES TO ENTER SOON (STOP GAMES) ACT OF 2019"

H.R. 2387, the "Stop The Overuse of Petitions and Get Affordable Medicines to Enter Soon (STOP GAMES) Act of 2019", introduced by Reps. Levin (D-MI), and Rooney (R-FL), would allow FDA to expeditiously reject a citizen petition submitted to delay approval of a generic drug. The bill directs the Secretary of the Department of Health and Human Services

(HHS) to report such citizen petitions to the Federal Trade Commission (FTC). It would also require drug manufacturers to file a petition within 60 days of receiving actionable information. The bill directs the FDA to report additional information to Congress, including: time and resources spent on each petition; timing of petitions relative to patent expiration, and; any delay in approval of a competing generic drug caused by such petition.