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House of Representatives

The House met at 10 a.m. and was called to order by the Speaker pro tempore (Mr. VAN ORDEN).

DESIGNATION OF SPEAKER PRO TEMPORE

The SPEAKER pro tempore laid before the House the following communication from the Speaker:

WASHINGTON, DC,
December 11, 2023.

I hereby appoint the Honorable DERRICK VAN ORDEN to act as Speaker pro tempore on this day.

MIKE JOHNSON,
Speaker of the House of Representatives.

MORNING-HOUR DEBATE

The SPEAKER pro tempore. Pursuant to the order of the House of January 9, 2023, the Chair will now recognize Members from lists submitted by the majority and minority leaders for morning-hour debate.

The Chair will alternate recognition between the parties, with time equally allocated between the parties and each Member other than the majority and minority leaders and the minority whip limited to 5 minutes, but in no event shall debate continue beyond 1:50 p.m.

TAKING STEPS TO STOP FENTANYL POISONING DEATHS

The SPEAKER pro tempore. The Chair recognizes the gentleman from Pennsylvania (Mr. JOYCE) for 5 minutes.

Mr. JOYCE of Pennsylvania. Mr. Speaker, in 2022, we saw the highest number of opioid overdose deaths in our Nation's history. These deaths are the result of soft-on-crime policies from the Biden administration that have failed to enforce strict penalties on the traffickers who continue to deal in fentanyl-laced drugs.

Mr. Speaker, 1 year ago, I received an email from Ray Cullen, a resident of Franklin County, Pennsylvania. Ray, along with his wife, Deb, had raised their children in Pennsylvania's 13th Congressional District. Ray told me a story about his son, Zach, who had been out with his friends. Zach was sold a combination of cocaine laced with fentanyl, a deadly poison that took Zach's life.

Zach was a victim of fentanyl poisoning that night. He didn't know that the drugs that he and his friends had purchased were laced with this deadly synthetic opioid.

Because of how lethal fentanyl is in small quantities, it has become the leading cause of death of Americans between the ages of 18 and 49 years.

Earlier this year, I was honored to be joined by Deb and Ray when the House passed the HALT Fentanyl Act. This legislation would permanently classify these drugs as schedule I narcotics and impose strict penalties for those who are caught trafficking these deadly poisons.

For far too long, we have seen fentanyl components manufactured in China and shipped to Mexico, where they are pressed into counterfeit pills and trafficked across our porous southern border.

Addressing these supply chains at every level must become a top priority for the Biden administration. Appeasing the Chinese Communist Party with halfhearted requests to ''cut back'' on the production of fentanyl is doing nothing to protect families in Pennsylvania. These half measures are doing nothing to support our border towns that continue to deal with the constant threat of cartel operations moving north into the United States while Border Patrol agents are overwhelmed with illegal immigrants.

We cannot afford to wait any longer to address the opioid crisis. It is time for the Senate to pass the HALT Fentanyl Act and finally take positive, concrete steps to stop the fentanyl poisoning deaths that have continued to occur throughout the United States.

During this holiday season, we remember families like the Cullens who have borne the brunt of these policy failures. We pray for them, and we hold them in our hearts as they prepare for another Christmas without a loved member of their family.

THERE IS STILL TIME TO ACT

The SPEAKER pro tempore. The Chair recognizes the gentleman from North Carolina (Mr. NICKEL) for 5 minutes.

Mr. NICKEL. Mr. Speaker, Harry Truman famously labeled the 80th United States Congress the ''do-nothing Congress.''

Back then, Republicans controlled the House and Senate for the first time in a while, while Truman was in the White House.

Congress opposed all of Truman's Fair Deal bills but still saw some work on both the Truman Doctrine and the Marshall Plan. They also passed the Taft-Hartley Act over Truman's veto but generally did very little for the American people.

After that do-nothing Congress, Democrats were able to take back the House, take back the Senate, and reelect President Truman. I, of course, think of the famous photo of Truman standing with the newspaper that says: ''Dewey Defeats Truman.''

It turns out the American people like having a Congress working to solve problems. This is a job about results, and that Congress did very little.

That is a big reason why voters chose to send the Republican majority in the House and Senate packing back then. Now, we are in the 118th Congress, and we are on track to be one of the least productive Congresses in our Nation's history.

Mr. Speaker, 22 bills have been signed into law. At about this point in the last Congress, 81 bills had been signed into law. At this point in the 116th Congress, the Congress just before that, 107 bills had been signed into law.

Mr. Speaker, what have we accomplished for the American people? I will tell you what: Virtually nothing.

We have just 4 legislative days left this year, and we have very little to show for it. We have passed two CRs and raised the debt ceiling, but that is really about it.

To this date, we have been defined by the chaos and confusion in the Republican Congress and the 19 votes for the Speaker of the House so far this year. We are truly the do-nothing Congress.

We haven't passed funding for Israel or Ukraine. We haven't passed a farm bill or reauthorized the FAA. Border security and immigration reform are top-of-mind issues that need to be resolved. Yet, we will be facing another government shutdown when we come back in January.

Mr. Speaker, the clock is ticking, and the American people are counting on us to do what we were sent here to do—to vote, to get things done. The world is at a critical juncture, and our inaction speaks volumes.

In Ukraine, we have heard from our diplomatic and defense leaders about the precarious situation in Ukraine and in Israel. Right now, we risk Ukraine literally running out of bullets. If we do nothing by the end of the year, Vladimir Putin will win.

The silence in this Chamber is easily mistaken around the world as support for Moscow, and we cannot let that happen.

The majority of the Republican Conference, I believe, supports standing with Ukraine, but the vocal minority in the Republican Conference has been able to block all action so far this year. It is the tail wagging the dog, and it is disgraceful.

Let's talk about the cost. If we gift wrap Ukraine for Vladimir Putin this holiday season, we will spend 100 times more money down the road containing an aggressive Russia all over the world.

This is a national security issue for the American people. Support for Ukraine is in our national interest.

Let's talk about Israel. Like Russia, Hamas poses an existential threat to democracy. It is our duty to firmly stand with our democratic allies.

The majority of the Members of this Chamber support a clean security and humanitarian aid package to Israel, yet nothing has happened. It is shameful that our new Speaker has chosen to play partisan political games with support for Israel.

Listen, Mr. Speaker. Something has got to give in this Congress. Democrats have a narrow majority in the Senate; Republicans have a very narrow—soon to be even more narrow—majority in the House; and Democrats have the White House. We have to work together if we are going to get anything done. Until the Republican Conference begins to understand that, we will continue to accomplish nothing for the American people.

I believe we can work together. I believe we can pass a bill to support Israel and Ukraine, strengthen our southern border, and pass immigration reform, but only if we do it together.

That is the challenge we have, Mr. Speaker. There is still time to act. There is still time to vote. There is still time to come back next week to pass support for Israel and Ukraine. We need to do it. We need to get things done. We do not want to be defined as the do-nothing Congress.

I am here to get to work, and I encourage all of my colleagues to join me in reaching across the aisle and working together to get these things done.

HONORING CORDELL WALKER

The SPEAKER pro tempore. The Chair recognizes the gentleman from Tennessee (Mr. KUSTOFF) for 5 minutes.

Mr. KUSTOFF. Mr. Speaker, I rise today to honor Cordell Walker for his work caring for veterans in the Memphis area.

I first met Cordell probably more than 20 years ago through current Memphis Mayor Jim Strickland. Mr. Walker is retiring as executive director of Alpha Omega Veterans Services later this month after several decades of service to our community and to our veterans.

Cordell Walker said that after seeing his friends return home from Vietnam a shell of who they were, he decided that he wanted to dedicate his life to serving our Nation's veterans, and he has done exactly that.

This past Veterans Day, just a month or so ago, Cordell Walker was honored in a ceremony to open the new Cordell Walker Veterans Center in Memphis.

I believe—I think we probably all believe—that answering the call to service in the United States military is about the most admirable thing that a person can do.

Cordell Walker recognized that our veterans sacrificed so much for all of our freedom and that they deserve the best care after they retire from our military.

I thank Cordell Walker for his service caring for veterans in the Memphis area and throughout west Tennessee.

I am really proud to know Cordell, and I congratulate Cordell Walker on a job well done. Roberta and I wish him the best in his future endeavors.

HONORING JUSTIN HUNTER

Mr. KUSTOFF. Mr. Speaker, I rise today to pay tribute to a good friend, Justin Hunter, who left us way too soon on September 16 of this year, 2023.

Originally from the bootheel of Missouri, just north of my district in west Tennessee, Justin Hunter had a big impact in west Tennessee. He served our community many years ago by working for former Congressman Ed Bryant.

It was in west Tennessee that Justin met his wife, Caroline. Together, they attended law school at the University of Memphis.

Later, while working for Encompass Health, Justin put his experience to work to help improve access to rehabilitation hospital care.

Justin Hunter was a really strong and passionate advocate for rehabilitation hospitals. Justin used his understanding of the laws governing Medicare programs to help improve the quality of healthcare available to Americans across our Nation.

I know I just used the word ''passion,'' but Justin was very passionate about everything he did and believed in. If he was in, he was in 100 percent on everything.

Justin Hunter will be remembered not only for his dedication to healthcare and to the law but also as an avid hunter and barbecue master and for his tremendous devotion to his family.

For both Roberta and me, our thoughts are with Justin's wife, Caroline, and with their two daughters, Helena and Vivian.

Justin is truly and sorely missed by so many, and I will always have good and fond memories of our friendship together.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until 2 p.m. today.

Accordingly (at 12 o'clock and 14 minutes p.m.), the House stood in recess.

□ 1400

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. VALADAO) at 2 p.m.

PRAYER

Rear Admiral Gregory Todd, Chief of Chaplains, United States Navy, Washington, D.C., offered the following prayer:

Eternal Father, ruler of wind and wave, You establish the heavens and order all of creation.

Behold Your humble people, seeking only to serve and not to be served. Grant all who labor in this House a heart of humble service.

Lord, in Your wisdom, You led the predecessor to this Congress, the Continental Congress of 1775, out of concern for the souls of sailors serving in the Continental Navy, to mandate that divine services be held on all Navy ships, thus giving rise 248 years ago to the Navy Chaplain Corps.

Inspired by the insight of our forebears, we seek Your divine hand to raise up more religious ministry professionals to serve as United States Navy chaplains.

In our day, Lord, grant us an increase of Navy chaplains to care for the souls

of sailors, marines, coast guardsmen, and their families as they navigate the daily challenges of military service.

Lord, empower our Nation to send Navy chaplains to care for its greatest treasure: our sons and daughters.

Into Your divine hands we commit our prayer, trusting in Your divine mercy.

Amen.

THE JOURNAL

The SPEAKER pro tempore. The Chair has examined the Journal of the last day's proceedings and announces to the House the approval thereof.

Pursuant to clause 1 of rule I, the Journal stands approved.

PLEDGE OF ALLEGIANCE

The SPEAKER pro tempore. Will the gentleman from Texas (Mr. MORAN) come forward and lead the House in the Pledge of Allegiance.

Mr. MORAN led the Pledge of Allegiance as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair would now entertain requests for 1-minute speeches on each side of the aisle.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which the yeas and nays are ordered.

The House will resume proceedings on postponed questions at a later time.

NATIONAL GUARD AND RESERVISTS DEBT RELIEF EXTENSION ACT OF 2023

Mr. MORAN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3315) to exempt for an additional 4-year period, from the application of the means-test presumption of abuse under chapter 7, qualifying members of reserve components of the Armed Forces and members of the National Guard who, after September 11, 2001, are called to active duty or to perform a homeland defense activity for not less than 90 days.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3315

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''National Guard and Reservists Debt Relief Extension Act of 2023''.

SEC. 2. NATIONAL GUARD AND RESERVISTS DEBT RELIEF AMENDMENT.

Section 4(b) of the National Guard and Reservists Debt Relief Act of 2008 (Public Law 110–438; 122 Stat. 5000) is amended by striking ''15-year'' and inserting ''19-year''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Texas (Mr. MORAN) and the gentleman from Tennessee (Mr. COHEN) each will control 20 minutes.

The Chair recognizes the gentleman from Texas.

GENERAL LEAVE

Mr. MORAN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and to insert extraneous material on H.R. 3315.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Texas?

There was no objection.

Mr. MORAN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H.R. 3315, the National Guard and Reservists Debt Relief Extension Act of 2023.

The bill before us today is an important piece of legislation. It will help National Guard members and Armed Services reservists who serve our country.

Some of these individuals face financial hardships during or after Active Duty. Bankruptcy may be needed to resolve these hardships.

In 2008, Congress recognized that guardsmen and reservists sometimes confront unique financial challenges when returning home from Active Duty.

Congress enacted the National Guard and Reservists Debt Relief Act in 2008 to respond to these challenges and has extended its protection several times since. Those protections are set to expire later this month.

Under current law, certain guardsmen and reservists are exempt from the Bankruptcy Code's means test. This test helps decide whether a debtor is eligible for debt forgiveness under chapter 7 of the Bankruptcy Code.

The test looks at recent income and expense data to gauge a consumer's ability to repay their debt, but the means test can be an obstacle to debt forgiveness for guardsmen and reservists. Their income and expenses can change dramatically when transitioning from civilian life to Active Duty and back.

The means test does not account for these changes in income and expenses due to Active-Duty service.

The National Guard and Reservists Debt Relief Extension Act of 2023 responds to this concern. This bill would extend for an additional 4 years the existing means test exemption for certain qualifying National Guard members and Armed Services reservists.

We continue to call on our guardsmen and our reservists to put their careers on hold to serve our country. We should ensure that those military personnel who fall on hard times are not denied access to bankruptcy because of their Active-Duty status.

Mr. Speaker, I urge my colleagues to support this bipartisan legislation, and I reserve the balance of my time.

Mr. COHEN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, according to a 2022 lifestyle survey of servicemembers and veterans, financial issues were the top lifestyle stressor, and unfortunately, bankruptcy sometimes is the best answer for those in financial distress.

Under current law, National Guard members and reservists who serve on Active Duty are, like other active servicemembers, exempt from the Bankruptcy Code means test which determines whether a debtor's income is too high to have all of his or her debts erased in bankruptcy. This critical protection for National Guard members and reservists has to be extended every 4 years, and this is the time to do it.

Unless otherwise exempted, these servicemembers and veterans must complete the required forms and submit the specified paperwork to satisfy the Bankruptcy Code's means test.

This burdensome requirement would even apply to National Guard and reservists who have returned to the United States from active service and thus no longer receive combat pay.

Under the means test, such servicemember must calculate his or her income based on the average monthly income that he or she received during the 6-month period preceding the filing date of the bankruptcy case, rather than the debtor's actual income, which may be less because of the debtor's noncombat status.

Without this exemption, some servicemembers and veterans may be prevented from seeking the financial relief that they need and deserve. We should not deny the reservists and the National Guard these benefits.

This extension is an immediate concern. The bill would extend for 4 years the temporary authorization exempting certain qualifying reserve component members of the Armed Services and National Guard members from this means test.

I am proud to have led the effort to exempt the National Guard and reservists from the means test in 2008 and the extensions of this successful program in 2015 and 2019. If we do not act today, this critical protection for National Guard members and reservists will expire in a matter of weeks.

I hope we can act on a bipartisan basis, as we have always done, to extend the authority.

I thank my cosponsors Representatives BEN CLINE, MADELEINE DEAN, TIM BURCHETT, and leaders of the companion effort in the Senate, Senators DURBIN and GRAHAM.

This is truly a bipartisan, bicameral effort.

I thank Chairman JORDAN, who moved this bill through the Judiciary Committee and advocated for its quick

consideration on the floor, and I all urge my colleagues to support this bill.

Mr. Speaker, sometimes people think we don't work together, but in the military we do work together. I am proud to support this, and I reserve the balance of my time.

Mr. MORAN. Mr. Speaker, I am prepared to close, and I reserve the balance of my time.

Mr. COHEN. Mr. Speaker, I urge a voice vote on this measure, and I yield back the balance of my time.

Mr. MORAN. Mr. Speaker, to close, I reemphasize what Mr. COHEN from Tennessee said.

This is a bipartisan and bicameral effort to protect our guardsmen and our reservists as they are returning back after having served in Active Duty. This is an important measure to protect those individuals who have fallen on hard times financially and need the protections of bankruptcy court.

This exemption to the means test is important because of the variations of the income and the expenses that we see coming in and out of civilian life for these individuals.

As a result of the efforts of both the Democrats and the Republicans in the House and the Senate, I urge my colleagues to support this resolution, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Texas (Mr. MORAN) that the House suspend the rules and pass the bill, H.R. 3315.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

COMMUNICATION FROM THE CLERK OF THE HOUSE

The SPEAKER pro tempore laid before the House the following communication from the Clerk of the House of Representatives:

OFFICE OF THE CLERK,
HOUSE OF REPRESENTATIVES,
Washington, DC, December 7, 2023.

Hon. MIKE JOHNSON,
Speaker, House of Representatives, Washington, DC.

DEAR MR. SPEAKER: Pursuant to the permission granted in Clause 2(h) of Rule II of the Rules of the U.S. House of Representatives, the Clerk received the following message from the Secretary of the Senate on December 7, 2023, at 3:37 p.m.

That the Senate passed S. 3250.

Appointment:

Member of the Commission on the Social Status of Black Men and Boys

Member of the Commission on Reform and Modernization of the Department of State

With best wishes, I am,

Sincerely,

KEVIN F. MCCUMBER,
Acting Clerk.

AMENDING THE FEDERAL ELECTION CAMPAIGN ACT OF 1971 TO EXTEND THE ADMINISTRATIVE FINE PROGRAM FOR CERTAIN REPORTING VIOLATIONS

Mr. STEIL. Mr. Speaker, I move to suspend the rules and pass the bill (S. 2747) to amend the Federal Election Campaign Act of 1971 to extend the Administrative Fine Program for certain reporting violations.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 2747

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. EXTENSION OF ADMINISTRATIVE FINE PROGRAM.

Section 309(a)(4)(C)(v) of the Federal Election Campaign Act of 1971 (52 U.S.C. 30109(a)(4)(C)(v)) is amended by striking ''December 31, 2023'' and inserting ''December 31, 2033''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Wisconsin (Mr. STEIL) and the gentleman from New York (Mr. MORELLE) each will control 20 minutes.

The Chair recognizes the gentleman from Wisconsin.

GENERAL LEAVE

Mr. STEIL. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and include extraneous material on the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Wisconsin?

There was no objection.

Mr. STEIL. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of S. 2747, a bill to amend the Federal Election Campaign Act of 1971 to extend the Administrative Fine Program for certain reporting violations for an additional 10 years.

Congress has previously extended this program six times, each time on a nonpartisan basis. I rise today to encourage my colleagues to again extend the authorization of this crucial program.

The Federal Elections Commission, commonly referred to as the FEC, enforces Federal law that requires political committees to file reports of receipts and disbursements by a certain date.

□ 1415

Under the Administrative Fine Program, the FEC is able to swiftly resolve infractions related to late-filed or unfiled reports, ensuring transparency and accountability in our political process.

Currently, the Administrative Fine Program is set to expire on December 31, 2023. By passing this bill today, the House will extend the program for an additional 10 years, ensuring the FEC can expeditiously assess and enforce fines against campaign committees for their late-filed or unfiled reports.

Without the Administrative Fine Program, the FEC would be required to go through its traditional enforcement process to achieve compliance. This process is more costly and more time consuming. It would result in fewer available resources for the agency to devote to serious violations of campaign finance law.

The Administrative Fine Program has been successful. Before the inception of the Administrative Fine Program, an average of 21 percent of campaign finance reports were filed late. Now, late-filed reports are below 10 percent, and the agency has assessed over $9 million in fines. It is important to note that these fines do not fund the agency but are deposited in the U.S. Treasury.

Fewer late-filed reports means greater transparency for the American public. Greater transparency builds Americans' confidence in our elections.

The bill not only accomplishes the immediate goal of efficient campaign finance regulation, but it also aligns with the broader objectives of the American Confidence in Elections Act, or ACE Act: transparency and our shared goal to ensure confidence in our elections.

By passing this bill today, we can ensure the FEC enforcement operations continue to run smoothly. In late September, the Committee on House Administration considered an identical bill, H.R. 5734, and reported it to the full House by voice vote.

Our Senate colleagues passed S. 2747 by voice earlier this fall, which means this important bill would go to the President's desk following passage in the House.

I am urging my colleagues on both sides of the aisle to join the bipartisan membership of the Committee on House Administration and the Senate Rules Committee to support this important measure today.

Mr. Speaker, I reserve the balance of my time.

Mr. MORELLE. Mr. Speaker, I thank my good friend and colleague from Wisconsin for advancing this bill.

I rise in strong support of S. 2747, and I will probably be repeating and underscoring some of the things my good friend said, because this is important legislation. We should take time out to acknowledge how important it is.

This bill extends the Federal Election Commission's Administrative Fine Program for certain campaign finance reporting violations, which, as my good friend mentioned, has been extended several times in the past, last time through President Trump, and this will take it through the end of 2033.

The important program allows the FEC to assess administrative fines against those who fail to timely report their receipts and disbursements. The FEC relies heavily on the Administrative Fine Program to enforce campaign finance law.

It has been remarkably successful, as has been said. Since the year 2000, the FEC has made public more than 4,000 violations, and, through the program,

has assessed more than $8.8 million in fines.

It is important to note, before the program began, an average of 21 percent of campaign finance reports were filed late. Since the Administrative Fine Program has been in place, that number has been reduced to less than 10 percent.

The FEC has made it clear to Congress that this program is one of the most effective tools it currently has to combat campaign finance violations, and the extension of the program, which expires at the end of this year, is indeed vital.

Extending the Administrative Fine Program is the Commission's top-priority, bipartisan legislative recommendation, and the Commissioners reiterated the need to extend the program during a hearing in front of the Committee on House Administration in September.

Further, this extension has wide bipartisan support. A version of this extension, I will just note parenthetically, was included in both the Democrats' Freedom to Vote Act and the Republicans' ACE Act. It is interesting when we can get an agreement on two bills which vary pretty dramatically. I was grateful to partner with Chairman STEIL on the House version of this extension.

Transparency and accountability in campaign finance are crucial to ensuring a healthy democracy. More than a century ago, Associate Justice of the United States Supreme Court Louis Brandeis declared that: ''Sunlight is said to be the best of disinfectants.'' This counsel, encouraging transparency and promoting good governance, remains vitally important to any strong civil society today.

Transparency about who is seeking to influence Federal elections is crucial to democratic self-governance. This is the purpose of the FEC, and this bipartisan act, S. 2747, will ensure that the FEC can continue to use one of its most effective tools to carry out its vital mission.

I urge my colleagues on both sides of the aisle to support S. 2747 to help preserve a crucial program and key tool enforcing our Nation's transparency and accountability laws.

Mr. Speaker, I reserve the balance of my time.

Mr. STEIL. Mr. Speaker, I yield 2 minutes to the gentlewoman from Florida (Ms. LEE), the chair of the Subcommittee on Elections of the Committee on House Administration and the former Florida Secretary of State.

Ms. LEE of Florida. Mr. Speaker, I rise today to join my colleagues in expressing support of S. 2747, a bill to amend the Federal Election Campaign Act of 1971 to extend the Administrative Fine Program for certain reporting violations.

As the expiration deadline of December 31, 2023, approaches rather quickly, we, the Members of the House of Representatives, have an opportunity to continue the trend of bipartisan oversight of the Federal Election Commission.

If passed, S. 2747 will mark the seventh time that lawmakers have recognized the administrative importance and financially beneficial structure of the Administrative Fine Program.

As the former Florida Secretary of State, I know firsthand that voters will always seek transparency from political candidates and political campaigns.

Elections officials have a saying: Elections are partisan. Elections administration is not.

This bill is an example of that very principle. It is an example of the transparency and the confidence that Americans want to see in their elections. These same themes can be found in the American Confidence in Elections Act, which passed out of the Committee on House Administration in mid-July and is an example of the types of procedures and principles and laws that can be guidance for every State in America.

Today, we have the opportunity to showcase the cooperation, the diligence, and the work completed by members and staff on the Committee on House Administration and the Senate Rules Committee. This bill reflects our shared values, bipartisanship, transparency, and good governance.

I urge my colleagues to support S. 2747 so the Federal Election Commission can continue to ensure confidence and transparency in our elections process.

Mr. STEIL. Mr. Speaker, I yield myself 1 minute.

I thank my colleague, Mr. MORELLE, the ranking member on the Committee on House Administration, for his work in this regard.

As noted by my colleague, sometimes we disagree on elections administration. We have had those debates in our committee. This piece of legislation is a true nonpartisan opportunity for us to come together to provide more transparency for the American people, in particular, to make sure that this important program continues in place at the Federal Election Commission.

Mr. Speaker, I reserve the balance of my time.

Mr. MORELLE. Mr. Speaker, I am grateful for the opportunity to be here with my colleagues. It is interesting to me, as I went home over the weekend, there were a number of public events. One of the things people are concerned about in Congress, when they watch us, is that we often seem to have the inability to agree on anything.

Well, I remind people that is not always true. There are things that we do agree on. There are things that are important to this government and important to our democracy. I think this is a great example of people coming together on both sides to support an important tool that can be used to ensure our elections have the confidence of the American people and make sure that candidates who seek office are providing the kind of information necessary for transparency and accountability, as my good friend from Wisconsin has said.

I thank the chairman and the members of the committee. It is a privilege to be here, and I encourage all colleagues to support this piece of legislation.

Mr. Speaker, I yield back the balance of my time.

Mr. STEIL. Mr. Speaker, I thank my colleagues for speaking in support of this important measure. By passing the bill today, we can ensure FEC enforcement operations continue to run smoothly. I am urging my colleagues on both sides of the aisle to join in supporting this measure.

Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Wisconsin (Mr. STEIL) that the House suspend the rules and pass the bill, S. 2747.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

SILETZ RESERVATION ACT AMENDMENT

Mr. WESTERMAN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2839) to amend the Siletz Reservation Act to address the hunting, fishing, trapping, and animal gathering rights of the Confederated Tribes of Siletz Indians, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2839

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SILETZ RESERVATION ACT AMENDMENT.

Section 4 of Public Law 96–340 (commonly known as the ''Siletz Reservation Act'') (94 Stat. 1074) is amended to read as follows:

''SEC. 4. HUNTING, FISHING, TRAPPING, AND ANIMAL GATHERING.

''(a) DEFINITIONS.—In this section:

''(1) CONSENT DECREE.—The term 'Consent Decree' means the final judgment and decree of the United States District Court for the District of Oregon, in the action entitled 'Confederated Tribes of Siletz Indians of Oregon against State of Oregon', entered on May 2, 1980.

''(2) INDIAN TRIBE.—The term 'Indian Tribe' has the meaning given the term in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304).

''(3) SILETZ AGREEMENT.—The term 'Siletz Agreement' means the agreement entitled 'Agreement Among the State of Oregon, the United States of America and the Confederated Tribes of the Siletz Indians of Oregon to Permanently Define Tribal Hunting, Fishing, Trapping, and Gathering Rights of the Siletz Tribe and its Members' and entered into by the United States on April 22, 1980.

''(b) HUNTING, FISHING, TRAPPING, AND ANIMAL GATHERING AGREEMENTS.—

''(1) IN GENERAL.—The Siletz Agreement shall remain in effect until and unless replaced, amended, or otherwise modified by 1

or more successor government-to-government agreements between the Confederated Tribes of Siletz Indians and the State of Oregon relating to the hunting, fishing, trapping, and animal gathering rights of the Confederated Tribes of Siletz Indians.

''(2) AMENDMENTS.—The Siletz Agreement or any successor agreement entered into under paragraph (1) may be amended from time to time by mutual consent of the Confederated Tribes of Siletz Indians and the State of Oregon.

''(3) CONTENTS OF NEW AGREEMENT OR AMENDMENTS.—The Siletz Agreement or any successor agreement entered into under paragraph (1) shall not provide for exclusive or primary Siletz take opportunity outside the exterior boundaries of the 1855 Executive Order Siletz Coast Reservation (as described in section 7(f)(1)(A) of the Siletz Tribe Indian Restoration Act (Public Law 95–195; 91 Stat. 1418; 130 Stat. 1364)) relative to any other federally recognized Indian Tribe, and shall not provide for new or expanded take of fishery resources in the Columbia River or in the Willamette River from its mouth to the top of Willamette Falls.

''(c) JUDICIAL REVIEW.—In any action brought in the United States District Court for the District of Oregon to rescind, overturn, modify, or provide relief under Federal law from the Consent Decree, the United States District Court for the District of Oregon shall review the application of the parties on the merits without regard to the defense of res judicata or collateral estoppel.

''(d) EFFECT.—Nothing in this section enlarges, confirms, adjudicates, affects, or modifies any treaty or other right of an Indian Tribe.''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Arkansas (Mr. WESTERMAN) and the gentlewoman from Oregon (Ms. HOYLE) each will control 20 minutes.

The Chair recognizes the gentleman from Arkansas.

GENERAL LEAVE

Mr. WESTERMAN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and include extraneous material on H.R. 2839, the bill now under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Arkansas?

There was no objection.

Mr. WESTERMAN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, H.R. 2839 will amend the Siletz Reservation Act to provide a process by which the Confederated Tribes of the Siletz Indians and the State of Oregon may negotiate to amend or replace the 1980 agreement that currently serves as the final determination of the Tribe's hunting, fishing, trapping, and animal gathering rights.

The Confederated Tribes of Siletz Indians is a confederation of more than 27 different Tribes and bands of Indians who, beginning in 1856, were removed throughout western Oregon and placed on the Siletz Coast Reservation.

The Siletz Coast Reservation was repeatedly diminished by Federal action until the Siletz Tribe's Federal recognition was terminated by an act of Congress in 1954.

In 1977, Congress enacted a bill to restore the Tribe's Federal recognition. This restoration was not without conditions. The Siletz Tribe's hunting, fishing, trapping, and animal gathering rights were limited through an agreement made with the State of Oregon.

This agreement was finalized on May 2, 1980, by the U.S. District Court for the District of Oregon as a consent decree. The 1980 consent decree was then incorporated into the Siletz Reservation Act of 1980.

The agreement provided limited allocations for salmon fishing and deer and elk hunting while otherwise prohibiting Tribal hunting, fishing, gathering, and trapping, except as authorized under Oregon State law.

H.R. 2839 would allow the Siletz Tribe in the State of Oregon to negotiate to amend, replace, or terminate the 1980 consent decree. That consent decree remains in place until there is mutual agreement for a new agreement between both the Tribe and the State.

The U.S. District Court for the District of Oregon would also be required to adjudicate any change in the consent decree on the merits of the case. This prevents the modification from being dismissed by the court because the matter had already been decided.

Additionally, the legislation includes language preserving all other hunting and fishing treaty rights held by other treaty Tribes.

Mr. Speaker, I reserve the balance of my time.

□ 1430

Ms. HOYLE of Oregon. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, today I rise in support of H.R. 2839, which would amend the Siletz Reservation Act to address the hunting, fishing, trapping, and animal gathering rights of the Confederated Tribes of the Siletz Indians.

The Siletz Tribe should be able to freely hunt, fish, and gather on their ancestral lands, just like every other Tribe in Oregon, except one, and in this country.

Today, the Siletz have over 5,000 enrolled members, and they are concentrated in Oregon's Fourth Congressional District, which I am honored to represent.

The Siletz Tribe was stripped of its land and status in 1954 through the Western Oregon Termination Act.

In 1980, the Siletz Tribe was forced to give up their rights to hunting and fishing on Tribal lands in order to have their reservation restored. This restriction is called a consent decree. It is an unjust and racist policy that should have never happened, and it needs to be changed immediately.

This is a bipartisan bill, and I thank my colleagues for their support. It provides the legal ability for the Siletz Tribe to renegotiate a hunting and fishing agreement with the State of Oregon.

While the Oregon Fish and Wildlife Commission recently approved a historic new hunting and fishing agreement with the Siletz Tribe, the State can choose or be forced by litigation to return to the previous unconscionable agreement at any time. That is why this bill is greatly needed.

The bill is necessary to invalidate the consent decree, and it does not impact the treaty rights of any other Tribe.

The Siletz Tribe has worked in good faith with other Tribes in the region to avoid contested areas, which is reflected in my bill. There was a lot of hard work that went into making this happen and making this right.

I am proud that H.R. 2839 passed out of committee with strong bipartisan support. In fact, it was unanimous. That is pretty strong bipartisan support.

I thank my colleagues in the Oregon delegation for their support of this bipartisan bill. I particularly thank Senator MERKLEY, who has a companion bill in the Senate and who has worked tirelessly to right this historic wrong.

The Siletz is one of only two Tribes in the entire country that was forced to give up their sovereign rights in order to have Federal status renewed. The other Tribe is the Confederated Tribes of the Grand Ronde Community of Oregon. I support similar legislation to allow them to renegotiate fishing and hunting rights with the State of Oregon, as well. I hope to see this legislation move forward.

H.R. 2839 is about fairness. Siletz members should be able to hunt, fish, trap, and gather on their ancestral lands as they have traditionally done. They should be treated as other Tribes are.

Mr. Speaker, I urge my colleagues to vote ''yes'' on this important legislation.

Mr. Speaker, I urge support for this bill, and I yield back the balance of my time.

Mr. WESTERMAN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, this legislation would amend the Siletz Reservation Act to allow the State of Oregon and the Siletz Tribe to negotiate to amend, replace, or terminate the Tribe's 1980s hunting, fishing, trapping, and animal consent decree.

The current consent decree would remain in place until there is a new agreement that is mutually decided on, allowing all parties to reach an agreement before changes are made.

Mr. Speaker, I thank the sponsor of the legislation for her work on behalf of her constituents. I urge adoption of this bill, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Arkansas (Mr. WESTERMAN) that the House suspend the rules and pass the bill, H.R. 2839.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

DUCK STAMP MODERNIZATION ACT OF 2023

Mr. WESTERMAN. Mr. Speaker, I move to suspend the rules and pass the bill (S. 788) to amend the Permanent Electronic Duck Stamp Act of 2013 to allow States to issue fully electronic stamps under that Act, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 788

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Duck Stamp Modernization Act of 2023''.

SEC. 2. AUTHORIZING FULLY ELECTRONIC STAMPS.

(a) IN GENERAL.—Section 5 of the Permanent Electronic Duck Stamp Act of 2013 (16 U.S.C. 718r) is amended—

(1) in subsection (a)—

(A) in the subsection heading, by striking ''ACTUAL STAMP'' and inserting ''ELECTRONIC STAMP'';

(B) in the matter preceding paragraph (1), by striking ''an actual stamp'' and inserting ''the electronic stamp''; and

(C) by striking paragraph (1) and inserting the following:

''(1) on the date of purchase of the electronic stamp; and'';

(2) in subsection (c), by striking ''actual stamps'' and inserting ''actual stamps under subsection (e)'';

(3) by redesignating subsection (e) as subsection (f); and

(4) by inserting after subsection (d) the following:

''(e) DELIVERY OF ACTUAL STAMPS.—The Secretary shall issue an actual stamp after March 10 of each year to each individual that purchased an electronic stamp for the preceding waterfowl season.''.

(b) CONTENTS OF ELECTRONIC STAMP.—Section 2 of the Permanent Electronic Duck Stamp Act of 2013 (16 U.S.C. 718o) is amended—

(1) in paragraph (1), by striking ''Federal'' and all that follows through ''that is printed'' and inserting ''Migratory Bird Hunting and Conservation Stamp required under the Migratory Bird Hunting and Conservation Stamp Act (16 U.S.C. 718a et seq.) that is printed''; and

(2) in paragraph (3)—

(A) in subparagraph (D), by striking ''and'' at the end;

(B) in subparagraph (E), by striking the period at the end and inserting ''; and''; and

(C) by adding at the end the following:

''(F) may contain an image of the actual stamp.''.

(c) STAMP VALID THROUGH CLOSE OF HUNTING SEASON.—Section 6 of the Permanent Electronic Duck Stamp Act of 2013 (16 U.S.C. 718s) is amended—

(1) in subsection (b), in the matter preceding paragraph (1), by striking ''shall, during the effective period of the electronic stamp—'' and inserting ''shall—''; and

(2) in subsection (c), by striking ''for a period agreed to by the State and the Secretary, which shall not exceed 45 days'' and inserting ''through the first June 30 that occurs after the date of issuance of the electronic stamp by the State''.

(d) ELECTRONIC STAMPS AS PERMIT.—Section 1(a)(1) of the Migratory Bird Hunting and Conservation Stamp Act (16 U.S.C. 718a(a)(1)) is amended—

(1) by inserting ''as an electronic stamp (as defined in section 2 of the Permanent Electronic Duck Stamp Act of 2013 (16 U.S.C. 718o)) or'' after ''Conservation Stamp,''; and

(2) by striking ''face of the stamp'' and inserting ''face of the actual stamp (as defined in that section)''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Arkansas (Mr. WESTERMAN) and the gentlewoman from Oregon (Ms. HOYLE) each will control 20 minutes.

The Chair recognizes the gentleman from Arkansas.

GENERAL LEAVE

Mr. WESTERMAN. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and include extraneous material on S. 788, the bill now under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Arkansas?

There was no objection.

Mr. WESTERMAN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of S. 788, sponsored by my friend and fellow Razorback, Senator JOHN BOOZMAN from Arkansas. This bill makes commonsense improvements to wildlife regulations by modernizing how waterfowl hunters across the country can purchase a Federal duck stamp.

Mr. Speaker, I commend the gentleman from Louisiana (Mr. GRAVES), who had a companion bill in the House that went through our committee.

The Federal duck stamp was first created when President Franklin Delano Roosevelt signed the Migratory Bird Hunting Stamp Act into law in 1934. The law required waterfowl and other migratory bird hunters, ages 16 and over, to purchase and possess a valid duck stamp prior to taking migratory waterfowl.

Current law requires hunters to physically possess a signed duck stamp while hunting for any migratory waterfowl. Even in States where electronic licensing is used, a signed physical duck stamp is required.

Mr. Speaker, on my mobile phone, I have the Arkansas Game and Fish Commission hunting app. Right here, front and center, I have my Federal duck stamp electronically. Technically, I would be breaking the law if a game warden approached me when I was hunting and this is all that I had. I still have to carry my little duck stamps in my pocket that are signed, both the State and Federal duck stamps.

This bill would modernize that program so that these electronic duck stamps would suffice if you were approached by a game warden.

S. 788 modernizes the program by removing the 45-day requirement to have a physical duck stamp and allowing States the option to sell electronic duck stamps for the entirety of the hunting season.

Under this bill, purchasers would still receive the physical stamp at the end of their State waterfowl season, therefore preserving the long legacy of the Federal duck stamp for generations to come.

This is a good governance approach that will continue the unmatched American tradition of wildlife conservation through sportsmen participation.

Mr. Speaker, I thank Congressman GARRET GRAVES of Louisiana for his tireless work on this issue. He sponsored the House companion to S. 788. After today, this legislation is one step closer to becoming law.

Mr. Speaker, I urge my colleagues to support the legislation, and I reserve the balance of my time.

Ms. HOYLE of Oregon. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, the duck stamp, or Federal Migratory Bird Hunting and Conservation Stamp, is the only Federal conservation revenue stamp. This means that 98 percent of the sale price is used to purchase conservation easements and to acquire wetland habitats for the National Wildlife Refuge System.

The duck stamp also provides an opportunity to showcase wildlife art, with the Fish and Wildlife Service hosting an art competition each year and the winning piece selected for next year's design.

Sportsmen and women, artists, and conservationists purchase duck stamps as a collectible to cover entry fees to any National Wildlife Refuge System unit, as a hunting license, or as a donation to conservation.

Millions of stamps have been sold in recent years, contributing tens of millions of dollars toward conservation each year. This bipartisan bill would modernize government services by allowing online access to the Federal duck stamp. It would save applicants and agency officials time and money and make it more accessible for hunters, conservationists, and collectors to purchase duck stamps and to support wetland conservation.

Mr. Speaker, I support this bill, and I reserve the balance of my time.

Mr. WESTERMAN. Mr. Speaker, I yield 5 minutes to the gentleman from the great State of Louisiana (Mr. GRAVES), where I understand that if you can't get to a hunt in Arkansas, it is not a bad place to go as a consolation.

Mr. GRAVES of Louisiana. Mr. Speaker, I thank the gentleman from Arkansas and the gentlewoman from Oregon for their cooperation on this bill.

Mr. Speaker, I note that my friend from Arkansas, whether he has the electronic stamp or the physical stamp, I feel that the ducks in Arkansas are safe. I have seen him shoot and am confident that those ducks are safe.

Seriously, Mr. Speaker, oftentimes, when Congress acts, I think the American people need to be very concerned.

In this case, I think it is a really good thing that is happening today.

As my friends have discussed, back in 1934, President Roosevelt signed the Migratory Bird Hunting and Conservation Stamp Act into law. Today, over 1.6 million hunters go out and buy a physical duck stamp every single year.

This has resulted in over $1.1 billion being invested in conservation. This has benefited over 6 million acres of our national wildlife refuges around the United States. This is a great program.

As my friend from Arkansas indicated, there is a compliance issue. With the great work that was done in 2013 to allow for an electronic duck stamp, there is a lag time between when the duck stamp is purchased and when the physical stamp comes in. You could find hunters out of compliance, despite the fact that they bought a stamp. Simply, this legislation fixes that.

Mr. Speaker, I thank the Senate cosponsors of this legislation who have jumped in, Senators BOOZMAN, MANCHIN, MARSHALL, and KING, for introducing the House companion—I want to be clear, the House companion. This was a House bill and has already passed out of the House, but now, the Senate is refusing to take our bill up, so we find ourselves here.

In any case, I think this is good news. We are going to take the win. I appreciate the opportunity to move forward.

The bottom line is that this ensures that hunters can be compliant and are not going to get fined for not having the physical stamp. Importantly, it preserves the physical stamp that will continue to be mailed. It still is available to be purchased at local sporting goods stores and post offices all around the United States.

We can continue to ensure compliance and ensure the enjoyment of waterfowl all over the United States, whether you are in North Dakota or south Louisiana or even in the chairman of the Natural Resources Committee's State, Arkansas.

Mr. Speaker, I thank Congressman MIKE THOMPSON from California, who is the bipartisan cosponsor on this legislation. I urge adoption.

Ms. HOYLE of Oregon. Mr. Speaker, I thank my colleagues from Arkansas and Louisiana, who represent great States to go hunting in if you can't make it all the way out to Oregon. I welcome you all there.

Mr. Speaker, this is a good bill, and it should pass. I urge my colleagues to support this legislation. I hope this can be unanimous, and I yield back the balance of my time.

Mr. WESTERMAN. Mr. Speaker, I want to make clear that the gentleman from Louisiana, even though he looks like a duck commander, he is not a duck commander, but he does enjoy the outdoors.

The North American Model of Wildlife Conservation, which is based on a user pays system through the purchase of items like the Federal duck stamp, is the envy of the world. In total, fees paid by the sportsmen communities contribute over $1 billion in revenue annually that goes toward wildlife conservation, which is truly a remarkable achievement.

S. 788 is a commonsense, bipartisan bill that underpins the Northern American model by giving hunters certainty and modernizing the Federal duck stamp process.

Mr. Speaker, I urge my colleagues to support this bill, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Arkansas (Mr. WESTERMAN) that the House suspend the rules and pass the bill, S. 788.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. WESTERMAN. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this motion will be postponed.

□ 1445

PROTECT SMALL BUSINESS AND PREVENT ILLICIT FINANCIAL ACTIVITY ACT

Mr. NUNN of Iowa. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5119) to amend title 31, United States Code, to provide small businesses with additional time to file beneficial ownership information, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5119

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Protect Small Business and Prevent Illicit Financial Activity Act''.

SEC. 2. BENEFICIAL OWNERSHIP INFORMATION REPORTING DEADLINES FOR SMALL BUSINESSES.

Section 5336(b)(1) of title 31, United States Code, is amended—

(1) in subparagraph (B)—

(A) by inserting ''(but which may not adjust the report submission deadline)'' after ''Treasury''; and

(B) by striking ''in a timely manner, and'';

(2) in subparagraph (C)—

(A) by inserting ''(but which may not adjust the report submission deadline)'' after ''Treasury''; and

(B) by striking ''at the time of'' and inserting ''not later than 90 days after the date of such'';

(3) in subparagraph (D)—

(A) by inserting ''(but which may not adjust the report submission deadline)'' after ''Treasury''; and

(B) by striking ''in a timely manner, and not later than 1 year'' and inserting ''not later than 90 days''; and

(4) by adding at the end the following:

''(H) UNABLE TO OBTAIN.—FinCEN may not by rule, guidance, or otherwise, permit a reporting company from submitting a report relating to the inability of the reporting company to obtain or identify information in the alternative to submitting a report required under this subsection.''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Iowa (Mr. NUNN) and the gentlewoman from Texas (Ms. GARCIA) each will control 20 minutes.

The Chair recognizes the gentleman from Iowa.

GENERAL LEAVE

Mr. NUNN of Iowa. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on this bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Iowa?

There was no objection.

Mr. NUNN of Iowa. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, American small businesses are the backbone of our economy. There are nearly 32.6 million small businesses operating in our country, and in my home State of Iowa, that makes up more than one-half of the businesses, those that are on Main Street in our hometown communities and right in the storefront where Americans shop and spend their time each week.

However, these small businesses are under attack from a Federal bureaucracy in D.C. trying to burden them in red tape, and alarmingly, also from our adversaries overseas, specifically Chinese Communist Party entities, that have infiltrated our country with shell companies that jeopardize our national security, violate our intellectual property laws, and hurt our economy both locally and globally.

Recent reports suggest that the Chinese Communist Party has more than 40,000 shell companies operating in the United States today. They use these companies to launder money, peddle drugs, and collect sensitive information on our people and our Nation. We cannot, we must not, and, today, we will not allow that to happen.

In 2020, Congress passed the Corporate Transparency Act to shut down these illegal shell companies, but, right now, foreign-owned entities use these shell companies and exploit a loophole in this law by checking a box on the required form claiming that they don't know who owns the company, which, of course, we all know—both Republican and Democrat—is completely absurd.

Once enacted, our bipartisan Protect Small Business and Prevent Illicit Financial Activity Act will finally close this loophole and will also reduce the burdensome red tape for the legitimate American businesses who are trying to do that which they have done so well for so long: serve our hometown communities.

First, these shell companies will no longer be able to exploit the system by

selecting ''unable to obtain'' or ''unable to identify,'' basically saying that we don't know who owns us, when reporting their ownership information. By removing the option to basically claim absentia when it comes to ownership, we can crack down on the Chinese Communist Party's economic incursion into the United States.

Not only will this bipartisan bill help crack down on Communist China, it will also make it much easier for legitimate American small businesses to comply with the law, no longer putting them at a detriment to their overseas competitors.

Small businesses already face unique challenges in this economy: brutal inflation, a struggling supply chain, and a bureaucracy based right here in D.C. that is intent on burying them in red tape, making them do far more work than adversary-owned entities or what foreign-owned companies do right now. Not to mention most operate with limited resources, and that is on a good day.

This bill will reduce government-imposed burdens by ensuring small businesses have sufficient time to satisfy requests for information while the government fixes this egregious loophole.

The bottom line, Mr. Speaker, is that the passage of this legislation is a critical step forward by preventing our adversaries in the Chinese Communist Party from exploiting our laws and engaging in illicit activity and will also reduce the burden of red tape on new and existing small businesses.

In closing, I thank my colleague from Ohio (Mrs. BEATTY), who is the Ranking Member of National Security, Illicit Finance, and International Financial Institutions Subcommittee, for helping champion this and being a co-lead on this important legislation, and I also thank my colleagues on the other side of the aisle.

Mr. Speaker, I urge my colleagues to support this bill, and I reserve the balance of my time.

Ms. GARCIA of Texas. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H.R. 5119, the Protect Small Business and Prevent Illicit Financial Activity Act sponsored by the gentleman from Iowa (Mr. NUNN) along with the gentlewoman from Ohio (Mrs. BEATTY).

In 2021, Congress enacted the Corporate Transparency Act, or CTA, establishing America's national Beneficial Ownership Registry. This registry will start collecting information from applicable businesses and their beneficial owners on January 1, 2024, and will crack down on the anonymous shell companies used by terrorists, drug cartels, and other financial criminals.

The collection of information on beneficial owners of certain corporations, limited liability companies, and other entities registered in the United States will help protect our financial system from illicit use by making it even more difficult for bad actors to disguise their financial activities through entities with complex ownership structures.

This bill would offer reporting businesses additional time to file their CTA information, pushing back a handful of deadlines in the September 2022 final rule on this issue. Additional time, especially for small, newly formed businesses, would improve the accuracy of the registry and streamline our law enforcement efforts.

I am pleased to support this bill that will assist with the development of America's sorely needed Beneficial Ownership Registry.

Mr. Speaker, at least 30 countries already have some kind of central beneficial ownership registry to improve transparency. It is about time we start our own program, but we need to do it the right way and give small businesses ample time to file their information accurately.

In closing, Mr. Speaker, the bill will improve the implementation of a registry that will provide much-needed transparency into business ownership and ultimately help to deter bad actors from abusing our financial system. Providing our Nation's small businesses with sufficient time to comply with the CTA will help FinCEN to develop an effective and meaningful registry.

I, again, thank Representative NUNN and Mrs. BEATTY for championing this important issue. I urge my colleagues to support this bill, and I yield back the balance of my time.

Mr. NUNN of Iowa. Mr. Speaker, I yield myself such time as I may consume.

First, I want to say thank you to Members on both sides of the aisle. The House Financial Services Committee has led strongly in making sure that the backbone of our economy, our small businesses, everyday Americans, and the economy of this country can remain stronger. With the passage of this bill we not only fight for the Main Street of America, but we also ask that those who would do business in the United States be held to the same standard.

As was highlighted by the gentlewoman from Texas, whether you are a terrorist entity, whether you are a laundering agency from overseas, or whether you are the Chinese Communist Party, no longer will you be part of this myriad of 40,000 entities trying to operate with impunity in the United States. We will hold you accountable. We will move forward to support those Americans who are doing it the right way, and, most importantly, we will stand strong for our national security.

Mr. Speaker, it is a privilege to move this bill on a bipartisan path with this House and the interests of the American people. I urge my colleagues to support this legislation which I am proud to lead, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Iowa (Mr. NUNN) that the House suspend the rules and pass the bill, H.R. 5119, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Ms. GARCIA of Texas. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this motion will be postponed.

FOREIGN AFFILIATES SHARING PILOT PROGRAM EXTENSION ACT

Mr. NUNN of Iowa. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5524) to amend the start date of the pilot program on sharing with foreign branches, subsidiaries and affiliates, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5524

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Foreign Affiliates Sharing Pilot Program Extension Act''.

SEC. 2. FOREIGN AFFILIATES SHARING PILOT PROGRAM.

Section 5318(g)(8)(B)(iii) of title 31, United States Code, is amended by striking ''3 years after the date of enactment of this paragraph'' and inserting ''3 years after the date on which the Secretary of the Treasury issues rules pursuant to subparagraph (A)''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Iowa (Mr. NUNN) and the gentlewoman from Texas (Ms. GARCIA) each will control 20 minutes.

The Chair recognizes the gentleman from Iowa.

GENERAL LEAVE

Mr. NUNN of Iowa. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Iowa?

There was no objection.

Mr. NUNN of Iowa. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, first established in the Anti-Money Laundering Act, the Foreign Affiliates Sharing Pilot Program allows financial institutions to share Suspicious Activity Reports and related information with the institution's foreign branches, subsidiaries, and affiliates to help combat illicit finance risks.

Sharing financial intelligence is the bedrock of thwarting terrorists' financial activity and the movement of dangerous drugs like fentanyl across our southern border here in the United States. It ensures that terrorists and

other criminals are not able to infiltrate the U.S. financial system.

In October of this year, an unlicensed money transmitting business admitted in court that they are illegally helping to fund foreign gamblers laundering money through the U.S. financial system to avoid scrutiny or investigation by U.S. or foreign law enforcement.

□ 1500

From 2012 to 2020, the business helped move money through at least 15 countries, including ones the State Department has identified as major money laundering countries like Mexico, Argentina, Switzerland, and the UAE.

This is just one example of why it matters to have the opportunity to share intelligence collected from suspicious activity reports to catch illicit financing activity.

Currently, this pilot program is nearing its 3-year completion mark without ever having been fully operational. The Foreign Affiliates Sharing Pilot Program Extension Act extends the termination date for 3 years after the Treasury issues rules for the pilot program. This extension allows Congress to adequately assess whether to make the program a permanent solution.

Mr. Speaker, I thank Representative GARCIA, the gentlewoman from Texas, for her amazing work in supporting this important legislation. I urge my colleagues to join me in supporting this commonsense legislation to protect our national security.

Mr. Speaker, I reserve the balance of my time.

Ms. GARCIA of Texas. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of my bill, H.R. 5524, the Foreign Affiliates Sharing Pilot Program Extension Act. In January 2021, Congress successfully overrode Trump's veto to pass the National Defense Authorization Act, also known as NDAA, which is our Nation's annual Defense bill. This included the enactment of the Anti-Money Laundering Act of 2020, the first significant change to America's anti-money laundering and financial-based terrorism policy since 9/11.

Our bipartisan goal in passing the Anti-Money Laundering Act of 2020 was to improve the deterrence and detection of financial crime by promoting innovation, regulatory reform, and industry engagement.

In doing so, the U.S. anti-money laundering and financial counterterrorism efforts would be strengthened, modernized, and streamlined. One provision of the act established the Foreign Affiliates Sharing Pilot Program, which would permit U.S.-regulated financial institutions to share selected Bank Secrecy Act information with foreign branches and affiliates to help detect and deter illicit finance.

Currently, the sharing of these suspicious activity reports information with foreign branches of U.S. institution is not permitted because they are not subject to our Nation's Bank Secrecy Act regulations.

By allowing financial institutions to share information with foreign affiliates, the pilot program would improve multinational compliance and detection while still ensuring that safeguards are in place to protect the confidentiality of such reports.

My bill moves the expiration date from January 1, 2024, to 3 years after the pilot begins. This is a necessary extension to give the agency sufficient time to implement the pilot program.

The rulemaking to design the pilot was noticed back in January 2022, but Treasury has not yet issued a final rule to launch the program, so obviously an extension is needed.

The new timeframe proposed here will enable the Department to complete its rulemaking process and finally implement the vital national security program as Congress originally intended.

Again, I would stress the importance of passing this bill to give the Treasury sufficient time to implement this very bipartisan pilot program to bolster our ability to combat money laundering and protect our national security.

The pilot program would provide institutions with a pathway to better manage the risk of financial crimes. The bill received a unanimous vote at the committee markup.

Now, more than ever, Americans should feel confident that the proceeds of their transactions are not being siphoned off and stowed away in the coffers of criminals. I thank my colleagues on the committee for supporting this bill, and I urge all Members to support it.

Mr. Speaker, I yield back the balance of my time.

Mr. NUNN of Iowa. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I thank the members of the Financial Services Committee, particularly the incredible staff that have helped to lead this effort and recognize that this is a continuation of a program that has shown remarkable success.

As a 20-year intelligence officer serving in both the military and the intelligence community, we know firsthand that the illicit use of financing is the blood that keeps terrorist, criminal, and foreign entities active on our own soil and a threat to us overseas.

We must continue to march forward not only to hold them accountable, but to be able to work with our subsidiary and overseas partners to truly combat this threat on a global scale. The leadership shown on this committee as well as within the subcommittee are a direct measure to be able to empower our team, both in the administration, but particularly at our frontline levels, our banks and financial institutions, with the tools they need to be successful.

Mr. Speaker, I thank my colleague on the other side of the aisle and recognize that together this is a bill that truly helps protect our national security.

Mr. Speaker, I would urge my colleagues to support H.R. 5224, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Iowa (Mr. NUNN) that the House suspend the rules and pass the bill, H.R. 5224, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Ms. GARCIA of Texas. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this motion will be postponed.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess for a period of less than 15 minutes.

Accordingly (at 3 o'clock and 07 minutes p.m.), the House stood in recess.

□ 1513

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. VALADAO) at 3 o'clock and 13 minutes p.m.

PROMOTING RESILIENT BUILDINGS ACT OF 2023

Mr. GRAVES of Missouri. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5473) to amend certain laws relating to disaster recovery and relief with respect to the implementation of building codes, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5473

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Promoting Resilient Buildings Act of 2023''.

SEC. 2. PREDISASTER HAZARD MITIGATION.

Section 203 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5133) is amended by adding at the end the following:

''(m) LATEST PUBLISHED EDITIONS.—For purposes of subsections (e)(1)(B)(iv) and (g)(10), the term 'latest published editions' means, with respect to relevant consensus-based codes, specifications, and standards, the 2 most recently published editions.''.

SEC. 3. HAZARD MITIGATION REVOLVING LOAN FUND PROGRAM.

Section 205(f)(5) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5135(f)(5)) is amended—

(1) in the paragraph heading by striking ''ESTABLISHING'' and insert ''IMPLEMENTING'';

(2) by striking ''establish'' and insert ''implement'';

(3) by inserting ''2'' after ''latest''; and

(4) by inserting '', including any amendments made by State, local, Tribal, or territorial governments to such codes, specifications, and standards,'' after ''standards''.

SEC. 4. RESIDENTIAL RETROFIT AND RESILIENCE PILOT PROGRAM.

(a) ESTABLISHMENT.—The Administrator of the Federal Emergency Management Agency shall carry out a residential resilience pilot program through the program established under section 203 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5133) to make available assistance to States and local governments for the purpose of providing grants to individuals for residential resilience retrofits.

(b) AMOUNT OF FUNDS.—The Administrator may use not more than 10 percent of the assistance made available to applicants on an annual basis under section 203 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5133) to provide assistance under this section.

(c) TIMELINE.—The Administrator shall establish the pilot program under this section not later than 1 year after the date of enactment of this Act and the program shall terminate on September 30, 2026.

(d) PRIORITY.—In carrying out the pilot program under this section, the Administrator shall ensure that a State or local government receiving assistance under the program provides grants to individuals that demonstrate financial need.

(e) REPORT.—Not later than 4 years after the date of enactment of this Act, the Administrator shall submit to the Committee on Transportation and Infrastructure of the House of Representatives and the Committee on Homeland Security and Governmental Affairs of the Senate a report that includes—

(1) a summary of the grant awards and projects carried out under this section;

(2) a detailed compilation of results achieved by the grant awards and projects carried out under this section, including the number of homes receiving retrofits, the types and average costs of retrofits, demographic information for participants in the program, and estimate avoidance in disaster impacts and Federal disaster payments as a result of the grant investments; and

(3) any identified implementation challenges and recommendations for improvements to the pilot program.

(f) APPLICABILITY.—This section shall only apply to amounts appropriated on or after the date of enactment of this Act.

(g) RESIDENTIAL RESILIENT RETROFITS DEFINED.—

(1) IN GENERAL.—In this section, the term ''residential resilient retrofits'' means a project that—

(A) is designed to increase the resilience of an existing home or residence using mitigation measures which the administrator determines reduce damage and impacts from natural disaster hazards and risks that are most likely to occur in the area where the home is located; and

(B) to the extent applicable, are consistent with the 2 most recently published editions of relevant consensus-based codes, specifications, and standards, including any amendments made by State, local, tribal, or territorial governments to such codes, specifications, and standards that incorporate the latest hazard-resistant designs and establish criteria for the design, construction, and maintenance of residential structures and facilities that may be eligible for assistance under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5121 et seq.) for the purpose of protecting the health, safety, and general welfare of the buildings' users against disasters.

(2) INCLUSION.—In this section, the term ''residential resilient retrofits'' includes—

(A) elevations of homes and elevations of utilities within and around structures to mitigate damages;

(B) floodproofing measures;

(C) the construction of tornado safe rooms;

(D) seismic retrofits;

(E) wildfire retrofit and mitigation measures;

(F) wind retrofits, including roof replacements, hurricane straps, and tie-downs; and

(G) any other measures that meet the requirements of paragraph (1), as determined by the Administrator.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Missouri (Mr. GRAVES) and the gentleman from Tennessee (Mr. COHEN) each will control 20 minutes.

The Chair recognizes the gentleman from Missouri.

GENERAL LEAVE

Mr. GRAVES of Missouri. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material into the RECORD on H.R. 5473, as amended.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Missouri?

There was no objection.

Mr. GRAVES of Missouri. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, first, I thank the gentleman from North Carolina (Mr. EDWARDS) for introducing H.R. 5473, the Promoting Resilient Buildings Act of 2023.

H.R. 5473 cuts red tape and improves resiliency against disasters by making a technical correction to the Stafford Act and extending the building code of 2018, which expired earlier this year.

This bill ensures that there is flexibility in how the Federal Emergency Management Agency, or FEMA, applies definitions for building codes and promotes individual States' abilities to consider what is best for their communities.

□ 1515

This bill also supports homeowners in mitigating against future disasters through a pilot program intended to test and analyze whether such assistance will help reduce future costs and save some lives.

Mr. Speaker, I urge support of this legislation, and I reserve the balance of my time.

Mr. COHEN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H.R. 5473. This bill, introduced by Representatives Edwards and Norcross, would provide FEMA, the Federal Emergency Management Agency, with greater flexibility when incentivizing the use of hazard-resistant building codes in its predisaster mitigation programs.

Current law directs FEMA to only consider the latest edition of building codes when implementing predisaster mitigation programs. This legislation will allow FEMA to consider the latest two editions of codes. The additional flexibility will help States and communities that are struggling to adapt to frequent changes in building codes.

Thanks to an amendment offered by Ranking Member TITUS and adopted at markup, this bill now includes a pilot program within FEMA's Building Resilient Infrastructure and Communities program called BRIC—not to be confused with Brazil, Russia, India, and China—making it possible to fund individual home retrofits for the purpose of disaster resilience.

The severity of disasters has skyrocketed in recent years, putting homeowners at serious risk. Implementing recommended mitigation measures could make the difference between a family losing their home and life savings or being able to stay safe and continue their daily routines post-disaster.

This pilot program will ensure financial barriers do not stand in the way of making homes safer, so no family is left behind. Homeowners might leverage this pilot to make the roof less flammable and more resilient to wildfires and remove overhanging branches to reduce the risk of damage from severe storms or build a tornado-safe room.

These measures may also come with the added benefit of reduced insurance premiums. Having a home is very important in America, so it is critical that we support ways to lower premiums and make homes more insurable as disaster risk and insurance costs are ballooning.

The House passed the language in this bipartisan bill on suspension in the 117th Congress. I look forward to passing this measure today to improve implementation of predisaster mitigation programs and make homes more resilient to disaster.

Mr. Speaker, I urge my colleagues on both sides of the aisle to join with the gentleman from Missouri (Mr. GRAVES) and me as we support this legislation. Mr. Speaker, I reserve the balance of my time.

Mr. GRAVES of Missouri. Mr. Speaker, I yield 5 minutes to the gentleman from North Carolina (Mr. EDWARDS), a former T&I Committee member.

Mr. EDWARDS. Mr. Speaker, I thank my bipartisan co-lead, the gentleman from New Jersey (Mr. NORCROSS) for his partnership on this act.

Building codes regulate new construction and major renovations, setting minimum standards for homes and commercial structures to withstand natural disasters, such as hurricanes, earthquakes, or, in the case of western North Carolina communities, flooding.

In 2018, the Disaster Recovery Reform Act brought consistency to the home building industry by establishing the definition of building codes as they relate to hazard mitigation to include the latest two published editions of relevant codes, specifications, and standards. This definition, however, will sunset in October. Left unresolved, FEMA can revert the definition to the single latest edition of codes.

My bill, the Promoting Resilient Buildings Act of 2023, will codify the

definition to mean the two latest published editions of building codes, which is expected to prevent significant administrative burdens on States and local municipalities responsible for producing hazard mitigation plans, reduce burdensome regulations on trade industries responsible for adapting their techniques to meet new building standards and codes, and to support stabilized building costs that would otherwise be interrupted by frequently changing building codes and rising construction costs.

Using the latest two editions of building codes does not jeopardize home resilience and will continue to ensure our communities are prepared for disaster if it ever strikes.

Additionally, the Promoting Resilient Buildings Act, as amended, establishes a pilot program to fund individual resilient home retrofits with FEMA's Building Resilient Infrastructure and Communities, or BRIC, program.

In order to increase disaster mitigation among States, it is imperative we expand program flexibility. This expansion includes providing opportunities for individual homeowners to access prehazard mitigation funding to minimize the impact of natural disasters. I thank the gentlewoman from Nevada (Ms. TITUS) for her amendment, as reported by the committee, to provide this important flexibility.

Ultimately, Mr. Speaker, I ask that my colleagues support this bill, which is important to homebuilders and community members through NC–11 and across the Nation.

Mr. COHEN. Mr. Speaker, I am not going to ping-pong this back and forth. I yield back the balance of my time.

Mr. GRAVES of Missouri. Mr. Speaker, I yield myself the balance of my time to close.

This bill extends the current building code definition set in the Disaster Recovery Reform Act of 2018 to allow greater flexibility for States and local governments, ultimately ensuring that disaster victims have an easier time rebuilding after a disaster.

Mr. Speaker, I urge support of this legislation, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Missouri (Mr. GRAVES) that the House suspend the rules and pass the bill, H.R. 5473, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

AIRPORT AND AIRWAY EXTENSION ACT OF 2023, PART II

Mr. GRAVES of Missouri. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 6503) to amend title 49, United States Code, to extend authorizations for the airport improvement program, to amend the Internal Revenue Code of 1986 to extend the funding and expenditure authority of the Airport and Airway Trust Fund, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 6503

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''Airport and Airway Extension Act of 2023, Part II''.

(b) TABLE OF CONTENTS.—The table of contents for this Act is as follows:

TITLE I—FEDERAL AVIATION PROGRAMS

SEC. 101. AIRPORT IMPROVEMENT PROGRAM.

(a) AUTHORIZATION OF APPROPRIATIONS.—Section 48103(a) of title 49, United States Code, is amended by striking paragraph (7) and inserting the following:

''(7) $1,464,480,874 for the period beginning October 1, 2023, and ending on March 8, 2024.''.

(b) OBLIGATION AUTHORITY.—Subject to limitations specified in advance in appropriation Acts, sums made available pursuant to the amendment made by subsection (a) may be obligated at any time through September 30, 2024, and shall remain available until expended.

(c) PROGRAM IMPLEMENTATION.—For purposes of calculating funding apportionments and meeting other requirements under sections 47114, 47115, 47116, and 47117 of title 49, United States Code, for the period beginning on October 1, 2023, and ending on March 8, 2024, the Administrator of the Federal Aviation Administration shall—

(1) first calculate such funding apportionments on an annualized basis as if the total amount available under section 48103 of such title for fiscal year 2024 was $3,350,000,000; and

(2) then reduce by 56 percent—

(A) all funding apportionment amounts calculated under paragraph (1); and

(B) amounts made available pursuant to subsections (b) and (f)(2) of section 47117 of such title.

(d) EXTENSION OF PROJECT GRANT AUTHORITY.—Section 47104(c) of title 49, United States Code, is amended in the matter preceding paragraph (1) by striking ''December 31, 2023,'' and inserting ''March 8, 2024,''.

(e) EXTENSION OF SPECIAL RULE FOR APPORTIONMENTS.—Section 47114(c)(1)(J) of title 49, United States Code, is amended by striking ''December 31, 2023,'' and inserting ''March 8, 2024,''.

SEC. 102. EXTENSION OF EXPIRING AUTHORITIES; MISCELLANEOUS AUTHORIZATIONS.

(a) AUTHORITY TO PROVIDE INSURANCE.—Section 44310(b) of title 49, United States Code, is amended by striking ''December 31, 2023'' and inserting ''March 8, 2024''.

(b) UNMANNED AIRCRAFT TEST RANGES.—Section 44803(h) of title 49, United States Code, is amended by striking ''December 31, 2023'' and inserting ''March 8, 2024''.

(c) SPECIAL AUTHORITY FOR CERTAIN UNMANNED AIRCRAFT SYSTEMS.—Section 44807(d) of title 49, United States Code, is amended by striking ''December 31, 2023'' and inserting ''March 8, 2024''.

(d) EXTENSION OF AIRPORT SAFETY AND AIRSPACE HAZARD MITIGATION AND ENFORCEMENT.—Section 44810(h) of title 49, United States Code, is amended by striking ''December 31, 2023'' and inserting ''March 8, 2024''.

(e) COMPETITIVE ACCESS REPORTING REQUIREMENT.—Section 47107(r)(3) of title 49, United States Code, is amended by striking ''January 1, 2024'' and inserting ''March 9, 2024''.

(f) MARSHALL ISLANDS, MICRONESIA, AND PALAU.—Section 47115(i) of title 49, United States Code, is amended by striking ''December 31, 2023'' and inserting ''March 8, 2024''.

(g) SUPPLEMENTAL DISCRETIONARY FUNDS.—Section 47115(j)(4)(A) of title 49, United States Code, is amended by striking clause (vi) and adding at the end the following:

''(vi) $244,177,049 for the period beginning on October 1, 2023, and ending on March 8, 2024.''.

(h) COMPATIBLE LAND USE PLANNING AND PROJECTS BY STATE AND LOCAL GOVERNMENTS.—Section 47141(f) of title 49, United States Code, is amended by striking ''December 31, 2023'' and inserting ''March 8, 2024''.

(i) NON-MOVEMENT AREA SURVEILLANCE PILOT PROGRAM.—Section 47143(c) of title 49, United States Code, is amended by striking ''January 1, 2024'' and inserting ''March 9, 2024''.

(j) WEATHER REPORTING PROGRAMS.—Section 48105 of title 49, United States Code, is amended by striking paragraph (5) and adding at the end the following:

''(5) $17,049,180 for the period beginning on October 1, 2023, and ending on March 8, 2024.''.

(k) LEARNING PERIOD.—Section 50905(c)(9) of title 51, United States Code, is amended by striking ''January 1, 2024'' and inserting ''March 9, 2024''.

(l) MIDWAY ISLAND AIRPORT.—Section 186(d) of the Vision 100—Century of Aviation Reauthorization Act (Public Law 108–176; 117 Stat. 2518) is amended by striking ''December 31, 2023,'' and inserting ''March 8, 2024,''.

(m) FINAL ORDER ESTABLISHING MILEAGE AND ADJUSTMENT ELIGIBILITY.—Section 409(d) of the Vision 100—Century of Aviation Reauthorization Act (49 U.S.C. 41731 note) is amended by striking ''December 31, 2023'' and inserting ''March 8, 2024''.

(n) CONTRACT WEATHER OBSERVERS.—Section 2306(b) of the FAA Extension, Safety, and Security Act of 2016 (Public Law 114–190; 130 Stat. 641) is amended by striking ''January 1, 2024'' and inserting ''March 9, 2024''.

(o) REMOTE TOWER PILOT PROGRAM.—Section 161(a)(10) of the FAA Reauthorization Act of 2018 (49 U.S.C. 47104 note) is amended by striking ''December 31, 2023'' and inserting ''March 8, 2024''.

(p) AIRPORT ACCESS ROADS IN REMOTE LOCATIONS; STORAGE FACILITIES FOR SNOW REMOVAL EQUIPMENT.—Section 162 of the FAA Reauthorization Act of 2018 (49 U.S.C. 47102 note) is amended by striking ''December 31, 2023'' and inserting ''March 8, 2024''.

(q) UAS REMOTE DETECTION AND IDENTIFICATION PILOT PROGRAM.—Section 372(d) of the FAA Reauthorization Act of 2018 (49 U.S.C. 44810 note) is amended by striking ''December 31, 2023'' and inserting ''March 8, 2024''.

(r) ADVISORY COMMITTEE FOR AVIATION CONSUMER PROTECTION.—Section 411(h) of the

FAA Modernization and Reform Act of 2012 (49 U.S.C. 42301 note) is amended by striking ''December 31, 2023'' and inserting ''March 8, 2024''.

(s) AVIATION CONSUMER ADVOCATE.—Section 424(e) of the FAA Reauthorization Act of 2018 (49 U.S.C. 42302 note) is amended by striking ''December 31, 2023'' and inserting ''March 8, 2024''.

(t) ADVISORY COMMITTEE ON AIR TRAVEL NEEDS OF PASSENGERS WITH DISABILITIES.—Section 439(g) of the FAA Reauthorization Act of 2018 (49 U.S.C. 41705 note) is amended by striking ''December 31, 2023'' and inserting ''March 8, 2024''.

(u) ENHANCED TRAFFIC SERVICES.—Section 547(e) of the FAA Reauthorization Act of 2018 (49 U.S.C. 40103 note) is amended by striking ''December 31, 2023'' and inserting ''March 8, 2024''.

(v) PILOT PROGRAM FOR REDEVELOPMENT OF AIRPORT PROPERTIES.—Section 822(k) of the FAA Modernization and Reform Act of 2012 (49 U.S.C. 47141 note) is amended by striking ''December 31, 2023'' and inserting ''March 8, 2024''.

SEC. 103. FEDERAL AVIATION ADMINISTRATION OPERATIONS.

Section 106(k) of title 49, United States Code, is amended—

(1) in paragraph (1) by striking subparagraph (G) and inserting after subparagraph (F) the following:

''(G) $5,208,743,169 for the period beginning on October 1, 2023, and ending on March 8, 2024.''; and

(2) in paragraph (3) by striking ''December 31, 2023'' and inserting ''March 8, 2024''.

SEC. 104. AIR NAVIGATION FACILITIES AND EQUIPMENT.

Section 48101(a) of title 49, United States Code, is amended by striking paragraph (7) and adding at the end the following:

''(7) $1,287,431,694 for the period beginning on October 1, 2023, and ending on March 8, 2024.''.

SEC. 105. RESEARCH, ENGINEERING, AND DEVELOPMENT.

Section 48102(a) of title 49, United States Code, is amended by striking paragraph (16) and inserting the following:

''(16) $111,475,410 for the period beginning on October 1, 2023, and ending on March 8, 2024.''.

SEC. 106. SMALL COMMUNITY AIR SERVICE.

(a) ESSENTIAL AIR SERVICE AUTHORIZATION.—Section 41742(a)(2) of title 49, United States Code, is amended by striking ''$89,191,486 for the period beginning on October 1, 2023, and ending on December 31, 2023,'' and inserting ''$155,115,628 for the period beginning on October 1, 2023, and ending on March 8, 2024,''.

(b) AIRPORTS NOT RECEIVING SUFFICIENT SERVICE.—Section 41743(e)(2) of title 49, United States Code, is amended by striking ''$2,513,661 for the period beginning on October 1, 2023, and ending on December 31, 2023,'' and inserting ''$4,371,585 for the period beginning on October 1, 2023, and ending on March 8, 2024,''.

TITLE II—AVIATION REVENUE PROVISIONS

SEC. 201. EXPENDITURE AUTHORITY FROM AIRPORT AND AIRWAY TRUST FUND.

(a) IN GENERAL.—Section 9502(d)(1) of the Internal Revenue Code of 1986 is amended—

(1) in the matter preceding subparagraph (A) by striking ''January 1, 2024'' and inserting ''March 9, 2024''; and

(2) in subparagraph (A) by striking the semicolon at the end and inserting ''or the Airport and Airway Extension Act of 2023, Part II;''.

(b) CONFORMING AMENDMENT.—Section 9502(e)(2) of such Code is amended by striking ''January 1, 2024'' and inserting ''March 9, 2024''.

SEC. 202. EXTENSION OF TAXES FUNDING AIRPORT AND AIRWAY TRUST FUND.

(a) FUEL TAXES.—Section 4081(d)(2)(B) of the Internal Revenue Code of 1986 is amended by striking ''December 31, 2023'' and inserting ''March 8, 2024''.

(b) TICKET TAXES.—

(1) PERSONS.—Section 4261(k)(1)(A)(ii) of the Internal Revenue Code of 1986 is amended by striking ''December 31, 2023'' and inserting ''March 8, 2024''.

(2) PROPERTY.—Section 4271(d)(1)(A)(ii) of the Internal Revenue Code of 1986 is amended by striking ''December 31, 2023'' and inserting ''March 8, 2024''.

(c) FRACTIONAL OWNERSHIP PROGRAMS.—

(1) FUEL TAX.—Section 4043(d) of the Internal Revenue Code of 1986 is amended by striking ''December 31, 2023'' and inserting ''March 8, 2024''.

(2) TREATMENT AS NONCOMMERCIAL AVIATION.—Section 4083(b) of the Internal Revenue Code of 1986 is amended by striking ''January 1, 2024'' and inserting ''March 9, 2024''.

(3) EXEMPTION FROM TICKET TAX.—Section 4261(j) of the Internal Revenue Code of 1986 is amended by striking ''December 31, 2023'' and inserting ''March 8, 2024''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Missouri (Mr. GRAVES) and the gentleman from Tennessee (Mr. COHEN) each will control 20 minutes.

The Chair recognizes the gentleman from Missouri.

GENERAL LEAVE

Mr. GRAVES of Missouri. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and insert extraneous material into the RECORD on H.R. 6503.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Missouri?

There was no objection.

Mr. GRAVES of Missouri. Mr. Speaker, I yield myself such time as I may consume.

H.R. 6503 extends the statutory authorities of the Federal Aviation Administration through March 8, 2024. This bill also authorizes the continued collection of aviation excise taxes, which are user fees that are critical to ensuring the safe operation of our air traffic control system and for capital infrastructure projects at airports all over the country.

This subsequent extension is necessary because the Senate has yet to finalize their FAA reauthorization bill. The House did its part to provide for a long-term reauthorization when we passed H.R. 3935 in an overwhelmingly bipartisan fashion on July 20 with more than 350 votes.

I commend my House colleagues for their commitment to reauthorizing the FAA on time and ahead of schedule. I remain committed to enacting a long-term comprehensive FAA bill as soon as possible, and I know that that goal is shared by our counterparts in the Senate. In the meantime, however, we have to keep the lights on at the FAA to ensure continued safe operation of the national airspace system.

Failure to enact this legislation would result in a loss of revenue totaling $50 million per day from the Airport and Airway Trust Fund. In other words, not passing this bill would directly and immediately increase our national debt by more than $50 million a day and leave our aviation system less safe.

Mr. Speaker, I encourage all Members to support this bill so that we can maintain safety in the national airspace system in the absence of a long-term reauthorization. I urge support of this legislation, and I reserve the balance of my time.

Mr. COHEN. Mr. Speaker, I am standing in lieu of the ranking member Mr. LARSEN, who can't be here, and he asked me to do this as I am the ranking member on the Subcommittee on Aviation, which this bill came out of.

I was here earlier today on a veterans' bill, and I mentioned that people sometimes don't think we work together, but military and veterans' issues are a place where Democrats and Republicans come together. We also come together on transportation issues generally, and this time we most assuredly did. There was an overwhelmingly large majority passing this bill on the floor, and it was because of the work of Chairman GRAVES, Ranking Member LARSEN, and the gentleman from Louisiana (Mr. GRAVES).

This is a good bill. It protects the flying public. It takes care of consumers who have been left in the breach either on the tarmac or left for hours with the plane not leaving or getting in late, giving them the right to get refunds, compensation, water, all those other things they would like to have. It takes care of trying to see that our air traffic controllers have a larger group of people to choose from, opening it up to minorities who have not really been encouraged and/or permitted so much into the air traffic control system.

We need more and more air traffic controllers, so this bill encourages more people to get involved in that because when we have a lack of air traffic controllers, we have got potential safety problems. We have had 9, 10, or 11—I don't know exactly how many—near-collisions because the air traffic controllers had too much work, some of them were doing other things, and they just don't have enough folks. For safety, we need to get this passed, as well as for consumers.

There are many other improvements detailed in the bill, but I am not going to go through these eight wonderful pages that my staffer has drawn up for me to read. I will just say it is a good bill. The Senate should get their work done and join with us in improving the public's safety in the air and their rights as consumers. The bill includes improvements in airport construction and also gives people with disabilities many more opportunities, too.

Mr. Speaker, I encourage everybody to vote ''aye'' and pass this bill. I reserve the balance of my time.

Mr. GRAVES of Missouri. Mr. Speaker, I appreciate the words of the gentleman from Tennessee.

I yield 2 minutes to the gentleman from Georgia (Mr. COLLINS), a member of the Transportation and Infrastructure Committee.

Mr. COLLINS. Mr. Speaker, merry Christmas. I thank Chairman GRAVES for yielding and for his leadership this year as we have worked to address many challenging issues that are facing our aviation industry.

Hopefully, soon we will be celebrating enactment of the FAA reauthorization bill that was shepherded through the House in July rather than debating additional short-term extensions. However, Mr. Speaker, here we are, and I rise in support of the Airport and Airway Extension Act.

This legislation will continue the current authorization of the Airport Improvement Program, Essential Air Service, and other key programs through March while we wait for the Senate to act on H.R. 3935.

As we know, our Nation's airports—including Hartsfield-Jackson, which serves my home State of Georgia and, by the way, is the busiest in the world—are constantly working to build new infrastructure in response to rising demand for passenger and cargo services.

They depend on AIP to keep those projects rolling and people and goods flying. That is why I support the Airport and Airway Extension Act, but I also call on the Senate to act quickly on our long-term FAA reauthorization bill, which will modernize FAA operations, grow the aviation workforce, strengthen the general aviation sector, improve the passenger experience, and so much more.

Mr. Speaker, I urge my colleagues in the House to support the bill before us today and look forward to continuing our work to keep America's skies the safest and most efficient in the world.

Mr. COHEN. Mr. Speaker, in response to the gentleman from Georgia (Mr. COLLINS), my friend, who wished us all merry Christmas, I wish him merry Christmas and happy Hanukkah.

Today is the Hanukkah party at the White House, and the Speaker has yet to limit votes so that the Members who attend can attend and not miss votes. We had votes moved on Christmas, and they should be moved on Hanukkah, too. I know the Speaker is very concerned about the Bible, and in the Bible, Moses said, let my people go. Mr. Speaker, I reserve the balance of my time.

Mr. GRAVES of Missouri. Mr. Speaker, I yield 5 minutes to the gentleman from Louisiana (Mr. GRAVES), the chairman of the Aviation Subcommittee.

Mr. GRAVES of Louisiana. Mr. Speaker, this body is often fighting over things. We are at one of the most polarized points in our Nation that I have ever experienced, but in this case, this is an instance where Republicans and Democrats are coming together. I thank my good friend, STEVE COHEN, not just for this bill but also for the 5-year authorization that we passed out of this Chamber back in July. I also thank RICK LARSEN, the ranking member of the full committee; and, of course, SAM GRAVES, the full committee chairman, a good friend, and probably the best expert on aviation in the entire House of Representatives, for their work on aviation this year.

□ 1530

Mr. Speaker, I often hear people quote John Dingell, who said that the other party is the opposition, but the Senate is the enemy. In this case, I think that is exactly what we are experiencing.

Right now, we are in a situation where the House of Representatives, in this very polarized environment, passed a bipartisan FAA bill that we worked on for over 18 months.

The aviation team did an amazing job going through and distilling over 2,000 requests from Members of Congress and stakeholders and generating a bill, while not a metric of success, over 900 pages, ultimately passing the House Transportation Committee unanimously and passing the House of Representatives by a vote of 351 to only 69 people who didn't understand the bill.

Mr. Speaker, that shows huge momentum. We were able to work through complicated issues, as you heard others say, things like improving the passenger experience and making regulatory decisions for the FAA to ensure that we continue to play the leadership role in aviation innovation; to ensure that we have regulatory certainty and that we are not sending innovators and entrepreneurs to other countries to make investments because we don't have regulations, stability, or predictability in the aviation sector where new entrants are coming in at a remarkable rate; to ensure that we move the ball forward and properly strike that balance, as I know the full committee chair is so concerned about, between general aviation and commercial aviation; and to ensure that commercial space travel is properly regulated and has the certainty that they need.

Mr. Speaker, we reorganized the FAA. We improved the training of air traffic controllers. We improved addressing the major cliff that we are going over on pilots, A&P mechanics, and others involved in the aviation space who are so critical to this country.

Rather than sending a bill to the President's desk to do a long-term reauthorization of the FAA for 5 years, which addresses most of the problems in the FAA, we find ourselves now doing a 3-month extension until March 8 because the Senate has been unable to get their job done.

Just 2 weeks ago, we had a hearing in the Aviation Subcommittee where we went through and explored these issues. We looked at this.

The FAA now finally has an Administrator. I am fully supportive of the Administrator of the FAA, Administrator Whitaker, for being in there, but we have to have long-term certainty.

While I am voting for this bill and support it, it does not address the problems in the aviation space. They will not be addressed until the Senate takes up the bill and, ultimately, goes to conference with the House to where we are working on a conference report and sending a long-term authorization to the President.

Once again, Mr. Speaker, I thank the other members of the Big Four: Mr. COHEN, Mr. LARSEN, and Mr. SAM GRAVES. I thank everybody for working on this. I thank the aviation team on both sides.

I support this legislation, and I urge its adoption, but we cannot take the pressure off of the United States Senate to ultimately do their job and pass a long-term FAA reauthorization.

Mr. GRAVES of Missouri. Mr. Speaker, I reserve the balance of my time.

Mr. COHEN. Mr. Speaker, I will yield back the balance of my time and not ask Mr. GRAVES who won the Heisman Trophy because he knows well—the LSU quarterback.

New and persistent challenges facing the U.S. aviation system make clear that the status quo is unsustainable. We must extend the FAA's current authorization and recommit to passing a long-term, comprehensive reauthorization to avoid repeating this scenario. I support H.R. 6503 fully, and I urge my colleagues to do the same.

Mr. Speaker, I yield back the balance of my time.

Mr. GRAVES of Missouri. Mr. Speaker, I yield myself the balance of my time.

Again, I urge all Members to support this must-pass bill so we can keep our aviation system operating safely. Failing to pass an extension would cost the Federal Government more than $50 million a day in those lost revenues.

What is more, the FAA would be prohibited from making new obligations from the aviation trust fund to fund FAA's important safety, operational, and research functions.

To be clear, and I want to be clear to my colleagues, this bill provides a clean extension of FAA authorities. This bill does not include any policy riders at all.

Again, I know there is an appetite across the Capitol to enact a long-term and comprehensive FAA bill, and that continues to be my priority. I urge the Senate to act soon on its FAA bill so that Congress can deliver certainty to the aviation industry and the FAA.

Mr. Speaker, I urge support for the bill, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Missouri (Mr. GRAVES) that the House suspend the rules and pass the bill, H.R. 6503.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. GRAVES of Missouri. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this motion will be postponed.

COUNTERING WEAPONS OF MASS DESTRUCTION EXTENSION ACT OF 2023

Mr. D'ESPOSITO. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3224) to amend the Homeland Security Act of 2002 to extend the authorization of the Countering Weapons of Mass Destruction Office of the Department of Homeland Security, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3224

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Countering Weapons of Mass Destruction Extension Act of 2023''.

SEC. 2. EXTENSION OF AUTHORIZATION OF THE COUNTERING WEAPONS OF MASS DESTRUCTION OFFICE OF THE DEPARTMENT OF HOMELAND SECURITY.

(a) EXTENSION.—

(1) TERMINATION DATE.—Section 1901 of the Homeland Security Act of 2002 (6 U.S.C. 591) is amended by striking subsection (e) and inserting the following new subsection:

''(e) TERMINATION.—The Office shall terminate on the date that is two years after the date of the enactment of the Countering Weapons of Mass Destruction Extension Act of 2023.''.

(2) EXCEPTION.—The termination date specified in subsection (e) of section 1901 of the Homeland Security Act of 2002, as amended by paragraph (1), shall not apply to sections 1931 and 1932 of the Homeland Security Act of 2002 (6 U.S.C. 597 and 597a; relating to the Chief Medical Officer and the medical countermeasures program of the Department of Homeland Security).

(b) ORGANIZATIONAL ACCOUNTABILITY.—

(1) EMPLOYEE MORALE.—Not later than 180 days after the date of the enactment of this Act, the Assistant Secretary for the Countering Weapons of Mass Destruction Office of the Department of Homeland Security shall submit a report to and brief the Committee on Homeland Security of the House of Representatives and the Committee on Homeland Security and Governmental Affairs of the Senate regarding an employee engagement action plan and strategy to continuously improve morale within the Office.

(2) COMPTROLLER GENERAL.—Not later than one year after the date of the enactment of this Act, the Comptroller General of the United States shall conduct a review of and brief the Committee on Homeland Security of the House of Representatives and the Committee on Homeland Security and Governmental Affairs of the Senate regarding the following with respect to the Countering Weapons of Mass Destruction Office of the Department of Homeland Security:

(A) The efforts of the Office to prioritize the programs and activities that carry out the mission of the Office, including research and development.

(B) The consistency and effectiveness of the Office's stakeholder coordination across the mission of the Department, including operational and support components of the Department and State and local entities.

(C) The efforts of the Office to manage and coordinate the lifecycle of research and development within the Office and with other components of the Department, including the Science and Technology Directorate.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New York (Mr. D'ESPOSITO) and the gentleman from Maryland (Mr. IVEY) each will control 20 minutes.

The Chair recognizes the gentleman from New York.

GENERAL LEAVE

Mr. D'ESPOSITO. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 3224.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New York?

There was no objection.

Mr. D'ESPOSITO. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in strong support of my bill, H.R. 3224, the Countering Weapons of Mass Destruction Extension Act of 2023.

Authorized in 2018, the mission of the Department of Homeland Security's Countering Weapons of Mass Destruction Office is to enable its operational partners at the Federal, State, and local levels to prevent the use of WMDs against the United States of America and to promote readiness for chemical, biological, radiological, and nuclear threats.

At the Federal level, CWMD works with the United States Customs and Border Protection to acquire radiation portal monitors that scan cargo at U.S. ports of entry, as well as works with the U.S. Coast Guard to procure personal radiation detectors.

At the local level, the CWMD Office achieves its mission of supporting State, local, Tribal, and territorial partners through funding, equipment, and expertise.

In my home State of New York and in many other States across this great country, the CWMD Office operates the Securing the Cities program, which helps build regional capabilities to detect, analyze, and report nuclear and other radioactive materials.

My bill, the Countering Weapons of Mass Destruction Extension Act of 2023, will extend the sunset clause to ensure that the vital work of the CWMD Office continues.

Additionally, my legislation takes meaningful steps to address some longstanding challenges the office has faced, such as dwindling employee morale, and requires the Assistant Secretary for the CWMD Office to submit a report to Congress on how the office will continuously improve morale and employee engagement within the office.

Further, my bill requires the Government Accountability Office to conduct a review of the CWMD Office's coordination with stakeholders and efforts to provide the programs and activities that carry out the office's mission, among other items.

From aviation and border security to emergency response and cybersecurity, the Department of Homeland Security has one common mission, Mr. Speaker, and that is to keep America safe.

The Countering Weapons of Mass Destruction Office facilitates its mission by ensuring that operational partners have the tools and support needed to safeguard the United States of America against chemical, biological, radiological, and nuclear threats.

Although we hope that we never ever see the day when one of our adversaries deploys a weapon of mass destruction against this great Nation, we cannot neglect the ever-present threat of terrorism that continues to exist today.

Mr. Speaker, I urge my colleagues to join me in supporting this commonsense bill, H.R. 3224, and I reserve the balance of my time.

Mr. IVEY. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I am pleased that we are here today to consider H.R. 3224, the Countering Weapons of Mass Destruction Extension Act of 2023. I commend my Republican colleague from New York for introducing this legislation.

The CWMD Office within the Department of Homeland Security plays a pivotal role in safeguarding our Nation's security by addressing the threat of weapons capable of causing harm to our communities and infrastructure.

CWMD improves our Nation's capability to plan for, detect, and guard against chemical, biological, radiological, nuclear, and health security threats, otherwise known as CBRN.

CWMD further enables CBRN detection programs, training, and other capabilities for State, local, Tribal, and territorial partners and provides ground support for national special security events such as Presidential inaugurations and major sporting events.

Without the support of dedicated DHS components like CWMD, terrorists could exploit the absence of comprehensive measures. It could leave the Nation vulnerable to catastrophic attacks with the potential for widespread harm, loss of life, and severe disruption to national security and public safety.

CWMD operates important programs such as Securing the Cities, which provides 14 local governments across the country with detection equipment, training, exercise support, operational and technical subject matter expertise, and programmatic support.

When CWMD was authorized in 2018, Congress included a sunset for December 21, 2023, with the idea that we could closely monitor the progress of the office. The last continuing resolution extended CWMD through February 2, 2024, but the office needs a longer extension to ensure that its programs and staff have continuity.

With the sunset quickly approaching, the Committee on Homeland Security has worked in a bipartisan fashion to extend CWMD by 2 years with H.R. 3224.

This bipartisan bill will also provide a report to Congress regarding a CWMD employee engagement action plan and strategy to improve morale within the office, which is important given that there have been significant workforce and morale issues. CWMD is consistently ranked low in morale, according to a survey done by the Best Places to Work in the Federal Government.

The bill further requires the Government Accountability Office to brief Congress regarding CWMD and how it is carrying out its mission. While Congress will continue to provide oversight of CWMD and, in the future, provide a permanent authorization for the office, passage of H.R. 3224 is a positive step.

Mr. Speaker, I encourage my colleagues to join me in supporting H.R. 3224, and I reserve the balance of my time.

Mr. D'ESPOSITO. Mr. Speaker, I reserve the balance of my time.

Mr. IVEY. Mr. Speaker, I yield 2 minutes to the gentleman from Louisiana (Mr. CARTER), the ranking member of the Emergency Management and Technology Subcommittee of the Committee on Homeland Security and an original cosponsor of this measure.

Mr. CARTER of Louisiana. Mr. Speaker, let me say a huge thank-you to Representative IVEY for yielding and particular appreciation and thanks to Congressman D'ESPOSITO, the chairman of the subcommittee.

I am pleased that we are here today to consider Representative D'ESPOSITO's bill, H.R. 3224, the Countering Weapons of Mass Destruction Extension Act of 2023, of which I am a proud original cosponsor.

□ 1545

The Countering Weapons of Mass Destruction, CWMD, office within the Department of Homeland Security was established to elevate and consolidate the Department's effort to protect our Nation from chemical, biological, radiological, and nuclear threats.

CWMD supports Federal, State, and local law enforcement and first responders to defend against CBRN attacks and accomplishes this through programs such as the Securing the Cities program, STC, which holds significant importance for the residents of my home of New Orleans.

The Securing the Cities program bolsters our cities' capacity to identify and thwart potential terrorist threats, particularly during major events like Mardi Gras, Sugar Bowl, Super Bowl, and so many other events that are home to the State of Louisiana.

Another critical program deployed by CWMD is the National Biosurveillance Integration Center, NBIC. NBIC plays a pivotal role in early detection, rapid response, and coordinated efforts by identifying and tracking biological events and distributing its products to Federal, State, and local, congressional, and private sector partners. NBIC's coordination helps ensure a more effective and unified response to mitigate the impact of biological threats.

CWMD's expertise is instrumental in formulating and implementing strategies, coordinating intelligence efforts, and providing essential resources to fortify the Nation's CBRN capabilities.

Recognizing the pivotal role of this office, I am pleased that we could unite on a bipartisan basis to bring H.R. 3224, the Countering Weapons of Mass Destruction Extension Act of 2023, to the floor today.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. IVEY. Mr. Speaker, I yield an additional 30 seconds to the gentleman from Louisiana.

Mr. CARTER of Louisiana. This bipartisan legislation extends CWMD's authorization for 2 years and mandates a Congressional report on the office's plans to enhance morale—an ongoing concern. The bill also requires the Government Accountability Office to brief Congress regarding the CWMD and how it is carrying out its mission.

CWMD is a critical asset, ensuring a safer and more secure nation for present and future generations. Continued support for this office is paramount, therefore, Mr. Speaker, I urge my colleagues to join me in supporting H.R. 3224.

Mr. D'ESPOSITO. Mr. Speaker, I reserve the balance of my time.

Mr. IVEY. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, H.R. 3224 is crucial for sustaining our Nation's capabilities to counter chemical, biological, radiological, and nuclear threats.

The expertise provided by CWMD is essential in the fight against weapons of mass destruction.

Passage of this legislation is vital to maintaining our preparedness and ensuring the security of the Nation against the evolving challenges posed by bad actors.

Mr. Speaker, I urge my House colleagues to support H.R. 3224, and I yield back the balance of my time.

Mr. D'ESPOSITO. Mr. Speaker, I yield myself the balance of my time to close.

Mr. Speaker, I think that it is very clear that this bill, H.R. 3224, is not a partisan issue. It is one that the American people will benefit from in order to keep this great homeland safe.

Mr. Speaker, I, again, urge my colleagues to support H.R. 3224, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New York (Mr. D'ESPOSITO) that the House suspend the rules and pass the bill, H.R. 3224, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. D'ESPOSITO. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this motion will be postponed.

PROHIBITING RUSSIAN URANIUM IMPORTS ACT

Mrs. RODGERS of Washington. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1042) to prohibit the importation into the United States of unirradiated low-enriched uranium that is produced in the Russian Federation, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1042

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Prohibiting Russian Uranium Imports Act''.

SEC. 2. PROHIBITION ON IMPORTS OF LOW-ENRICHED URANIUM FROM THE RUSSIAN FEDERATION.

(a) PROHIBITION ON IMPORTS.—Section 3112A of the USEC Privatization Act (42 U.S.C. 2297h–10a) is amended by adding at the end the following:

''(d) PROHIBITION ON IMPORTS OF LOW-ENRICHED URANIUM.—

''(1) PROHIBITION.—Beginning on the date that is 90 days after the date of the enactment of this subsection, and subject to paragraphs (2) and (3), the following may not be imported into the United States:

''(A) Unirradiated low-enriched uranium that is produced in the Russian Federation or by a Russian entity.

''(B) Unirradiated low-enriched uranium that is determined to have been exchanged with, swapped for, or otherwise obtained in lieu of unirradiated low-enriched uranium described in subparagraph (A) in a manner designed to circumvent the restrictions under this section.

''(2) WAIVER.—

''(A) IN GENERAL.—Subject to subparagraphs (B) and (C), the Secretary of Energy, in consultation with the Secretary of State and the Secretary of Commerce, may waive the application of paragraph (1) to authorize the importation of low-enriched uranium described in that paragraph if the Secretary of Energy determines that—

''(i) no alternative viable source of low-enriched uranium is available to sustain the continued operation of a nuclear reactor or a United States nuclear energy company; or

''(ii) importation of low-enriched uranium described in paragraph (1) is in the national interest.

''(B) LIMITATION ON AMOUNTS OF IMPORTS OF LOW-ENRICHED URANIUM.—

''(i) IN GENERAL.—The importation into the United States of low-enriched uranium described in paragraph (1), including low-enriched uranium obtained under contracts for separative work units, whether or not such low-enriched uranium is derived from highly enriched uranium of weapons origin, may not exceed—

''(I) in calendar year 2024, 476,536 kilograms;

''(II) in calendar year 2025, 470,376 kilograms;

''(III) in calendar year 2026, 464,183 kilograms; and

''(IV) in calendar year 2027, 459,083 kilograms.

''(ii) ADMINISTRATION.—The Secretary of Commerce shall—

''(I) administer the import limitations described in clause (i) in accordance with the provisions of the Suspension Agreement, including the provisions described in subsection (c)(2)(B)(i);

''(II) be responsible for enforcing the import limitations described in clause (i); and

''(III) enforce the import limitations described in clause (i) in a manner that imposes a minimal burden on the commercial nuclear industry.

''(C) TERMINATION.—Any waiver issued under subparagraph (A) shall terminate not later than January 1, 2028.

''(D) NOTIFICATION TO CONGRESS.—

''(i) IN GENERAL.—Upon issuing a waiver under subparagraph (A), the Secretary of Energy shall submit to the committees specified in clause (ii) a notification that a waiver has been issued, which shall include identification of the recipient of the waiver.

''(ii) COMMITTEES SPECIFIED.—The committees specified in this clause are—

''(I) the Committee on Energy and Natural Resources and the Committee on Finance of the Senate; and

''(II) the Committee on Energy and Commerce and the Committee on Ways and Means of the House of Representatives.

''(3) APPLICABILITY.—This subsection does not apply to imports—

''(A) by or under contract to the Department of Energy for national security or nonproliferation purposes; or

''(B) of non-uranium isotopes.

''(4) TERMINATION.—The provisions of this subsection shall terminate on December 31, 2040.

''(5) RUSSIAN ENTITY DEFINED.—In this subsection, the term 'Russian entity' means an entity organized under the laws of or otherwise subject to the jurisdiction of the Government of the Russian Federation.''.

(b) CONFORMING AMENDMENTS.—

(1) IN GENERAL.—Section 3112A(c) of the USEC Privatization Act (42 U.S.C. 2297h–10a(c)) is amended—

(A) in paragraph (2)—

(i) in subparagraph (A)—

(I) in clause (ix), by inserting ''and'' after the semicolon at the end;

(II) in clause (x), by striking the semicolon and inserting a period; and

(III) by striking clauses (xi) through (xxvii); and

(ii) in subparagraph (C)(i), by striking ''paragraph (10)'' and inserting ''paragraph (9)'';

(B) in paragraph (3), by striking ''United States'' and all that follows through ''for processing'' and inserting ''United States for processing'';

(C) by striking paragraph (5);

(D) by redesignating paragraphs (6) through (12) as paragraphs (5) through (11), respectively;

(E) in paragraph (5), as redesignated by subparagraph (D), by striking ''In addition to the adjustment under paragraph (5)(A), the'' and inserting ''The'';

(F) in subparagraph (A) of paragraph (7), as so redesignated, by striking ''paragraph (10)'' and inserting ''paragraph (9)'';

(G) in paragraph (8), as so redesignated, by striking ''December 31, 2040'' and inserting ''the date described in subsection (d)(1)''; and

(H) in subparagraph (A) of paragraph (9), as so redesignated, by striking ''paragraphs (2)(C) and (8)'' and inserting ''paragraphs (2)(C) and (7)''.

(2) EFFECTIVE DATE.—The amendment to section 3112A(c)(2)(A)(xi) of the USEC Privatization Act (42 U.S.C. 2297h–10a(c)(2)(A)(xi)) made by paragraph (1)(A) of this subsection shall take effect on the date that is 90 days after the date of the enactment of this Act.

The SPEAKER pro tempore (Mr. BOST). Pursuant to the rule, the gentlewoman from Washington (Mrs. RODGERS) and the gentleman from New Jersey (Mr. PALLONE) each will control 20 minutes.

The Chair recognizes the gentlewoman from Washington.

GENERAL LEAVE

Mrs. RODGERS of Washington. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and insert extraneous material into the RECORD on the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Washington?

There was no objection.

Mrs. RODGERS of Washington. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of my bill, H.R. 1042, the Prohibiting Russian Uranium Imports Act, which I introduced with Mr. LATTA.

American leadership in nuclear energy and nuclear technology is critical to our economic and national security. One of the most urgent security threats America faces right now is our dangerous reliance on Russia's supply of nuclear fuels for our nuclear fleet. This threat has intensified as a result of the war in Ukraine.

American nuclear fuel infrastructure has been stunted by policies that Russia has exploited by flooding the U.S. market with this cheaper fuel. Today that accounts for more than 20 percent of our nuclear fuels for American reactors.

Last year alone, our industry paid over $800 million to Russia's state-owned nuclear energy corporation, Rosatom and its fuel subsidiaries. That number could be even higher this year, and these resources are no doubt going towards funding Putin's war efforts in Ukraine.

Further, we have seen how Putin has weaponized Europe's reliance on Russian natural gas. There is no reason to believe that Russia wouldn't do the same with our nuclear fuel supply if Putin saw an opportunity.

Rosatom has also supported China's nuclear energy ambitions. The risks of continuing this dependence on Russia for our nuclear fuel are simply too great. It is weakening America's nuclear fuel infrastructure, which has significantly declined because of the reliance on these cheap fuels.

That is why I am leading H.R. 1042.

Our bill bans fuel imports from Russia and sends a strong signal to the market that will help ensure America's nuclear leadership and fuel infrastructure. Our legislation also provides waivers to cover any supply gaps leading up to 2028, at which point no more Russian fuel will be allowed to be imported into the U.S.

This bill both protects any short-term needs of the industry and provides the long-term certainty necessary to build out American capacity, as well as European capacity that serves our markets.

H.R. 1042 has bipartisan support from the Committee on Energy and Commerce. It also has support from the nuclear industry, the nuclear fuels industry, and policy advocates.

Additionally, the Biden administration has also said that a ban on Russian fuels is necessary to advance our domestic fuel build-out, including the fuels for advanced reactors.

Across Europe, utility providers are starting to transition away from Russian fuels, announce new capacity, and invest in plant projects. We are seeing important fuel processes returning online in the United States.

For example, the uranium conversion facility in Metropolis, Illinois, has restarted operations for the first time in years. That facility alone could meet the domestic uranium conversion needs within 2 years, but only if they have assurances that cheap Russian fuel won't undercut their business.

The reality is, no facility owner is going to be able to invest to expand production capacity without the certainty of long-term contracts for their products. Those long-term contracts from fuel customers, the utility companies, will not be written if there remains uncertainty about Russian fuel continuing to flow into the United States, and the risk that Russia will once again be able to flood the market with cheaper products.

H.R. 1042 provides those assurances to industry.

American leadership in nuclear energy and nuclear technology is critical to our economic, energy, and national security, and a strong domestic nuclear fuel system, from mining to enrichment, is vital to our leadership.

In the U.S. alone, nuclear energy provides nearly 20 percent of our electricity generation, all of which is emissions free.

Nuclear plants operate 24 hours a day, 7 days a week, 365 days a year, making them one of the most reliable, zero-carbon, baseload energy resources.

H.R. 1042 will protect the short-term needs of the nuclear industry and provide the long-term certainty necessary to encourage investment and secure a durable domestic supply of fuel.

I urge my colleagues to support the Prohibiting Russian Uranium Imports Act to restore our industry and take down Russia's nuclear fuel empire.

Mr. Speaker, I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H.R. 1042, the Prohibiting Russian Uranium Imports Act.

Our imports of Russian nuclear fuel date back to the megatons for megawatts disarmament program at the end of the Cold War. That program has been over for a decade now, and we have developed a dependence on Russian uranium.

Our Nation's nuclear reactors currently depend on Russia for nearly 15 percent of their enriched uranium.

This is troubling because over the last 2 years we have seen how Russia tries to wield its energy resources as a weapon. It is simply unsustainable.

I support ending our dangerous reliance on Russia for enriched uranium, but if we are serious about energy security, we cannot simply switch one foreign dependence for another. That is why we must invest in our own uranium fuel cycle here at home.

Right now, we have limited fuel facilities to provide the nuclear fuel our existing fleet needs, much less the advanced fuels that future reactors will need. Any move we make to end our reliance on Russian uranium must be partnered with a build-out of our domestic uranium supply chain. Otherwise, any action would just increase cost to consumers and impact reliability.

That is why in committee, Democrats attempted to partner this bill with authorizations to the Department of Energy to invest in U.S. domestic enrichment and conversion capacity. Unfortunately, those efforts were initially rejected by our Republican majority, therefore, I opposed this bill at that time.

Fortunately, the committee has now advanced legislation that authorizes those investments in our domestic fuel cycle, and that language will be included in the final defense authorization bill.

With that legislation set to become law, I am now much more comfortable moving this bill. After passage of the defense authorization bill, we must ensure these important programs are funded at the levels authorized so we can finally end our dangerous reliance on Russian uranium.

The combination of banning imports of Russian uranium and investing in domestic capacity will provide private industry with both the certainty and the incentives it needs to invest in the nuclear fuel supply chain. This will help us become a world leader again, not just in fuel production for our current reactors, but in fuel production for the next generation of reactors, as well.

I urge support for this bill, Mr. Speaker. I ask that we support this bill on a bipartisan basis. It is a good bill at this point, and we want to get it to the Senate as quickly as possible.

Mr. Speaker, I yield back the balance of my time.

Mrs. RODGERS of Washington. Mr. Speaker, I, too, urge support for this bill. I am pleased we have been able to come together to move this legislation forward, and I yield back the balance of my time.

□ 1600

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Washington (Mrs. RODGERS) that the House suspend the rules and pass the bill, H.R. 1042, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

LOWER COSTS, MORE TRANSPARENCY ACT

Mrs. RODGERS of Washington. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5378) to promote price transparency in the health care sector, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5378

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Lower Costs, More Transparency Act''.

SEC. 2. TABLE OF CONTENTS.

The table of contents of this Act is as follows:

TITLE I—IMPROVING HEALTH CARE TRANSPARENCY

SEC. 101. HOSPITAL PRICE TRANSPARENCY.

(a) MEDICARE.—Part E of title XVIII of the Social Security Act (42 U.S.C. 1395x et seq.) is amended by adding at the end the following new section:

''SEC. 1899C. HOSPITAL PRICE TRANSPARENCY.

''(a) TRANSPARENCY REQUIREMENT.—

''(1) IN GENERAL.—Beginning January 1, 2026, each specified hospital that receives payment under this title for furnishing items and services shall comply with the price transparency requirement described in paragraph (2).

''(2) REQUIREMENT DESCRIBED.—

''(A) IN GENERAL.—For purposes of paragraph (1), the price transparency requirement described in this paragraph is, with respect to a specified hospital, that such hospital, in accordance with a method and format established by the Secretary under subparagraph (C), compile and make public (without subscription and free of charge) for each year—

''(i) all of the hospital's standard charges (including the information described in subparagraph (B)) for each item and service furnished by such hospital;

''(ii) information in a consumer-friendly format (as specified by the Secretary)—

''(I) on the hospital's prices (including the information described in subparagraph (B)) for as many of the Centers for Medicare & Medicaid Services-specified shoppable services that are furnished by the hospital, and as many additional hospital-selected shoppable services (or all such additional services, if such hospital furnishes fewer than 300 shoppable services) as may be necessary for a combined total of at least 300 shoppable services; and

''(II) that includes, with respect to each Centers for Medicare & Medicaid Services-specified shoppable service that is not furnished by the hospital, an indication that such service is not so furnished; and

''(iii) an attestation that all information made public pursuant to this subparagraph is complete and accurate.

''(B) INFORMATION DESCRIBED.—For purposes of subparagraph (A), the information described in this subparagraph is, with respect to standard charges and prices, as applicable, made public by a specified hospital, the following:

''(i) A plain language description of each item or service, accompanied by, as applicable, the Healthcare Common Procedure Coding System code, the diagnosis-related group, the national drug code, or other identifier used or approved by the Centers for Medicare & Medicaid Services.

''(ii) The gross charge, as applicable, expressed as a dollar amount, for each such item or service, when provided in, as applicable, the inpatient setting and outpatient department setting.

''(iii) The discounted cash price, as applicable, expressed as a dollar amount, for each such item or service when provided in, as applicable, the inpatient setting and outpatient department setting (or, in the case no discounted cash price is available for an item or service, the median cash price charged by the hospital to self-pay individuals for such item or service when provided in such settings for the previous three years, expressed as a dollar amount, as well as, with respect to prices made public pursuant to subparagraph (A)(ii), a link to a consumer-friendly document that clearly explains the hospital's charity care policy that

includes, if applicable, any sliding scale payment structure employed for determining charges for a self-pay individual).

''(iv) The payer-specific negotiated charges, as applicable, clearly associated with the name of the third party payer and plan and expressed as a dollar amount, that apply to each such item or service when provided in, as applicable, the inpatient setting and outpatient department setting.

''(v) The de-identified maximum and minimum negotiated charges, as applicable, for each such item or service.

''(vi) Any other additional information the Secretary may require for the purpose of improving the accuracy of, or enabling consumers to easily understand and compare, standard charges and prices for an item or service, except information that is duplicative of any other reporting requirement under this subsection.

In the case of standard charges and prices for an item or service included as part of a bundled, per diem, episodic, or other similar arrangement, the information described in this subparagraph shall be made available as determined appropriate by the Secretary.

''(C) UNIFORM METHOD AND FORMAT.—Not later than January 1, 2026, the Secretary shall establish a standard, uniform method and format for specified hospitals to use in compiling and making public standard charges pursuant to subparagraph (A)(i) and a standard, uniform method and format for such hospitals to use in compiling and making public prices pursuant to subparagraph (A)(ii). Such methods and formats—

''(i) shall, in the case of such method and format for making public standard charges pursuant to subparagraph (A)(i), ensure that such charges are made available in a machine-readable format (or a successor technology specified by the Secretary);

''(ii) may be similar to any template made available by the Centers for Medicare & Medicaid Services as of the date of the enactment of this subparagraph;

''(iii) shall meet such standards as determined appropriate by the Secretary in order to ensure the accessibility and usability of such charges and prices; and

''(iv) shall be updated as determined appropriate by the Secretary, in consultation with stakeholders.

''(3) MONITORING COMPLIANCE.—The Secretary shall, through notice and comment rulemaking and in consultation with the Inspector General of the Department of Health and Human Services, establish a process to monitor compliance with this subsection. Such process shall ensure that each specified hospital's compliance with this subsection is reviewed not less frequently than once every 3 years.

''(4) ENFORCEMENT.—

''(A) IN GENERAL.—In the case of a specified hospital that fails to comply with the requirements of this subsection—

''(i) not later than 30 days after the date on which the Secretary determines such failure exists, the Secretary shall submit to such hospital a notification of such determination (which may include, as determined appropriate by the Secretary, a request for a corrective action plan to comply with such requirements); and

''(ii) in the case of a hospital that does not receive a request for a corrective action plan as part of a notification submitted by the Secretary under clause (i)—

''(I) the Secretary shall, not later than 45 days after such notification is sent, determine whether such hospital is in compliance with such requirements; and

''(II) if the Secretary determines under subclause (I) that such hospital is not in compliance with such requirements, the Secretary shall either—

''(aa) submit to such hospital a request for a corrective action plan to comply with such requirements; or

''(bb) if the Secretary determines that such hospital has not taken meaningful actions to come into compliance since such notification was sent, impose a civil monetary penalty in accordance with subparagraph (B).

''(B) CIVIL MONETARY PENALTY.—

''(i) IN GENERAL.—Subject to clause (vii), in addition to any other enforcement actions or penalties that may apply under another provision of law, a specified hospital that has received a request for a corrective action plan under clause (i) or (ii) of subparagraph (A) and fails to comply with the requirements of this subsection by the date that is 45 days after such request is made, and a specified hospital with respect to which the Secretary has made a determination described in clause (ii)(II)(bb) of such subparagraph, shall be subject to a civil monetary penalty of an amount specified by the Secretary for each day (beginning with the day on which the Secretary first determined that such hospital was not complying with such requirements) during which such failure was ongoing. Such amount shall not exceed—

''(I) in the case of a specified hospital with 30 or fewer beds, $300 per day (or, in the case of such a hospital that has been noncompliant with such requirements for a 1-year period or longer, beginning with the first day following such 1-year period, $400 per day);

''(II) in the case of a specified hospital with more than 30 beds but fewer than 101 beds, $12.50 per bed per day (or, in the case of such a hospital that has been noncompliant with such requirements for a 1-year period or longer, beginning with the first day following such 1-year period, $15 per bed per day);

''(III) in the case of a specified hospital with more than 100 beds but fewer than 201 beds, $17.50 per bed per day (or, in the case of such a hospital that has been noncompliant with such requirements for a 1-year period or longer, beginning with the first day following such 1-year period, $20 per bed per day);

''(IV) in the case of a specified hospital with more than 200 beds but fewer than 501 beds, $20 per bed per day (or, in the case of such a hospital that has been noncompliant with such requirements for a 1-year period or longer, beginning with the first day following such 1-year period, $25 per bed per day); and

''(V) in the case of a specified hospital with more than 500 beds, $25 per bed per day (or, in the case of such a hospital that has been noncompliant with such requirements for a 1-year period or longer, beginning with the first day following such 1-year period, $35 per bed per day).

''(ii) INCREASE AUTHORITY.—In applying this subparagraph with respect to violations occurring in 2027 or a subsequent year, the Secretary may through notice and comment rulemaking increase—

''(I) the limitation on the per day amount of any penalty applicable to a specified hospital under clause (i)(I);

''(II) the limitations on the per bed per day amount of any penalty applicable under any of subclauses (II) through (V) of clause (i); and

''(III) the amounts specified in clause (iii)(II).

''(iii) PERSISTENT NONCOMPLIANCE.—

''(I) IN GENERAL.—In the case of a specified hospital (other than a specified hospital with 30 or fewer beds) that the Secretary has determined to be knowingly and willfully noncompliant with the provisions of this subsection two or more times during a 1-year period, the Secretary may increase any penalty otherwise applicable under this subparagraph by the amount specified in subclause (II) with respect to such hospital and may require such hospital to complete such additional corrective actions plans as the Secretary may specify.

''(II) SPECIFIED AMOUNT.—For purposes of subclause (I), the amount specified in this subclause is, with respect to a specified hospital—

''(aa) with more than 30 beds but fewer than 101 beds, an amount that is not less than $500,000 and not more than $1,000,000;

''(bb) with more than 100 beds but fewer than 301 beds, an amount that is greater than $1,000,000 and not more than $2,000,000;

''(cc) with more than 300 beds but fewer than 501 beds, an amount that is greater than $2,000,000 and not more than $4,000,000; and

''(dd) with more than 500 beds, and amount that is not less than $5,000,000 and not more than $10,000,000.

''(iv) AUTHORITY TO WAIVE OR REDUCE PENALTY.—

''(I) IN GENERAL.—Subject to subclause (II), the Secretary may waive any penalty, or reduce any penalty by not more than 75 percent, otherwise applicable under this subparagraph with respect to a specified hospital located in a rural or underserved area if the Secretary certifies that imposition of such penalty would result in an immediate threat to access to care for individuals in the service area of such hospital.

''(II) LIMITATION ON APPLICATION.—The Secretary may not elect to waive a penalty under subclause (I) with respect to a specified hospital more than once in a 6-year period and may not elect to reduce such a penalty with respect to such a hospital more than once in such a period. Nothing in the preceding sentence shall be construed as prohibiting the Secretary from both waiving and reducing a penalty with respect to a specified hospital during a 6-year period.

''(v) PROVISION OF TECHNICAL ASSISTANCE.—The Secretary shall, to the extent practicable, provide technical assistance relating to compliance with the provisions of this subsection to specified hospitals requesting such assistance.

''(vi) APPLICATION OF CERTAIN PROVISIONS.—The provisions of section 1128A (other than subsections (a) and (b) of such section) shall apply to a civil monetary penalty imposed under this subparagraph in the same manner as such provisions apply to a civil monetary penalty imposed under subsection (a) of such section.

''(vii) NONDUPLICATION OF CERTAIN PENALTIES.—The Secretary may not subject a specified hospital to a civil monetary penalty under this subparagraph with respect to noncompliance with the provisions of this section for a period if the Secretary has imposed a civil monetary penalty on such hospital under section 2718(f) of the Public Health Service Act for failure to comply with the provisions of such section for such period.

''(C) PUBLICATION OF HOSPITAL PRICE TRANSPARENCY INFORMATION.—Beginning on January 1, 2026, the Secretary shall make publicly available on the public website of the Centers for Medicare & Medicaid Services information with respect to compliance with the requirements of this subsection and enforcement activities undertaken by the Secretary under this subsection. Such information shall be updated in real time and include—

''(i) the number of reviews of compliance with this subsection undertaken by the Secretary;

''(ii) the number of notifications described in subparagraph (A)(i) sent by the Secretary;

''(iii) the identity of each specified hospital that was sent such a notification and a description of the nature of such hospital's noncompliance with this subsection;

''(iv) the amount of any civil monetary penalty imposed on such hospital under subparagraph (B);

''(v) whether such hospital subsequently came into compliance with this subsection;

''(vi) any waivers or reductions of penalties made pursuant to a certification by the Secretary under subparagraph (B)(iv), including—

''(I) the name of any specified hospital that received such a waiver or reduction;

''(II) the dollar amount of each such penalty so waived or reduced; and

''(III) the rationale for the granting of each such waiver or reduction; and

''(vii) any other information as determined by the Secretary.

''(b) ENSURING ACCESSIBILITY THROUGH IMPLEMENTATION.—In implementing the amendments made by this section, the Secretary of Health and Human Services shall through rulemaking ensure that a hospital submitting charges and information pursuant to such amendments takes reasonable steps (as specified by the Secretary) to ensure the accessibility of such charges and information to individuals with limited English proficiency. Such steps may include the hospital's provision of interpretation services or the hospital's provision of translations of charges and information.

''(c) DEFINITIONS.—For purposes of this section:

''(1) DISCOUNTED CASH PRICE.—The term 'discounted cash price' means the charge that applies to an individual who pays cash, or cash equivalent, for an item or service.

''(2) FEDERAL HEALTH CARE PROGRAM.—The term 'Federal health care program' has the meaning given such term in section 1128B.

''(3) GROSS CHARGE.—The term 'gross charge' means the charge for an individual item or service that is reflected on a specified hospital's or provider of service's or supplier's, as applicable, chargemaster, absent any discounts.

''(4) GROUP HEALTH PLAN; GROUP HEALTH INSURANCE COVERAGE; INDIVIDUAL HEALTH INSURANCE COVERAGE.—The terms 'group health plan', 'group health insurance coverage', and 'individual health insurance coverage' have the meaning given such terms in section 2791 of the Public Health Service Act.

''(5) PAYER-SPECIFIC NEGOTIATED CHARGE.—The term 'payer-specific negotiated charge' means the charge that a specified hospital or provider of services or supplier, as applicable, has negotiated with a third party payer for an item or service.

''(6) SHOPPABLE SERVICE.—The term 'shoppable service' means a service that can be scheduled by a health care consumer in advance and includes all ancillary items and services customarily furnished as part of such service.

''(7) SPECIFIED HOSPITAL.—The term 'specified hospital' means a hospital (as defined in section 1861(e)), a critical access hospital (as defined in section 1861(mmm)(1)), or a rural emergency hospital (as defined in section 1861(kkk)).

''(8) THIRD PARTY PAYER.—The term 'third party payer' means an entity that is, by statute, contract, or agreement, legally responsible for payment of a claim for a health care item or service.''.

(b) PHSA.—

(1) IN GENERAL.—Section 2718 of the Public Health Service Act (42 U.S.C. 300gg–18) is amended by adding at the end the following new subsection:

''(f) HOSPITAL TRANSPARENCY REQUIREMENT.—

''(1) IN GENERAL.—Beginning January 1, 2026, each hospital shall comply with the price transparency requirement described in paragraph (2).

''(2) REQUIREMENT DESCRIBED.—

''(A) IN GENERAL.—For purposes of paragraph (1), the price transparency requirement described in this paragraph is, with respect to a hospital, that such hospital, in accordance with a method and format established by the Secretary under subparagraph (C), compile and make public (without subscription and free of charge) for each year—

''(i) all of the hospital's standard charges (including the information described in subparagraph (B)) for each item and service furnished by such hospital;

''(ii) information in a consumer-friendly format (as specified by the Secretary)—

''(I) on the hospital's prices (including the information described in subparagraph (B)) for as many of the Centers for Medicare & Medicaid Services-specified shoppable services that are furnished by the hospital, and as many additional hospital-selected shoppable services (or all such additional services, if such hospital furnishes fewer than 300 shoppable services) as may be necessary for a combined total of at least 300 shoppable services; and

''(II) that includes, with respect to each Centers for Medicare & Medicaid Services-specified shoppable service that is not furnished by the hospital, an indication that such service is not so furnished; and

''(iii) an attestation that all information made public pursuant to this subparagraph is complete and accurate.

''(B) INFORMATION DESCRIBED.—For purposes of subparagraph (A), the information described in this subparagraph is, with respect to standard charges and prices, as applicable, made public by a hospital, the following:

''(i) A plain language description of each item or service, accompanied by, as applicable, the Healthcare Common Procedure Coding System code, the diagnosis-related group, the national drug code, current procedure terminology codes, or other identifier used or approved by the Centers for Medicare & Medicaid Services.

''(ii) The gross charge, as applicable, expressed as a dollar amount, for each such item or service, when provided in, as applicable, the inpatient setting and outpatient department setting.

''(iii) The discounted cash price, as applicable, expressed as a dollar amount, for each such item or service when provided in, as applicable, the inpatient setting and outpatient department setting (or, in the case no discounted cash price is available for an item or service, the median cash price charged by the hospital to self-pay individuals for such item or service when provided in such settings for the previous three years, expressed as a dollar amount, as well as, with respect to prices made public pursuant to subparagraph (A)(ii), a link to a consumer-friendly document that clearly explains the hospital's charity care policy that includes, if applicable, any sliding scale payment structure employed for determining charges for a self-pay individual).

''(iv) The payer-specific negotiated charges, as applicable, clearly associated with the name of the third party payer and plan and expressed as a dollar amount, that apply to each such item or service when provided in, as applicable, the inpatient setting and outpatient department setting.

''(v) The de-identified maximum and minimum negotiated charges, as applicable, for each such item or service.

''(vi) Any other additional information the Secretary may require for the purpose of improving the accuracy of, or enabling consumers to easily understand and compare, standard charges and prices for an item or service, except information that is duplicative of any other reporting requirement under this subsection.

In the case of standard charges and prices for an item or service included as part of a bundled, per diem, episodic, or other similar arrangement, the information described in this subparagraph shall be made available as determined appropriate by the Secretary.

''(C) UNIFORM METHOD AND FORMAT.—Not later than January 1, 2026, the Secretary shall establish a standard, uniform method and format for hospitals to use in compiling and making public standard charges pursuant to subparagraph (A)(i) and a standard, uniform method and format for such hospitals to use in compiling and making public prices pursuant to subparagraph (A)(ii). Such methods and formats—

''(i) shall, in the case of such method and format for making public standard charges pursuant to subparagraph (A)(i), ensure that such charges are made available in a machine-readable format (or a successor technology specified by the Secretary);

''(ii) may be similar to any template made available by the Centers for Medicare & Medicaid Services as of the date of the enactment of this subparagraph;

''(iii) shall meet such standards as determined appropriate by the Secretary in order to ensure the accessibility and usability of such charges and prices; and

''(iv) shall be updated as determined appropriate by the Secretary, in consultation with stakeholders.

''(3) MONITORING COMPLIANCE.—The Secretary shall, through notice and comment rulemaking and in consultation with the Inspector General of the Department of Health and Human Services, establish a process to monitor compliance with this subsection. Such process shall ensure that each hospital's compliance with this subsection is reviewed not less frequently than once every 3 years.

''(4) ENFORCEMENT.—

''(A) IN GENERAL.—In the case of a hospital that fails to comply with the requirements of this subsection—

''(i) not later than 30 days after the date on which the Secretary determines such failure exists, the Secretary shall submit to such hospital a notification of such determination (which may include, as determined appropriate by the Secretary, a request for a corrective action plan to comply with such requirements); and

''(ii) in the case of a hospital that does not receive a request for a corrective action plan as part of a notification submitted by the Secretary under clause (i)—

''(I) the Secretary shall, not later than 45 days after such notification is sent, determine whether such hospital is in compliance with such requirements; and

''(II) if the Secretary determines under subclause (I) that such hospital is not in compliance with such requirements, the Secretary shall either—

''(aa) submit to such hospital a request for a corrective action plan to comply with such requirements; or

''(bb) if the Secretary determines that such hospital has not taken meaningful actions to come into compliance since such notification was sent, impose a civil monetary penalty in accordance with subparagraph (B).

''(B) CIVIL MONETARY PENALTY.—

''(i) IN GENERAL.—In addition to any other enforcement actions or penalties that may apply under another provision of law, a hospital that has received a request for a corrective action plan under clause (i) or (ii) of subparagraph (A) and fails to comply with the requirements of this subsection by the

date that is 45 days after such request is made, and a hospital with respect to which the Secretary has made a determination described in clause (ii)(II)(bb) of such subparagraph, shall be subject to a civil monetary penalty of an amount specified by the Secretary for each day (beginning with the day on which the Secretary first determined that such hospital was not complying with such requirements) during which such failure was ongoing. Such amount shall not exceed—

''(I) in the case of a hospital with 30 or fewer beds, $300 per day (or, in the case of such a hospital that has been noncompliant with such requirements for a 1-year period or longer, beginning with the first day following such 1-year period, $400 per bed per day);

''(II) in the case of a hospital with more than 30 beds but fewer than 101 beds, $12.50 per bed per day (or, in the case of such a hospital that has been noncompliant with such requirements for a 1-year period or longer, beginning with the first day following such 1-year period, $15 per bed per day);

''(III) in the case of a hospital with more than 100 beds but fewer than 201 beds, $17.50 per bed per day (or, in the case of such a hospital that has been noncompliant with such requirements for a 1-year period or longer, beginning with the first day following such 1-year period, $20 per bed per day);

''(IV) in the case of a hospital with more than 200 beds but fewer than 501 beds, $20 per bed per day (or, in the case of such a hospital that has been noncompliant with such requirements for a 1-year period or longer, beginning with the first day following such 1-year period, $25 per bed per day); and

''(V) in the case of a hospital with more than 500 beds, $25 per bed per day (or, in the case of such a hospital that has been noncompliant with such requirements for a 1-year period or longer, beginning with the first day following such 1-year period, $35 per bed per day).

''(ii) INCREASE AUTHORITY.—In applying this subparagraph with respect to violations occurring in 2027 or a subsequent year, the Secretary may through notice and comment rulemaking increase—

''(I) the limitation on the per day amount of any penalty applicable to a hospital under clause (i)(I);

''(II) the limitations on the per bed per day amount of any penalty applicable under any of subclauses (II) through (V) of clause (i); and

''(III) the amounts specified in clause (iii)(II).

''(iii) PERSISTENT NONCOMPLIANCE.—

''(I) IN GENERAL.—In the case of a hospital (other than a hospital with 30 or fewer beds) that the Secretary has determined to be knowingly and willfully noncompliant with the provisions of this subsection two or more times during a 1-year period, the Secretary may increase any penalty otherwise applicable under this subparagraph by the amount specified in subclause (II) with respect to such hospital and may require such hospital to complete such additional corrective actions plans as the Secretary may specify.

''(II) SPECIFIED AMOUNT.—For purposes of subclause (I), the amount specified in this subclause is, with respect to a hospital—

''(aa) with more than 30 beds but fewer than 101 beds, an amount that is not less than $500,000 and not more than $1,000,000;

''(bb) with more than 100 beds but fewer than 301 beds, an amount that is greater than $1,000,000 and not more than $2,000,000;

''(cc) with more than 300 beds but fewer than 501 beds, an amount that is greater than $2,000,000 and not more than $4,000,000; and

''(dd) with more than 500 beds, and amount that is not less than $5,000,000 and not more than $10,000,000.

''(iv) AUTHORITY TO WAIVE OR REDUCE PENALTY.—

''(I) IN GENERAL.—Subject to subclause (II), the Secretary may waive any penalty, or reduce any penalty by not more than 75 percent, otherwise applicable under this subparagraph with respect to a hospital located in a rural or underserved area if the Secretary certifies that imposition of such penalty would result in an immediate threat to access to care for individuals in the service area of such hospital.

''(II) LIMITATION ON APPLICATION.—The Secretary may not elect to waive a penalty under subclause (I) with respect to a hospital more than once in a 6-year period and may not elect to reduce such a penalty with respect to such a hospital more than once in such a period. Nothing in the preceding sentence shall be construed as prohibiting the Secretary from both waiving and reducing a penalty with respect to a hospital during a 6-year period.

''(v) PROVISION OF TECHNICAL ASSISTANCE.—The Secretary shall, to the extent practicable, provide technical assistance relating to compliance with the provisions of this section to hospitals requesting such assistance.

''(vi) APPLICATION OF CERTAIN PROVISIONS.—The provisions of section 1128A (other than subsections (a) and (b) of such section) shall apply to a civil monetary penalty imposed under this subparagraph in the same manner as such provisions apply to a civil monetary penalty imposed under subsection (a) of such section.

''(vii) NONDUPLICATION OF PENALTIES.—The Secretary may not subject a hospital to a civil monetary penalty under this subparagraph with respect to noncompliance with the provisions of this subsection for a period if the Secretary has imposed a civil monetary penalty on such hospital under section 1899C of the Social Security Act for failure to comply with the provisions of such section for such period.

''(C) PUBLICATION OF HOSPITAL PRICE TRANSPARENCY INFORMATION.—Beginning on January 1, 2026, the Secretary shall make publicly available on the public website of the Centers for Medicare & Medicaid Services information with respect to compliance with the requirements of this subsection and enforcement activities undertaken by the Secretary under this subsection. Such information shall be updated in real time and include—

''(i) the number of reviews of compliance with this subsection undertaken by the Secretary;

''(ii) the number of notifications described in subparagraph (A)(i) sent by the Secretary;

''(iii) the identity of each hospital that was sent such a notification and a description of the nature of such hospital's noncompliance with this subsection;

''(iv) the amount of any civil monetary penalty imposed on such hospital under subparagraph (B);

''(v) whether such hospital subsequently came into compliance with this subsection;

''(vi) any waivers or reductions of penalties made pursuant to a certification by the Secretary under subparagraph (B)(iv), including—

''(I) the name of any hospital that received such a waiver or reduction;

''(II) the dollar amount of each such penalty so waived or reduced; and

''(III) the rationale for the granting of each such waiver or reduction; and

''(vii) any other information as determined by the Secretary.

''(5) ENSURING ACCESSIBILITY THROUGH IMPLEMENTATION.—In implementing the amendments made by this section, the Secretary of Health and Human Services shall through rulemaking ensure that a hospital submitting charges and information pursuant to such amendments takes reasonable steps (as specified by the Secretary) to ensure the accessibility of such charges and information to individuals with limited English proficiency. Such steps may include the hospital's provision of interpretation services or the hospital's provision of translations of charges and information.

''(6) DEFINITIONS.—For purposes of this subsection:

''(A) DISCOUNTED CASH PRICE.—The term 'discounted cash price' means the charge that applies to an individual who pays cash, or cash equivalent, for a hospital-furnished item or service.

''(B) FEDERAL HEALTH CARE PROGRAM.—The term 'Federal health care program' has the meaning given such term in section 1128B of the Social Security Act.

''(C) GROSS CHARGE.—The term 'gross charge' means the charge for an individual item or service that is reflected on a hospital's chargemaster, absent any discounts.

''(D) PAYER-SPECIFIC NEGOTIATED CHARGE.—The term 'payer-specific negotiated charge' means the charge that a hospital has negotiated with a third party payer for an item or service.

''(E) SHOPPABLE SERVICE.—The term 'shoppable service' means a service that can be scheduled by a health care consumer in advance and includes all ancillary items and services customarily furnished as part of such service.

''(F) THIRD PARTY PAYER.—The term 'third party payer' means an entity that is, by statute, contract, or agreement, legally responsible for payment of a claim for a health care item or service.''.

(2) CONFORMING AMENDMENTS.—Section 2718 of the Public Health Service Act (42 U.S.C. 300gg–18) is amended—

(A) in subsection (b)(3), by inserting ''(other than the provisions of subsection (f))'' after ''this section''; and

(B) in subsection (e), by adding at the end the following new sentence: ''The preceding provisions of this subsection shall not apply beginning on January 1, 2026.''.

(3) EFFECTIVE DATE.—The amendments made by this subsection shall apply beginning January 1, 2026.

(c) ACCESSIBILITY THROUGH IMPLEMENTATION.—In implementing the amendments made by this section, the Secretary of Health and Human Services shall through rulemaking ensure that a hospital submitting charges and information pursuant to such amendments takes reasonable steps (as specified by the Secretary) to ensure the accessibility of such charges and information to individuals with limited English proficiency. Such steps may include the hospital's provision of interpretation services or the hospital's provision of translations of charges and information.

SEC. 102. CLINICAL DIAGNOSTIC LABORATORY TEST PRICE TRANSPARENCY.

Section 1846 of the Social Security Act (42 U.S.C. 1395w–2) is amended—

(1) in the header, by inserting ''**AND ADDITIONAL REQUIREMENTS**'' after ''**SANCTIONS**''; and

(2) by adding at the end the following new subsection:

''(c) PRICE TRANSPARENCY REQUIREMENT.—

''(1) IN GENERAL.—Beginning January 1, 2026, any applicable laboratory that receives payment under this title for furnishing any specified clinical diagnostic laboratory test under this title shall—

''(A) make publicly available on an internet website the information described in

paragraph (2) with respect to each such specified clinical diagnostic laboratory test that such laboratory so furnishes; and

''(B) ensure that such information is updated not less frequently than annually.

''(2) INFORMATION DESCRIBED.—For purposes of paragraph (1), the information described in this paragraph is, with respect to an applicable laboratory and a specified clinical diagnostic laboratory test, the following:

''(A) The discounted cash price for such test (or, if no such price exists, the gross charge for such test).

''(B) The deidentified minimum payer-specific negotiated charge between such laboratory and any third party payer for such test.

''(C) The deidentified maximum payer-specific negotiated charge between such laboratory and any third party payer for such test.

''(3) UNIFORM METHOD AND FORMAT.—Not later than January 1, 2026, the Secretary shall establish a standard, uniform method and format for applicable laboratories to use in compiling and making public information pursuant to paragraph (1). Such method and format—

''(A) may be similar to any template made available by the Centers for Medicare & Medicaid Services (as described in section 1899C(a)(2)(C)(ii));

''(B) shall meet such standards as determined appropriate by the Secretary in order to ensure the accessibility and usability of such information; and

''(C) shall be updated as determined appropriate by the Secretary, in consultation with stakeholders.

''(4) INCLUSION OF ANCILLARY SERVICES.—Any price or rate for a specified clinical diagnostic laboratory test available to be furnished by an applicable laboratory made publicly available in accordance with paragraph (1) shall include the price or rate (as applicable) for any ancillary item or service (such as specimen collection services) that would normally be furnished by such laboratory as part of such test, as specified by the Secretary.

''(5) ENFORCEMENT.—

''(A) IN GENERAL.—In the case that the Secretary determines that an applicable laboratory is not in compliance with paragraph (1)—

''(i) not later than 30 days after such determination, the Secretary shall notify such laboratory of such determination; and

''(ii) if such laboratory continues to fail to comply with such paragraph after the date that is 90 days after such notification is sent, the Secretary may impose a civil monetary penalty in an amount not to exceed $300 for each (beginning with the day on which the Secretary first determined that such laboratory was failing to comply with such paragraph) during which such failure is ongoing.

''(B) INCREASE AUTHORITY.—In applying this paragraph with respect to violations occurring in 2027 or a subsequent year, the Secretary may through notice and comment rulemaking increase the per day limitation on civil monetary penalties under subparagraph (A)(ii).

''(C) APPLICATION OF CERTAIN PROVISIONS.—The provisions of section 1128A (other than subsections (a) and (b) of such section) shall apply to a civil monetary penalty imposed under this paragraph in the same manner as such provisions apply to a civil monetary penalty imposed under subsection (a) of such section.

''(6) PROVISION OF TECHNICAL ASSISTANCE.—The Secretary shall, to the extent practicable, provide technical assistance relating to compliance with the provisions of this subsection to applicable laboratories requesting such assistance.

''(7) DEFINITIONS.—In this subsection:

''(A) APPLICABLE LABORATORY.—The term 'applicable laboratory' has the meaning given such term in section 414.502, of title 42, Code of Federal Regulations (or a successor regulation), except that such term does not include a laboratory with respect to which standard charges and prices for specified clinical diagnostic laboratory tests furnished by such laboratory are made available by a hospital pursuant to section 1899C or section 2718(f) of the Public Health Service Act.

''(B) DISCOUNTED CASH PRICE.—The term 'discounted cash price' means the charge that applies to an individual who pays cash, or cash equivalent, for an item or service.

''(C) GROSS CHARGE.—The term 'gross charge' means the charge for an individual item or service that is reflected on an applicable laboratory's chargemaster, absent any discounts.

''(D) PAYER-SPECIFIC NEGOTIATED CHARGE.—The term 'payer-specific negotiated charge' means the charge that an applicable laboratory has negotiated with a third party payer for an item or service.

''(E) SPECIFIED CLINICAL DIAGNOSTIC LABORATORY TEST.—the term 'specified clinical diagnostic laboratory test' means a clinical diagnostic laboratory test that is included on the list of shoppable services specified by the Centers for Medicare & Medicaid Services (as described in section 1899C(a)(2)(A)(ii)(I)), other than such a test that is only available to be furnished by a single provider of services or supplier.

''(F) THIRD PARTY PAYER.—The term 'third party payer' means an entity that is, by statute, contract, or agreement, legally responsible for payment of a claim for a health care item or service.''.

SEC. 103. IMAGING PRICE TRANSPARENCY.

Section 1899C of the Social Security Act, as added by section 101, is amended—

(1) by redesignating subsection (b) as subsection (c);

(2) by inserting after subsection (a) the following new subsection:

''(b) IMAGING SERVICES PRICE TRANSPARENCY.—

''(1) IN GENERAL.—Beginning January 1, 2028, each provider of services and supplier that receives payment under this title for furnishing a specified imaging service, other than such a provider or supplier with respect to which standard charges and prices for such services furnished by such provider or supplier are made available by a hospital pursuant to section 1899C or section 2718(f) of the Public Health Service Act, shall—

''(A) make publicly available (in accordance with paragraph (3)) on an internet website the information described in paragraph (2) with respect to each such service that such provider of services or supplier furnishes; and

''(B) ensure that such information is updated not less frequently than annually.

''(2) INFORMATION DESCRIBED.—For purposes of paragraph (1), the information described in this paragraph is, with respect to a provider of services or supplier and a specified imaging service, the following:

''(A) The discounted cash price for such service (or, if no such price exists, the gross charge for such service).

''(B) If required by the Secretary, the deidentified minimum payer-specific negotiated charge for such service and the deidentified maximum payer-specific negotiated charge for such service.

''(3) UNIFORM METHOD AND FORMAT.—Not later than January 1, 2028, the Secretary shall establish a standard, uniform method and format for providers of services and suppliers to use in making public information described in paragraph (2). Any such method and format—

''(A) may be similar to any template made available by the Centers for Medicare & Medicaid Services (as described in section 1899C(a)(2)(C)(ii));

''(B) shall meet such standards as determined appropriate by the Secretary in order to ensure the accessibility and usability of such information; and

''(C) shall be updated as determined appropriate by the Secretary, in consultation with stakeholders.

''(4) MONITORING COMPLIANCE.—The Secretary shall, through notice and comment rulemaking and in consultation with the Inspector General of the Department of Health and Human Services, establish a process to monitor compliance with this subsection.

''(5) ENFORCEMENT.—

''(A) IN GENERAL.—In the case that the Secretary determines that a provider of services or supplier is not in compliance with paragraph (1)—

''(i) not later than 30 days after such determination, the Secretary shall notify such provider or supplier of such determination;

''(ii) upon request of the Secretary, such provider or supplier shall submit to the Secretary, not later than 45 days after the date of such request, a corrective action plan to comply with such paragraph; and

''(iii) if such provider or supplier continues to fail to comply with such paragraph after the date that is 90 days after such notification is sent (or, in the case of such a provider or supplier that has submitted a corrective action plan described in clause (ii) in response to a request so described, after the date that is 90 days after such submission), the Secretary may impose a civil monetary penalty in an amount not to exceed $300 for each day (beginning with the day on which the Secretary first determined that such provider or supplier was failing to comply with such paragraph) during which such failure to comply or failure to submit is ongoing.

''(B) INCREASE AUTHORITY.—In applying this paragraph with respect to violations occurring in 2029 or a subsequent year, the Secretary may through notice and comment rulemaking increase the amount of the civil monetary penalty under subparagraph (A)(iii).

''(C) APPLICATION OF CERTAIN PROVISIONS.—The provisions of section 1128A (other than subsections (a) and (b) of such section) shall apply to a civil monetary penalty imposed under this paragraph in the same manner as such provisions apply to a civil monetary penalty imposed under subsection (a) of such section.

''(D) AUTHORITY TO WAIVE OR REDUCE PENALTY.—

''(i) IN GENERAL.—Subject to clause (ii), the Secretary may waive or reduce any penalty otherwise applicable with respect to a provider of services or supplier under this subparagraph if the Secretary certifies that imposition of such penalty would result in an immediate threat to access to care for individuals in the service area of such provider or supplier.

''(ii) LIMITATION.—The Secretary may not elect to waive or reduce a penalty under clause (i) with respect to a specific provider of services or supplier more than 3 times.

''(E) PROVISION OF TECHNICAL ASSISTANCE.—The Secretary shall, to the extent practicable, provide technical assistance relating to compliance with the provisions of this subsection to providers of services and suppliers requesting such assistance.

''(F) CLARIFICATION OF NONAPPLICABILITY OF OTHER ENFORCEMENT PROVISIONS.—Notwithstanding any other provision of this title, this paragraph shall be the sole means of enforcing the provisions of this subsection.''; and

(3) in subsection (c), as so redesignated by paragraph (1)—

(A) by redesignating paragraph (8) as paragraph (9); and

(B) by inserting after paragraph (7) the following new paragraph:

''(8) SPECIFIED IMAGING SERVICE.—the term 'specified imaging service' means an imaging service that is a Centers for Medicare & Medicaid Services-specified shoppable service (as described in subsection (a)(2)(A)(ii)(I)).''.

SEC. 104. AMBULATORY SURGICAL CENTER PRICE TRANSPARENCY.

Section 1834 of the Social Security Act (42 U.S.C. 1395m) is amended by adding at the end the following new subsection:

''(aa) AMBULATORY SURGICAL CENTER PRICE TRANSPARENCY.—

''(1) IN GENERAL.—Beginning January 1, 2026, each ambulatory surgical center that receives payment under this title for furnishing items and services shall comply with the price transparency requirement described in paragraph (2).

''(2) REQUIREMENT DESCRIBED.—

''(A) IN GENERAL.—For purposes of paragraph (1), the price transparency requirement described in this subsection is, with respect to an ambulatory surgical center, that such surgical center in accordance with a method and format established by the Secretary under subparagraph (C), compile and make public (without subscription and free of charge), for each year—

''(i) all of the ambulatory surgical center's standard charges (including the information described in subparagraph (B)) for each item and service furnished by such surgical center;

''(ii) information on the ambulatory surgical center's prices (including the information described in subparagraph (B)) for as many of the Centers for Medicare & Medicaid Services-specified shoppable services that are furnished by such surgical center, and as many additional ambulatory surgical center-selected shoppable services (or all such additional services, if such surgical center furnishes fewer than 300 shoppable services) as may be necessary for a combined total of at least 300 shoppable services; and

''(iii) with respect to each Centers for Medicare & Medicaid Services-specified shoppable service that is not furnished by the ambulatory surgical center, an indication that such service is not so furnished.

''(B) INFORMATION DESCRIBED.—For purposes of subparagraph (A), the information described in this subparagraph is, with respect to standard charges and prices (as applicable) made public by an ambulatory surgical center, the following:

''(i) A plain language description of each item or service, accompanied by, as applicable, the Healthcare Common Procedure Coding System code, the diagnosis-related group, the national drug code, or other identifier used or approved by the Centers for Medicare & Medicaid Services.

''(ii) The gross charge, as applicable, expressed as a dollar amount, for each such item or service.

''(iii) The discounted cash price, as applicable, expressed as a dollar amount, for each such item or service (or, in the case no discounted cash price is available for an item or service, the median cash price charged to self-pay individuals for such item or service for the previous three years, expressed as a dollar amount).

''(iv) The current payer-specific negotiated charges, clearly associated with the name of the third party payer and plan and expressed as a dollar amount, that applies to each such item or service.

''(v) The de-identified maximum and minimum negotiated charges, as applicable, for each such item or service.

''(vi) Any other additional information the Secretary may require for the purpose of improving the accuracy of, or enabling consumers to easily understand and compare, standard charges and prices for an item or service, except information that is duplicative of any other reporting requirement under this subsection.

''(C) UNIFORM METHOD AND FORMAT.—Not later than January 1, 2026, the Secretary shall establish a standard, uniform method and format for ambulatory surgical centers to use in making public standard charges and a standard, uniform method and format for such centers to use in making public prices pursuant to subparagraph (A). Any such method and format—

''(i) shall, in the case of such charges made public by an ambulatory surgical center, ensure that such charges are made available in a machine-readable format (or successor technology);

''(ii) may be similar to any template made available by the Centers for Medicare & Medicaid Services as of the date of the enactment of this paragraph;

''(iii) shall meet such standards as determined appropriate by the Secretary in order to ensure the accessibility and usability of such charges and prices; and

''(iv) shall be updated as determined appropriate by the Secretary, in consultation with stakeholders.

''(3) MONITORING COMPLIANCE.—The Secretary shall, through notice and comment rulemaking and in consultation with the Inspector General of the Department of Health and Human Services, establish a process to monitor compliance with this subsection. Such process shall ensure that each ambulatory surgical center's compliance with this subsection is reviewed not less frequently than once every 3 years.

''(4) ENFORCEMENT.—

''(A) IN GENERAL.—In the case of an ambulatory surgical center that fails to comply with the requirements of this subsection—

''(i) the Secretary shall notify such ambulatory surgical center of such failure not later than 30 days after the date on which the Secretary determines such failure exists; and

''(ii) upon request of the Secretary, the ambulatory surgical center shall submit to the Secretary, not later than 45 days after the date of such request, a corrective action plan to comply with such requirements.

''(B) CIVIL MONETARY PENALTY.—

''(i) IN GENERAL.—In addition to any other enforcement actions or penalties that may apply under another provision of law, an ambulatory surgical center that has received a notification under subparagraph (A)(i) and fails to comply with the requirements of this subsection by the date that is 90 days after such notification (or, in the case of an ambulatory surgical center that has submitted a corrective action plan described in subparagraph (A)(ii) in response to a request so described, by the date that is 90 days after such submission) shall be subject to a civil monetary penalty of an amount specified by the Secretary for each subsequent day during which such failure is ongoing (not to exceed $300 per day).

''(ii) INCREASE AUTHORITY.—In applying this subparagraph with respect to violations occurring in 2027 or a subsequent year, the Secretary may through notice and comment rulemaking increase the limitation on the per day amount of any penalty applicable to an ambulatory surgical center under clause (i).

''(iii) APPLICATION OF CERTAIN PROVISIONS.—The provisions of section 1128A (other than subsections (a) and (b) of such section) shall apply to a civil monetary penalty imposed under this subparagraph in the same manner as such provisions apply to a civil monetary penalty imposed under subsection (a) of such section.

''(iv) AUTHORITY TO WAIVE OR REDUCE PENALTY.—

''(I) IN GENERAL.—Subject to subclause (II), the Secretary may waive any penalty, or reduce any penalty by not more than 75 percent, otherwise applicable under this subparagraph with respect to an ambulatory surgical center located in a rural or underserved area if the Secretary certifies that imposition of such penalty would result in an immediate threat to access to care for individuals in the service area of such surgical center.

''(II) LIMITATION ON APPLICATION.—The Secretary may not elect to waive a penalty under subclause (I) with respect to an ambulatory surgical center more than once in a 6-year period and may not elect to reduce such a penalty with respect to such a surgical center more than once in such a period. Nothing in the preceding sentence shall be construed as prohibiting the Secretary from both waiving and reducing a penalty with respect to an ambulatory surgical center during a 6-year period.

''(5) DEFINITIONS.—For purposes of this section:

''(A) DISCOUNTED CASH PRICE.—The term 'discounted cash price' means the charge that applies to an individual who pays cash, or cash equivalent, for a item or service furnished by an ambulatory surgical center.

''(B) FEDERAL HEALTH CARE PROGRAM.—The term 'Federal health care program' has the meaning given such term in section 1128B.

''(C) GROSS CHARGE.—The term 'gross charge' means the charge for an individual item or service that is reflected on an ambulatory surgical center's chargemaster, absent any discounts.

''(D) GROUP HEALTH PLAN; GROUP HEALTH INSURANCE COVERAGE; INDIVIDUAL HEALTH INSURANCE COVERAGE.—The terms 'group health plan', 'group health insurance coverage', and 'individual health insurance coverage' have the meaning given such terms in section 2791 of the Public Health Service Act.

''(E) PAYER-SPECIFIC NEGOTIATED CHARGE.—The term 'payer-specific negotiated charge' means the charge that an ambulatory surgical center has negotiated with a third party payer for an item or service.

''(F) SHOPPABLE SERVICE.—The term 'shoppable service' means a service that can be scheduled by a health care consumer in advance and includes all ancillary items and services customarily furnished as part of such service.

''(G) THIRD PARTY PAYER.—The term 'third party payer' means an entity that is, by statute, contract, or agreement, legally responsible for payment of a claim for a health care item or service.''.

SEC. 105. HEALTH COVERAGE PRICE TRANSPARENCY.

(a) PRICE TRANSPARENCY REQUIREMENTS.—

(1) IRC.—

(A) IN GENERAL.—Section 9819 of the Internal Revenue Code of 1986 is amended to read as follows:

''SEC. 9819. TRANSPARENCY IN COVERAGE.

''(a) COST-SHARING TRANSPARENCY.—

''(1) IN GENERAL.—For plan years beginning on or after January 1, 2026, a group health plan shall permit a participant or beneficiary to learn the amount of cost-sharing (including deductibles, copayments, and coinsurance) under the participant or beneficiary's plan that the participant or beneficiary would be responsible for paying with respect to the furnishing of a specific item or service by a provider in a timely manner upon the request of the participant or beneficiary. At a minimum, such information

shall include the information specified in paragraph (2) and shall be made available to such participant or beneficiary through a self-service tool that meets the requirements of paragraph (3) or, at the option of such participant or beneficiary, through a paper disclosure or phone or other electronic disclosure (as selected by such participant or beneficiary and provided at no cost to such participant or beneficiary) that meets such requirements as the Secretary may specify.

''(2) SPECIFIED INFORMATION.—For purposes of paragraph (1), the information specified in this paragraph is, with respect to an item or service for which benefits are available under a group health plan furnished by a health care provider to a participant or beneficiary of such plan, the following:

''(A) If such provider is a participating provider with respect to such item or service, the in-network rate (as defined in subsection (c)) for such item or service.

''(B) If such provider is not a participating provider with respect to such item or service, the maximum allowed amount or other dollar amount that such plan or coverage will recognize as payment for such item or service, along with a notice that such participant or beneficiary may be liable for additional charges.

''(C) The estimated amount of cost sharing (including deductibles, copayments, and coinsurance) that the participant or beneficiary will incur for such item or service (which, in the case such item or service is to be furnished by a provider described in subparagraph (B), shall be calculated using the maximum allowed amount or other dollar amount described in such subparagraph).

''(D) The amount the participant or beneficiary has already accumulated with respect to any deductible or out of pocket maximum under the plan (broken down, in the case separate deductibles or maximums apply to separate participants and beneficiaries enrolled in the plan, by such separate deductibles or maximums, in addition to any cumulative deductible or maximum).

''(E) In the case such plan imposes any frequency or volume limitations with respect to such item or service (excluding medical necessity determinations), the amount that such participant or beneficiary has accrued towards such limitation with respect to such item or service.

''(F) Any prior authorization, concurrent review, step therapy, fail first, or similar requirements applicable to coverage of such item or service under such plan.

''(G) Any shared savings (such as any credit, payment, or other benefit provided by such plan) available to the participant or beneficiary with respect to such item or service furnished by such provider known at the time such request is made.

''(3) SELF-SERVICE TOOL.—For purposes of paragraph (1), a self-service tool established by a group health plan meets the requirements of this paragraph if such tool—

''(A) is based on an Internet website (or successor technology specified by the Secretary);

''(B) provides for real-time responses to requests described in paragraph (1);

''(C) is updated in a manner such that information provided through such tool is timely and accurate at the time such request is made;

''(D) allows such a request to be made with respect to an item or service furnished by—

''(i) a specific provider that is a participating provider with respect to such item or service; or

''(ii) all providers that are participating providers with respect to such item or service;

''(E) provides that such a request may be made with respect to an item or service through use of the billing code for such item or service or through use of a descriptive term for such item or service; and

''(F) meets any other requirement determined appropriate by the Secretary to ensure the accessibility and usability of information provided through such tool.

The Secretary may require such tool, as a condition of complying with subparagraph (E), to link multiple billing codes to a single descriptive term if the Secretary determines that the billing codes to be so linked correspond to similar items and services.

''(b) RATE AND PAYMENT INFORMATION.—

''(1) IN GENERAL.—For plan years beginning on or after January 1, 2026, each group health plan (other than a grandfathered health plan (as defined in section 1251(e) of the Patient Protection and Affordable Care Act)) shall, for each month, not later than the tenth day of such month, make available to the public the rate and payment information described in paragraph (2) in accordance with paragraph (3).

''(2) RATE AND PAYMENT INFORMATION DESCRIBED.—For purposes of paragraph (1), the rate and payment information described in this paragraph is, with respect to a group health plan, the following:

''(A) With respect to each item or service (other than a drug) for which benefits are available under such plan, the in-network rate (expressed as a dollar amount) in effect as of the date on which such information is made public with each provider that is a participating provider with respect to such item or service.

''(B) With respect to each drug (identified by national drug code) for which benefits are available under such plan—

''(i) the in-network rate (expressed as a dollar amount) in effect as of the first day of the month in which such information is made public with each provider that is a participating provider with respect to such drug; and

''(ii) the average amount paid by such plan (net of rebates, discounts, and price concessions) for such drug dispensed or administered during the 90-day period beginning 180 days before such date of publication to each provider that was a participating provider with respect to such drug, broken down by each such provider, other than such an amount paid to a provider that, during such period, submitted fewer than 20 claims for such drug to such plan.

''(C) With respect to each item or service for which benefits are available under such plan, the amount billed, and the amount allowed by the plan, for each such item or service furnished during the 90-day period specified in subparagraph (B) by a provider that was not a participating provider with respect to such item or service, broken down by each such provider.

''(3) MANNER OF PUBLICATION.—Rate and payment information required to be made available under this subsection shall be so made available in dollar amounts through separate machine-readable files (and any successor technology, such as application program interface technology, determined appropriate by the Secretary) corresponding to the information described in each of subparagraphs (A) through (C) of paragraph (2) that meet such requirements as specified by the Secretary through subregulatory guidance. Such requirements shall ensure that such files are limited to an appropriate size, do not include disclosure of unnecessary duplicative information contained in other files made available under this subsection, are made available in a widely available format through a publicly available website that allows for information contained in such files to be compared across group health plans and group or individual health insurance coverage, and are accessible to individuals at no cost and without the need to establish a user account or provide other credentials.

''(4) USER INSTRUCTIONS.—Each group health plan shall make available to the public instructions written in plain language explaining how individuals may search for information described in paragraph (2) in files submitted in accordance with paragraph (3). The Secretary shall develop and publish through subregulatory guidance a template that such a plan may use in developing instructions for purposes of the preceding sentence.

''(5) SUMMARY.—For each plan year beginning on or after January 1, 2026, each group health plan shall make public a data file, in a manner that ensures that such file may be easily downloaded and read by standard spreadsheet software and that meets such requirements as established by the Secretary, containing a summary of all rate and payment information made public by such plan with respect to such plan during such plan year. Such file shall include the following:

''(A) The mean, median, and interquartile range of the in-network rate, and the amount allowed for an item or service when not furnished by a participating provider, in effect as of the first day of such plan year for each item or service (identified by payer identifier approved or used by the Centers for Medicare & Medicaid Services) for which benefits are available under the plan, broken down by the type of provider furnishing the item or service and by the geographic area in which such item or service is furnished.

''(B) Trends in payment rates for such items and services over such plan year, including an identification of instances in which such rates have increased, decreased, or remained the same.

''(C) The name of such plan, a description of the type of network of participating providers used by such plan, and a description of whether such plan is self-insured or fully-insured.

''(D) For each item or service which is paid as part of a bundled rate—

''(i) a description of the formulae, pricing methodologies, or other information used to calculate the payment rate for such bundle; and

''(ii) a list of the items and services included in such bundle.

''(E) The percentage of items and services that are paid for on a fee-for-service basis and the percentage of items and services that are paid for as part of a bundled rate, capitated payment rate, or other alternative payment model.

''(6) ATTESTATION.—Each group health plan shall post, along with rate and payment information made public by such plan, an attestation that such information is complete and accurate.

''(c) ACCESSIBILITY.—A group health plan shall take reasonable steps (as specified by the Secretary) to ensure that information provided in response to a request described in subsection (a), and rate and payment information made public under subsection (b), is provided in plain, easily understandable language and that interpretation, translations, and assistive services are provided to those with limited English proficiency and those with disabilities.

''(d) DEFINITIONS.—In this section:

''(1) PARTICIPATING PROVIDER.—The term 'participating provider' means, with respect to an item or service and a group health plan, a physician or other health care provider who is acting within the scope of practice of that provider's license or certification under applicable State law and who has a

contractual relationship with the plan, respectively, for furnishing such item or service under the plan, and includes facilities, respectively.

''(2) PROVIDER.—The term 'provider' includes a health care facility.

''(3) IN-NETWORK RATE.—The term 'in-network rate' means, with respect to a group health plan and an item or service furnished by a provider that is a participating provider with respect to such plan and item or service, the contracted rate (reflected as a dollar amount) in effect between such plan and such provider for such item or service, regardless of whether such rate is calculated based on a set amount, a fee schedule, or an amount derived from another amount, or a formula, or other method.''.

(B) CLERICAL AMENDMENT.—The item relating to section 9819 of the table of sections for subchapter B of chapter 100 of the Internal Revenue Code of 1986 is amended to read as follows:

''Sec. 9819. Transparency in coverage.''.

(2) PHSA.—Section 2799A–4 of the Public Health Service Act (42 U.S.C. 300gg–114) is amended to read as follows:

''SEC. 2799A–4. TRANSPARENCY IN COVERAGE.

''(a) COST-SHARING TRANSPARENCY.—

''(1) IN GENERAL.—For plan years beginning on or after January 1, 2026, a group health plan and a health insurance issuer offering group or individual health insurance coverage shall permit an individual enrolled under such plan or coverage to learn the amount of cost-sharing (including deductibles, copayments, and coinsurance) under the individual's plan or coverage that the individual would be responsible for paying with respect to the furnishing of a specific item or service by a provider in a timely manner upon the request of the individual. At a minimum, such information shall include the information specified in paragraph (2) and shall be made available to such individual through a self-service tool that meets the requirements of paragraph (3) or, at the option of such individual, through a paper disclosure or phone or other electronic disclosure (as selected by such individual and provided at no cost to such individual) that meets such requirements as the Secretary may specify.

''(2) SPECIFIED INFORMATION.—For purposes of paragraph (1), the information specified in this paragraph is, with respect to an item or service for which benefits are available under a group health plan or group or individual health insurance coverage furnished by a health care provider to an individual enrolled under such plan or coverage, the following:

''(A) If such provider is a participating provider with respect to such item or service, the in-network rate (as defined in subsection (c)) for such item or service.

''(B) If such provider is not a participating provider with respect to such item or service, the maximum allowed amount or other dollar amount that such plan or coverage will recognize as payment for such item or service, along with a notice that such individual may be liable for additional charges.

''(C) The estimated amount of cost sharing (including deductibles, copayments, and coinsurance) that the individual will incur for such item or service (which, in the case such item or service is to be furnished by a provider described in subparagraph (B), shall be calculated using the maximum allowed amount or other dollar amount described in such subparagraph).

''(D) The amount the individual has already accumulated with respect to any deductible or out of pocket maximum under the plan or coverage (broken down, in the case separate deductibles or maximums apply to separate individuals enrolled in the plan or coverage, by such separate deductibles or maximums, in addition to any cumulative deductible or maximum).

''(E) In the case such plan imposes any frequency or volume limitations with respect to such item or service (excluding medical necessity determinations), the amount that such individual has accrued towards such limitation with respect to such item or service.

''(F) Any prior authorization, concurrent review, step therapy, fail first, or similar requirements applicable to coverage of such item or service under such plan or coverage.

''(G) Any shared savings (such as any credit, payment, or other benefit provided by such plan or issuer) available to the individual with respect to such item or service furnished by such provider known at the time such request is made.

''(3) SELF-SERVICE TOOL.—For purposes of paragraph (1), a self-service tool established by a group health plan or health insurance issuer offering group or individual health insurance coverage meets the requirements of this paragraph if such tool—

''(A) is based on an internet website (or successor technology specified by the Secretary);

''(B) provides for real-time responses to requests described in paragraph (1);

''(C) is updated in a manner such that information provided through such tool is timely and accurate at the time such request is made;

''(D) allows such a request to be made with respect to an item or service furnished by—

''(i) a specific provider that is a participating provider with respect to such item or service; or

''(ii) all providers that are participating providers with respect to such item or service;

''(E) provides that such a request may be made with respect to an item or service through use of the billing code for such item or service or through use of a descriptive term for such item or service; and

''(F) meets any other requirement determined appropriate by the Secretary to ensure the accessibility and usability of information provided through such tool.

The Secretary may require such tool, as a condition of complying with subparagraph (E), to link multiple billing codes to a single descriptive term if the Secretary determines that the billing codes to be so linked correspond to similar items and services.

''(b) RATE AND PAYMENT INFORMATION.—

''(1) IN GENERAL.—For plan years beginning on or after January 1, 2026, each group health plan and health insurance issuer offering group or individual health insurance coverage (other than a grandfathered health plan (as defined in section 1251(e) of the Patient Protection and Affordable Care Act)) shall, for each month, not later than the tenth day of such month, make available to the public the rate and payment information described in paragraph (2) in accordance with paragraph (3).

''(2) RATE AND PAYMENT INFORMATION DESCRIBED.—For purposes of paragraph (1), the rate and payment information described in this paragraph is, with respect to a group health plan or group or individual health insurance coverage, the following:

''(A) With respect to each item or service (other than a drug) for which benefits are available under such plan or coverage, the in-network rate (expressed as a dollar amount) in effect as of the date on which such information is made public with each provider that is a participating provider with respect to such item or service.

''(B) With respect to each drug (identified by national drug code) for which benefits are available under such plan or coverage—

''(i) the in-network rate (expressed as a dollar amount) in effect as of the first day of the month in which such information is made public with each provider that is a participating provider with respect to such drug; and

''(ii) the average amount paid by such plan (net of rebates, discounts, and price concessions) for such drug dispensed or administered during the 90-day period beginning 180 days before such date of publication to each provider that was a participating provider with respect to such drug, broken down by each such provider, other than such an amount paid to a provider that, during such period, submitted fewer than 20 claims for such drug to such plan or coverage.

''(C) With respect to each item or service for which benefits are available under such plan or coverage, the amount billed, and the amount allowed by the plan, for each such item or service furnished during the 90-day period specified in subparagraph (B) by a provider that was not a participating provider with respect to such item or service, broken down by each such provider.

''(3) MANNER OF PUBLICATION.—Rate and payment information required to be made available under this subsection shall be so made available in dollar amounts through separate machine-readable files (and any successor technology, such as application program interface technology, determined appropriate by the Secretary) corresponding to the information described in each of subparagraphs (A) through (C) of paragraph (2) that meet such requirements as specified by the Secretary through subregulatory guidance. Such requirements shall ensure that such files are limited to an appropriate size, do not include disclosure of unnecessary duplicative information contained in other files made available under this subsection, are made available in a widely-available format through a publicly-available website that allows for information contained in such files to be compared across group health plans and group or individual health insurance coverage, and are accessible to individuals at no cost and without the need to establish a user account or provide other credentials.

''(4) USER INSTRUCTIONS.—Each group health plan and health insurance issuer offering group or individual health insurance coverage shall make available to the public instructions written in plain language explaining how individuals may search for information described in paragraph (2) in files submitted in accordance with paragraph (3). The Secretary shall develop and publish through subregulatory guidance a template that such a plan may use in developing instructions for purposes of the preceding sentence.

''(5) SUMMARY.—For each plan year beginning on or after January 1, 2026, each group health plan and health insurance issuer offering group or individual health insurance coverage shall make public a data file, in a manner that ensures that such file may be easily downloaded and read by standard spreadsheet software and that meets such requirements as established by the Secretary, containing a summary of all rate and payment information made public by such plan or issuer with respect to such plan or coverage during such plan year. Such file shall include the following:

''(A) The mean, median, and interquartile range of the in-network rate, and the amount allowed for an item or service when not furnished by a participating provider, in effect as of the first day of such plan year for each item or service (identified by payer

identifier approved or used by the Centers for Medicare & Medicaid Services) for which benefits are available under the plan or coverage, broken down by the type of provider furnishing the item or service and by the geographic area in which such item or service is furnished.

''(B) Trends in payment rates for such items and services over such plan year, including an identification of instances in which such rates have increased, decreased, or remained the same.

''(C) The name of such plan, a description of the type of network of participating providers used by such plan or coverage, and, in the case of a group health plan, a description of whether such plan is self-insured or fully-insured.

''(D) For each item or service which is paid as part of a bundled rate—

''(i) a description of the formulae, pricing methodologies, or other information used to calculate the payment rate for such bundle; and

''(ii) a list of the items and services included in such bundle.

''(E) The percentage of items and services that are paid for on a fee-for-service basis and the percentage of items and services that are paid for as part of a bundled rate, capitated payment rate, or other alternative payment model.

''(6) ATTESTATION.—Each group health plan and health insurance issuer offering group or individual health insurance coverage shall post, along with rate and payment information made public by such plan or issuer, an attestation that such information is complete and accurate.

''(c) ACCESSIBILITY.—A group health plan and a health insurance issuer offering group or individual health insurance coverage shall take reasonable steps (as specified by the Secretary) to ensure that information provided in response to a request described in subsection (a), and rate and payment information made public under subsection (b), is provided in plain, easily understandable language and that interpretation, translations, and assistive services are provided to those with limited English proficiency and those with disabilities.

''(d) DEFINITIONS.—In this section:

''(1) PARTICIPATING PROVIDER.—The term 'participating provider' means, with respect to an item or service and a group health plan or health insurance issuer offering group or individual health insurance coverage, a physician or other health care provider who is acting within the scope of practice of that provider's license or certification under applicable State law and who has a contractual relationship with the plan or issuer, respectively, for furnishing such item or service under the plan or coverage, and includes facilities, respectively.

''(2) PROVIDER.—The term 'provider' includes a health care facility.

''(3) IN-NETWORK RATE.—The term 'in-network rate' means, with respect to a group health plan or group or individual health insurance coverage and an item or service furnished by a provider that is a participating provider with respect to such plan or coverage and item or service, the contracted rate (reflected as a dollar amount) in effect between such plan or coverage and such provider for such item or service, regardless of whether such rate is calculated based on a set amount, a fee schedule, or an amount derived from another amount, or a formula, or other method.''.

(3) ERISA.—

(A) IN GENERAL.—Section 719 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1185h) is amended to read as follows:

''SEC. 719. TRANSPARENCY IN COVERAGE.

''(a) COST-SHARING TRANSPARENCY.—

''(1) IN GENERAL.—For plan years beginning on or after January 1, 2026, a group health plan and a health insurance issuer offering group health insurance coverage shall permit a participant or beneficiary to learn the amount of cost-sharing (including deductibles, copayments, and coinsurance) under the participant or beneficiary's plan or coverage that the participant or beneficiary would be responsible for paying with respect to the furnishing of a specific item or service by a provider in a timely manner upon the request of the participant or beneficiary. At a minimum, such information shall include the information specified in paragraph (2) and shall be made available to such participant or beneficiary through a self-service tool that meets the requirements of paragraph (3) or, at the option of such participant or beneficiary, through a paper disclosure or phone or other electronic disclosure (as selected by such participant or beneficiary and provided at no cost to such participant or beneficiary) that meets such requirements as the Secretary may specify.

''(2) SPECIFIED INFORMATION.—For purposes of paragraph (1), the information specified in this paragraph is, with respect to an item or service for which benefits are available under a group health plan or group health insurance coverage furnished by a health care provider to a participant or beneficiary of such plan or coverage, the following:

''(A) If such provider is a participating provider with respect to such item or service, the in-network rate (as defined in subsection (c)) for such item or service.

''(B) If such provider is not a participating provider with respect to such item or service, the maximum allowed amount or other dollar amount that such plan or coverage will recognize as payment for such item or service, along with a notice that such participant or beneficiary may be liable for additional charges.

''(C) The estimated amount of cost-sharing (including deductibles, copayments, and coinsurance) that the participant or beneficiary will incur for such item or service (which, in the case such item or service is to be furnished by a provider described in subparagraph (B), shall be calculated using the maximum allowed amount or other dollar amount described in such subparagraph).

''(D) The amount the participant or beneficiary has already accumulated with respect to any deductible or out of pocket maximum under the plan or coverage (broken down, in the case separate deductibles or maximums apply to separate participants and beneficiaries enrolled in the plan or coverage, by such separate deductibles or maximums, in addition to any cumulative deductible or maximum).

''(E) In the case such plan imposes any frequency or volume limitations with respect to such item or service (excluding medical necessity determinations), the amount that such participant or beneficiary has accrued towards such limitation with respect to such item or service.

''(F) Any prior authorization, concurrent review, step therapy, fail first, or similar requirements applicable to coverage of such item or service under such plan or coverage.

''(G) Any shared savings (such as any credit, payment, or other benefit provided by such plan or issuer) available to the participant or beneficiary with respect to such item or service furnished by such provider known at the time such request is made.

''(3) SELF-SERVICE TOOL.—For purposes of paragraph (1), a self-service tool established by a group health plan or health insurance issuer offering group health insurance coverage meets the requirements of this paragraph if such tool—

''(A) is based on an internet website (or successor technology specified by the Secretary);

''(B) provides for real-time responses to requests described in paragraph (1);

''(C) is updated in a manner such that information provided through such tool is timely and accurate at the time such request is made;

''(D) allows such a request to be made with respect to an item or service furnished by—

''(i) a specific provider that is a participating provider with respect to such item or service; or

''(ii) all providers that are participating providers with respect to such item or service;

''(E) provides that such a request may be made with respect to an item or service through use of the billing code for such item or service or through use of a descriptive term for such item or service; and

''(F) meets any other requirement determined appropriate by the Secretary to ensure the accessibility and usability of information provided through such tool.

The Secretary may require such tool, as a condition of complying with subparagraph (E), to link multiple billing codes to a single descriptive term if the Secretary determines that the billing codes to be so linked correspond to similar items and services.

''(b) RATE AND PAYMENT INFORMATION.—

''(1) IN GENERAL.—For plan years beginning on or after January 1, 2026, each group health plan and health insurance issuer offering group health insurance coverage (other than a grandfathered health plan (as defined in section 1251(e) of the Patient Protection and Affordable Care Act)) shall, for each month, not later than the tenth day of such month, make available to the public the rate and payment information described in paragraph (2) in accordance with paragraph (3).

''(2) RATE AND PAYMENT INFORMATION DESCRIBED.—For purposes of paragraph (1), the rate and payment information described in this paragraph is, with respect to a group health plan or group health insurance coverage, the following:

''(A) With respect to each item or service (other than a drug) for which benefits are available under such plan or coverage, the in-network rate (expressed as a dollar amount) in effect as of the date on which such information is made public with each provider that is a participating provider with respect to such item or service.

''(B) With respect to each drug (identified by national drug code) for which benefits are available under such plan or coverage—

''(i) the in-network rate (expressed as a dollar amount) in effect as of the first day of the month in which such information is made public with each provider that is a participating provider with respect to such drug; and

''(ii) the average amount paid by such plan (net of rebates, discounts, and price concessions) for such drug dispensed or administered during the 90-day period beginning 180 days before such date of publication to each provider that was a participating provider with respect to such drug, broken down by each such provider, other than such an amount paid to a provider that, during such period, submitted fewer than 20 claims for such drug to such plan or coverage.

''(C) With respect to each item or service for which benefits are available under such plan or coverage, the amount billed, and the amount allowed by the plan, for each such item or service furnished during the 90-day period specified in subparagraph (B) by a provider that was not a participating provider

with respect to such item or service, broken down by each such provider.

''(3) MANNER OF PUBLICATION.—Rate and payment information required to be made available under this subsection shall be so made available in dollar amounts through separate machine-readable files (and any successor technology, such as application program interface technology, determined appropriate by the Secretary) corresponding to the information described in each of subparagraphs (A) through (C) of paragraph (2) that meet such requirements as specified by the Secretary through subregulatory guidance. Such requirements shall ensure that such files are limited to an appropriate size, do not include disclosure of unnecessary duplicative information contained in other files made available under this subsection, are made available in a widely available format through a publicly available website that allows for information contained in such files to be compared across group health plans and group or individual health insurance coverage, and are accessible to individuals at no cost and without the need to establish a user account or provide other credentials.

''(4) USER INSTRUCTIONS.—Each group health plan and health insurance issuer offering group health insurance coverage shall make available to the public instructions written in plain language explaining how individuals may search for information described in paragraph (2) in files submitted in accordance with paragraph (3). The Secretary shall develop and publish through subregulatory guidance a template that such a plan may use in developing instructions for purposes of the preceding sentence.

''(5) SUMMARY.—For each plan year beginning on or after January 1, 2026, each group health plan and health insurance issuer offering group health insurance coverage shall make public a data file, in a manner that ensures that such file may be easily downloaded and read by standard spreadsheet software and that meets such requirements as established by the Secretary, containing a summary of all rate and payment information made public by such plan or issuer with respect to such plan or coverage during such plan year. Such file shall include the following:

''(A) The mean, median, and interquartile range of the in-network rate, and the amount allowed for an item or service when not furnished by a participating provider, in effect as of the first day of such plan year for each item or service (identified by payer identifier approved or used by the Centers for Medicare & Medicaid Services) for which benefits are available under the plan or coverage, broken down by the type of provider furnishing the item or service and by the geographic area in which such item or service is furnished.

''(B) Trends in payment rates for such items and services over such plan year, including an identification of instances in which such rates have increased, decreased, or remained the same.

''(C) The name of such plan, a description of the type of network of participating providers used by such plan or coverage, and, in the case of a group health plan, a description of whether such plan is self-insured or fully-insured.

''(D) For each item or service which is paid as part of a bundled rate—

''(i) a description of the formulae, pricing methodologies, or other information used to calculate the payment rate for such bundle; and

''(ii) a list of the items and services included in such bundle.

''(E) The percentage of items and services that are paid for on a fee-for-service basis and the percentage of items and services that are paid for as part of a bundled rate, capitated payment rate, or other alternative payment model.

''(6) ATTESTATION.—Each group health plan and health insurance issuer offering group health insurance coverage shall post, along with rate and payment information made public by such plan or issuer, an attestation that such information is complete and accurate.

''(c) ACCESSIBILITY.—A group health plan and a health insurance issuer offering group health insurance coverage shall take reasonable steps (as specified by the Secretary) to ensure that information provided in response to a request described in subsection (a), and rate and payment information made public under subsection (b), is provided in plain, easily understandable language and that interpretation, translations, and assistive services are provided to those with limited English proficiency and those with disabilities.

''(d) DEFINITIONS.—In this section:

''(1) PARTICIPATING PROVIDER.—The term 'participating provider' means, with respect to an item or service and a group health plan or health insurance issuer offering group or individual health insurance coverage, a physician or other health care provider who is acting within the scope of practice of that provider's license or certification under applicable State law and who has a contractual relationship with the plan or issuer, respectively, for furnishing such item or service under the plan or coverage, and includes facilities, respectively.

''(2) PROVIDER.—The term 'provider' includes a health care facility.

''(3) IN-NETWORK RATE.—The term 'in-network rate' means, with respect to a group health plan or group health insurance coverage and an item or service furnished by a provider that is a participating provider with respect to such plan or coverage and item or service, the contracted rate (reflected as a dollar amount) in effect between such plan or coverage and such provider for such item or service, regardless of whether such rate is calculated based on a set amount, a fee schedule, or an amount derived from another amount, or a formula, or other method.''.

(B) CLERICAL AMENDMENT.—The table of contents in section 1 of the Employee Retirement Income Security Act of 1974 is amended by striking the item relating to section 719 and inserting the following new item:

''Sec. 719. Transparency in coverage.''.

(b) APPLICATION PROGRAMMING INTERFACE REPORT.—Not later than January 1, 2025, and annually thereafter, the Secretary of Health and Human Services shall, in consultation with the Office of the National Coordinator for Health Information Technology, Department of Labor, the Department of the Treasury, and stakeholders, submit to the House Committees on Education and the Workforce, Energy and Commerce, and Ways and Means, and the Senate Committees on Finance and Health, Education, Labor, and Pensions a report on the use of standards-based application programming interfaces (in this subsection referred to as ''APIs'') to facilitate access to health care price transparency information and the interoperability of other medical information. Such report shall include an evaluation of the capacity of the Department of Health and Human Services, the Department of Labor, and the Department of the Treasury to regulate and implement standards related to APIs and recommendations for improving such capacity. Such report shall include the following:

(1) A description of current use, and proposed use, of APIs under Federal rules to facilitate interoperability, including information related to capacity constraints within the agencies, barriers to adoption, privacy and security, administrative burdens and efficiencies, care coordination, and levels of compliance.

(2) A description of the feasibility of agency participation in the development of APIs to enable application access to price transparency data under the amendments made by subsection (a).

(3) A specification of the timeline for which such data standards can be required to make such data accessible via an API.

(4) An analysis of the benefits and challenges of implementing standards-based APIs for price transparency data, including the ability for consumers to access rate and payment information and the amount of cost-sharing (including deductibles, copayments, and coinsurance) under the consumer's plan through third-party internet-based tools and applications.

(5) An analysis of the impact that APIs which provide real-time access to pricing and cost-sharing information may have in increasing the amount of services shoppable for individuals, such as by standardizing more health care spend via episode bundles.

(6) An analysis of which health care items and services may be useful under API, such as those for which prices change with the greatest frequency.

(7) An analysis of the cost of API standards implementation on issuers, employers, and other private-sector entities.

(8) An analysis of the ability of State regulators to enforce API standards and the costs to the Federal Government and States to regulate and enforce API standards.

(9) An analysis of the interaction with API standards and Federal health information privacy standards.

(c) PROVIDER TOOL REPORT.—

(1) IN GENERAL.—Not later than 1 year after the date of the enactment of this Act, The Secretary of Health and Human Services, acting through the Administrator of the Centers for Medicare & Medicaid Services, shall, in consultation with stakeholders, conduct a study and submit to the House Committees on Education and the Workforce, Energy and Commerce, and Ways and Means, and the Senate Committees on Finance and Health, Education, Labor, and Pensions a report on the usefulness and feasibility of the establishment of a provider tool by a group health plan, or a health insurance issuer offering group and individual health insurance coverage, in facilitating the provision of information made available pursuant to the amendments made by subsection (a). Such report shall include the following:

(A) A description of the feasibility of establishing a requirement for the various types of plans and coverage to offer such a provider tool, including any challenges to establishing a provider tool using the same technology platform as the self-service tool described in such amendments.

(B) An evaluation on the usefulness of a provider tool to aid patient-decision making and how such tool would coordinate with other information available to a patient and their provider under other Federal requirements in place or under consideration.

(C) An evaluation of whether the information provided by such tool would be duplicative of the advanced explanation of benefits required under Federal law or any other existing requirement.

(D) A description of the usability and expected utilization of such tool among providers, including among different provider types.

(E) An analysis of the impact of a provider tool in value-based care arrangements.

(F) An analysis on the potential impact of the provider tool on—

(i) patients' out-of-pocket spending;

(ii) plan design, including impacts on cost-sharing requirements;

(iii) care coordination and quality;

(iv) plan premiums;

(v) overall health care spending and utilization; and

(vi) health care access in rural areas.

(G) An analysis of the feasibility of a provider tool to include additional functionality to facilitate and improve the administration of the requirements on providers to submit notifications to such plan or coverage under section 2799B–6 of the Public Health Service Act and the requirements on such plan or coverage to provide an advanced explanation of benefits to individuals under section 2799A–1(f) of such Act.

(H) An analysis of which health care items and services, would be most useful for patients utilizing a provider tool.

(I) An analysis of rulemaking required to ensure such a tool complies with federal health information privacy standards.

(J) An analysis of the burden and cost of the creation of a provider tool by plans and coverage on providers, issuers, employers, and other private-sector entities.

(K) An analysis of the ability of state regulators to enforce provider tool standards and the costs to the Department and states to regulate and enforce provider tool standards.

(2) DEFINITION.—The term ''provider tool'' means a tool designed to facilitate the provision of information made available pursuant to the amendments made by subsection (a) and established by a group health plan or a health insurance issuer offering group and individual health insurance coverage that allows providers to access the information such plan or coverage must provide through the self-service tool described in such amendments to an individual with whom the provider is actively treating at the time of such request, upon the request of the provider, and with the consent of such individual.

(d) REPORTS.—

(1) COMPLIANCE.—Not later than January 1, 2027, the Comptroller General of the United States shall submit to Congress a report containing—

(A) an analysis of compliance with the amendments made by this section;

(B) an analysis of enforcement of such amendments by the Secretaries of Health and Human Services, Labor, and the Treasury;

(C) recommendations relating to improving such enforcement; and

(D) recommendations relating to improving public disclosure, and public awareness, of information required to be made available by group health plans and health insurance issuers pursuant to such amendments.

(2) PRICES.—Not later than January 1, 2028, and biennially thereafter, the Secretaries of Health and Human Services, Labor, and the Treasury shall jointly submit to Congress a report containing an assessment of differences in negotiated prices (and any trends in such prices) in the private market between—

(A) rural and urban areas;

(B) the individual, small group, and large group markets;

(C) consolidated and nonconsolidated health care provider areas (as specified by the Secretary of Health and Human Services);

(D) nonprofit and for-profit hospitals;

(E) nonprofit and for-profit insurers; and

(F) insurers serving local or regional areas and insurers serving multistate or national areas.

(e) QUALITY REPORT.—Not later than 1 year after the date of enactment of this subsection, the Secretaries of Health and Human Services, Labor, and the Treasury shall jointly submit to Congress a report on the feasibility of including data relating to the quality of health care items and services with the price transparency information required to be made available under the amendments made by subsection (a). Such report shall include recommendations for legislative and regulatory actions to identify appropriate metrics for assessing and comparing quality of care.

(f) CONTINUED APPLICABILITY OF RULES FOR PREVIOUS YEARS.—Nothing in the amendments made by subsection (a) may be construed as affecting the applicability of the rule entitled ''Transparency in Coverage'' published by the Department of the Treasury, the Department of Labor, and the Department of Health and Human Services on November 12, 2020 (85 Fed. Reg. 72158), for any plan year beginning before January 1, 2026.

SEC. 106. PHARMACY BENEFITS PRICE TRANSPARENCY.

(a) PHSA.—Title XXVII of the Public Health Service Act (42 U.S.C. 300gg et seq.) is amended—

(1) in part D (42 U.S.C. 300gg–111 et seq.), by adding at the end the following new section:

''SEC. 2799A–11. OVERSIGHT OF PHARMACY BENEFITS MANAGER SERVICES.

''(a) IN GENERAL.—For plan years beginning on or after the date that is 2 years after the date of enactment of this section, a group health plan or a health insurance issuer offering group health insurance coverage, or an entity or subsidiary providing pharmacy benefits management services on behalf of such a plan or issuer, shall not enter into a contract with a drug manufacturer, distributor, wholesaler, subcontractor, rebate aggregator, or any other third party that limits (or delays beyond the applicable reporting period described in subsection (b)(1)) the disclosure of information to group health plans in such a manner that prevents such plan, issuer, or entity from making the reports described in subsection (b).

''(b) REPORTS.—

''(1) IN GENERAL.—With respect to plan years beginning on or after the date that is 2 years after the date of enactment of this section, not less frequently than every 6 months (or at the request of a group health plan, not less frequently than quarterly, but under the same conditions, terms, and cost of the semiannual report under this subsection), a group health plan or health insurance issuer offering group health insurance coverage, or an entity providing pharmacy benefits management services on behalf of such a plan or issuer, shall submit to the group health plan a report in accordance with this section. Each such report shall be made available to such group health plan in a machine-readable format and shall include the information described in paragraph (2).

''(2) INFORMATION DESCRIBED.—For purposes of paragraph (1), the information described in this paragraph is, with respect to drugs covered by a group health plan or health insurance issuer offering group health insurance coverage during each reporting period—

''(A) in the case of such a plan offered by a specified large employer (or such coverage offered in connection with such a plan offered by a specified large employer)—

''(i) a list of drugs for which a claim was filed and, with respect to each such drug on such list—

''(I) the brand name, chemical entity, and National Drug Code;

''(II) the type of dispensing channel used to furnish such drug, including retail, mail order, or specialty pharmacy;

''(III) with respect to each drug dispensed under each type of dispensing channel (including retail, mail order, or specialty pharmacy)—

''(aa) whether such drug is a brand name drug or a generic drug, and—

''(AA) in the case of a brand name drug, the wholesale acquisition cost, listed as cost per days supply and cost per dosage unit, on the date such drug was dispensed; and

''(BB) in the case of a generic drug, the average wholesale price, listed as cost per days supply and cost per dosage unit, on the date such drug was dispensed; and

''(bb) the total number of—

''(AA) prescription claims (including original prescriptions and refills);

''(BB) participants, beneficiaries, and enrollees for whom a claim for such drug was filed;

''(CC) dosage units per fill of such drug; and

''(DD) days supply of such drug per fill;

''(IV) the net price per course of treatment or single fill, such as a 30-day supply or 90-day supply to the plan or coverage after manufacturer rebates, fees, and other remuneration or adjustments;

''(V) the total amount of out-of-pocket spending by participants, beneficiaries, and enrollees on such drug, including spending through copayments, coinsurance, and deductibles;

''(VI) the total net spending by the plan or coverage during the reporting period;

''(VII) the total amount received, or expected to be received, by the plan or coverage from any entity in drug manufacturer rebates, fees, alternative discounts, and all other remuneration received from an entity or any third party (including group purchasing organizations) other than the plan sponsor;

''(VIII) the total amount received, or expected to be received by the plan or issuer, from drug manufacturers in rebates, fees, alternative discounts, or other remuneration—

''(aa) that has been paid, or is to be paid, by drug manufacturers for claims incurred during the reporting period; and

''(bb) that is related to utilization rebates for such drug; and

''(IX) to the extent feasible, information on the total amount of remuneration, including copayment assistance dollars paid, copayment cards applied, or other discounts provided by each drug manufacturer (or entity administering copay assistance on behalf of such drug manufacturer) to the participants, beneficiaries, and enrollees enrolled in such plan or coverage for such drug;

''(ii) for each category or class of drugs for which a claim was filed, a breakdown of the total gross spending on drugs in such category or class before rebates, price concessions, alternative discounts, or other remuneration from drug manufacturers, and the net spending after such rebates, price concessions, alternative discounts, or other remuneration from drug manufacturers, including—

''(I) the number of participants, beneficiaries, and enrollees who filled a prescription for a drug in such category or class, including the National Drug Code for each such drug;

''(II) if applicable, a description of the formulary tiers and utilization mechanisms (such as prior authorization or step therapy) employed for drugs in that category or class; and

''(III) the total out-of-pocket spending under the plan or coverage by participants, beneficiaries, and enrollees, including spending through copayments, coinsurance, and deductibles;

''(iii) in the case of a drug for which gross spending by such plan, coverage, or entity

exceeded $10,000 during the reporting period—

''(I) a list of all other drugs in the same therapeutic category or class; and

''(II) the rationale for the formulary placement of such drug in that therapeutic category or class, if applicable; and

''(iv) in the case such plan or coverage (or an entity providing pharmacy benefits management services on behalf of such plan or coverage) has an affiliated pharmacy or pharmacy under common ownership—

''(I) the percentage of total prescriptions dispensed by such pharmacies to individuals enrolled in such plan or coverage;

''(II) a list of all drugs dispensed by such pharmacies to individuals enrolled in such plan or coverage, and, with respect to each drug dispensed—

''(aa) the amount charged, per dosage unit, per 30-day supply, or per 90-day supply (as applicable) to the plan or issuer, and to participants, beneficiaries, and enrollees enrolled in such plan or coverage;

''(bb) the median amount charged to such plan or issuer, and the interquartile range of the costs, per dosage unit, per 30-day supply, and per 90-day supply, including amounts paid by the participants, beneficiaries, and enrollees, when the same drug is dispensed by other pharmacies that are not affiliated with or under common ownership with the entity and that are included in the pharmacy network of such plan or coverage;

''(cc) the lowest cost per dosage unit, per 30-day supply and per 90-day supply, for each such drug, including amounts charged to the plan and participants, beneficiaries, and enrollees, that is available from any pharmacy included in the network of such plan or coverage; and

''(dd) the net acquisition cost per dosage unit, per 30-day supply, and per 90-day supply, if such drug is subject to a maximum price discount;

''(B) in the case of a plan or coverage not described in subparagraph (A)—

''(i) the total net spending by the plan or coverage for all drugs covered by such plan or coverage during such reporting period;

''(ii) the total amount received, or expected to be received, by the plan or coverage from any entity in drug manufacturer rebates, fees, alternative discounts, and all other remuneration received from an entity or any third party (including group purchasing organizations) other than the plan sponsor for all such drugs; and

''(iii) to the extent feasible, information on the total amount of remuneration, including copayment assistance dollars paid, copayment cards applied, or other discounts provided by each drug manufacturer (or entity administering copay assistance on behalf of such drug manufacturer) to the participants, beneficiaries, and enrollees enrolled in such plan or coverage for such drugs;

''(C) amounts paid directly or indirectly in rebates, fees, or any other type of compensation (as defined in section 408(b)(2)(B)(ii)(dd)(AA) of the Employee Retirement Income Security Act) to brokers, consultants, advisors, or any other individual or firm, for the referral of the group health plan's or health insurance issuer's business to an entity providing pharmacy benefits management services, including the identity of the recipient of such amounts;

''(D) an explanation of any benefit design parameters that encourage or require participants, beneficiaries, and enrollees in such plan or coverage to fill prescriptions at mail order, specialty, or retail pharmacies that are affiliated with or under common ownership with the entity providing pharmacy benefit management services under such plan or coverage, including mandatory mail and specialty home delivery programs, retail and mail auto-refill programs, and cost-sharing assistance incentives directly or indirectly funded by such entity; and

''(E) total gross spending on all drugs during the reporting period.

''(3) PRIVACY REQUIREMENTS.—

''(A) IN GENERAL.—Health insurance issuers offering group health insurance coverage and entities providing pharmacy benefits management services on behalf of a group health plan shall provide information under paragraph (1) in a manner consistent with the privacy, security, and breach notification regulations promulgated under section 13402(a) of the Health Information Technology for Clinical Health Act and consistent with the HIPAA privacy regulations (as defined in section 1180(b)(3) of the Social Security Act) and shall restrict the use and disclosure of such information according to such privacy, security, and breach notification regulations and such HIPAA privacy regulations.

''(B) ADDITIONAL REQUIREMENTS.—

''(i) IN GENERAL.—An entity providing pharmacy benefits management services on behalf of a group health plan or health insurance issuer offering group health insurance coverage that submits a report under paragraph (1) shall ensure that such report contains only summary health information, as defined in section 164.504(a) of title 45, Code of Federal Regulations (or successor regulations).

''(ii) RESTRICTIONS.—A group health plan shall comply with section 164.504(f) of title 45, Code of Federal Regulations (or a successor regulation) and a plan sponsor shall act in accordance with the terms of the agreement described in such section.

''(C) RULE OF CONSTRUCTION.—Nothing in this section shall be construed to modify the requirements for the creation, receipt, maintenance, or transmission of protected health information under the HIPAA privacy regulations (as defined in section 1180(b)(3) of the Social Security Act).

''(4) DISCLOSURE AND REDISCLOSURE.—

''(A) LIMITATION TO BUSINESS ASSOCIATES.—A group health plan receiving a report under paragraph (1) may disclose such information only to the entity from which the report was received or to that entity's business associates as defined in section 160.103 of title 45, Code of Federal Regulations (or successor regulations) or as permitted by the HIPAA Privacy Rule (45 CFR parts 160 and 164, subparts A and E).

''(B) CLARIFICATION REGARDING PUBLIC DISCLOSURE OF INFORMATION.—Nothing in this section shall prevent a group health plan or health insurance issuer offering group health insurance coverage, or an entity providing pharmacy benefits management services on behalf of such a plan or coverage, from placing reasonable restrictions on the public disclosure of the information contained in a report described in paragraph (1), except that such plan, issuer, or entity may not restrict disclosure of such report to the Department of Health and Human Services, the Department of Labor, the Department of the Treasury, or the Comptroller General of the United States.

''(C) LIMITED FORM OF REPORT.—The Secretary shall define through rulemaking a limited form of the report under paragraph (1) required with respect to group health plans where the plan sponsors of such plans are drug manufacturers, drug wholesalers, or other direct participants in the drug supply chain, in order to prevent anti-competitive behavior.

''(5) REPORT TO GAO.—A group health plan or health insurance issuer offering group health insurance coverage, or an entity providing pharmacy benefits management services on behalf of such plan or coverage, shall submit to the Comptroller General of the United States each of the first 4 reports submitted to a group health plan under paragraph (1) and other such reports as requested, in accordance with the privacy requirements under paragraph (3), the disclosure and redisclosure standards under paragraph (4), the standards specified pursuant to paragraph (6), and such other information that the Comptroller General determines necessary to carry out the study under section 106(d) of the Lower Costs, More Transparency Act.

''(6) STANDARD FORMAT.—Not later than 1 year after the date of enactment of this section, the Secretary shall specify through rulemaking standards for group health plans, health insurance issuers offering group health insurance coverage, and entities providing pharmacy benefits management services on behalf of such plans or coverage, required to submit reports under paragraph (1) to submit such reports in a standard format.

''(c) ENFORCEMENT.—

''(1) IN GENERAL.—The Secretary shall enforce this section.

''(2) FAILURE TO PROVIDE INFORMATION.—A health insurance issuer or an entity providing pharmacy benefits management services on behalf of such plan or coverage that violates sub-section (a) or fails to provide the information required under subsection (b) shall be subject to a civil monetary penalty in the amount of $10,000 for each day during which such violation continues or such information is not disclosed or reported.

''(3) FALSE INFORMATION.—A health insurance issuer or an entity providing pharmacy benefits management services on behalf of such a plan or coverage that knowingly provides false information under this section shall be subject to a civil money penalty in an amount not to exceed $100,000 for each item of false information. Such civil money penalty shall be in addition to other penalties as may be prescribed by law.

''(4) PROCEDURE.—The provisions of section 1128A of the Social Security Act, other than subsections (a) and (b) and the first sentence of subsection (c)(1) of such section shall apply to civil monetary penalties under this subsection in the same manner as such provisions apply to a penalty or proceeding under such section.

''(5) WAIVERS.—The Secretary may waive penalties under paragraph (2), or extend the period of time for compliance with a requirement of this section, for an entity in violation of this section that has made a good-faith effort to comply with the requirements in this section.

''(d) RULE OF CONSTRUCTION.—Nothing in this section shall be construed to permit a group health plan, health insurance issuer, or entity providing pharmacy benefits management services on behalf of such plan or coverage, to restrict disclosure to, or otherwise limit the access of, the Department of Health and Human Services to a report described in subsection (b)(1) or information related to compliance with subsection (a) or (b) by entities subject to such subsection.

''(e) DEFINITIONS.—In this section:

''(1) SPECIFIED LARGE EMPLOYER.—The term 'specified large employer' means, in connection with a group health plan with respect to a calendar year and a plan year, an employer who employed an average of at least 50 employees on business days during the preceding calendar year and who employs at least 1 employee on the first day of the plan year.

''(2) WHOLESALE ACQUISITION COST.—The term 'wholesale acquisition cost' has the meaning given such term in section 1847A(c)(6)(B) of the Social Security Act.''; and

(2) in section 2723 (42 U.S.C. 300gg–22)—

(A) in subsection (a)—

(i) in paragraph (1), by inserting ''(other than subsections (a) and (b) of section 2799A–11)'' after ''part D''; and

(ii) in paragraph (2), by inserting ''(other than subsections (a) and (b) of section 2799A–11)'' after ''part D''; and

(B) in subsection (b)—

(i) in paragraph (1), by inserting ''(other than subsections (a) and (b) of section 2799A–11)'' after ''part D'';

(ii) in paragraph (2)(A), by inserting ''(other than subsections (a) and (b) of section 2799A–11)'' after ''part D''; and

(iii) in paragraph (2)(C)(ii), by inserting ''(other than subsections (a) and (b) of section 2799A–11)'' after ''part D''.

(b) ERISA.—

(1) IN GENERAL.—Subtitle B of title I of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1021 et seq.) is amended—

(A) in subpart B of part 7 (29 U.S.C. 1185 et seq.), by adding at the end the following:

''SEC. 726. OVERSIGHT OF PHARMACY BENEFIT MANAGER SERVICES.

''(a) IN GENERAL.—For plan years beginning on or after the date that is 2 years after the date of enactment of this section, a group health plan or a health insurance issuer offering group health insurance coverage, or an entity or subsidiary providing pharmacy benefits management services on behalf of such a plan or issuer, shall not enter into a contract with a drug manufacturer, distributor, wholesaler, subcontractor, rebate aggregator, or any other third party that limits (or delays beyond the applicable reporting period described in subsection (b)(1)) the disclosure of information to group health plans in such a manner that prevents such plan, issuer, or entity from making the reports described in subsection (b).

''(b) REPORTS.—

''(1) IN GENERAL.—With respect to plan years beginning on or after the date that is 2 years after the date of enactment of this section, not less frequently than every 6 months (or at the request of a group health plan, not less frequently than quarterly, but under the same conditions, terms, and cost of the semiannual report under this subsection), a group health plan or health insurance issuer offering group health insurance coverage, or an entity providing pharmacy benefits management services on behalf of such a plan or issuer, shall submit to the group health plan a report in accordance with this section. Each such report shall be made available to such group health plan in a machine-readable format and shall include the information described in paragraph (2).

''(2) INFORMATION DESCRIBED.—For purposes of paragraph (1), the information described in this paragraph is, with respect to drugs covered by a group health plan or health insurance issuer offering group health insurance coverage during each reporting period—

''(A) in the case of such a plan offered by a specified large employer (or such coverage offered in connection with such a plan offered by a specified large employer)—

''(i) a list of drugs for which a claim was filed and, with respect to each such drug on such list—

''(I) the brand name, chemical entity, and National Drug Code;

''(II) the type of dispensing channel used to furnish such drug, including retail, mail order, or specialty pharmacy;

''(III) with respect to each drug dispensed under each type of dispensing channel (including retail, mail order, or specialty pharmacy)—

''(aa) whether such drug is a brand name drug or a generic drug, and—

''(AA) in the case of a brand name drug, the wholesale acquisition cost, listed as cost per days supply and cost per dosage unit, on the date such drug was dispensed; and

''(BB) in the case of a generic drug, the average wholesale price, listed as cost per days supply and cost per dosage unit, on the date such drug was dispensed; and

''(bb) the total number of—

''(AA) prescription claims (including original prescriptions and refills);

''(BB) participants and beneficiaries for whom a claim for such drug was filed;

''(CC) dosage units per fill of such drug; and

''(DD) days supply of such drug per fill;

''(IV) the net price per course of treatment or single fill, such as a 30-day supply or 90-day supply to the plan or coverage after manufacturer rebates, fees, and other remuneration or adjustments;

''(V) the total amount of out-of-pocket spending by participants, beneficiaries, and enrollees on such drug, including spending through copayments, coinsurance, and deductibles;

''(VI) the total net spending by the plan or coverage during the reporting period;

''(VII) the total amount received, or expected to be received, by the plan or coverage from any entity in drug manufacturer rebates, fees, alternative discounts, and all other remuneration received from an entity or any third party (including group purchasing organizations) other than the plan sponsor;

''(VIII) the total amount received, or expected to be received by the plan or issuer, from drug manufacturers in rebates, fees, alternative discounts, or other remuneration—

''(aa) that has been paid, or is to be paid, by drug manufacturers for claims incurred during the reporting period; and

''(bb) that is related to utilization rebates for such drug; and

''(IX) to the extent feasible, information on the total amount of remuneration, including copayment assistance dollars paid, copayment cards applied, or other discounts provided by each drug manufacturer (or entity administering copay assistance on behalf of such drug manufacturer) to the participants, beneficiaries, and enrollees enrolled in such plan or coverage for such drug;

''(ii) for each category or class of drugs for which a claim was filed, a breakdown of the total gross spending on drugs in such category or class before rebates, price concessions, alternative discounts, or other remuneration from drug manufacturers, and the net spending after such rebates, price concessions, alternative discounts, or other remuneration from drug manufacturers, including—

''(I) the number of participants, beneficiaries, and enrollees who filled a prescription for a drug in such category or class, including the National Drug Code for each such drug;

''(II) if applicable, a description of the formulary tiers and utilization mechanisms (such as prior authorization or step therapy) employed for drugs in that category or class; and

''(III) the total out-of-pocket spending under the plan or coverage by participants, beneficiaries, and enrollees, including spending through copayments, coinsurance, and deductibles;

''(iii) in the case of a drug for which gross spending by such plan, coverage, or entity exceeded $10,000 during the reporting period—

''(I) a list of all other drugs in the same therapeutic category or class; and

''(II) the rationale for the formulary placement of such drug in that therapeutic category or class, if applicable; and

''(iv) in the case such plan or coverage (or an entity providing pharmacy benefits management services on behalf of such plan or coverage) has an affiliated pharmacy or pharmacy under common ownership—

''(I) the percentage of total prescriptions dispensed by such pharmacies to individuals enrolled in such plan or coverage;

''(II) a list of all drugs dispensed by such pharmacies to individuals enrolled in such plan or coverage, and, with respect to each drug dispensed—

''(aa) the amount charged, per dosage unit, per 30-day supply, or per 90-day supply (as applicable) to the plan or issuer, and to participants, beneficiaries, and enrollees enrolled in such plan or coverage;

''(bb) the median amount charged to such plan or issuer, and the interquartile range of the costs, per dosage unit, per 30-day supply, and per 90-day supply, including amounts paid by the participants, beneficiaries, and enrollees, when the same drug is dispensed by other pharmacies that are not affiliated with or under common ownership with the entity and that are included in the pharmacy network of such plan or coverage;

''(cc) the lowest cost per dosage unit, per 30-day supply and per 90-day supply, for each such drug, including amounts charged to the plan and participants, beneficiaries, and enrollees, that is available from any pharmacy included in the network of such plan or coverage; and

''(dd) the net acquisition cost per dosage unit, per 30-day supply, and per 90-day supply, if such drug is subject to a maximum price discount;

''(B) in the case of a plan or coverage not described in subparagraph (A)—

''(i) the total net spending by the plan or coverage for all drugs covered by such plan or coverage during such reporting period;

''(ii) the total amount received, or expected to be received, by the plan or coverage from any entity in drug manufacturer rebates, fees, alternative discounts, and all other remuneration received from an entity or any third party (including group purchasing organizations) other than the plan sponsor for all such drugs; and

''(iii) to the extent feasible, information on the total amount of remuneration, including copayment assistance dollars paid, copayment cards applied, or other discounts provided by each drug manufacturer (or entity administering copay assistance on behalf of such drug manufacturer) to the participants, beneficiaries, and enrollees enrolled in such plan or coverage for such drugs;

''(C) amounts paid directly or indirectly in rebates, fees, or any other type of compensation (as defined in section 408(b)(2)(B)(ii)(dd)(AA)) to brokers, consultants, advisors, or any other individual or firm, for the referral of the group health plan's or health insurance issuer's business to an entity providing pharmacy benefits management services, including the identity of the recipient of such amounts;

''(D) an explanation of any benefit design parameters that encourage or require participants, beneficiaries, and enrollees in such plan or coverage to fill prescriptions at mail order, specialty, or retail pharmacies that are affiliated with or under common ownership with the entity providing pharmacy benefit management services under such plan or coverage, including mandatory mail and specialty home delivery programs, retail and mail auto-refill programs, and cost-sharing assistance incentives directly or indirectly funded by such entity; and

''(E) total gross spending on all drugs during the reporting period.

''(3) PRIVACY REQUIREMENTS.—

''(A) IN GENERAL.—Health insurance issuers offering group health insurance coverage and entities providing pharmacy benefits management services on behalf of a group health

plan shall provide information under paragraph (1) in a manner consistent with the privacy, security, and breach notification regulations promulgated under section 13402(a) of the Health Information Technology for Clinical Health Act and consistent with the HIPAA privacy regulations (as defined in section 1180(b)(3) of the Social Security Act) and shall restrict the use and disclosure of such information according to such privacy, security, and breach notification regulations and such HIPAA privacy regulations.

''(B) ADDITIONAL REQUIREMENTS.—

''(i) IN GENERAL.—An entity providing pharmacy benefits management services on behalf of a group health plan or health insurance issuer offering group health insurance coverage that submits a report under paragraph (1) shall ensure that such report contains only summary health information, as defined in section 164.504(a) of title 45, Code of Federal Regulations (or successor regulations).

''(ii) RESTRICTIONS.—A group health plan shall comply with section 164.504(f) of title 45, Code of Federal Regulations (or a successor regulation) and a plan sponsor shall act in accordance with the terms of the agreement described in such section.

''(C) RULE OF CONSTRUCTION.—Nothing in this section shall be construed to modify the requirements for the creation, receipt, maintenance, or transmission of protected health information under the HIPAA privacy regulations (as defined in section 1180(b)(3) of the Social Security Act).

''(4) DISCLOSURE AND REDISCLOSURE.—

''(A) LIMITATION TO BUSINESS ASSOCIATES.—A group health plan receiving a report under paragraph (1) may disclose such information only to the entity from which the report was received or to that entity's business associates as defined in section 160.103 of title 45, Code of Federal Regulations (or successor regulations) or as permitted by the HIPAA Privacy Rule (45 CFR parts 160 and 164, subparts A and E).

''(B) CLARIFICATION REGARDING PUBLIC DISCLOSURE OF INFORMATION.—Nothing in this section shall prevent a group health plan or health insurance issuer offering group health insurance coverage, or an entity providing pharmacy benefits management services on behalf of such a plan or coverage, from placing reasonable restrictions on the public disclosure of the information contained in a report described in paragraph (1), except that such plan, issuer, or entity may not restrict disclosure of such report to the Department of Health and Human Services, the Department of Labor, the Department of the Treasury, or the Comptroller General of the United States.

''(C) LIMITED FORM OF REPORT.—The Secretary shall define through rulemaking a limited form of the report under paragraph (1) required with respect to group health plans where the plan sponsors of such plans are drug manufacturers, drug wholesalers, or other direct participants in the drug supply chain, in order to prevent anti-competitive behavior.

''(5) REPORT TO GAO.—A group health plan or health insurance issuer offering group health insurance coverage, or an entity providing pharmacy benefits management services on behalf of such plan or coverage, shall submit to the Comptroller General of the United States each of the first 4 reports submitted to a group health plan under paragraph (1) and other such reports as requested, in accordance with the privacy requirements under paragraph (3), the disclosure and redisclosure standards under paragraph (4), the standards specified pursuant to paragraph (6), and such other information that the Comptroller General determines necessary to carry out the study under section 106(d) of the Lower Costs, More Transparency Act.

''(6) STANDARD FORMAT.—Not later than 1 year after the date of enactment of this section, the Secretary shall specify through rulemaking standards for group health plans, health insurance issuers offering group health insurance coverage, and entities providing pharmacy benefits management services on behalf of such plans or coverage, required to submit reports under paragraph (1) to submit such reports in a standard format.

''(c) RULE OF CONSTRUCTION.—Nothing in this section shall be construed to permit a group health plan, health insurance issuer, or entity providing pharmacy benefits management services on behalf of such plan or coverage, to restrict disclosure to, or otherwise limit the access of, the Secretary of Labor to a report described in subsection (b)(1) or information related to compliance with subsection (a) or (b) by entities subject to such subsection.

''(d) DEFINITIONS.—In this section:

''(1) SPECIFIED LARGE EMPLOYER.—The term 'specified large employer' means, in connection with a group health plan with respect to a calendar year and a plan year, an employer who employed an average of at least 50 employees on business days during the preceding calendar year and who employs at least 1 employee on the first day of the plan year.

''(2) WHOLESALE ACQUISITION COST.—The term 'wholesale acquisition cost' has the meaning given such term in section 1847A(c)(6)(B) of the Social Security Act.''.

(B) in section 502 (29 U.S.C. 1132)—

(i) in subsection (b)(3), by striking ''under subsection (c)(9))'' and inserting ''under paragraphs (9) and (13) of subsection (c))''; and

(ii) in subsection (c), by adding at the end the following new paragraph:

''(13) SECRETARIAL ENFORCEMENT AUTHORITY RELATING TO OVERSIGHT OF PHARMACY BENEFITS MANAGER SERVICES.—

''(A) FAILURE TO PROVIDE INFORMATION.—The Secretary may impose a penalty against any health insurance issuer or entity providing pharmacy benefits management services that violates section 726(a) or fails to provide information required under section 726(b) in the amount of $10,000 for each day during which such violation continues or such information is not disclosed or reported.

''(B) FALSE INFORMATION.—The Secretary may impose a penalty against a health insurance issuer or entity providing pharmacy benefits management services that knowingly provides false information under section 726 in an amount not to exceed $100,000 for each item of false information. Such penalty shall be in addition to other penalties as may be prescribed by law.

''(C) WAIVERS.—The Secretary may waive penalties under subparagraph (A), or extend the period of time for compliance with a requirement of section 726, for an entity in violation of such section that has made a good-faith effort to comply with such section.''.

(2) CLERICAL AMENDMENT.—The table of contents in section 1 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1001 et seq.) is amended by inserting after the item relating to section 725 the following new item:

''Sec. 726. Oversight of pharmacy benefits manager services.''.

(c) IRC.—

(1) IN GENERAL.—Subchapter B of chapter 100 of the Internal Revenue Code of 1986 is amended by adding at the end the following:

''SEC. 9826. OVERSIGHT OF PHARMACY BENEFIT MANAGER SERVICES.

''(a) IN GENERAL.—For plan years beginning on or after the date that is 2 years after the date of enactment of this section, a group health plan, or an entity or subsidiary providing pharmacy benefits management services on behalf of such a plan, shall not enter into a contract with a drug manufacturer, distributor, wholesaler, subcontractor, rebate aggregator, or any other third party that limits (or delays beyond the applicable reporting period described in subsection (b)(1)) the disclosure of information to group health plans in such a manner that prevents such plan or entity from making the reports described in subsection (b).

''(b) REPORTS.—

''(1) IN GENERAL.—With respect to plan years beginning on or after the date that is 2 years after the date of enactment of this section, not less frequently than every 6 months (or at the request of a group health plan, not less frequently than quarterly, but under the same conditions, terms, and cost of the semiannual report under this subsection), a group health plan, or an entity providing pharmacy benefits management services on behalf of such a plan, shall submit to the group health plan a report in accordance with this section. Each such report shall be made available to such group health plan in a machine-readable format and shall include the information described in paragraph (2).

''(2) INFORMATION DESCRIBED.—For purposes of paragraph (1), the information described in this paragraph is, with respect to drugs covered by a group health plan during each reporting period—

''(A) in the case of such a plan offered by a specified large employer—

''(i) a list of drugs for which a claim was filed and, with respect to each such drug on such list—

''(I) the brand name, chemical entity, and National Drug Code;

''(II) the type of dispensing channel used to furnish such drug, including retail, mail order, or specialty pharmacy;

''(III) with respect to each drug dispensed under each type of dispensing channel (including retail, mail order, or specialty pharmacy)—

''(aa) whether such drug is a brand name drug or a generic drug, and—

''(AA) in the case of a brand name drug, the wholesale acquisition cost, listed as cost per days supply and cost per dosage unit, on the date such drug was dispensed; and

''(BB) in the case of a generic drug, the average wholesale price, listed as cost per days supply and cost per dosage unit, on the date such drug was dispensed; and

''(bb) the total number of—

''(AA) prescription claims (including original prescriptions and refills);

''(BB) participants, beneficiaries, and enrollees for whom a claim for such drug was filed;

''(CC) dosage units per fill of such drug; and

''(DD) days supply of such drug per fill;

''(IV) the net price per course of treatment or single fill, such as a 30-day supply or 90-day supply to the plan after manufacturer rebates, fees, and other remuneration or adjustments;

''(V) the total amount of out-of-pocket spending by participants, beneficiaries, and enrollees on such drug, including spending through copayments, coinsurance, and deductibles;

''(VI) the total net spending by the plan during the reporting period;

''(VII) the total amount received, or expected to be received, by the plan from any

entity in drug manufacturer rebates, fees, alternative discounts, and all other remuneration received from an entity or any third party (including group purchasing organizations) other than the plan sponsor;

''(VIII) the total amount received, or expected to be received by the plan, from drug manufacturers in rebates, fees, alternative discounts, or other remuneration—

''(aa) that has been paid, or is to be paid, by drug manufacturers for claims incurred during the reporting period; and

''(bb) that is related to utilization rebates for such drug; and

''(IX) to the extent feasible, information on the total amount of remuneration, including copayment assistance dollars paid, copayment cards applied, or other discounts provided by each drug manufacturer (or entity administering copay assistance on behalf of such drug manufacturer) to the participants, beneficiaries, and enrollees enrolled in such plan for such drug;

''(ii) for each category or class of drugs for which a claim was filed, a breakdown of the total gross spending on drugs in such category or class before rebates, price concessions, alternative discounts, or other remuneration from drug manufacturers, and the net spending after such rebates, price concessions, alternative discounts, or other remuneration from drug manufacturers, including—

''(I) the number of participants, beneficiaries, and enrollees who filled a prescription for a drug in such category or class, including the National Drug Code for each such drug;

''(II) if applicable, a description of the formulary tiers and utilization mechanisms (such as prior authorization or step therapy) employed for drugs in that category or class;

''(III) the total out-of-pocket spending under the plan by participants, beneficiaries, and enrollees, including spending through copayments, coinsurance, and deductibles; and

''(iii) in the case of a drug for which gross spending by such plan or entity exceeded $10,000 during the reporting period—

''(I) a list of all other drugs in the same therapeutic category or class; and

''(II) the rationale for the formulary placement of such drug in that therapeutic category or class, if applicable; and

''(iv) in the case such plan (or an entity providing pharmacy benefits management services on behalf of such plan) that has an affiliated pharmacy or pharmacy under common ownership—

''(I) the percentage of total prescriptions dispensed by such pharmacies to individuals enrolled in such plan;

''(II) a list of all drugs dispensed by such pharmacies to individuals enrolled in such plan, and, with respect to each drug dispensed—

''(aa) the amount charged, per dosage unit, per 30-day supply, or per 90-day supply (as applicable) to the plan, and to participants, beneficiaries, and enrollees enrolled in such plan;

''(bb) the median amount charged to such plan, and the interquartile range of the costs, per dosage unit, per 30-day supply, and per 90-day supply, including amounts paid by the participants, beneficiaries, and enrollees, when the same drug is dispensed by other pharmacies that are not affiliated with or under common ownership with the entity and that are included in the pharmacy network of such plan;

''(cc) the lowest cost per dosage unit, per 30-day supply and per 90-day supply, for each such drug, including amounts charged to the plan and participants, beneficiaries, and enrollees, that is available from any pharmacy included in the network of such plan; and

''(dd) the net acquisition cost per dosage unit, per 30-day supply, and per 90-day supply, if such drug is subject to a maximum price discount;

''(B) in the case of a plan not described in subparagraph (A)—

''(i) the total net spending by the plan for all drugs covered by such plan during such reporting period;

''(ii) the total amount received, or expected to be received, by the plan from any entity in drug manufacturer rebates, fees, alternative discounts, and all other remuneration received from an entity or any third party (including group purchasing organizations) other than the plan sponsor for all such drugs; and

''(iii) to the extent feasible, information on the total amount of remuneration, including copayment assistance dollars paid, copayment cards applied, or other discounts provided by each drug manufacturer (or entity administering copay assistance on behalf of such drug manufacturer) to the participants, beneficiaries, and enrollees enrolled in such plan for such drugs;

''(C) amounts paid directly or indirectly in rebates, fees, or any other type of compensation (as defined in section 408(b)(2)(B)(ii)(dd)(AA) of the Employee Retirement Income Security Act) to brokers, consultants, advisors, or any other individual or firm, for the referral of the group health plan's business to an entity providing pharmacy benefits management services, including the identity of the recipient of such amounts;

''(D) an explanation of any benefit design parameters that encourage or require participants, beneficiaries, and enrollees in such plan to fill prescriptions at mail order, specialty, or retail pharmacies that are affiliated with or under common ownership with the entity providing pharmacy benefit management services under such plan, including mandatory mail and specialty home delivery programs, retail and mail auto-refill programs, and cost-sharing assistance incentives directly or indirectly funded by such entity; and

''(E) total gross spending on all drugs during the reporting period.

''(3) PRIVACY REQUIREMENTS.—

''(A) IN GENERAL.—Entities providing pharmacy benefits management services on behalf of a group health plan shall provide information under paragraph (1) in a manner consistent with the privacy, security, and breach notification regulations promulgated under section 13402(a) of the Health Information Technology for Clinical Health Act and consistent with the HIPAA privacy regulations (as defined in section 1180(b)(3) of the Social Security Act) and shall restrict the use and disclosure of such information according to such privacy, security, and breach notification regulations and such HIPAA privacy regulations.

''(B) ADDITIONAL REQUIREMENTS.—

''(i) IN GENERAL.—An entity providing pharmacy benefits management services on behalf of a group health plan that submits a report under paragraph (1) shall ensure that such report contains only summary health information, as defined in section 164.504(a) of title 45, Code of Federal Regulations (or successor regulations).

''(ii) RESTRICTIONS.—A group health plan shall comply with section 164.504(f) of title 45, Code of Federal Regulations (or a successor regulation) and a plan sponsor shall act in accordance with the terms of the agreement described in such section.

''(C) RULE OF CONSTRUCTION.—Nothing in this section shall be construed to modify the requirements for the creation, receipt, maintenance, or transmission of protected health information under the HIPAA privacy regulations (as defined in section 1180(b)(3) of the Social Security Act).

''(4) DISCLOSURE AND REDISCLOSURE.—

''(A) LIMITATION TO BUSINESS ASSOCIATES.—A group health plan receiving a report under paragraph (1) may disclose such information only to the entity from which the report was received or to that entity's business associates as defined in section 160.103 of title 45, Code of Federal Regulations (or successor regulations) or as permitted by the HIPAA Privacy Rule (45 CFR parts 160 and 164, subparts A and E).

''(B) CLARIFICATION REGARDING PUBLIC DISCLOSURE OF INFORMATION.—Nothing in this section shall prevent a group health plan or health insurance issuer offering group health insurance coverage, or an entity providing pharmacy benefits management services on behalf of such a plan or coverage, from placing reasonable restrictions on the public disclosure of the information contained in a report described in paragraph (1), except that such plan, issuer, or entity may not restrict disclosure of such report to the Department of Health and Human Services, the Department of Labor, the Department of the Treasury, or the Comptroller General of the United States.

''(C) LIMITED FORM OF REPORT.—The Secretary shall define through rulemaking a limited form of the report under paragraph (1) required with respect to group health plans where the plan sponsors of such plans are drug manufacturers, drug wholesalers, or other direct participants in the drug supply chain, in order to prevent anti-competitive behavior.

''(5) REPORT TO GAO.—A group health plan, or an entity providing pharmacy benefits management services on behalf of such plan, shall submit to the Comptroller General of the United States each of the first 4 reports submitted to a group health plan under paragraph (1) and other such reports as requested, in accordance with the privacy requirements under paragraph (3), the disclosure and rediscloure standards under paragraph (4), the standards specified pursuant to paragraph (6), and such other information that the Comptroller General determines necessary to carry out the study under section 106(d) of the Lower Costs, More Transparency Act.

''(6) STANDARD FORMAT.—Not later than 1 year after the date of enactment of this section, the Secretary shall specify through rulemaking standards for group health plans, and entities providing pharmacy benefits management services on behalf of such plans, required to submit reports under paragraph (1) to submit such reports in a standard format.

''(c) RULE OF CONSTRUCTION.—Nothing in this section shall be construed to permit a group health plan or entity providing pharmacy benefits management services on behalf of such plan, to restrict disclosure to, or otherwise limit the access of, the Secretary of Health and Human Services to a report described in subsection (b)(1) or information related to compliance with subsections (a) or (b) by entities subject to such subsection.

''(d) DEFINITIONS.—In this section:

''(1) SPECIFIED LARGE EMPLOYER.—The term 'specified large employer' means, in connection with a group health plan with respect to a calendar year and a plan year, an employer who employed an average of at least 50 employees on business days during the preceding calendar year and who employs at least 1 employee on the first day of the plan year.

''(2) WHOLESALE ACQUISITION COST.—The term 'wholesale acquisition cost' has the meaning given such term in section 1847A(c)(6)(B) of the Social Security Act.''.

(2) CLERICAL AMENDMENT.—The table of sections for subchapter B of chapter 100 of the Internal Revenue Code of 1986 is amended by adding at the end the following new item:

''Sec. 9826. Oversight of pharmacy benefits manager services.''.

(d) GAO REPORTS.—

(1) REPORT ON PHARMACY NETWORK DESIGN.—

(A) IN GENERAL.—Not later than 3 years after the date of enactment of this Act, the Comptroller General of the United States shall submit to Congress a report on—

(i) pharmacy networks that have contracted with group health plans, health insurance issuers offering group health insurance coverage, or entities providing pharmacy benefits management services on behalf of such plans or issuers, including networks with pharmacies that are under common ownership (in whole or part) with such plans, issuers, or entities (including entities that provide pharmacy benefits administrative services on behalf of such plans or issuers);

(ii) pharmacy network design parameters that encourage individuals enrolled in such plans or coverage to fill prescriptions at mail order, specialty, or retail pharmacies that are wholly or partially owned by a plan, issuer, or entity;

(iii) whether such plans and issuers have options to elect different network pricing arrangements in the marketplace with entities that provide pharmacy benefits management services and the prevalence of electing such different network pricing arrangements;

(iv) with respect to pharmacy networks that include pharmacies under common ownership described in clause (i)—

(I) whether such networks are designed to encourage individuals enrolled in a group health plan or health insurance coverage to use such pharmacies over other network pharmacies for specific services or drugs, and if so, the reasons the networks give for encouraging use of such pharmacies; and

(II) whether such pharmacies are used by enrollees disproportionately more in the aggregate or for specific services or drugs compared to other network pharmacies;

(v) the degree to which mail order, specialty, or retail pharmacies that dispense prescription drugs to an enrollee in a plan or coverage that are under common ownership (in whole or part) with plans, issuers, or entities providing pharmacy benefits management services or pharmacy benefits administrative services on behalf of such plan or coverage receive reimbursement that is greater than the median price charged to the plan or issuer when the same drug is dispensed to enrollees in the plan or coverage by other pharmacies included in the pharmacy network of that plan, issuer, or entity that are not wholly or partially owned by the plan or issuer, or entity providing pharmacy benefits management services on behalf of such plan or issuer.

(B) REQUIREMENT.—The Comptroller General of the United States shall ensure that the report under subparagraph (A) does not contain information that would identify a specific group health plan or health insurance issuer (or an entity providing pharmacy benefits management services on behalf of such plan or issuer), or otherwise contain commercial or financial information that is privileged or confidential.

(C) DEFINITIONS.—In this paragraph, the terms ''group health plan'', ''health insurance coverage'', and ''health insurance issuer'' have the meanings given such terms in section 2791 of the Public Health Service Act (42 U.S.C. 300gg–91).

(2) REPORT ON COPAY ASSISTANCE PROGRAMS.—Not later than 18 months after the date of the enactment of this Act, the Comptroller General of the United States shall submit to Congress a report on what is known about the role of copay assistance programs and the impact of such programs on commercial health insurance, stop loss, and drug prices. Such report shall include to the extent feasible—

(A) a description of copay assistance programs, including—

(i) the types of programs available and the methods of providing copay assistance through such programs, including cash discounts, copay cards, or drugs provided to an individual at no cost;

(ii) how such programs are funded;

(iii) the types of entities that own, operate, or otherwise conduct such programs, the types of information such entities collect, and the direct and indirect contractual relationships between the entities in the drug supply chain that interact with such programs, such as a drug manufacturer, pharmacy, wholesaler, switch, rebate aggregator, pharmacy benefit manager, and other entities in the drug supply chain;

(iv) the effect of such programs on patient out-of-pocket spending, including for stop-loss insurance, and drug utilization, including drug adherence; and

(v) patient eligibility criteria for such programs; and

(B) an analysis of—

(i) the sources of funding for such programs; and

(ii) the effects of such programs on Federal health care programs and the individuals enrolled in such Federal health care programs.

SEC. 107. REPORTS ON HEALTH CARE TRANSPARENCY TOOLS AND DATA.

(a) INITIAL REPORT.—Not later than December 31, 2024, the Comptroller General of the United States shall submit to the Committees (as defined in subsection (d)) an initial report that—

(1) identifies and describes health care transparency tools and Federal health care reporting requirements (as described in subsection (d)) that are in effect as of the date of the submission of such initial report, including the frequency of reports with respect to each such requirement and whether any such requirements are duplicative;

(2) reviews how such reporting requirements are enforced;

(3) analyzes whether the public availability of health care transparency tools, and the publication of data pursuant to such reporting requirements, has—

(A) been utilized and valued by consumers, including reasons for such utilization (or lack thereof); and

(B) assisted health insurance plan sponsors and fiduciaries improve benefits, lower health care costs for plan participants, and meet fiduciary requirements;

(4) includes recommendations to the Committees, the Secretary of Health and Human Services, the Secretary of Labor, and the Secretary of the Treasury to—

(A) improve the efficiency, accuracy, and usability of health care transparency tools;

(B) streamline Federal health care reporting requirements to eliminate duplicative requirements and reduce the burden on entities required to submit reports pursuant to such provisions;

(C) improve the accuracy and efficiency of such reports while maintaining the integrity and usability of the data provided by such reports;

(D) address any gaps in data provided by such reports; and

(E) ensure that the data and information reported is comparable and usable to consumers, including patients, plan sponsors, and policy makers.

(b) FINAL REPORT.—Not later than December 31, 2028, the Comptroller General of the United States shall submit to the Committees a report that includes—

(1) the information provided in the initial report, along with any updates to such information; and

(2) any new information with respect to health care transparency tools that have been released following the submission of such initial report, or new reporting requirements in effect as of the date of the submission of the final report.

(c) REPORT ON EXPANDING PRICE TRANSPARENCY REQUIREMENTS.—Not later than December 31, 2025, the Comptroller General of the United States, in consultation with the Secretary of Health and Human Services, health care provider groups, and patient advocacy groups, shall submit to the Committees a report that includes recommendations to expand price transparency reporting requirements to additional care settings, with an emphasis on settings where shoppable services (as defined in subsection (d)) are furnished.

(d) DEFINITIONS.—In this section:

(1) COMMITTEES.—The term ''Committees'' means the Committee on Ways and Means, the Committee on Energy and Commerce, and the Committee on Education and the Workforce of the House of Representatives, and the Committee on Finance and the Committee on Health, Education, Labor, and Pensions of the Senate.

(2) FEDERAL HEALTH CARE REPORTING REQUIREMENTS.—The term ''Federal health care reporting requirements'' includes regulatory and statutory requirements with respect to the reporting and publication of health care price, cost access, and quality data, including requirements established by the Consolidated Appropriations Act of 2021 (Public Law 116–260), this Act, and other reporting and publication requirements with respect to transparency in health care as identified by the Comptroller General of the United States.

(3) SHOPPABLE SERVICE.—The term ''shoppable service'' means a service that can be scheduled by a health care consumer in advance and includes all ancillary items and services customarily furnished as part of such service.

SEC. 108. REPORT ON INTEGRATION IN MEDICARE.

(a) REQUIRED MA AND PDP REPORTING.—

(1) MA PLANS.—Section 1857(e) of the Social Security Act (42 U.S.C. 1395w–27(e)) is amended by adding at the end the following new paragraph:

''(6) REQUIRED DISCLOSURE OF CERTAIN INFORMATION RELATING TO HEALTH CARE PROVIDER OWNERSHIP.—

''(A) IN GENERAL.—For plan year 2025 and for every third plan year thereafter, each applicable MA organization offering an MA plan under this part during such plan year shall submit to the Secretary, at a time and in a manner specified by the Secretary—

''(i) the taxpayer identification number for each health care provider that was a specified health care provider with respect to such organization during such year;

''(ii) the total amount of incentive-based payments made to, and the total amount of shared losses recoupments collected from, such specified health care providers during such plan year; and

''(iii) the total amount of incentive-based payments made to, and the total amount of shared losses recoupments collected from, providers of services and suppliers not described in clause (ii) during such plan year.

''(B) DEFINITIONS.—For purposes of this paragraph:

''(i) APPLICABLE MA ORGANIZATION.—The term 'applicable MA organization' means,

with respect to a plan year, an MA organization with at least 25,000 individuals enrolled under Medicare Advantage plans offered by such organization during such plan year.

''(ii) SPECIFIED HEALTH CARE PROVIDER.—The term 'specified health care provider' means, with respect to an applicable MA organization and a plan year, a provider of services or supplier with respect to which such organization (or any person with an ownership or control interest (as defined in section 1124(a)(3)) in such organization) is a person with an ownership or control interest (as so defined).''.

(2) PRESCRIPTION DRUG PLANS.—Section 1860D–12(b) of the Social Security Act (42 U.S.C. 1395w–112(b)) is amended by adding at the end the following new paragraph:

''(9) PROVISION OF INFORMATION RELATING TO PHARMACY OWNERSHIP.—

''(A) IN GENERAL.—For plan year 2025 and for every third plan year thereafter, each PDP sponsor offering a prescription drug plan under this part during such plan year shall submit to the Secretary, at a time and in a manner specified by the Secretary, the taxpayer identification number and National Provider Identifier for each pharmacy that was a specified pharmacy with respect to such sponsor during such year.

''(B) DEFINITION.—For purposes of this paragraph, the term 'specified pharmacy' means, with respect to an PDP sponsor offering a prescription drug plan and a plan year, a pharmacy with respect to which—

''(i) such sponsor (or any person with an ownership or control interest (as defined in section 1124(a)(3)) in such sponsor) is a person with an ownership or control interest (as so defined); or

''(ii) a pharmacy benefit manager offering services under such plan (or any person with an ownership or control interest (as so defined) in such sponsor) is a person with an ownership or control interest (as so defined).''.

(b) MEDPAC REPORTS.—Part E of title XVIII of the Social Security Act (42 U.S.C. 1395x et seq.), as amended by section 101, is further amended by adding at the end the following new section:

''SEC. 1899D. REPORTS ON VERTICAL INTEGRATION UNDER MEDICARE.

''(a) IN GENERAL.—Not later than June 15, 2029, and every 3 years thereafter, the Medicare Payment Advisory Commission shall submit to Congress a report on the state of vertical integration in the health care sector during the applicable year with respect to entities participating in the Medicare program, including health care providers, pharmacies, prescription drug plan sponsors, Medicare Advantage organizations, and pharmacy benefit managers. Such report shall include—

''(1) with respect to Medicare Advantage organizations, the evaluation described in subsection (b);

''(2) with respect to prescription drug plans, pharmacy benefit managers, and pharmacies, the comparisons and evaluations described in subsection (c);

''(3) with respect to Medicare Advantage plans under which benefits are available for physician-administered drugs, the information described in subsection (d);

''(4) the identifications described in subsection (e); and

''(5) an analysis of the impact of such integration on health care access, price, quality, and outcomes.

''(b) MEDICARE ADVANTAGE ORGANIZATIONS.—For purposes of subsection (a)(1), the evaluation described in this subsection is, with respect to Medicare Advantage organizations and an applicable year, an evaluation, taking into account patient acuity and the types of areas serviced by such organization, of—

''(1) the average number of qualifying diagnoses made during such year with respect to enrollees of a Medicare Advantage plan offered by such organization who, during such year, received a health risk assessment from a specified health care provider;

''(2) the average risk score for such enrollees who received such an assessment during such year;

''(3) any relationship between such risk scores for such enrollees receiving such an assessment from such a provider during such year and incentive payments made to such providers;

''(4) the average risk score for enrollees of such plan who received any item or service from a specified health care provider during such year;

''(5) any relationship between the risk scores of enrollees under such plan and whether the enrollees have received any item or service from a specified provider; and

''(6) any relationship between the risk scores of enrollees under such plan that have received any item or service from a specified provider and incentive payments made under the plan to specified providers.

''(c) PRESCRIPTION DRUG PLANS.—For purposes of subsection (a)(2), the comparisons and evaluations described in this subsection are, with respect to prescription drug plans and an applicable year, the following:

''(1) For each covered part D drug for which benefits are available under such a plan, a comparison of the average negotiated rate in effect with specified pharmacies with such rates in effect for in-network pharmacies that are not specified pharmacies.

''(2) Comparisons of the following:

''(A) The total amount paid by pharmacy benefit managers to specified pharmacies for covered part D drugs and the total amount so paid to pharmacies that are not specified pharmacies for such drugs.

''(B) The total amount paid by such sponsors to specified pharmacy benefit managers as reimbursement for covered part D drugs and the total amount so paid to pharmacy benefit managers that are not specified pharmacy benefit managers as such reimbursement.

''(C) Fees paid under by plan to specified pharmacy benefit managers compared to such fees paid to pharmacy benefit managers that are not specified pharmacy benefit managers.

''(3) An evaluation of the total amount of direct and indirect remuneration for covered part D drugs passed through to prescription drug plan sponsors and the total amount retained by pharmacy benefit managers (including entities under contract with such a manager).

''(4) To the extent that the available data permits, an evaluation of fees charged by rebate aggregators that are affiliated with plan sponsors.

''(d) PHYSICIAN-ADMINISTERED DRUGS.—For purposes of subsection (a)(3), the information described in this subsection is, with respect to physician-administered drugs for which benefits are available under a Medicare Advantage plan during an applicable year, the following:

''(1) With respect to each such plan, an identification of each drug for which benefits were available under such plan only when administered by a health care provider that acquired such drug from an affiliated pharmacy.

''(2) An evaluation of the difference between the total number of drugs administered by a health care provider that were acquired from affiliated pharmacies compared to the number of such drugs so administered that were acquired from pharmacies other than affiliated pharmacies, and an evaluation of the difference in payments for such drugs so administered when acquired from a specified pharmacy and when acquired from a pharmacy that is not a specified pharmacy.

''(3) An evaluation of the dollar value of all such drugs that were not so administered because of a delay attributable to an affiliated pharmacy compared to the dollar value of all such drugs that were not so administered because of a delay attributable to pharmacy that is not an affiliated pharmacy.

''(4) The number of enrollees administered such a drug that was acquired from an affiliated pharmacy.

''(5) The number of enrollees furnished such a drug that was acquired from a pharmacy that is not an affiliated pharmacy.

''(e) IDENTIFICATIONS.—For purposes of subsection (a)(4), the identifications described in this subsection are, with respect to an applicable year, identifications of each health care entity participating under the Medicare program with respect to which another health care entity so participating is a person with an ownership or control interest (as defined in section 1124(a)(3)).

''(f) DEFINITIONS.—In this section:

''(1) AFFILIATED PHARMACY.—The term 'affiliated pharmacy' means, with respect to a Medicare Advantage plan offered by a Medicare Advantage organization, a pharmacy with respect to which such organization (or any person with an ownership or control interest (as defined in section 1124(a)(3)) in such organization) is a person with an ownership or control interest (as so defined).

''(2) APPLICABLE YEAR.—The term 'applicable year' means, with respect to a report submitted under subsection (a), the first calendar year beginning at least 4 years prior to the date of the submission of such report.

''(3) COVERED PART D DRUG.—The term 'covered part D drug' has the meaning given such term in section 1860D–2(e).

''(4) DIRECT AND INDIRECT REMUNERATION.—The term 'direct and indirect remuneration' has the meaning given such term in section 423.308 of title 42, Code of Federal Regulations (or any successor regulation).

''(5) QUALIFYING DIAGNOSIS.—The term 'qualifying diagnosis' means, with respect to an enrollee of a Medicare Advantage plan, a diagnosis that is taken into account in calculating a risk score for such enrollee under the risk adjustment methodology established by the Secretary pursuant to section 1853(a)(3).

''(6) RISK SCORE.—The term 'risk score' means, with respect to an enrollee of a Medicare Advantage plan, the score calculated for such individual using the methodology described in paragraph (5).

''(7) PHYSICIAN-ADMINISTERED DRUG.—The term 'physician-administered drug' means a drug furnished to an individual that, had such individual been enrolled under part B and not enrolled under part C, would have been payable under section 1842(o).

''(8) SPECIFIED HEALTH CARE PROVIDER.—The term 'specified health care provider' means, with respect to a Medicare Advantage plan offered by a Medicare Advantage organization, a health care provider with respect to which such organization (or any person with an ownership or control interest (as defined in section 1124(a)(3)) in such organization) is a person with an ownership or control interest (as so defined).

''(9) SPECIFIED PHARMACY.—The term 'specified pharmacy' means, with respect to a prescription drug plan offered by a prescription drug plan sponsor, a pharmacy with respect to which—

''(A) such sponsor (or any person with an ownership or control interest (as defined in

section 1124(a)(3)) in such sponsor) is a person with an ownership or control interest (as so defined); or

''(B) a pharmacy benefit manager offering services under such plan (or any person with an ownership or control interest (as so defined) in such sponsor) is a person with an ownership or control interest (as so defined).

''(10) SPECIFIED PHARMACY BENEFIT MANAGER.—The term 'specified pharmacy benefit manager' means, with respect to a prescription drug plan offered by a prescription drug plan sponsor, a pharmacy benefit manager with respect to which such sponsor (or any person with an ownership or control interest (as defined in section 1124(a)(3)) in such sponsor) is a person with an ownership or control interest (as so defined).''.

SEC. 109. ADVISORY COMMITTEE.

(a) IN GENERAL.—Not later than January 1, 2025, the Secretary of Labor, the Secretary of Health and Human Services, and the Secretary of the Treasury shall jointly convene an advisory committee (in this section referred to as the ''committee'') consisting of 9 members to advise the Secretaries on how to improve the usefulness, accessibility, and usability of information made available in accordance the amendments made by sections 105 and 106, and by section 204 of division BB of the Consolidated Appropriation Act, 2021 (Public Law 116–260), streamline the reporting of such information, and ensure that—

(1) such information is accurate, accessible, and is delivered in a form and manner consistent with the requirements of such section;

(2) the form and manner in which such information is delivered is routinely updated in accordance with widely-used practices in order to ensure accessibility; and

(3) such information is available for audit (including by making recommendations relating to how Federal and State actors may conduct such audits).

(b) MEMBERSHIP.—The Secretaries shall jointly appoint members representing end-users of the information described in subsection (a). Vacancies on the committee shall be filled by appointment consistent with this subsection not later than 3 months after the vacancy arises.

(c) TERMINATION.—The committee shall terminate on January 1, 2028.

(d) NONAPPLICAITON OF FACA.—The Federal Advisory Committee Act (5 U.S.C. App.) shall not apply to the committee.

SEC. 110. REPORT ON IMPACT OF MEDICARE REGULATIONS ON PROVIDER AND PAYER CONSOLIDATION.

(a) ANNUAL REPORT ON THE IMPACT OF CERTAIN MEDICARE REGULATIONS ON PROVIDER AND PAYER CONSOLIDATION; PUBLIC COMMENT ON PROVIDER AND PAYER CONSOLIDATION FOR CERTAIN PROPOSED RULES.—

(1) ANNUAL REPORT.—Not later than December 30, 2026, and annually thereafter, the Secretary of Health and Human Services (in this section referred to as the ''Secretary'') shall submit to Congress a report on the impact in the aggregate on provider and payer consolidation with respect to regulations for parts A, B, C, and D of title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) implemented in the calendar year immediately prior to such report. Such report shall include regulations that—

(A) implement a change to an applicable payment system, a rate schedule, or another payment system under part A, B, C, or D of such title; or

(B) result in a significant rule effecting provider or payer consolidation.

(2) PUBLIC COMMENT ON IMPACT TO PROVIDER AND PAYER CONSOLIDATION.—Beginning for 2025, as part of any notice and comment rule-making process that will result in a significant rule effecting provider or payer consolidation with respect to a proposed rule for parts A, B, C, and D of title XVIII of the Social Security Act (42 U.S.C. 1395j et seq.), the Secretary shall seek public comment on the projected impact of such proposed rule on provider and payer consolidation in the aggregate.

(3) DEFINITIONS.—In this section:

(A) PROVIDER AND PAYER CONSOLIDATION.—The term ''provider and payer consolidation'' includes the vertical or horizontal integration among providers of services (as defined in subsection (u) of section 1861 of the Social Security Act (42 U.S.C. 1395x)), suppliers (as defined in subsection (d) of such section), accountable care organizations under section 1899 of the Social Security Act (42 U.S.C. 1395jjj), Medicare Advantage organizations, PDP sponsors, pharmacy benefit managers, pharmacies, and integrated delivery systems.

(B) APPLICABLE PAYMENT SYSTEM.—The term ''applicable payment system'' includes—

(i) with respect to outpatient hospital services, the prospective payment system for covered OPD services established under section 1833(t) of such Act (42 U.S.C. 1395(l)); and

(ii) with respect to physicians' services, the physician fee schedules established under section 1848 of such Act (42 U.S.C. 1395w–4).

(b) CONSIDERATION OF EFFECTS ON PROVIDER AND PAYER CONSOLIDATION WITH RESPECT TO CMI MODELS.—

(1) IN GENERAL.—Section 1115A(b)(4)(A) of the Social Security Act (42 U.S.C. 1315a(b)(4)(A)) is amended—

(A) in clause (i), by striking at the end ''and'';

(B) in clause (ii), by striking the period at the end and inserting ''; and''; and

(C) by adding at the end the following new clause:

''(iii) the extent to which, and how, the model has effected and could effect provider and payer consolidation, which includes the vertical or horizontal integration among providers of services (as defined in subsection (u) of section 1861), suppliers (as defined in subsection (d) of such section), and accountable care organizations under section 1899.''.

(2) EFFECTIVE DATE.—The amendments made by paragraph (1) shall apply with respect to models tested on or after January 1, 2025.

SEC. 111. IMPLEMENTATION FUNDING.

(a) IN GENERAL.—For the purposes described in subsection (b), there are appropriated, in addition to amounts otherwise available, out of amounts in the Treasury not otherwise appropriated, to the Secretary of Health and Human Services and the Secretary of the Treasury, $65,000,000 for fiscal year 2024, to remain available through fiscal year 2029.

(b) PERMITTED PURPOSES.—The purposes described in this subsection are the following purposes, insofar as such purposes are to carry out the provisions of, including the amendments made by, this title:

(1) Preparing, drafting, and issuing proposed and final regulations or interim regulations.

(2) Preparing, drafting, and issuing guidance and public information.

(3) Preparing, drafting, and publishing reports.

(4) Enforcement of such provisions.

(5) Reporting, collection, and analysis of data.

(6) Other administrative duties necessary for implementation of such provisions.

(c) TRANSPARENCY OF IMPLEMENTATION FUNDS.—Each Secretary described in subsection (a) shall annually submit, no later than September 1st of each year, to the Committees on Energy and Commerce, on Ways and Means, on Education and Workforce, and on Appropriations of the House of Representatives and on the Committees on Health, Education, Labor, and Pensions and on Appropriations of the Senate a report on funds expended pursuant to funds appropriated under this section.

TITLE II—REDUCING HEALTH CARE COSTS FOR PATIENTS

SEC. 201. INCREASING TRANSPARENCY IN GENERIC DRUG APPLICATIONS.

(a) IN GENERAL.—Section 505(j)(3) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(j)(3)) is amended by adding at the end the following:

''(H)(i) Upon request (in controlled correspondence or an analogous process) by a person that has submitted or intends to submit an abbreviated application under this subsection for a drug that is required by regulation to contain one or more of the same inactive ingredients in the same concentrations as the listed drug referred to, or for which the Secretary determines there is a scientific justification for an approach that is in vitro in whole or in part to be used to demonstrate bioequivalence for a drug if such a drug contains one or more of the same inactive ingredients in the same concentrations as the listed drug, the Secretary shall inform the person whether such drug is qualitatively and quantitatively the same as the listed drug. The Secretary may also provide such information to such a person on the Secretary's own initiative during the review of an abbreviated application under this subsection for such drug.

''(ii) Notwithstanding section 301(j), if the Secretary determines that such drug is not qualitatively or quantitatively the same as the listed drug, the Secretary shall identify and disclose to the person—

''(I) the ingredient or ingredients that cause such drug not to be qualitatively or quantitatively the same as the listed drug; and

''(II) for any ingredient for which there is an identified quantitative deviation, the amount of such deviation.

''(iii) If the Secretary determines that such drug is qualitatively and quantitatively the same as the listed drug, the Secretary shall not change or rescind such determination after the submission of an abbreviated application for such drug under this subsection unless—

''(I) the formulation of the listed drug has been changed and the Secretary has determined that the prior listed drug formulation was withdrawn for reasons of safety or effectiveness; or

''(II) the Secretary makes a written determination that the prior determination must be changed because an error has been identified.

''(iv) If the Secretary makes a written determination described in clause (iii)(II), the Secretary shall provide notice and a copy of the written determination to the person making the request under clause (i).

''(v) The disclosures required by this subparagraph are disclosures authorized by law, including for purposes of section 1905 of title 18, United States Code.''.

(b) GUIDANCE.—

(1) IN GENERAL.—Not later than one year after the date of enactment of this Act, the Secretary of Health and Human Services shall issue draft guidance, or update guidance, describing how the Secretary will determine whether a drug is qualitatively and quantitatively the same as the listed drug (as such terms are used in section 505(j)(3)(H) of the Federal Food, Drug, and Cosmetic Act, as added by subsection (a)), including with respect to assessing pH adjusters.

(2) PROCESS.—In issuing guidance under this subsection, the Secretary of Health and Human Services shall—

(A) publish draft guidance;

(B) provide a period of at least 60 days for comment on the draft guidance; and

(C) after considering any comments received and not later than one year after the close of the comment period on the draft guidance, publish final guidance.

(c) APPLICABILITY.—Section 505(j)(3)(H) of the Federal Food, Drug, and Cosmetic Act, as added by subsection (a), applies beginning on the date of enactment of this Act, irrespective of the date on which the guidance required by subsection (b) is finalized.

SEC. 202. IMPROVING TRANSPARENCY AND PREVENTING THE USE OF ABUSIVE SPREAD PRICING AND RELATED PRACTICES IN MEDICAID.

(a) SPREAD PRICING.—

(1) IN GENERAL.—Section 1927(e) of the Social Security Act (42 U.S.C. 1396r–8(e)) is amended by adding at the end the following:

''(6) PHARMACY PRICE REIMBURSEMENT REQUIRED.—

''(A) IN GENERAL.—A contract between the State and a pharmacy benefit manager (in this paragraph referred to as a 'PBM'), or a contract between the State and a designated entity (as defined in subparagraph (C)) that includes provisions making the designated entity responsible for the administration of medical assistance consisting of covered outpatient drugs for individuals enrolled with the designated entity, shall require that payment for such drugs and related administrative services (as applicable), including payments made by a PBM on behalf of the State or designated entity, is based on a pharmacy price reimbursement model under which—

''(i) any payment made by the designated entity or the PBM (as applicable) for such a drug—

''(I) is limited to—

''(aa) ingredient cost; and

''(bb) a professional dispensing fee that is not less than the professional dispensing fee that the State plan or waiver would pay if the plan or waiver was making the payment directly;

''(II) is passed through in its entirety by the designated entity or PBM to the pharmacy or provider that dispenses the drug and is not retroactively denied or reduced except as permitted or required under Federal or State law or regulation; and

''(III) is made in a manner that is consistent with sections 447.502, 447.512, 447.514, and 447.518 of title 42, Code of Federal Regulations (or any successor regulation) as if such requirements applied directly to the designated entity or the PBM, except that any payment by the designated entity or the PBM for the ingredient cost of such a drug purchased by a covered entity (as defined in subsection (a)(5)(B)) may exceed the actual acquisition cost (as defined in section 447.502 of title 42, Code of Federal Regulations (or any successor regulation)) for such drug if—

''(aa) such drug was subject to an agreement under section 340B of the Public Health Service Act;

''(bb) such payment for such cost of such drug does not exceed the maximum payment that would have been made by the designated entity or the PBM for the ingredient cost of such drug had such drug not been purchased by such a covered entity; and

''(cc) such covered entity reports to the Secretary, on an annual basis (in a form and manner specified by the Secretary) and with respect to payments for such costs of such drugs so purchased by such covered entity that are in excess of the actual acquisition costs for such drugs, the aggregate amount of such excess;

''(ii) payment to the designated entity or the PBM (as applicable) for administrative services performed by the designated entity or PBM is limited to an administrative fee that reflects the fair market value of providing such services;

''(iii) the designated entity or the PBM (as applicable) makes available to the State, and the Secretary upon request, all costs and payments related to covered outpatient drugs and accompanying administrative services incurred, received, or made by the designated entity or the PBM, including ingredient costs, professional dispensing fees, administrative fees, post-sale and post-invoice fees, discounts, or related adjustments such as direct and indirect remuneration fees, and any and all other remuneration; and

''(iv) any form of spread pricing whereby any amount charged or claimed by the designated entity or the PBM (as applicable) is in excess of the amount paid to the pharmacies by the designated entity or the PBM, including any post-sale or post-invoice fees, discounts, or related adjustments such as direct and indirect remuneration fees or assessments (after allowing for a fair market administrative fee as described in clause (ii)), is not allowable for purposes of claiming Federal matching payments under this title.

''(B) MAKING CERTAIN INFORMATION AVAILABLE.—The Secretary shall publish, not less frequently than on an annual basis, information received by the Secretary pursuant to subparagraph (A)(i)(III)(cc). Such information shall be so published in an electronic and searchable format, such as through the 340B Office of Pharmacy Affairs Information System (or a successor system).

''(C) DEFINITIONS.—In this paragraph:

''(i) DESIGNATED ENTITY.—The term 'designated entity' means a managed care entity or other specified entity.

''(ii) MANAGED CARE ENTITY; OTHER SPECIFIED ENTITY.—The terms 'managed care entity' and 'other specified entity' have the meaning given such terms in section 1903(m)(9)(D).''.

(2) CONFORMING AMENDMENTS.—Section 1903(m) of such Act (42 U.S.C. 1396b(m)) is amended—

(A) in paragraph (2)(A)(xiii)—

(i) by striking ''and (III)'' and inserting ''(III)'';

(ii) by inserting before the period at the end the following: '', and (IV) with respect to covered outpatient drugs and related administrative services (as applicable) provided by the entity (or by a pharmacy benefit manager on behalf of the entity under a contract or other arrangement with the entity), that payment for such drugs and related administrative services is based on a pharmacy price reimbursement model described in section 1927(e)(6)(A)''; and

(iii) by moving the margin 2 ems to the left; and

(B) by adding at the end the following new paragraph:

''(10) No payment shall be made under this title to a State with respect to expenditures incurred by it for payment for services provided by an other specified entity (as defined in paragraph (9)(D)) unless the contract between the State and the entity for the provision of such services provides, with respect to covered outpatient drugs and related administrative services (as applicable) provided by the entity (or by a pharmacy benefit manager on behalf of the entity under a contract or other arrangement with the entity), that payment for such drugs and related administrative services is based on a pharmacy price reimbursement model described in section 1927(e)(6)(A).''.

(3) EFFECTIVE DATE.—The amendments made by this subsection apply to contracts between States and pharmacy benefit managers and designated entities (as defined in section 1927(e)(6) of the Social Security Act, as added by paragraph (1)) that have an effective date beginning on or after the date that is 18 months after the date of enactment of this Act.

(b) ENSURING ACCURATE PAYMENTS TO PHARMACIES UNDER MEDICAID.—

(1) IN GENERAL.—Section 1927(f) of the Social Security Act (42 U.S.C. 1396r–8(f)) is amended—

(A) by striking ''and'' after the semicolon at the end of paragraph (1)(A)(i) and all that precedes it through ''(1)'' and inserting the following:

''(1) DETERMINING PHARMACY ACTUAL ACQUISITION COSTS.—The Secretary shall conduct a survey of retail community pharmacy drug prices to determine the national average drug acquisition cost as follows:

''(A) USE OF VENDOR.—The Secretary may contract services for—

''(i) with respect to retail community pharmacies, the determination of retail survey prices of the national average drug acquisition cost for covered outpatient drugs based on a monthly survey of such pharmacies; and'';

(B) by adding at the end of paragraph (1) the following:

''(F) SURVEY REPORTING.—A State shall require that any retail community pharmacy in the State that receives any payment, reimbursement, administrative fee, discount, or rebate related to the dispensing of covered outpatient drugs to individuals receiving benefits under this title, regardless of whether such payment, reimbursement, administrative fee, discount, or rebate is received from the State or a designated entity (as defined in subsection (e)(6)(C)) directly or from a pharmacy benefit manager that has a contract with the State or a designated entity, shall respond to surveys of retail prices conducted under this subsection.

''(G) SURVEY INFORMATION.—Information on national drug acquisition prices obtained under this paragraph shall be made publicly available in a timely manner following the collection of such information and shall include at least the following:

''(i) The monthly response rate to the survey including a list of pharmacies not in compliance with subparagraph (F).

''(ii) The sampling frame and number of pharmacies sampled monthly.

''(iii) Information on price concessions to the pharmacy, including discounts, rebates, and other price concessions, to the extent that such information may be publicly released and is available during the survey period.

''(H) REPORT ON SPECIALTY PHARMACIES.—Not later than 1 year after the date that this subparagraph takes effect, the Secretary shall submit to Congress a report examining specialty drug coverage and reimbursement under this title, including—

''(i) a description of how State Medicaid programs define specialty drugs and specialty pharmacies;

''(ii) the amount State Medicaid programs pay for specialty drugs;

''(iii) how States and designated entities (as defined in subsection (e)(6)(C)) determine payment for specialty drugs;

''(iv) the settings in which specialty drugs are dispensed to individuals receiving benefits under this title (such as retail community pharmacies or specialty pharmacies);

''(v) the extent to which specialty drugs (as defined by the respective States) are captured in the national average drug acquisition cost survey (or through another process);

''(vi) examples of specialty drug dispensing fees to support the services associated with dispensing such specialty drugs; and

''(vii) recommendations as to whether specialty pharmacies should be included in the survey of retail prices to ensure national average drug acquisition costs capture drugs sold at specialty pharmacies, and how such specialty pharmacies should be defined.

''(I) ENFORCEMENT.—At the discretion of the Secretary, the Secretary (acting through the Inspector General and in collaboration with the Administrator of the Centers for Medicare & Medicaid Services) may enforce non-compliance with this paragraph by a pharmacy through the establishment of penalties until compliance with this paragraph has been completed.''; and

(C) in paragraph (2)—

(i) in subparagraph (A), by inserting ''(including payment rates under managed care organization as defined in section 1932(a)(1)(B)(i) and PIHPs and PAHPs as defined in section 1903(m)(9)(D)(iii)(I) and (II), respectively)'' after ''under this title''; and

(ii) in subparagraph (B), by inserting '', and the basis for such dispensing fees'' before the semicolon at the end.

(2) EFFECTIVE DATE.—The amendments made by this subsection shall take effect on the first day of the first quarter that begins on or after the date that is 18 months after the date of enactment of this Act.

SEC. 203. PARITY IN MEDICARE PAYMENTS FOR HOSPITAL OUTPATIENT DEPARTMENT SERVICES FURNISHED OFF-CAMPUS.

(a) IN GENERAL.—Section 1833(t)(16) of the Social Security Act (42 U.S.C. 1395l(t)(16)) is amended by adding at the end the following new subparagraph:

''(H) PARITY IN FEE SCHEDULE AMOUNT FOR CERTAIN SERVICES FURNISHED BY AN OFF-CAMPUS OUTPATIENT DEPARTMENT OF A PROVIDER.—

''(i) IN GENERAL.—Subject to clause (iii), in the case of specified OPD services (as defined in clause (v)) that are furnished during 2025 or a subsequent year by an off-campus outpatient department of a provider (as defined in clause (iv)) (or, in the case of an off-campus outpatient department of a provider that is a hospital described in section 1886(d)(1)(B)(v), or is located in a rural area or a health professional shortage area, such services that are furnished during 2026 or a subsequent year), there shall be substituted for the amount otherwise determined under this subsection for such service and year an amount equal to the payment amount that would have been payable under the applicable payment system under this part (other than under this subsection) had such services been furnished by such a department subject to such payment system pursuant to paragraph (21)(C).

''(ii) NOT BUDGET NEUTRAL IMPLEMENTATION.—In making any budget neutrality adjustments under this subsection for 2025 or a subsequent year, the Secretary shall not take into account the reduced expenditures that result from the application of this subparagraph.

''(iii) TRANSITION.—The Secretary shall provide for a 4-year phase-in of the application of clause (i), with clause (i) being fully applicable for specified OPD services beginning with 2028 (or in the case of an off-campus outpatient department of a provider that is a hospital described in section 1886(d)(1)(B)(v), or is located in a rural area or a health professional shortage area, beginning with 2029).

''(iv) OFF-CAMPUS DEPARTMENT OF A PROVIDER.—For purposes of this subparagraph, the term 'off-campus outpatient department of a provider' means a department of a provider (as defined in section 413.65(a)(2) of title 42, Code of Federal Regulations) that is not located—

''(I) on the campus (as such term is defined in such section) of such provider; or

''(II) within the distance (described in such definition of campus) from a remote location of a hospital facility (as defined in such section).

''(v) OTHER DEFINITIONS.—For purposes of this subparagraph:

''(I) DESIGNATED AMBULATORY PAYMENT CLASSIFICATION GROUP.—The term 'designated ambulatory payment classification group' means an ambulatory payment classification group for drug administration services.

''(II) HEALTH PROFESSIONAL SHORTAGE AREA.—The term 'health professional shortage area' has the meaning given such term in section 332(a)(1)(A) of the Public Health Service Act.

''(III) RURAL AREA.—The term 'rural area' has the meaning given such term in section 1886(d)(2)(D).

''(IV) SPECIFIED OPD SERVICES.—The term 'specified OPD services' means covered OPD services assigned to a designated ambulatory payment classification group.''.

(b) IMPLEMENTATION.—Section 1833(t)(12) of the Social Security Act (42 U.S.C. 1395l(t)(12)) is amended—

(1) in subparagraph (D), by striking ''and'' at the end;

(2) in subparagraph (E), by striking the period at the end and inserting ''; and''; and

(3) by adding at the end the following new subparagraph:

''(F) the determination of any payment amount under paragraph (16)(H), including the transition under clause (iii) of such paragraph.''.

SEC. 204. REQUIRING A SEPARATE IDENTIFICATION NUMBER AND AN ATTESTATION FOR EACH OFF-CAMPUS OUTPATIENT DEPARTMENT OF A PROVIDER.

(a) IN GENERAL.—Section 1833(t) of the Social Security Act (42 U.S.C. 1395l(t)) is amended by adding at the end the following new paragraph:

''(23) USE OF UNIQUE HEALTH IDENTIFIERS; ATTESTATION.—

''(A) IN GENERAL.—No payment may be made under this subsection (or under an applicable payment system pursuant to paragraph (21)) for items and services furnished on or after January 1, 2026, by an off-campus outpatient department of a provider (as defined in subparagraph (C)) unless—

''(i) such department has obtained, and such items and services are billed under, a standard unique health identifier for health care providers (as described in section 1173(b)) that is separate from such identifier for such provider; and

''(ii) such provider has submitted to the Secretary, during the 2-year period ending on the date such items and services are so furnished, an attestation that such department is compliant with the requirements described in section 413.65 of title 42, Code of Federal Regulations (or a successor regulation).

''(B) PROCESS FOR SUBMISSION AND REVIEW.—Not later than 1 year after the date of enactment of this paragraph, the Secretary shall, through notice and comment rulemaking, establish a process for each provider with an off-campus outpatient department of a provider to submit an attestation pursuant to subparagraph (A)(ii), and for the Secretary to review each such attestation and determine, through site visits, remote audits, or other means (as determined appropriate by the Secretary), whether such department is compliant with the requirements described in such subparagraph.

''(C) OFF-CAMPUS OUTPATIENT DEPARTMENT OF A PROVIDER DEFINED.—For purposes of this paragraph, the term 'off-campus outpatient department of a provider' means a department of a provider (as defined in section 413.65 of title 42, Code of Federal Regulations, or any successor regulation) that is not located—

''(i) on the campus (as defined in such section) of such provider; or

''(ii) within the distance (described in such definition of campus) from a remote location of a hospital facility (as defined in such section).''.

(b) HHS OIG ANALYSIS.—Not later than January 1, 2030, the Inspector General of the Department of Health and Human Services shall submit to Congress—

(1) an analysis of the process established by the Secretary of Health and Human Services to conduct the reviews and determinations described in section 1833(t)(23)(B) of the Social Security Act, as added by subsection (a) of this section; and

(2) recommendations based on such analysis, as the Inspector General determines appropriate.

TITLE III—SUPPORTING PATIENTS, HEALTH CARE WORKERS, COMMUNITY HEALTH CENTERS, AND HOSPITALS

SEC. 301. EXTENSION FOR COMMUNITY HEALTH CENTERS, THE NATIONAL HEALTH SERVICE CORPS, AND TEACHING HEALTH CENTERS THAT OPERATE GME PROGRAMS.

(a) TEACHING HEALTH CENTERS THAT OPERATE GRADUATE MEDICAL EDUCATION PROGRAMS.—

(1) ADDITION TO CAPPED AMOUNTS FOR FISCAL YEARS 2024 AND 2025.—Paragraph (2) of section 340H(b) of the Public Health Service Act (42 U.S.C. 256h(b)) is amended by adding at the end the following:

''(C) ADDITION.—Notwithstanding any provision of this section, for each of fiscal years 2024 and 2025, the Secretary may use any amounts made available in any fiscal year to carry out this section (including amounts recouped under subsection (f)) to make payments described in paragraphs (1)(A) and (1)(B), in addition to the total amount of funds appropriated under subsection (g).''.

(2) RECONCILIATION.—Section 340H(f) of the Public Health Service Act (42 U.S.C. 256h(f)) is amended—

(A) by striking ''The Secretary shall determine'' and inserting the following:

''(1) DETERMINATION.—The Secretary shall determine''; and

(B) by adding at the end the following:

''(2) ANNUAL REPORT TO CONGRESS.—For each fiscal year, the Secretary shall submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate a report specifying—

''(A) the total amount of funds recouped under paragraph (1);

''(B) the rationale for the funds being recouped; and

''(C) in the case of the reports for each of fiscal years 2024 and 2025, the total amount of funds recouped under paragraph (1) that were used pursuant to subsection (b)(2)(C) to adjust total payment amounts above the total amounts appropriated under subsection (g).''.

(3) FUNDING.—Section 340H(g) of the Public Health Service Act (42 U.S.C. 256h(g)) is amended—

(A) by amending paragraph (1) to read as follows:

''(1) IN GENERAL.—To carry out this section, there are appropriated such sums as may be necessary, not to exceed—

''(A) $230,000,000, for the period of fiscal years 2011 through 2015;

''(B) $60,000,000 for each of fiscal years 2016 and 2017;

''(C) $126,500,000 for each of fiscal years 2018 through 2023;

''(D) $16,635,616 for the period beginning on October 1, 2023, and ending on November 17, 2023;

''(E) $21,834,247 for the period beginning on November 18, 2023, and ending on January 19, 2024;

''(F) $136,530,137 for the period beginning on January 20, 2024, and ending on September 30, 2024;

''(G) $175,000,000 for fiscal year 2025;

''(H) $225,000,000 for each of fiscal years 2026 and 2027; and

''(I) $300,000,000 for each of fiscal years 2028, 2029, and 2030.''; and

(B) by adding at the end the following:

''(3) AVAILABILITY.—The amounts made available under paragraph (1) shall remain available until expended.''.

(b) EXTENSION FOR COMMUNITY HEALTH CENTERS.—Section 10503(b)(1)(F) of the Patient Protection and Affordable Care Act (42 U.S.C. 254b–2(b)(1)(F)) is amended—

(1) by striking ''and'' before ''$690,410,959''; and

(2) by inserting '', $3,183,561,644 for the period beginning on January 20, 2024, and ending on September 30, 2024, $4,400,000,000 for fiscal year 2025, and $1,109,000,000 for the period beginning October 1, 2025, and ending December 31, 2025'' before the semicolon at the end.

(c) EXTENSION FOR THE NATIONAL HEALTH SERVICE CORPS.—Section 10503(b)(2) of the Patient Protection and Affordable Care Act (42 U.S.C. 254b–2(b)(2)) is amended—

(1) in subparagraph (H), by striking ''and'' at the end;

(2) in subparagraph (I), by striking the period at the end and inserting ''; and''; and

(3) by adding at the end the following:

''(J) $255,726,028 for the period beginning on January 20, 2024, and ending on September 30, 2024, $350,000,000 for fiscal year 2025, and $88,219,178 for the period beginning October 1, 2025, and ending December 31, 2025.''.

(d) GOVERNMENT ACCOUNTABILITY OFFICE REPORT.—

(1) IN GENERAL.—Not later than one year after the date of enactment of this Act, the Comptroller General of the United States shall submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate a report assessing the effectiveness of the National Health Service Corps at attracting health care professionals to HPSAs, including by—

(A) assessing the metrics used by the Health Resources and Services Administration in evaluating the program;

(B) comparing the retention rates of NHSC participants in the HPSAs where they completed their period of obligated service to the retention rate of non-NHSC participants in the corresponding HPSAs;

(C) comparing the retention rates of NHSC participants in the HPSAs where they completed their period of obligated service to the retention rates of NHSC participants in HPSAs other than those where they completed their period of obligated service;

(D) identifying factors that influence a NHSC participant's decision to practice in a HPSA other than the HPSA where they completed their period of obligated service;

(E) identifying factors other than participation in the National Health Service Corps Scholarship and Loan Repayment Programs that attract health care professionals to a HPSA;

(F) assessing the impact the National Health Service Corps has on wages for health care professionals in a HPSA; and

(G) comparing the distribution of NHSC participants across HPSAs, including a comparison of rural versus non-rural HPSAs.

(2) DEFINITION.—In this section:

(A) The term ''HPSA'' means a health professional shortage area designated under section 332 of the Public Health Service Act (42 U.S.C. 254e).

(B) The term ''NHSC participant'' means a National Health Service Corps member participating in the National Health Service Corps Scholarship or Loan Repayment Program.

(e) APPLICATION OF PROVISIONS.—Amounts appropriated pursuant to the amendments made by this section shall be subject to the requirements contained in Public Law 117–328 for funds for programs authorized under sections 330 through 340 of the Public Health Service Act.

(f) CONFORMING AMENDMENT.—Paragraph (4) of section 3014(h) of title 18, United States Code, is amended by striking ''and section 2321(d) of the Continuing Appropriations Act, 2024 and Other Extensions Act'' and inserting ''section 2321(d) of the Continuing Appropriations Act, 2024 and Other Extensions Act, and section 301(e) of the Lower Costs, More Transparency Act''.

SEC. 302. EXTENSION OF SPECIAL DIABETES PROGRAMS.

(a) EXTENSION OF SPECIAL DIABETES PROGRAMS FOR TYPE I DIABETES.—Section 330B(b)(2) of the Public Health Service Act (42 U.S.C. 254c–2(b)(2)) is amended—

(1) in subparagraph (D), by striking ''and'' at the end;

(2) in subparagraph (E), by striking the period at the end and inserting a semicolon; and

(3) by adding at the end the following:

''(F) $124,383,562 for the period beginning on January 20, 2024, and ending on September 30, 2024, to remain available until expended;

''(G) $170,000,000 for fiscal year 2025, to remain available until expended; and

''(H) $42,849,315 for the period beginning October 1, 2025, and ending December 31, 2025, to remain available until expended.''.

(b) EXTENDING FUNDING FOR SPECIAL DIABETES PROGRAMS FOR INDIANS.—Section 330C(c)(2) of the Public Health Service Act (42 U.S.C. 254c–3(c)(2)) is amended—

(1) in subparagraph (D), by striking ''and'' at the end;

(2) in subparagraph (E), by striking the period at the end and inserting a semicolon; and

(3) by adding at the end the following:

''(F) $124,383,562 for the period beginning on January 20, 2024, and ending on September 30, 2024, to remain available until expended;

''(G) $170,000,000 for fiscal year 2025, to remain available until expended; and

''(H) $42,849,315 for the period beginning October 1, 2025, and ending December 31, 2025, to remain available until expended.''.

SEC. 303. DELAYING CERTAIN DISPROPORTIONATE SHARE PAYMENT CUTS.

Section 1923(f)(7)(A) of the Social Security Act (42 U.S.C. 1396r–4(f)(7)(A)) is amended—

(1) in clause (i)—

(A) by striking ''For the period beginning January 20, 2024, and ending September 30, 2024, and for each of fiscal years 2025'' and inserting ''For each of fiscal years 2026''; and

(B) by striking ''or period'' each place such term appears; and

(2) in clause (ii), by striking ''for the period beginning January 20, 2024, and ending September 30, 2024, and for each of fiscal years 2025'' and inserting ''for each of fiscal years 2026''.

SEC. 304. MEDICAID IMPROVEMENT FUND.

Section 1941(b)(3)(A) of the Social Security Act (42 U.S.C. 1396w–1(b)(3)(A)) is amended by striking '' $6,357,117,810'' and inserting ''$0''.

TITLE IV—INCREASING ACCESS TO QUALITY HEALTH DATA AND LOWERING HIDDEN FEES

SEC. 401. INCREASING PLAN FIDUCIARIES' ACCESS TO HEALTH DATA.

(a) PLAN FIDUCIARY ACCESS TO INFORMATION.—

(1) IN GENERAL.—Paragraph (2) of section 408(b) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1108(b)) is amended by adding at the end the following new subparagraph:

''(C) No contract or arrangement for services between a group health plan and any other entity, including a health care provider (including a health care facility), network or association of providers, service provider offering access to a network of providers, third-party administrator, or pharmacy benefit manager, is reasonable within the meaning of this paragraph unless such contract or arrangement—

''(i) allows the responsible plan fiduciary (as defined in subparagraph (B)(ii)(I)(ee)) to audit or review all de-identified claims and encounter information or data described in section 724(a)(1)(B) to—

''(I) ensure that such entity complies with the terms of the plan and any applicable law; and

''(II) determine the reasonableness of compensation received by such entity; and

''(ii) does not—

''(I) unreasonably limit the number of audits permitted during a given period of time;

''(II) limit the number of de-identified claims and encounter information or data that the responsible plan fiduciary may access during an audit;

''(III) limit the disclosure of pricing terms for value-based payment arrangements or capitated payment arrangements, including—

''(aa) payment calculations and formulas;

''(bb) quality measures;

''(cc) contract terms;

''(dd) payment amounts;

''(ee) measurement periods for all incentives; and

''(ff) other payment methodologies used by an entity, including a health care provider (including a health care facility), network or association of providers, service provider offering access to a network of providers, third-party administrator, or pharmacy benefit manager;

''(IV) limit the disclosure of overpayments and overpayment recovery terms;

''(V) limit the right of the responsible plan fiduciary to select an auditor;

''(VI) otherwise limit or unduly delay by greater than 60 calendar days after the date of request the responsible plan fiduciary from auditing all de-identified claims and encounter information or data; or

''(VII) permit the entity to charge a fee beyond the reasonable direct costs to provide the required information and otherwise comply and assist with an audit request.''.

(2) CIVIL ENFORCEMENT.—

(A) IN GENERAL.—Subsection (c) of section 502 of such Act (29 U.S.C. 1132) is amended by adding at the end the following new paragraph:

''(13) In the case of an agreement between a group health plan and a health care provider (including a health care facility), network or association of providers, service provider offering access to a network of providers, third-party administrator, or pharmacy benefit manager, that violates the provisions of section 724, the Secretary may assess a civil penalty against such provider, network or association, service provider offering access to a network of providers, third-party administrator, pharmacy benefit manager, or other service provider in the

amount of $10,000 for each day during which such violation continues. Such penalty shall be in addition to other penalties as may be prescribed by law.''.

(B) CONFORMING AMENDMENT.—Paragraph (6) of section 502(a) of such Act is amended by striking ''or (9)'' and inserting ''(9), or (13)''.

(3) EXISTING PROVISIONS VOID.—Section 410 of such Act is amended by adding at the end the following new subsection:

''(c) Any provision in an agreement or instrument shall be void as against public policy if such provision—

''(1) unduly delays or limits a plan fiduciary from accessing the de-identified claims and encounter information or data described in section 724(a)(1)(B); or

''(2) violates the requirements of section 408(b)(2)(C).''.

(b) UPDATED ATTESTATION FOR PRICE AND QUALITY INFORMATION.—Section 724(a)(3) of the Employee Retirement Income Security Act (29 U.S.C. 1185m(a)(3)) is amended to read as follows:

''(3) ATTESTATION.—

''(A) IN GENERAL.—Subject to subparagraph (C), the plan fiduciary of a group health plan or health insurance issuer offering group health insurance coverage shall annually submit to the Secretary an attestation that such plan or issuer of such coverage is in compliance with the requirements of this subsection. Such attestation shall also include a statement verifying that—

''(i) the information or data described under subparagraphs (A) and (B) of paragraph (1) is available upon request and provided to the plan fiduciary, the plan administrator, or the issuer in a timely manner; and

''(ii) there are no terms in the agreement under such paragraph (1) that directly or indirectly restrict or unduly delay a plan fiduciary, the plan administrator, or the issuer from auditing, reviewing, or otherwise accessing such information, except as permitted under section 408(b)(2)(C).

''(B) LIMITATION ON SUBMISSION.—Subject to clause (ii), a group health plan or issuer offering group health insurance coverage may not enter into an agreement with a third-party administrator or other service provider to submit the attestation required under subparagraph (A).

''(C) EXCEPTION.—In the case of a group health plan or issuer offering group health insurance coverage that is unable to obtain the information or data needed to submit the attestation required under subparagraph (A), such plan or issuer may submit a written statement in lieu of such attestation that includes—

''(i) an explanation of why such plan or issuer was unsuccessful in obtaining such information or data, including whether such plan or issuer was limited or prevented from auditing, reviewing, or otherwise accessing such information or data;

''(ii) a description of the efforts made by the plan fiduciary to remove any gag clause provisions from the agreement under paragraph (1); and

''(iii) a description of any response by the third-party administrator or other service provider with respect to efforts to comply with the attestation requirement under subparagraph (A).''.

(c) REPORT ON PLAN ASSETS.—Not later than 1 year after the date of enactment of this Act, the Secretary of Labor shall submit to the Committee on Education and the Workforce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate a report on the status of de-identified claims and encounter information or data described in section 724(a)(1)(B) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1185m), including information on the following:

(1) Whether changes to regulations or guidance would permit such information or data to be deemed a group health plan asset (as defined under section 3(42) of such Act).

(2) Whether restrictions on the ability of a plan fiduciary to access such information or data violates a requirement of current law.

(3) The existing regulatory authority of the Secretary to clarify whether such information or data is the property of a group health plan, rather than a service provider.

(4) Legislative recommendations to establish that such information or data related to a plan belongs to a group health plan and is handled in the best interests of plan participants and beneficiaries.

(d) EFFECTIVE DATE.—The amendments made by subsections (a) and (b) shall apply with respect to a plan beginning with the first plan year that begins on or after the date that is 1 year after the date of enactment of this Act.

SEC. 402. HIDDEN FEES DISCLOSURE REQUIREMENTS.

(a) CLARIFICATION OF THE APPLICATION OF FEE DISCLOSURE REQUIREMENTS TO COVERED SERVICE PROVIDERS.—

(1) SERVICES.—Clause (ii)(I)(bb) of section 408(b)(2)(B) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1108(b)(2)(B)) is amended—

(A) in subitem (AA) by striking ''Brokerage services,'' and inserting ''Services (including brokerage services),''; and

(B) in subitem (BB)—

(i) by striking ''Consulting,'' and inserting ''Other services,''; and

(ii) by inserting ''any of the following:'' before ''plan design''.

(2) DISCLOSURES.—Clause (iii)(III) of section 408(b)(2)(B) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1108(b)(2)(B)) is amended by striking '', either in the aggregate or by service,'' and inserting ''by service''.

(b) STRENGTHENING DISCLOSURE REQUIREMENTS WITH RESPECT TO PHARMACY BENEFIT MANAGERS AND THIRD PARTY ADMINISTRATORS FOR GROUP HEALTH PLANS.—

(1) CERTAIN ARRANGEMENTS FOR PHARMACY BENEFIT MANAGER SERVICES CONSIDERED AS INDIRECT.—

(A) IN GENERAL.—Clause (i) of section 408(b)(2)(B) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1108(b)(2)(B)) is amended—

(i) by striking ''requirements of this clause'' and inserting ''requirements of this subparagraph''; and

(ii) by adding at the end the following: ''For purposes of applying section 406(a)(1)(C) with respect to a transaction described under this subparagraph, a contract or arrangement for services between a covered plan and a health insurance issuer providing health insurance coverage in connection with the covered plan in which the health insurance issuer contracts, in connection with such plan, with a service provider for pharmacy benefit management services shall be considered to constitute an indirect furnishing of goods, services, or facilities between the plan and the service provider acting as the party in interest.''.

(B) HEALTH INSURANCE ISSUER AND HEALTH INSURANCE COVERAGE DEFINED.—Clause (ii)(I)(aa) of section 408(b)(2)(B) of such Act (29 U.S.C. 1108(b)(2)(B)) is amended by inserting before the period at the end ''and the terms 'health insurance coverage' and 'health insurance issuer' have the meanings given such terms in section 733(b)''.

(C) TECHNICAL AMENDMENT.—Clause (ii)(I)(aa) of section 408(b)(2)(B) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1108(b)(2)(B)) is further amended by inserting ''in'' after ''defined''.

(2) SPECIFIC DISCLOSURE REQUIREMENTS WITH RESPECT TO PHARMACY BENEFIT MANAGEMENT SERVICES.—

(A) IN GENERAL.—Clause (iii) of section 408(b)(2)(B) of such Act (29 U.S.C. 1108(b)(2)(B)) is amended by adding at the end the following:

''(VII) With respect to a contract or arrangement with the covered plan in connection with the provision of pharmacy benefit management services, as part of the description required under subclauses (III) and (IV)—

''(aa) all compensation described in clause (ii)(I)(dd)(AA), including fees, rebates, alternative discounts, co-payment offsets, and other remuneration expected to be received by the covered service provider, an affiliate, or a subcontractor from a pharmaceutical manufacturer, distributor, rebate aggregator, accumulator, and maximizer, group purchasing organization, or any other third party;

''(bb) the amount and form of any rebates, discounts, or price concessions, including the amount expected to be passed through to the plan sponsor or the participants and beneficiaries under the covered plan;

''(cc) all compensation expected to be received by the covered service provider, an affiliate, or a subcontractor as a result of paying a lower amount for the drug than the amount charged as a copayment, coinsurance amount, or deductible;

''(dd) all compensation expected to be received by the covered service provider, an affiliate, or a subcontractor as a result of paying pharmacies less than what is charged the health plan, plan sponsor, or participants and beneficiaries under the covered plan; and

''(ee) all compensation expected to be received by the covered service provider, an affiliate, or a subcontractor from drug manufacturers and any other third party in exchange for—

''(AA) administering, invoicing, allocating, or collecting rebates related to the covered plan;

''(BB) providing business services and activities, including providing access to drug utilization data;

''(CC) keeping a percentage of the list price of a drug; or

''(DD) any other reason related to the role of a covered service provider as a conduit between the drug manufacturers or any other third party and the covered plan.''.

(B) ANNUAL DISCLOSURE.—Clause (v) of section 408(b)(2)(B) of such Act (29 U.S.C. 1108(b)(2)(B)) is amended by adding at the end the following:

''(III) A covered service provider, with respect to a contract or arrangement with the covered plan in connection with providing pharmacy benefit management services, shall disclose, on an annual basis not later than 60 days after the beginning of the current plan year, to a responsible plan fiduciary, in writing, the following with respect to the twelve months preceding the current plan year:

''(aa) All direct compensation described in subclause (III) of clause (iii) and indirect compensation described in subclause (IV) of clause (iii) received by the covered service provider (including such compensation described in subclause (VII) of clause (iii)).

''(bb) The total gross spending by the covered plan on drugs (excluding rebates, discounts, or other price concessions).

''(cc) The total net spending by the covered plan on drugs.

''(dd) The total gross spending at all pharmacies wholly or partially owned by the covered service provider or any entity affiliated with the covered service provider, including

mail-order, specialty and retail pharmacies, with a breakdown by individual pharmacy location.

''(ee) The aggregate amount of clawback from such pharmacies, including mail-order, specialty, and retail pharmacies.

''(AA) categorical explanations (grouped by the reason for clawback, such as contractual true-up provisions, overpayments, or non-covered medication dispensed, and including information on the amount in each category that was passed through to the covered plan and to participants and beneficiaries of the covered plan); or

''(BB) individual explanations for such clawbacks.

''(ff) Total aggregate amounts of fees collected by the covered service provider, an affiliate, or a subcontractor in connection with the provision of pharmacy benefit management services to the covered plan.

''(gg) Any other information specified by the Secretary through regulations or guidance that may be necessary for a responsible plan fiduciary to consider the merits of the contract or arrangement with the covered service provider and any conflicts of interest that may exist.''.

(C) PHARMACY BENEFIT MANAGEMENT SERVICES DEFINED.—Clause (ii)(I) of section 408(b)(2)(B) of such Act (29 U.S.C. 1108(b)(2)(B)) is amended by adding at the end the following:

''(gg) The term 'pharmacy benefit management services' includes any services provided by a covered service provider to a covered plan with respect to the administration of prescription drug benefits under the covered plan, including—

''(AA) processing and payment of claims;

''(BB) design of pharmacy networks;

''(CC) negotiation, aggregation, and distribution of rebates, discounts, and other price concessions;

''(DD) formulary design and maintenance;

''(EE) operation of pharmacies (whether retail, mail order, specialty drug, or otherwise);

''(FF) recordkeeping;

''(GG) utilization review;

''(HH) adjudication of claims; and

''(II) any other services specified by the Secretary through guidance or rulemaking.''.

(D) CLAWBACK DEFINED.—Clause (ii)(I) of section 408(b)(2)(B) of such Act (29 U.S.C. 1108(b)(2)(B)), as amended by subparagraph (C), is amended by adding at the end the following:

''(hh) The term 'clawback' means amounts collected by a provider of pharmacy benefit management services from a pharmacy for copayments collected from a participant or beneficiary in excess of the contracted rate.''.

(3) SPECIFIC DISCLOSURE REQUIREMENTS WITH RESPECT TO THIRD PARTY ADMINISTRATION SERVICES FOR GROUP HEALTH PLANS.—

(A) IN GENERAL.—Clause (iii) of section 408(b)(2)(B) of such Act (29 U.S.C. 1108(b)(2)(B)), as amended by paragraph (2)(A), is further amended by adding at the end the following:

''(VIII) With respect to a contract or arrangement with the covered plan in connection with the provision of third party administration services for group health plans, as part of the description required under subclauses (III) and (IV)—

''(aa) the amount and form of any rebates, discounts, savings fees, refunds, or amounts received from providers and facilities, including the amounts that will be retained by the covered service provider as a fee;

''(bb) the amount and form of fees expected to be received from other service providers in relation to the covered plan, including the amounts that will be retained by the covered service provider as a fee; and

''(cc) the amount and form of expected recoveries by the covered service provider, including the amounts that will be retained by the covered service provider as a fee (disaggregated by category), as a result of—

''(AA) overpayments;

''(BB) erroneous payments;

''(CC) uncashed checks or incomplete payments;

''(DD) billing errors;

''(EE) subrogation;

''(FF) fraud; or

''(GG) any other reason on behalf of the covered plan.''.

(B) ANNUAL DISCLOSURE.—Clause (v) of section 408(b)(2)(B) of such Act (29 U.S.C. 1108(b)(2)(B)), as amended by paragraph (2)(B), is amended by adding at the end the following:

''(IV) A covered service provider, with respect to a contract or arrangement with the covered plan in connection with providing third party administration services for group health plans, shall disclose, on an annual basis not later than 60 days after the beginning of the current plan year, to a responsible plan fiduciary, in writing, the following with respect to the twelve months preceding the current plan year:

''(aa) All direct compensation described in subclause (III) of clause (iii).

''(bb) All indirect compensation described in subclause (IV) of clause (iii) received by the covered service provider, an affiliate, or a subcontractor (including such compensation described in subclause (VIII) of clause (iii)).

''(cc) The aggregate amount for which the covered service provider, an affiliate, or a subcontractor received indirect compensation and the estimated amount of cost-sharing incurred by plan participants and beneficiaries as a result.

''(dd) The total gross spending by the covered plan on all costs and fees arising under or paid under the administrative services agreement with the covered service provider (not including any amounts described in items (aa) through (cc) of clause (iii)(VIII)).

''(ee) The total net spending by the covered plan on all costs and fees arising under or paid under the administrative services agreement with the covered service provider.

''(ff) The aggregate fees collected by the covered service provider, an affiliate, or a subcontractor.

''(gg) Any other information specified by the Secretary through regulations or guidance that may be necessary for a responsible plan fiduciary to consider the merits of the contract or arrangement with the covered service provider and any conflicts of interest that may exist.''.

(C) THIRD PARTY ADMINISTRATION SERVICES FOR GROUP HEALTH PLANS DEFINED.—Clause (ii)(I) of section 408(b)(2)(B) of such Act (29 U.S.C. 1108(b)(2)(B)), as amended by paragraph (2)(C), is amended by adding at the end the following:

''(ii) The term 'third party administration services for group health plans' includes any services provided by a covered service provider, an affiliate, or a subcontractor to a covered plan with respect to the administration of health benefits under the covered plan, including—

''(AA) the processing, repricing, and payment of claims;

''(BB) design, creation, and maintenance of provider networks;

''(CC) negotiation of discounts off gross rates;

''(DD) benefit and plan design;

''(EE) negotiation of payment rates;

''(FF) recordkeeping;

''(GG) utilization review;

''(HH) adjudication of claims;

''(II) regulatory compliance; and

''(JJ) any other services set forth in an administrative services agreement or similar agreement or specified by the Secretary through rulemaking.''.

(4) RULE OF CONSTRUCTION.—Nothing in the amendments made by this section shall be construed to imply that a practice in relation to which a covered service provider is required to provide information as a result of such amendments is permissible under Federal law.

(5) EFFECTIVE DATE.—No contract or arrangement entered into prior to January 1, 2025, shall be subject to the requirements of subsection (b).

(c) PRIVACY REQUIREMENTS.—Section 408(b)(2) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1108(b)(2)), as amended by section 401, is further amended by adding at the end the following:

''(D) PRIVACY REQUIREMENTS.—Covered service providers shall provide information under subparagraph (B) in a manner consistent with the privacy, security, and breach notification regulations promulgated under section 13402(a) of the Health Information Technology for Clinical Health Act (42 U.S.C. 17932(a)), and consistent with the HIPAA privacy regulations (as defined in section 1180(b)(3) of the Social Security Act) and shall restrict the use and disclosure of such information according to such privacy, security, and breach notification regulations and such HIPAA privacy regulations.

''(E) DISCLOSURE AND REDISCLOSURE.—

''(i) LIMITATION TO BUSINESS ASSOCIATES.—A responsible plan fiduciary receiving information disclosed under subparagraph (B) may disclose such information only to the entity from which the information was received, the group health plan for which the information pertains, or to that entity's business associates as defined in section 160.103 of title 45, Code of Federal Regulations (or successor regulations) or as permitted by the HIPAA Privacy Rule (45 CFR parts 160 and 164, subparts A and E).

''(ii) CLARIFICATION REGARDING PUBLIC DISCLOSURE OF INFORMATION.—Nothing in this section shall prevent a group health plan or health insurance issuer offering group health insurance coverage, or a covered service provider, from placing reasonable restrictions on the public disclosure of the information described in this subparagraph, except that such plan, issuer, or entity may not restrict disclosure of such information to the Department of Labor.

''(F) ADDITIONAL PRIVACY REQUIREMENTS.—

''(i) IN GENERAL.—Covered service providers shall ensure that information provided under subparagraph (B) contains only summary health information, as defined in section 164.504(a) of title 45, Code of Federal Regulations (or successor regulations).

''(ii) RESTRICTIONS.—A group health plan must comply with section 164.504(f) of title 45, Code of Federal Regulations and a responsible plan administrator who is a plan sponsor must act in accordance with the terms of the agreement described in such section.

''(G) RULE OF CONSTRUCTION.—Nothing in this section shall be construed to modify the requirements for the creation, receipt, maintenance, or transmission of protected health information under the HIPAA privacy regulations (as defined in section 1180(b)(3) of the Social Security Act).''.

(d) IMPLEMENTATION.—Not later than 1 year after the date of enactment of this Act, the Secretary of Labor shall issue notice and comment rulemaking as necessary to implement the provisions of this section. The Secretary shall ensure that such rulemaking—

(1) accounts for the varied compensation practices of covered service providers (as defined under section 408(b)(2)(B); and

(2) establishes standards for the disclosure of expected compensation by such covered service providers.

SEC. 403. PRESCRIPTION DRUG PRICE INFORMATION REQUIREMENT.

(a) PHSA.—

(1) IN GENERAL.—Part D of title XXVII of the Public Health Service Act, as amended by section 106, is further amended by adding at the end the following new section:

"SEC. 2799A–12. INFORMATION ON PRESCRIPTION DRUGS.

''(a) IN GENERAL.—A group health plan or a health insurance issuer offering group or individual health insurance coverage shall—

''(1) not restrict, directly or indirectly, any pharmacy that dispenses a prescription drug to an enrollee in the plan or coverage from informing (or penalize such pharmacy for informing) an enrollee of any differential between the enrollee's out-of-pocket cost under the plan or coverage with respect to acquisition of the drug and the amount an individual would pay for acquisition of the drug without using any group health plan or health insurance coverage; and

''(2) ensure that any entity that provides pharmacy benefits management services under a contract with any such health plan or health insurance coverage does not, with respect to such plan or coverage, restrict, directly or indirectly, a pharmacy that dispenses a prescription drug from informing (or penalize such pharmacy for informing) an enrollee of any differential between the enrollee's out-of-pocket cost under such plan or coverage with respect to acquisition of the drug and the amount an individual would pay for acquisition of the drug without using any group health plan or health insurance coverage.

''(b) DEFINITION.—For purposes of this section, the term 'out-of-pocket cost', with respect to acquisition of a drug, means the amount to be paid by the enrollee under the plan or coverage, including any cost-sharing (including any deductible, copayment, or coinsurance) and, as determined by the Secretary, any other expenditure.''.

(2) CONFORMING AMENDMENT.—Section 2729 of the Public Health Service Act (42 U.S.C. 300gg–29) is amended by adding at the end the following new subsection:

''(c) SUNSET.—The preceding provisions of this section shall not apply beginning on the date of the enactment of this subsection.''.

(b) ERISA.—

(1) IN GENERAL.—Subpart B of part 7 of Subtitle B of title I of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1185 et seq.), as amended by section 106, is further amended by adding at the end the following new section:

"SEC. 727. INFORMATION ON PRESCRIPTION DRUGS.

''(a) IN GENERAL.—A group health plan or a health insurance issuer offering group health insurance coverage shall—

''(1) not restrict, directly or indirectly, any pharmacy that dispenses a prescription drug to a participant or beneficiary in the plan or coverage from informing (or penalize such pharmacy for informing) a participant or beneficiary of any differential between the participant's or beneficiary's out-of-pocket cost under the plan or coverage with respect to acquisition of the drug and the amount an individual would pay for acquisition of the drug without using any group health plan or health insurance coverage; and

''(2) ensure that any entity that provides pharmacy benefits management services under a contract with any such health plan or health insurance coverage does not, with respect to such plan or coverage, restrict, directly or indirectly, a pharmacy that dispenses a prescription drug from informing (or penalize such pharmacy for informing) a participant or beneficiary of any differential between the participant's or beneficiary's out-of-pocket cost under such plan or coverage with respect to acquisition of the drug and the amount an individual would pay for acquisition of the drug without using any group health plan or health insurance coverage.

''(b) DEFINITION.—For purposes of this section, the term 'out-of-pocket cost', with respect to acquisition of a drug, means the amount to be paid by the participant or beneficiary under the plan or coverage, including any cost-sharing (including any deductible, copayment, or coinsurance) and, as determined by the Secretary, any other expenditure.''.

(2) CLERICAL AMENDMENT.—The table of contents in section 1 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1001 et seq.), as amended by section 106, is further amended by inserting after the item relating to section 726 the following new item:

''Sec. 727. Information on prescription drugs.''.

(c) IRC.—

(1) IN GENERAL.—Subchapter B of chapter 100 of the Internal Revenue Code of 1986, as amended by section 106, is further amended by adding at the end the following:

"SEC. 9827. INFORMATION ON PRESCRIPTION DRUGS.

''(a) IN GENERAL.—A group health plan shall—

''(1) not restrict, directly or indirectly, any pharmacy that dispenses a prescription drug to a participant or beneficiary in the plan from informing (or penalize such pharmacy for informing) a participant or beneficiary of any differential between the participant's or beneficiary's out-of-pocket cost under the plan with respect to acquisition of the drug and the amount an individual would pay for acquisition of the drug without using any group health plan or health insurance coverage; and

''(2) ensure that any entity that provides pharmacy benefits management services under a contract with any such plan does not, with respect to such plan or coverage, restrict, directly or indirectly, a pharmacy that dispenses a prescription drug from informing (or penalize such pharmacy for informing) a participant or beneficiary of any differential between the participant's or beneficiary's out-of-pocket cost under the plan with respect to acquisition of the drug and the amount an individual would pay for acquisition of the drug without using any group health plan or health insurance coverage.

''(b) DEFINITION.—For purposes of this section, the term 'out-of-pocket cost', with respect to acquisition of a drug, means the amount to be paid by the participant or beneficiary under the plan, including any cost-sharing (including any deductible, copayment, or coinsurance) and, as determined by the Secretary, any other expenditure.''.

(2) CLERICAL AMENDMENT.—The table of sections for subchapter B of chapter 100 of the Internal Revenue Code of 1986, as amended by section 106, is further amended by adding at the end the following new item:

''Sec. 9827. Information on prescription drugs.''.

SEC. 404. IMPLEMENTATION FUNDING.

(a) IN GENERAL.—For the purposes described in subsection (b), and in addition to amounts otherwise available for such purposes there are appropriated, out of amounts in the Treasury not otherwise appropriated, to the Secretary of Labor $35,000,000, for fiscal year 2024, to remain available through fiscal year 2029.

(b) PERMITTED PURPOSES.—The purposes described in this subsection are limited to the following purposes, insofar as such purposes are to carry out the provisions of, including the amendments made by, title I and IV:

(1) Preparing, drafting, and issuing proposed and final regulations or interim regulations.

(2) Preparing, drafting, and issuing guidance and public information.

(3) Preparing, drafting, and publishing reports.

(4) Enforcement of such provisions.

(5) Reporting, collection, and analysis of data.

(6) Other administrative duties necessary for implementation of such provisions.

(c) TRANSPARENCY OF IMPLEMENTATION FUNDS.—The Secretary of Labor shall annually submit, no later than September 1st of each year, to the Committees on Education and Workforce and on Appropriations of the House of Representatives and the Committees on Health, Education, Labor, and Pensions and on Appropriations of the Senate a report on funds expended pursuant to funds appropriated under this section.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Washington (Mrs. RODGERS) and the gentleman from New Jersey (Mr. PALLONE) each will control 20 minutes.

The Chair recognizes the gentlewoman from Washington.

GENERAL LEAVE

Mrs. RODGERS of Washington. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material in the RECORD on the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Washington?

There was no objection.

Mrs. RODGERS of Washington. Mr. Speaker, I yield myself such time as I may consume.

I rise in support of the Lower Cost, More Transparency Act. We all know that healthcare is too expensive, and the system is far too complicated. In the Committee on Energy and Commerce, we have heard countless stories about real patients who were victims of an opaque system and were on the hook for staggering amounts of money for seeing a doctor, going to a hospital, or getting medicine.

We heard about a patient who tried to shop for her care and was billed thousands of dollars more than what she was quoted. We heard about a patient who was overcharged $11,000 by a hospital for services she didn't receive. We heard moving testimony from cancer patient advocates about policies we can enact right now to lower their drug costs.

The Lower Costs, More Transparency Act includes these and other policies that would directly help all these patients. It lowers costs for Americans through increased healthcare price transparency. It ensures that senior citizens on Medicare never pay more for a drug because of where it is administered, and it makes drug prices transparent to help patients and employers

get the best deals possible on medicines.

Over 90 percent of Americans support increased price transparency in healthcare. By passing this bill, we will be delivering results people are counting on. Further, CBO confirms that the bill would save taxpayers more than $700 million over the next decade.

I thank Chairman JASON SMITH, Chairwoman VIRGINIA FOXX, and Ranking Member FRANK PALLONE for their leadership. I thank Majority Leader STEVE SCALISE for working with us to bring this bill to the floor today.

Also, a special thank you to Ranking Member PALLONE's team, notably Tiffany Guarascio, Waverly Gordon, Una Lee, and Saha Khaterzai for working with us to find this bipartisan agreement.

Finally, I thank my own staff, especially Grace Graham, Corey Ensslin, and Kristin Flukey for their tireless efforts that will make a meaningful difference for patients all across this Nation.

In sum, this bill is a legislative opportunity, bipartisan, regular order, and fully paid for. It advances foundational healthcare reforms for patients, lowers healthcare costs, and reduces the deficit.

Mr. Speaker, I urge all my colleagues to support the Lower Costs, More Transparency Act, and I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in strong support of H.R. 5378, the Lower Costs, More Transparency Act. This bipartisan bill does exactly what it says it does: It delivers lower healthcare costs for the American people and brings much-needed transparency to our Nation's healthcare system.

Access to affordable healthcare remains a major challenge for many American families. More than 40 percent of adults say they have either delayed or forgone medical care because of high costs. Prices for healthcare services also vary widely. Consumers often have difficulty obtaining price information to begin with. Another problem is that the information can be misleading or inaccurate, making it difficult for consumers to compare prices across healthcare providers before receiving care. Too many patients are forced to wait until after they receive care and receive their medical bill to see what they actually owe.

H.R. 5378 brings some much-needed transparency to the healthcare system by codifying and strengthening important price transparency protections. It is a victory for everyone who has ever struggled to navigate and understand the cost of a healthcare procedure or a prescription drug at the pharmacy counter. These measures will empower consumers and employers with data on the prices hospitals charge and the rates insurers pay so that they can compare prices and save money.

It also increases transparency of how pharmacy benefit managers, or PBMs, affect drug prices at the pharmacy counter. This will also help increase competition and lower healthcare costs for Americans. We have added new language in the bill to enhance the privacy protections for consumers' health information and to ensure that the full protection of the HIPAA privacy rule is applicable.

I also want to mention, Mr. Speaker, the bill reduces costs for patients by ensuring Medicare beneficiaries are not paying more for the exact same drug because it was administered in a hospital outpatient department instead of a physician's office. It will also build on Democrats' work to rein in the soaring cost of prescription drugs by requiring the FDA to provide more information to generic drug manufacturers during the development process. This will help speed up the path to market and increase competition sooner to lower drug prices faster. All of these provisions in this bill will help make healthcare and prescription drugs more affordable for the American people.

I also want to mention, Mr. Speaker, that H.R. 5378 will also make healthcare more accessible to American families thanks to critical investments in our Nation's public health programs that serve low-income and uninsured patients. The bill includes increased funding for community health centers at $4.4 billion per year, an unprecedented 10 percent increase over current funding levels.

Community health centers are a critical source of primary healthcare for more than 30 million patients, 1 in every 11 Americans. These centers deliver high-quality, affordable healthcare to some of our most vulnerable communities, and this increased funding will allow these centers to continue providing this critical care.

The bill increases funding for the National Health Service Corps, which places doctors in high-need communities. It also includes an unprecedented 7 years of funding, more than double the funding under current law, for the Teaching Health Center Graduate Medical Education program to support the training of primary care physicians in community-based settings. This program helps address doctor shortages in underserved areas as graduates of the program are likely to practice close to their training sites and to care for underserved patients. This long-term funding will help bring more certainty to the program to ensure that teaching health centers can plan and recruit for their residency programs.

Finally, the bill also reauthorizes and increases funding for both the Special Diabetes Program and Special Diabetes Program for Indians. These programs provide critical investments in diabetes research and care.

I will also mention that H.R. 5378 eliminates looming cuts to Medicaid Disproportionate Share Hospitals to support these high-need hospitals that provide care for large numbers of Medicaid and uninsured patients.

The increased funding for each of these public health and workforce programs is essential to ensuring access to care for our constituents across the country. All of this funding is fully offset with policies that will further strengthen our healthcare system and help reduce costs for American families.

Mr. Speaker, when a version of this bill came before the Committee on Energy and Commerce, it passed unanimously with bipartisan support. Chair RODGERS and I have been working on this bill all year, and I commend her for her ongoing commitment to get it across the finish line. It is an important bill that delivers meaningful results.

I will also take an opportunity to thank some of the staff who have worked on this. From my committee staff, I thank Tiffany Guarascio, Waverly Gordon, Una Lee, Saha Khaterzai, Rick Van Buren, Stephen Holland, and Lydia Abma. From the Republican staff, I thank Nate Hodson, Sarah Burke, Grace Graham, and Corey Ensslin.

Floor action today simply would not have been possible without months of long-term commitment by the staff on both sides of the aisle to get this done. I think you can tell that I really think this is probably one of the most important bills that will come out of the Committee on Energy and Commerce this session. It is truly bipartisan, which is another thing I think is very important right now.

I strongly urge my colleagues to join me in supporting the bill to lower healthcare costs for the American people and to make healthcare more accessible.

Mr. Speaker, I reserve the balance of my time.

Mrs. RODGERS of Washington. Mr. Speaker, I would like to engage in a colloquy with Ranking Member PALLONE.

This bill codifies and strengthens healthcare price transparency requirements. Congress asserting itself to declare price transparency the law of the land is critical, but Congress can't account for every specificity and eventuality that is needed to ensure price transparency policies established by the Trump and Biden administrations are set in stone. We have to allow implementing agencies discretion to update regulations that reflect changes in terminology and technology over time.

For example, with respect to health insurance price transparency, it is the intent of this House that this law shall be implemented to ensure that health plans report the prices that they have negotiated with the hospitals, other providers, and drug manufacturers to allow patients and employers purchasing coverage to use these data to drive down healthcare prices through open competition.

Under existing regulations, health plans and insurers must disclose very specific price information for all

healthcare items and services. This bill codifies the authority holding up those regulations to ensure that such robust data continues to be disclosed. These data include all billing codes and modifiers, using industry-standard, government-recognized, commonly used code sets used by all medical providers to define specific healthcare items and services. We ensure the data are accurate by requiring providers' ID codes, place of service codes, and health plan identifiers assigned to the group health plan and insurer, all critical information that makes price disclosures comparable across different health plans.

It is our intent that the requirements for transparency in coverage should be as comprehensive as possible, without limitations. I yield to the gentleman from New Jersey (Mr. PALLONE), the ranking member for the purpose of a colloquy.

Mr. PALLONE. Mr. Speaker, let me say that I concur with my colleagues and partners in crafting this important bipartisan piece of legislation that is intended to codify and improve upon the robust requirements that exist in the regulations that have been implemented by both the Trump and Biden administrations. With this bill, we seek to bring true health price transparency to lower costs for patients, employers, and unions purchasing health coverage.

This bill is a floor, not a ceiling, and I intend that the implementing agencies will use the discretion left to them to ensure that health plans and insurers disclose the detailed price information and necessary data on reimbursement rates for healthcare items and services. We intend to follow this colloquy with a bipartisan letter to the agencies reiterating our expectations in greater detail.

In addition, in further colloquy with Chair RODGERS, I address a technical change that needs to be made to the bill in negotiations with the Senate. In the new version of the bill, we have limited the drug price data flowing to small employers in order to strengthen health privacy protections for their employees. However, I want to make clear that we did not intend to exclude multiemployer, public sector, or retiree-only and union health plans under this new provision, and we are committed to fixing this issue before the bill becomes law. Ranking Member BOBBY SCOTT also agrees with this perspective.

I ask Chair RODGERS if she would concur with me that we make sure this issue is addressed in our negotiation with the Senate and before the bill becomes law.

Mrs. RODGERS of Washington. Mr. Speaker, I thank Ranking Member PALLONE for his ongoing leadership, and I agree it is critical that the legislation meets our intent when it comes to ensuring that the PBMs must be transparent with multiemployer, public sector, and retiree-only health plans along with all other employer health plans. I do concur that we will address this issue in negotiations with the Senate, and I look forward to working to make sure this bill becomes law.

Mr. Speaker, I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentleman from Texas (Mr. DOGGETT), a member of the Ways and Means Committee.

□ 1615

Mr. DOGGETT. Mr. Speaker, this transparency bill lacks transparency on two of the major problems that are impacting soaring healthcare costs. The only reason to reject transparency for, first, private equity and, second, Medicare Advantage is that they have got more to hide and apparently more lobbying power.

A growing private equity takeover of healthcare has already undermined care in nursing homes and now threatens hospitals and medical specialty practices across the United States with higher prices, higher cost to taxpayers, and less quality.

A Senate committee has just launched a major investigation into the impact of private equity on hospital costs and lower quality care.

Having failed to save taxpayers a dime that was promised—of the many millions that was promised—Medicare Advantage costs $1,500 per person each year over the cost of traditional Medicare. That is billions in wasted taxpayer dollars.

The best way to fund much-needed services at community health centers and to expand and improve and strengthen Medicare with services such as dental, hearing, and vision is to take it right out of Medicare Advantage.

This bill, I believe, should be rejected until these issues are addressed by permitting the very amendments that we offered in the House Ways and Means Committee that rejected them, as usual, to address private equity and Medicare Advantage.

Mr. Speaker, with all respect to the bipartisan efforts and hard work in the Energy and Commerce Committee, I believe there is a better way to finance needs, and a very important need, to address the issues of transparency on Medicare Advantage and private equity. Therefore, I oppose the bill.

Mrs. RODGERS of Washington. Mr. Speaker, I yield 2 minutes to the gentlewoman from North Carolina (Ms. FOXX), the chairwoman of the Education and the Workforce Committee. I appreciate her partnership on this legislation.

Ms. FOXX. Mr. Speaker, the American healthcare system is a complex, expensive maze fueled by heavyhanded regulation, consolidation, and lack of transparency. Growth in health spending is rising at unsustainable rates, forcing insurance premiums and out-of-pocket costs higher and remaining too expensive for working families.

The bill before us is a bipartisan solution to help lower costs by pulling the curtain back on healthcare and revealing anticompetitive industry practices that are stifling the free market.

Included in this bill is the Hidden Fee Disclosure Act, authored by Representatives JOE COURTNEY and ERIN HOUCHIN, which requires pharmacy benefit managers, PBMs, and third-party administrators to disclose hidden compensation to plan sponsors.

The Health DATA Act, authored by Representative LORI CHAVEZ-DEREMER, is also included in this legislation. It prohibits gag clauses between health plans and third-party entities, which restricts a plan sponsor's access to its own data.

Additionally, the bill includes the Transparency in Coverage Act, authored by Representative BOB GOOD. It builds on the general principles of transparency and accountability enshrined in the No Surprises Act by requiring health plans to disclose their prices publicly.

Patients have been left in the dark. Because of opaque rules and industry practices, patients are often left paying higher costs. This is why we are taking action and shining a light on these issues. Increasing transparency has been proven to root out waste successfully and save healthcare dollars.

Bottom line, we want to provide workers and their families with more options at lower prices. The Lower Costs, More Transparency Act does just that while also reducing the deficit by $800 million.

Mr. Speaker, I encourage my colleagues to support its passage.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I thank my friend, Representative DOGGETT, for his hard work on the important issues that he raised and that have been raised today. I should mention that he is the ranking member of the Ways and Means Health Subcommittee, so he is very familiar with these issues.

I know he thinks that certain things should have been added to this bill, but I want to stress that I think we have to support this bill based on the important policies that we have in the bill. It is not always easy to get consensus between Democrats and Republicans. This is one of those rare examples, unfortunately, where we have come to a consensus, which our committee often does. That is why I do stress the important policies that are in it.

I think the legislation is a victory for the American people. It addresses a lot of obvious failings in our health system. The bill brings some much-needed price transparency to the healthcare system and will help lower healthcare costs for patients.

Americans have been struggling for years to obtain accurate price information before going in for a healthcare procedure. It is difficult for patients to know how much a hospital or their insurance company will charge them for the care that they receive.

All this information should be readily available to the public. This bill requires hospitals and insurance companies to list prices in an easy to understand format for patients.

The bill also prevents hospital outpatient facilities from unfairly overcharging seniors. This policy will save Medicare beneficiaries $1.4 billion in lower premiums.

The bill helps further rein in the cost of prescription drugs by cracking down on price gouging by pharmacy benefit managers and requires the PBMs to be transparent about their price information.

This is going to help lower healthcare costs for both employers and patients and bring needed oversight to the PBM industry.

In addition to these patient protection provisions, the legislation includes a historic $15 billion in investments in safety net and workforce programs and programs to address physician shortages around the country.

The legislation essentially lowers healthcare costs for the American people and makes healthcare more accessible to American families. I think this delivers meaningful results to the American people on a bipartisan basis.

Mr. Speaker, I reserve the balance of my time.

Mrs. RODGERS of Washington. Mr. Speaker, I yield 2 minutes to the gentleman from Kentucky (Mr. GUTHRIE), the chairman of the Health Subcommittee.

Mr. GUTHRIE. Mr. Speaker, I rise today to speak in support of H.R. 5378, the Lower Costs, More Transparency Act.

Over the past several years, I have heard from countless Kentuckians about the challenges they face and the pain they are feeling due to rising healthcare costs. This bipartisan, landmark legislation marks the first step in driving transformational change across our healthcare system.

The Lower Costs, More Transparency Act incorporates transparency requirements in nearly every aspect of the healthcare system. We are building on the Trump-era price transparency rules for hospitals and insurance plans. We are requiring pharmacy benefit managers to disclose prices and fees to lower costs for patients and employers. We are even requiring transparency for clinical labs.

We have countless testimonials and data to show that transparency lowers costs. Recently, a multinational equipment manufacturer fired their PBM and started managing their own prescription drug benefits for its employees because they finally understood what they were being charged.

The most important part about this bill is that, for once, it is not a top-down, Washington-knows-best approach to the cost of healthcare.

The American people have given Congress this mandate, with over 95 percent of surveyed voters supporting healthcare price transparency to reduce healthcare costs, according to a 2022 KFF poll.

The Lower Costs, More Transparency Act directly lowers costs that seniors are paying out of pocket for certain drugs like cancer drugs and other medicines administered in doctors' offices that are owned by hospitals.

Seniors receiving Medicare should not be paying more for a drug based solely off the location of where they receive the drug. We are fixing this.

I should note that we are able to get major policy changes in this legislation while making sure the bill saves the American people money, an estimated $700 million. This is an objective that Congress very rarely prioritizes.

Mr. Speaker, I thank Chair RODGERS for her vision and steadfast leadership on this bill. I will proudly be casting a ''yes'' vote on H.R. 5378, and I urge my House colleagues to do the same.

Mr. PALLONE. Mr. Speaker, I have no additional speakers. If the chair needs time for people who will support the bill, I will yield to them.

Mr. Speaker, I reserve the balance of my time.

Mrs. RODGERS of Washington. Mr. Speaker, I yield 2 minutes to the gentleman from Missouri (Mr. SMITH), the chairman of the House Ways and Means Committee.

Mr. SMITH of Missouri. Mr. Speaker, the Lower Costs, More Transparency Act empowers patients and will lower healthcare costs for millions of Americans.

This bipartisan bill has been a collaborative effort, and I thank my colleagues on the Energy and Commerce Committee and the Education and the Workforce Committee for their partnership.

American families have struggled for far too long to afford the cost of their healthcare. What is worse is they have been unable to anticipate those costs because our current system makes it nearly impossible to figure out the actual price for almost any type of treatment, medicine, drug, or procedure.

The legislation before us would ensure timely and accurate details about the cost of care, treatments, and services are available and accessible before a patient goes into the doctor's office or hospital.

Hospitals, insurance companies, labs, imaging providers, and others would be required to publicly disclose their prices, creating incentives to lower prices across the board. This bill would increase access to care by combating healthcare consolidation, which reduces options and drives up costs.

It also would take an important step to address the soaring costs of prescription drugs by requiring health insurers and PBM middlemen to disclose negotiated drug rebates and discounts. It would ease the financial burden on our seniors, widen access to more affordable generic drugs, and arm employers with vital drug price information.

This bill would make important investments in training programs for new doctors to help address the healthcare workforce shortage and further invest in hospitals that serve high Medicaid populations.

Mr. Speaker, I urge my colleagues to support this bill to deliver a healthcare system that is more accessible and affordable for the American people.

Mr. PALLONE. Mr. Speaker, I reserve the balance of my time.

Mrs. RODGERS of Washington. Mr. Speaker, I yield 1 minute to the gentleman from Florida (Mr. BILIRAKIS), a subcommittee chair.

Mr. BILIRAKIS. Mr. Speaker, I rise in strong support of H.R. 5378, the Lower Costs, More Transparency Act.

I hear from my constituents on a regular basis that the cost of healthcare is too high, and it remains a burden for everyday Americans who are struggling to get by.

This bipartisan package led by Chair RODGERS, who I appreciate so much, finally looks to turn the tide of these high costs by injecting much-needed transparency and accountability into our healthcare system. This includes updating CMS' price transparency rules so they actually work effectively for patients. It ensures we better understand and reduce consolidation among hospitals, insurers, and PBMs alike.

This also includes my bill with Representative DEGETTE to reauthorize the Special Diabetes Program for 2 years with increased funding, all while reducing the deficit by $750 million.

Mr. Speaker, I urge my colleagues to support this transformative package.

Mr. PALLONE. Mr. Speaker, I reserve the balance of my time.

Mrs. RODGERS of Washington. Mr. Speaker, I yield 2 minutes to the gentleman from Indiana (Mr. BUCSHON), the vice chair of the Health Subcommittee.

Mr. BUCSHON. Mr. Speaker, I rise today in strong support of H.R. 5378, the Lower Costs, More Transparency Act.

This bill, which was a product of thorough bipartisan work across three committees, is one of the strongest healthcare bills I can remember voting on since coming to Congress in 2011. Honestly, it really is. I want to say that again: It is one of the strongest healthcare bills I can remember voting on since coming to Congress.

I thank Chair RODGERS, Ranking Member PALLONE, and the members of the other two committees for their hard work on getting this bill to the floor.

At nearly $13,000 per person, or about 18 percent of the GDP, U.S. national health expenditures far exceed other high-income countries, and they continue to rise at unsustainable rates.

Congress must enact serious reforms that spur competition and show taxpayers where all of these healthcare dollars are going. They are certainly not always going to them.

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The problem is not limited to one part of our healthcare system, and so

the solution must also reach across the entire system. This legislation seeks to increase transparency and lower costs related to hospital care, outpatient services, and prescription drugs, among other things. It also reauthorizes community health centers and supports disproportionate share hospitals.

Finally, we cannot get control of our national debt and deficit unless we first have transparency in our healthcare system, one of the largest expenditures that the Federal Government has. This bill is a tremendous step in that direction.

Mr. Speaker, I am proud to support this legislation, and I urge all my colleagues to support it.

Mr. PALLONE. Mr. Speaker, I continue to reserve the balance of my time.

Mrs. RODGERS of Washington. Mr. Speaker, I yield 1 minute to the gentleman from Georgia (Mr. CARTER).

Mr. CARTER of Georgia. Mr. Speaker, I thank the gentlewoman for yielding.

Mr. Speaker, I rise today in strong support of H.R. 5378, the Lower Costs, More Transparency Act.

As a pharmacist for over four decades, I have seen firsthand how our healthcare system treats patients with unaffordable prices and inaccessible care.

Under the leadership of Chairwoman RODGERS and Health Subcommittee Chairman GUTHRIE, we can do something about it by reining in the PBMs and putting patients before profits.

Included in this bill is my Drug Price Transparency in Medicaid Act which puts an end to the PBM games by prohibiting spread pricing in Medicaid and increasing transparency and fairness to community pharmacies by allowing them to be reimbursed at an appropriate rate for dispensing medications to Medicaid patients.

I am also pleased to see my PBM Accountability Act is also included in this bill.

The Lower Costs, More Transparency Act is such an important first step towards bringing down prescription drug prices by addressing the root cause: the middlemen who prey on patients for profits.

Mr. Speaker, I urge my colleagues to support the Lower Costs, More Transparency Act.

Mrs. RODGERS of Washington. Mr. Speaker, I yield 1 minute to the gentleman from Pennsylvania (Mr. JOYCE).

Mr. JOYCE of Pennsylvania. Mr. Speaker, I thank the gentlewoman for yielding.

The Lower Costs, More Transparency Act is part of our commitment to supporting our patients, creating access to affordable medications, and making the healthcare process easier to access for literally all Americans.

Included in this legislation is my bill, the Strengthening Community Care Act, which would reauthorize support for community health centers. These centers are a vital source of care for over 30 million Americans and nearly 240,000 individuals in Pennsylvania's 13th Congressional District.

By reducing barriers like cost, lack of insurance, or distance, community health centers are able to provide high-quality treatment to the patients who need it the most: the patients who are underinsured or not insured at all.

Mr. Speaker, I urge all of my colleagues to support the Lower Costs, More Transparency Act, and I will be voting ''yes'' for this important piece of legislation.

Mr. PALLONE. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, I cannot emphasize the importance of this bill. I think that in terms of the overall effort to increase affordability, to increase access to healthcare, and to make sure that there is competition, if you will, within the hospital industry and within the insurance industry, this bill does all of those things.

It is really amazing, in my opinion, that we are able to do this on a bipartisan basis. It came out of committee, I believe, unanimously. I think it will go far towards increasing affordability, accessibility, and competition, which also lowers prices.

For all those reasons, Mr. Speaker, I urge support for the legislation, and I yield back the balance of my time.

Mrs. RODGERS of Washington. Mr. Speaker, I, too, want to urge support for this major bipartisan legislation. It is very important healthcare legislation. We are concerned about consolidation within healthcare and the rising costs within healthcare.

The first way we are going to address that is by demanding transparency. We have to know what the prices actually are so that we can empower patients and we can get some more competition within our healthcare system.

I thank everyone who has worked together. This was a priority we laid out at the very beginning of this Congress. It has been months' worth of work.

A big thank you, again, to the ranking member of the Energy and Commerce Committee, as well as the other committees, the chairmanship of VIRGINIA FOXX and the chairman of the Ways and Means Committee, JASON SMITH, for working together. We have all contributed, and we have a better product because of it.

I definitely urge support by my colleagues both Republicans and Democrats. This is one that we need to get on the President's desk with a big vote today.

Mr. Speaker, I yield back the balance of my time.

Mr. SCOTT of Virginia. Mr. Speaker, one of the reasons health care costs are so high is that consumers and employers often do not have enough information about what they are paying for.

This makes it hard for patients to find affordable, high-quality health care providers. And it prevents employers from spending workers' premium dollars carefully. It also hinders competition, which keeps health care costs in check. And finally, it limits our ability as policymakers to improve the health care system.

Americans deserve to know what they are being asked to pay. The Lower Costs, More Transparency Act helps ensure health care costs are driven by those who provide the highest quality services, not those with the most market power.

This bill includes several bipartisan priorities for our Committee Members, and I thank my colleagues on both sides of the aisle for working together on this package.

I am especially pleased that it strengthens oversight of the direct and indirect compensation earned by health plan service providers. This includes not only pharmacy benefit managers but also—critically—insurance companies serving as third-party administrators for self-funded plans.

I was also pleased to work with my colleagues to ensure strong privacy protections for workers.

Finally, I appreciate my colleagues' bipartisan commitment to incorporating technical corrections to ensure that the reporting requirements for pharmacy benefit managers apply fully to multiemployer plans, state and local government plans, and retiree-only plans—consistent with the intent of the legislation.

Moving forward, we must continue to promote transparency and competition and take direct action to lower health care costs for workers and their families.

Ms. FOXX. Mr. Speaker, the goal of the Lower Costs, More Transparency Act is to allow a wide range of employers, workers, and health plans to benefit from increased transparency of pharmacy benefit managers so they can make more informed, cost-conscious health care decisions.

It has come to our attention that the definition of large employer in this bill, as written, may have inadvertently left out certain types of non-employer plans, such as multiemployer, union, governmental, and retiree plans.

I rise today to affirm that my colleagues and I never intended for this bill to exclude these plans from leveraging the transparency tools included in this bill.

We remain committed to addressing this technical issue as we work with our Senate colleagues to expand transparency in health care following passage of the Lower Costs, More Transparency Act today.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Washington (Mrs. RODGERS) that the House suspend the rules and pass the bill, H.R. 5378, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mrs. RODGERS of Washington. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this motion will be postponed.

SUPPORT FOR PATIENTS AND COMMUNITIES REAUTHORIZATION ACT

Mr. GUTHRIE. Mr. Speaker, I move to suspend the rules and pass the bill

(H.R. 4531) to reauthorize certain programs that provide for opioid use disorder prevention, recovery, and treatment, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4531

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Support for Patients and Communities Reauthorization Act''.

SEC. 2. TABLE OF CONTENTS.

The table of contents for this Act is as follows:

TITLE I—PUBLIC HEALTH

SEC. 101. PRENATAL AND POSTNATAL HEALTH.

Section 317L(d) of the Public Health Service Act (42 U.S.C. 247b–13(d)) is amended by striking ''such sums as may be necessary for each of the fiscal years 2019 through 2023'' and inserting ''$4,250,000 for each of fiscal years 2024 through 2028''.

SEC. 102. MONITORING AND EDUCATION REGARDING INFECTIONS ASSOCIATED WITH ILLICIT DRUG USE AND OTHER RISK FACTORS.

Section 317N of the Public Health Service Act (42 U.S.C. 247b–15) is amended—

(1) in the section heading, by striking ''**SURVEILLANCE AND**'' and inserting ''**MONITORING AND**'' ; and

(2) in subsection (d), by striking ''fiscal years 2019 through 2023'' and inserting ''fiscal years 2024 through 2028''.

SEC. 103. PREVENTING OVERDOSES OF CONTROLLED SUBSTANCES.

(a) EVIDENCE-BASED PREVENTION GRANTS.—Section 392A(a)(2)(D) of the Public Health Service Act (42 U.S.C. 280b–1(a)(2)(D)) is amended by inserting after ''new and emerging public health crises'' the following: '', such as the fentanyl crisis,''.

(b) USE OF GRANTS BY STATES, LOCALITIES, AND INDIAN TRIBES TO CONDUCT WASTEWATER SURVEILLANCE.—Section 392A(a)(3)(A) of the Public Health Service Act (42 U.S.C. 280b–1(a)(3)(A)) is amended by inserting '', including through the use of wastewater surveillance to identify trends associated with controlled substance use if it is determined by appropriate evidence that wastewater surveillance is an effective way to survey controlled substance use within a community'' before the semicolon.

(c) AUTHORIZATION OF APPROPRIATIONS.—Section 392A(e) of the Public Health Service Act (42 U.S.C. 280b–1(e)) is amended by striking ''$496,000,000 for each of fiscal years 2019 through 2023'' and inserting ''$505,579,000 for each of fiscal years 2024 through 2028''.

SEC. 104. RESIDENTIAL TREATMENT PROGRAMS FOR PREGNANT AND POSTPARTUM WOMEN.

Section 508(s) of the Public Health Service Act (42 U.S.C. 290bb–1(s)) is amended by striking ''$29,931,000 for each of fiscal years 2019 through 2023'' and inserting ''$38,931,000 for each of fiscal years 2024 through 2028''.

SEC. 105. YOUTH PREVENTION AND RECOVERY.

Section 7102(c)(9) of the SUPPORT for Patients and Communities Act (42 U.S.C. 290bb–7a(c)(9)) is amended by striking ''fiscal years 2019 through 2023'' and inserting ''fiscal years 2024 through 2028''.

SEC. 106. FIRST RESPONDER TRAINING.

Section 546(h) of the Public Health Service Act (42 U.S.C. 290ee–1(h)) is amending by striking ''$36,000,000 for each of fiscal years 2019 through 2023'' and inserting ''$56,000,000 for each of fiscal years 2024 through 2028''.

SEC. 107. BUILDING COMMUNITIES OF RECOVERY.

Section 547(f) of the Public Health Service Act (42 U.S.C. 290ee–2(f)) is amended by striking ''$5,000,000 for each of fiscal years 2019 through 2023'' and inserting ''$16,000,000 for each of fiscal years 2024 through 2028''.

SEC. 108. NATIONAL PEER-RUN TRAINING AND TECHNICAL ASSISTANCE CENTER FOR ADDICTION RECOVERY SUPPORT.

Section 547A(e) of the Public Health Service Act (42 U.S.C. 290ee–2a(e)) is amended by striking ''$1,000,000 for each of fiscal years 2019 through 2023'' and inserting ''$2,000,000 for each of fiscal years 2024 through 2028''.

SEC. 109. COMPREHENSIVE OPIOID RECOVERY CENTERS.

(a) REAUTHORIZATION.—Section 552(j) of the Public Health Service Act (42 U.S.C. 290ee–7(j)) is amended by striking ''2019 through 2023'' and inserting ''2024 through 2028''.

(b) DOCUMENTATION FOR EVIDENCE OF CAPACITY TO CARRY OUT REQUIRED ACTIVITIES.—Section 552(d) of the Public Health Service Act (42 U.S.C. 290ee–7(d)) is amended by adding at the end the following:

''(3) DOCUMENTATION.—

''(A) IN GENERAL.—Evidence required to be provided under paragraph (1) may be provided through a letter of intent from partner agencies or other relevant documentation (as defined by the Secretary).

''(B) PARTNER AGENCY DEFINED.—In this paragraph, the term 'partner agency' means a non-governmental organization or other public or private entity—

''(i) the primary purpose of which is the delivery of mental health or substance use disorder treatment services; and

''(ii) with which the applicant coordinates to provide the full continuum of treatment services (as specified in subsection (g)(1)(B)) that the applicant is unable to offer on site.''.

(c) CENTER ACTIVITIES CARRIED OUT THROUGH THIRD PARTIES.—Section 552(g) of the Public Health Service Act (42 U.S.C. 290ee–7(g)) is amended in the matter preceding paragraph (1) by striking ''Each Center shall'' and all that follows through ''subsection (f):'' and inserting the following: ''Each Center shall, at a minimum, carry out the activities specified in this subsection directly, through referral, or through contractual arrangements. If a Center elects to carry out such activities through contractual arrangements, the Secretary may issue guidance on best practices to ensure that the Center is capable of carrying out such activities, including carrying out such activities through technology-enabled collaborative learning and capacity building models described in subsection (f) and coordinating the full continuum of treatment services specified in subparagraph (B). Such activities include the following:''.

SEC. 110. GRANTS TO ADDRESS THE PROBLEMS OF PERSONS WHO EXPERIENCE VIOLENCE RELATED STRESS.

Section 582(j) of the Public Health Service Act (42 U.S.C. 290hh–1(j)) is amended by striking ''$63,887,000 for each of fiscal years 2019 through 2023'' and inserting ''$93,887,000 for each of fiscal years 2024 through 2028''.

SEC. 111. MENTAL AND BEHAVIORAL HEALTH EDUCATION AND TRAINING GRANTS.

Section 756(f) of the Public Health Service Act (42 U.S.C. 294e–1(f)) is amended by striking ''fiscal years 2023 through 2027'' and inserting ''fiscal years 2024 through 2028''.

SEC. 112. LOAN REPAYMENT PROGRAM FOR THE SUBSTANCE USE DISORDER TREATMENT WORKFORCE.

Section 781(j) of the Public Health Service Act (42 U.S.C. 295h(j)) is amended by striking

''$25,000,000 for each of fiscal years 2019 through 2023'' and inserting ''$40,000,000 for each of fiscal years 2024 through 2028''.

SEC. 113. PILOT PROGRAM FOR PUBLIC HEALTH LABORATORIES TO DETECT FENTANYL AND OTHER SYNTHETIC OPIOIDS.

(a) DETECTION ACTIVITIES.—Section 7011(b) of the SUPPORT for Patients and Communities Act (42 U.S.C. 247d–10 note) is amended—

(1) in paragraph (2), by striking ''and'' at the end;

(2) in paragraph (3), by striking the period at the end and inserting ''; and''; and

(3) by adding at the end the following:

''(4) public, private, and academic entities with expertise in detection and testing activities, such as wastewater surveillance, with respect to synthetic opioids, including fentanyl and its analogues.''.

(b) AUTHORIZATION OF APPROPRIATIONS.—Section 7011(d) of the SUPPORT for Patients and Communities Act (42 U.S.C. 247d–10(d)) is amended by striking ''fiscal years 2019 through 2023'' and inserting ''fiscal years 2024 through 2028''.

SEC. 114. MONITORING AND REPORTING OF CHILD, YOUTH, AND ADULT TRAUMA.

Section 7131(e) of the SUPPORT for Patients and Communities Act (42 U.S.C. 242t(e)) is amended by striking ''$2,000,000 for each of fiscal years 2019 through 2023'' and inserting ''$9,000,000 for each of fiscal years 2024 through 2028''.

SEC. 115. TASK FORCE TO DEVELOP BEST PRACTICES FOR TRAUMA-INFORMED IDENTIFICATION, REFERRAL, AND SUPPORT.

Section 7132 of the SUPPORT for Patients and Communities Act (Public Law 115–271) is amended—

(1) in subsection (g)—

(A) in paragraph (1), by striking ''and'' at the end;

(B) in paragraph (2), by striking the period at the end and inserting ''; and''; and

(C) by adding at the end the following:

''(3) additional reports and updates to existing reports, as necessary.''; and

(2) by amending subsection (i) to read as follows:

''(i) SUNSET.—The task force shall sunset on September 30, 2026.''.

SEC. 116. TREATMENT, RECOVERY, AND WORKFORCE SUPPORT GRANTS.

Section 7183 of the SUPPORT for Patients and Communities Act (42 U.S.C. 290ee–8) is amended—

(1) in subsection (b), by inserting ''each'' before ''for a period'';

(2) by amending subsection (c)(2) to read as follows:

''(2) RATES.—The rates described in this paragraph are the following:

''(A) The amount by which the average rate of drug overdose deaths in the State, adjusted for age, for the period of 5 calendar years for which there is available data, including if necessary provisional data, immediately preceding the grant cycle (which shall be the period of calendar years 2018 through 2022 for the first grant cycle following the enactment of the Support for Patients and Communities Reauthorization Act) is above the average national overdose mortality rate, as determined by the Director of the Centers for Disease Control and Prevention, for the same period.

''(B) The amount by which the average rate of unemployment for the State, based on data provided by the Bureau of Labor Statistics, for the period of 5 calendar years for which there is available data, including if necessary provisional data, immediately preceding the grant cycle (which shall be the period of calendar years 2018 through 2022 for the first grant cycle following the enactment of the Support for Patients and Communities Reauthorization Act) is above the national average for the same period.

''(C) The amount by which the average rate of labor force participation in the State, based on data provided by the Bureau of Labor Statistics, for the period of 5 calendar years for which there is available data, including if necessary provisional data, immediately preceding the grant cycle (which shall be the period of calendar years 2018 through 2022 for the first grant cycle following the enactment of the Support for Patients and Communities Reauthorization Act) is below the national average for the same period.'';

(3) in subsection (g)—

(A) in paragraphs (1) and (3), by redesignating subparagraphs (A) and (B) as clauses (i) and (ii), respectively, and adjusting the margins accordingly;

(B) by redesignating paragraphs (1) through (3) as subparagraphs (A) through (C), respectively, and adjusting the margins accordingly;

(C) by striking ''An entity'' and inserting the following:

''(1) IN GENERAL.—An entity''; and

(D) by adding at the end the following:

''(2) TRANSPORTATION SERVICES.—An entity receiving a grant under this section may use not more than 5 percent of the funds for providing transportation for individuals to participate in an activity supported by a grant under this section, which transportation shall be to or from a place of work or a place where the individual is receiving vocational education or job training services or receiving services directly linked to treatment of or recovery from a substance use disorder.

''(3) NO OTHER AUTHORIZED USES.—An entity receiving a grant under this section may not use the funds for any activity other than the activities listed in paragraphs (1) and (2).'';

(4) in subsection (i)(2), by inserting '', which shall include the employment and earnings outcomes as described in subclauses (I) and (III) of section 116(b)(2)(A)(i) of the Workforce Innovation and Opportunity Act (29 U.S.C. 3141(b)(2)(A)(i))'' after ''subsection (g)'';

(5) in subsection (j)—

(A) in paragraph (1), by inserting ''for each grant cycle'' after ''grant period''; and

(B) in paragraph (2)—

(i) in the matter preceding subparagraph (A)—

(I) by striking ''the preliminary report'' and inserting ''each preliminary report''; and

(II) by inserting ''for the grant cycle'' after ''final report''; and

(ii) in subparagraph (A), by striking ''(g)(3)'' and inserting ''(g)(1)(C)''; and

(6) in subsection (k), by striking ''$5,000,000 for each of fiscal years 2019 through 2023'' and inserting ''$12,000,000 for each of fiscal years 2024 through 2028''.

SEC. 117. GRANT PROGRAM FOR STATE AND TRIBAL RESPONSE TO OPIOID USE DISORDERS.

Section 1003(b)(4)(A) of the 21st Century Cures Act (42 U.S.C. 290ee–3a(b)(4)(A)) is amended after ''which may include drugs or devices approved, cleared, or otherwise legally marketed under the Federal Food, Drug, and Cosmetic Act'' by inserting ''or fentanyl or xylazine test strips''.

SEC. 118. REFERENCES TO OPIOID OVERDOSE REVERSAL AGENTS IN HHS GRANT PROGRAMS.

(a) IN GENERAL.—The Secretary of Health and Human Services shall ensure that, as appropriate, whenever the Department of Health and Human Services issues a regulation or guidance for any grant program addressing opioid misuse and use disorders, any reference to an opioid overdose reversal drug (such as a reference to naloxone) is inclusive of any opioid overdose reversal drug that has been approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) for emergency treatment of a known or suspected opioid overdose.

(b) EXISTING REFERENCES.—

(1) UPDATE.—Not later than one year after the date of enactment of this Act, the Secretary of Health and Human Services shall update all references described in paragraph (2) to be inclusive of any opioid overdose reversal drug that has been approved or otherwise authorized for use by the Food and Drug Administration.

(2) REFERENCES.—A reference described in this paragraph is any reference to an opioid overdose reversal drug (such as naloxone) in any regulation or guidance of the Department of Health and Human Services that—

(A) was issued before the date of enactment of this Act; and

(B) is included in—

(i) the grant program for State and Tribal response to opioid use disorders under section 1003 of the 21st Century Cures Act (42 U.S.C. 290ee–3 note) (commonly referred to as ''State Opioid Response Grants'' and ''Tribal Opioid Response Grants''); or

(ii) the grant program for priority substance use disorder prevention needs of regional and national significance under section 516 of the Public Health Service Act (42 U.S.C. 290bb–22).

SEC. 119. ADDRESSING OTHER CONCURRENT SUBSTANCE USE DISORDERS THROUGH GRANT PROGRAM FOR STATE AND TRIBAL RESPONSE TO OPIOID USE DISORDERS.

(a) ADDITIONAL USE OF FUNDS.—Section 1003(b) of the 21st Century Cures Act (42 U.S.C. 290ee–3 note) is amended by adding at the end the following:

''(5) OTHER CONCURRENT SUBSTANCE USE DISORDERS.—The Secretary may authorize the recipient of a grant under this subsection, in addition to using the grant for activities described in paragraph (4) with respect to opioid misuse and use disorders and stimulant misuse and use disorders, to use the grant for similar activities with respect to other concurrent substance use disorders.''.

(b) ANNUAL REPORT TO CONGRESS.—Section 1003(f) of the 21st Century Cures Act (42 U.S.C. 290ee–3 note) is amended—

(1) in paragraph (2), strike ''and'' at the end;

(2) in paragraph (3), strike the period at the end and insert a semicolon; and

(3) by adding at the end the following:

''(4) the amount of funds each State that received a grant under subsection (b) received for the 12-month grant cycle covered by the report;

''(5) the amount of grant funds each such State spent for such grant cycle, disaggregated by the uses for which such funds were spent, including each allowable use under paragraphs (4) and (5) of subsection (b);

''(6) how many such States for such grant cycle did not spend all of the grant funds before such grant cycle expired;

''(7) how many such States for such grant cycle requested no-cost extensions to extend the grant cycle; and

''(8) challenges for such States to spend all of the funds allocated and the reason for such challenges, including to what extent reporting requirements or other requirements placed an increased burden on the ability of such States to spend all of the funds.''.

(c) OTHER CONCURRENT SUBSTANCE USE DISORDERS DEFINED.—Section 1003(h) of the 21st Century Cures Act (42 U.S.C. 290ee–3 note) is amended—

(1) by redesignating paragraphs (2) through (4) as paragraphs (3) through (5); and

(2) by inserting before paragraph (3), as redesignated, the following:

''(2) OTHER CONCURRENT SUBSTANCE USE DISORDERS.—The term 'other concurrent substance use disorders' means—

''(A) alcohol use disorders co-occurring with opioid misuse and use disorders as a primary disorder; or

''(B) alcohol use disorders co-occurring with stimulant misuse and use disorders as a primary disorder.''.

(d) RULE OF CONSTRUCTION.—Nothing in this Act or the amendments made by this Act shall be construed to change the allocation of funds among grantees pursuant to the minimum allocations and formula methodology under section 1003 of the 21st Century Cures Act (42 U.S.C. 290ee–3 note).

SEC. 120. PROVIDING FOR A STUDY ON THE EFFECTS OF REMOTE MONITORING ON INDIVIDUALS WHO ARE PRESCRIBED OPIOIDS.

(a) IN GENERAL.—Not later than 18 months after the date of enactment of this Act, the Comptroller General of the United States shall conduct a study and submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions and the Committee on Finance of the Senate a report on the use of remote monitoring with respect to individuals who are prescribed opioids.

(b) REPORT.—The report described in subsection (a) shall include to the extent information is available and reliable—

(1) an assessment of scientific evidence related to the efficacy, individual outcomes, and potential cost savings associated with remote monitoring for individuals who are prescribed opioids compared to such individuals who are not so monitored;

(2) an assessment of the current prevalence of remote monitoring for individuals who are prescribed opioids, including the use of such monitoring for such individuals in other countries; and

(3) information, including recommendations as appropriate, to improve availability, access, and coverage for remote monitoring for individuals who are prescribed opioids, including through changes to Federal health care programs (as defined in section 1128B of the Social Security Act (42 U.S.C. 1320a–7b)).

TITLE II—CONTROLLED SUBSTANCES

SEC. 201. DELIVERY OF CERTAIN SUBSTANCES BY A PHARMACY TO AN ADMINISTERING PRACTITIONER.

Paragraph (2) of section 309A(a) of the Controlled Substances Act (21 U.S.C. 829a(a)) is amended to read as follows:

''(2) the controlled substance is a drug in schedule III, IV, or V that is, pursuant to the approval or licensure of such drug under the Federal Food, Drug, and Cosmetic Act or section 351 of the Public Health Service Act, to be administered by, or under the supervision of, the prescribing practitioner;''.

SEC. 202. REVIEWING THE SCHEDULING OF APPROVED PRODUCTS CONTAINING A COMBINATION OF BUPRENORPHINE AND NALOXONE.

(a) SECRETARY OF HHS.—The Secretary of Health and Human Services shall, consistent with the requirements and procedures set forth in sections 201 and 202 of the Controlled Substances Act (21 U.S.C. 811; 812)—

(1) review the relevant data pertaining to the scheduling of products containing a combination of buprenorphine and naloxone that have been approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355); and

(2) if appropriate, request that the Attorney General initiate rulemaking proceedings to revise the schedules accordingly with respect to such products.

(b) ATTORNEY GENERAL.—The Attorney General shall review any request made by the Secretary of Health and Human Services under subsection (a)(2) and determine whether to initiate proceedings to revise the schedules in accordance with the criteria set forth in sections 201 and 202 of the Controlled Substances Act (21 U.S.C. 811; 812).

SEC. 203. COMBATING ILLICIT XYLAZINE.

(a) DEFINITIONS.—

(1) IN GENERAL.—In this section, the term ''xylazine'' has the meaning given the term in paragraph (60) of section 102 of the Controlled Substances Act, as added by paragraph (2).

(2) CONTROLLED SUBSTANCES ACT.—Section 102 of the Controlled Substances Act (21 U.S.C. 802) is amended—

(A) by redesignating the second paragraph (57) (relating to serious drug felony) and paragraph (58) as paragraphs (58) and (59), respectively;

(B) by moving the margin of paragraph (57) 2 ems to the left;

(C) by moving the margins of paragraphs (58) and (59), as redesignated, 2 ems to the left; and

(D) by adding at the end the following:

''(60)(A) The term 'xylazine' means the substance xylazine as well as its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible.

''(B) Except as provided in subparagraph (E), such term does not include a substance described in subparagraph (A) to the extent—

''(i) such substance is an animal drug that has been approved by the Secretary of Health and Human Services under section 512 of the Federal Food, Drug, and Cosmetic Act and such substance's use or intended use conforms to the approved application, including the manufacturing, importation, holding, or distribution for such use; or

''(ii) such substance is used or intended for use in animals other than humans as permitted under section 512(a)(4) of the Federal Food, Drug, and Cosmetic Act.

''(C) If any person prescribes, dispenses, distributes, manufactures, or imports xylazine for human use, such person shall be considered to have prescribed, dispensed, distributed, manufactured, or imported xylazine not subject to an exclusion under subparagraph (B).''.

(b) PLACEMENT OF XYLAZINE ON SCHEDULE III.—Schedule III in section 202(c) of the Controlled Substances Act (21 U.S.C. 812(c)) is amended by adding at the end the following:

''(f) Xylazine.''.

(c) ARCOS TRACKING.—Section 307(i) of the Controlled Substances Act (21 U.S.C. 827(i)) is amended—

(1) in the matter preceding paragraph (1)—

(A) by inserting ''or xylazine'' after ''gamma hydroxybutyric acid'';

(B) by inserting ''or 512'' after ''section 505''; and

(C) by inserting ''respectively,'' after ''the Federal Food, Drug, and Cosmetic Act,''; and

(2) in paragraph (6), by inserting ''or xylazine'' after ''gamma hydroxybutyric acid''.

(d) REPORT TO CONGRESS ON XYLAZINE.—

(1) INITIAL REPORT.—Not later than 1 year after the date of enactment of this Act, the Attorney General, acting through the Administrator of the Drug Enforcement Administration and in coordination with the Commissioner of Food and Drugs, shall submit to Congress a report on the prevalence of illicit use of xylazine in the United States and the impacts of such use, including—

(A) where the drug is being diverted;

(B) where the drug is originating;

(C) whether any analogues to such drug present a substantial risk of abuse;

(D) whether and to what extent the illicit supply of xylazine derives from the licit supply chain; and

(E) recommendations for Congress with respect to whether xylazine should be transferred to another schedule under section 202 of the Controlled Substances Act (21 U.S.C. 812).

(2) ADDITIONAL REPORT.—Not later than 3 years after the date of enactment of this Act, the Attorney General, acting through the Administrator of the Drug Enforcement Administration and in coordination with the Commissioner of Food and Drugs, shall submit to Congress a report updating Congress on the prevalence of xylazine trafficking, misuse, and proliferation in the United States, including—

(A) the status and results of research on the impact xylazine has on human health; and

(B) the effects of the classification of xylazine under the Controlled Substances Act (21 U.S.C. 801 et seq.) on the prevalence of xylazine trafficking, misuse, and proliferation in the United States.

(3) OBTAINING OFFICIAL DATA.—The Attorney General, acting through the Administrator of the Drug Enforcement Administration and in coordination with the Commissioner of Food and Drugs, may secure directly from any department or agency of the United States documents, statistical data, and other information necessary to carry out paragraphs (1) and (2). Upon receipt of a request from the Attorney General for such documents, data, and information, the head of the department or agency shall, in accordance with applicable procedures for the appropriate handling of classified information, promptly provide reasonable access to such documents, data, and information.

(4) VIEWS OF EXPERTS FROM NON-FEDERAL ENTITIES.—In developing the reports under paragraphs (1) and (2), the Attorney General, acting through the Administrator of the Drug Enforcement Administration and in coordination with the Commissioner of Food and Drugs, shall consult with, and take into consideration the views of, experts from appropriate non-Federal entities, including such experts from—

(A) the scientific and medical research community;

(B) the State and local law enforcement community; and

(C) community-based organizations.

SEC. 204. TECHNICAL CORRECTIONS.

Effective as if included in the enactment of Public Law 117–328—

(1) section 1252(a) of division FF of Public Law 117–328 is amended, in the matter being inserted into section 302(e) of the Controlled Substances Act, by striking ''303(g)'' and inserting ''303(h)'';

(2) section 1262 of division FF of Public Law 117–328 is amended—

(A) in subsection (a)—

(i) in the matter preceding paragraph (1), by striking ''303(g)'' and inserting ''303(h)'';

(ii) in the matter being stricken by subsection (a)(2), by striking ''(g)(1)'' and inserting ''(h)(1)''; and

(iii) in the matter being inserted by subsection (a)(2), by striking ''(g) Practitioners'' and inserting ''(h) Practitioners''; and

(B) in subsection (b)—

(i) in the matter being stricken by paragraph (1), by striking ''303(g)(1)'' and inserting ''303(h)(1)'';

(ii) in the matter being inserted by paragraph (1), by striking ''303(g)'' and inserting ''303(h)'';

(iii) in the matter being stricken by paragraph (2)(A), by striking ''303(g)(2)'' and inserting ''303(h)(2)'';

(iv) in the matter being stricken by paragraph (3), by striking ''303(g)(2)(B)'' and inserting ''303(h)(2)(B)'';

(v) in the matter being stricken by paragraph (5), by striking ''303(g)'' and inserting ''303(h)''; and

(vi) in the matter being stricken by paragraph (6), by striking ''303(g)'' and inserting ''303(h)''; and

(3) section 1263(b) of division FF of Public Law 117–328 is amended—

(A) by striking ''303(g)(2)'' and inserting ''303(h)(2)''; and

(B) by striking ''(21 U.S.C. 823(g)(2))'' and inserting ''(21 U.S.C. 823(h)(2))''.

SEC. 205. REQUIRED TRAINING FOR PRESCRIBERS OF CONTROLLED SUBSTANCES.

Section 303 of the Controlled Substances Act (21 U.S.C. 823) is amended—

(1) by redesignating the second subsection (l) (added by section 1263 of division FF of Public Law 117–328) as subsection (m); and

(2) in subsection (m), as redesignated—

(A) in paragraph (1)(A)(iv)—

(i) in subclause (I), by striking ''or the Commission for Continuing Education Provider Recognition (CCEPR)'' and inserting ''the Commission for Continuing Education Provider Recognition (CCEPR), the American Podiatric Medical Association, the Council on Podiatric Medical Education (CPME), or the Academy of General Dentistry'';

(ii) by redesignating subclauses (II), (III), and (IV) as subclauses (III), (IV), and (V), respectively; and

(iii) by inserting after subclause (I) the following:

''(II) the American Academy of Family Physicians or any organization whose continuing medical education activity has been approved or accredited by the American Academy of Family Physicians;''; and

(iv) in subclause (V), as redesignated, by striking ''any organization approved by the Assistant Secretary for Mental Health and Substance Use, the ACCME, or the CCEPR'' and inserting ''any organization approved by the ACCME or the CCEPR'';

(B) in paragraph (1)(A)(v)—

(i) by inserting ''podiatric medicine,'' after ''allopathic medicine, osteopathic medicine,''; and

(ii) by striking ''allopathic or osteopathic medicine curriculum'' and inserting ''allopathic, osteopathic, or podiatric medicine curriculum'';

(C) in paragraph (1)(B)(i), by striking ''or any other organization approved or accredited by the Assistant Secretary for Mental Health and Substance Use or the Accreditation Council for Continuing Medical Education'' and inserting ''the American Podiatric Medical Association, the Council on Podiatric Medical Education (CPME), the American Pharmacists Association, the Accreditation Council for Pharmacy Education, the American Optometric Association, the Academy of General Dentistry, the American Psychiatric Nurses Association, the American Academy of Nursing, the American Academy of Family Physicians, or any other organization approved or accredited by the American Academy of Family Physicians or the Accreditation Council for Continuing Medical Education''; and

(D) in paragraph (1)(B)(ii), by striking ''from an accredited physician assistant school or accredited school of advanced practice nursing'' and inserting ''from an accredited physician assistant school, an accredited school of advanced practice nursing, or an accredited school of pharmacy''.

TITLE III—MEDICAID

SEC. 301. EXTENDING REQUIREMENT FOR STATE MEDICAID PLANS TO PROVIDE COVERAGE FOR MEDICATION-ASSISTED TREATMENT.

(a) IN GENERAL.—Section 1905 of the Social Security Act (42 U.S.C. 1396d) is amended—

(1) in subsection (a)(29), by striking ''for the period beginning October 1, 2020, and ending September 30, 2025,'' and inserting ''beginning on October 1, 2020,''; and

(2) in subsection (ee)(2), by striking ''for the period specified in such paragraph, if before the beginning of such period the State certifies to the satisfaction of the Secretary'' and inserting ''if such State certifies, not less than every 5 years and to the satisfaction of the Secretary,''.

(b) CONFORMING AMENDMENT.—Section 1006(b)(4)(A) of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (42 U.S.C. 1396a note) is amended by striking '', and before October 1, 2025''.

SEC. 302. EXPANDING REQUIRED REPORTS ON T-MSIS SUBSTANCE USE DISORDER DATA TO INCLUDE MENTAL HEALTH CONDITION DATA.

(a) IN GENERAL.—Section 1015(a) of the SUPPORT for Patients and Communities Act (42 U.S.C. 1320d–2 note) is amended—

(1) in the heading, by striking ''SUBSTANCE USE DISORDER DATA BOOK'' and inserting ''BEHAVIORAL HEALTH DATA BOOK'';

(2) in paragraph (2)—

(A) in the matter preceding subparagraph (A), by inserting '', including as updated in accordance with paragraph (3),'' after ''paragraph (1)'';

(B) in subparagraph (A), by inserting '', mental health condition, or a mental health condition co-occurring with substance use disorder'' after ''substance use disorder'';

(C) in subparagraph (B), by inserting ''and mental health treatment services'' after ''substance use disorder treatment services'';

(D) in subparagraph (C)—

(i) by inserting '', mental health condition, or a mental health condition co-occurring with a substance use disorder diagnosis'' after ''substance use disorder diagnosis''; and

(ii) by inserting ''or mental health treatment services, respectively,'' after ''substance use disorder treatment services'';

(E) in subparagraph (D), by inserting '', mental health condition, or a mental health condition co-occurring with substance use disorder'' after ''substance use disorder diagnosis'';

(F) in subparagraph (E), by inserting ''or mental health treatment'' after ''substance use disorder treatment''; and

(G) in subparagraph (F), by inserting '', individuals with a mental health condition who receive mental health treatment services, and individuals with a co-occurring mental health condition and substance use disorder who receive substance use disorder treatment services and mental health treatment services,'' after ''substance use disorder treatment services''; and

(3) in paragraph (3), by striking ''through 2024''.

(b) APPLICATION.—The amendments made by subsection (a)(1) shall apply beginning with respect to the first update made pursuant to section 1015(a)(3) of the SUPPORT for Patients and Communities Act (42 U.S.C. 1320d–2 note) after the date that is 12 months after the date of enactment of this Act.

SEC. 303. MONITORING PRESCRIBING OF ANTIPSYCHOTIC MEDICATIONS.

Section 1902(oo)(1)(B) of the Social Security Act (42 U.S.C. 1396a(oo)(1)(B)) is amended—

(1) in the subparagraph heading, by striking ''BY CHILDREN'';

(2) by inserting '', and beginning on the date that is 24 months after the date of enactment of Support for Patients and Communities Reauthorization Act, individuals over the age of 18, individuals receiving home and community-based services (as defined in section 9817(a)(2)(B) of Public Law 117–2), and individuals residing in institutional care settings (including nursing facilities, intermediate care facilities for individuals with intellectual disabilities, and other such institutional care settings) enrolled,'' after ''children enrolled''; and

(3) by striking ''not more than the age of 18 years'' and inserting ''subject to the program''.

SEC. 304. LIFTING THE IMD EXCLUSION FOR SUBSTANCE USE DISORDER.

(a) MAKING PERMANENT STATE PLAN AMENDMENT OPTION TO PROVIDE MEDICAL ASSISTANCE FOR CERTAIN INDIVIDUALS WHO ARE PATIENTS IN CERTAIN INSTITUTIONS FOR MENTAL DISEASES.—Section 1915(l)(1) of the Social Security Act (42 U.S.C. 1396n(l)(1)) is amended by striking ''With respect to calendar quarters beginning during the period beginning October 1, 2019, and ending September 30, 2023,'' and inserting ''With respect to calendar quarters beginning on or after October 1, 2019,''.

(b) MAINTENANCE OF EFFORT REVISION.—Section 1915(l)(3) of the Social Security Act (42 U.S.C. 1396n(l)(3)) is amended—

(1) in subparagraph (A)—

(A) in the matter preceding clause (i), by striking ''other than under this title''; and

(B) in clause (i), by striking ''or, if higher,'' and all that follows through ''in accordance with this subsection''; and

(2) by adding at the end the following new subparagraph:

''(D) APPLICATION OF MAINTENANCE OF EFFORT REQUIREMENTS TO CERTAIN STATES.—In the case of a State with a State plan amendment in effect on the date of the enactment of this subparagraph, for the 1-year period beginning on such date, the provisions of subparagraph (A) shall be applied as if the amendments to such subparagraph made by the Support for Patients and Communities Reauthorization Act had never been made.''.

(c) ADDITIONAL REQUIREMENTS.—

(1) IN GENERAL.—

(A) GENERAL REQUIREMENTS.—Section 1915(l)(4) of the Social Security Act (42 U.S.C. 1396n(l)(4)) is amended—

(i) in subparagraph (A), by striking ''through (D)'' and inserting ''through (F)'';

(ii) in subparagraph (D), in the matter preceding clause (i), by inserting ''have in place evidence-based, substance use disorder-specific individual placement criteria and utilization management approach to ensure placement of such individual in an appropriate level of care and shall'' after ''State shall''; and

(iii) by adding at the end the following new subparagraph:

''(E) REVIEW PROCESS.—The State shall have in place a process to review the compliance of eligible institutions for mental diseases with evidence-based, substance use disorder-specific program standards for eligible individuals specified by the State.''.

(B) EFFECTIVE DATE.—The amendments made by subparagraph (A) shall apply with respect to medical assistance furnished in calendar quarters beginning on or after October 1, 2025.

(2) ONE-TIME ASSESSMENT.—Section 1915(l)(4) of the Social Security Act (42 U.S.C. 1396n(l)(4)), as amended by paragraph (1), is further amended by adding at the end the following new subparagraph:

''(F) ASSESSMENT.—

''(i) IN GENERAL.—The State shall, not later than 12 months after the approval of a State plan amendment described in this subsection (or, in the case such State has such an amendment approved as of the date of the enactment of this subparagraph, not later than 12 months after such date), commence an assessment of—

''(I) the availability of treatment for individuals enrolled under a State plan under this title (or waiver of such plan) in each

level of care described in subparagraph (C); and

''(II) the availability of medication-assisted treatment and medically supervised withdrawal management services for such individuals.

''(ii) REQUIRED COMPLETION.—The State compete an assessment described in clause (i) not later than 12 months after the date the State commences such assessment.''.

(3) CLARIFICATION OF LEVELS OF CARE.—Section 1915(l)(7)(A) of the Social Security Act (42 U.S.C. 1396n(l)(7)(A)) is amended by inserting ''(or any successor publication)'' before the period.

SEC. 305. PROHIBITION ON TERMINATION OF ENROLLMENT DUE TO INCARCERATION.

(a) MEDICAID.—

(1) IN GENERAL.—Section 1902(a)(84)(A) of the Social Security Act (42 U.S.C. 1396a(a)(86)(A)), as amended by section 5122(a)(2) of the Consolidated Appropriations Act, 2023 (Public Law 117–328), is further amended—

(A) by striking ''under the State plan'' and inserting ''under the State plan (or waiver of such plan)'';

(B) by striking ''who is an eligible juvenile (as defined in subsection (nn)(2))'';

(C) by striking ''because the juvenile'' and inserting ''because the individual'';

(D) by striking ''during the period the juvenile'' and inserting ''during the period the individual''; and

(E) by inserting ''such an individual who is an eligible juvenile (as defined in subsection (nn)(2)) or a woman during pregnancy (and during the 60-day beginning on the last day of pregnancy) and'' after ''or in the case of''.

(2) EFFECTIVE DATE.—The amendments made by—

(A) subparagraph (A) of paragraph (1) shall take effect on the date of the enactment of this Act; and

(B) subparagraphs (B) through (E) of paragraph (1) shall take effect on January 1, 2025.

(b) CHIP.—

(1) IN GENERAL.—Section 2102(d)(1)(A) of the Social Security Act (42 U.S.C. 1397bb(d)(1)(A)) is amended—

(A) by inserting ''or pregnancy-related'' after ''child health'';

(B) by inserting ''or targeted low-income pregnant woman'' after ''targeted low-income child'';

(C) by inserting ''or pregnant woman'' after ''because the child''; and

(D) by inserting ''or pregnant woman'' after ''during the period the child''.

(2) EFFECTIVE DATE.—The amendments made by paragraph (1) shall apply beginning January 1, 2025.

(c) TECHNICAL CORRECTION.—Section 1902(nn)(2)(A) of the Social Security Act (42 U.S.C. 1395a(a)(nn)(2)(A)) is amended by striking ''State plan'' and inserting ''State plan (or waiver of such plan)''.

SEC. 306. STATE OPTION RELATING TO INMATES WHO ARE PREGNANT WOMEN PENDING DISPOSITION OF CHARGES.

(a) STATE OPTION.—

(1) MEDICAID.—The subdivision (A) of section 1905(a) of the Social Security Act (42 U.S.C. 1396d(a)) following paragraph (31) of such section, as amended by section 5122 of the Consolidated Appropriations Act, 2023 (Public Law 117–328), is further amended by inserting ''or a woman during pregnancy (and during the 60-day beginning on the last day of pregnancy)'' after ''(as defined in section 1902(nn)(2))''.

(2) CHIP.—Section 2110(b)(7) of the Social Security Act (42 U.S.C. 1397jj(b)(10)), as amended by section 5122 of the Consolidated Appropriations Act, 2023 (Public Law 117–328), is further amended—

(A) by inserting ''a woman during pregnancy (and during the 60-day beginning on the last day of pregnancy) or'' after ''At the option of the State,''; and

(B) by striking ''during the period that the child'' and inserting ''during the period that the woman or child''.

(3) EFFECTIVE DATE.—The amendments made by this subsection shall take effect on January 1, 2025.

(b) TECHNICAL CORRECTION.—Section 5122(a)(1) of the Consolidated Appropriations Act, 2023 (Public Law 117–328) is amended by striking ''after'' and all that follows through the period at the end and inserting ''after 'or in the case of an eligible juvenile described in section 1902(a)(84)(D) with respect to the screenings, diagnostic services, referrals, and targeted case management services required under such section'.''.

SEC. 307. PERMITTING ACCESS TO MEDICAL ASSISTANCE UNDER THE MEDICAID PROGRAM FOR FOSTER YOUTH.

(a) IN GENERAL.—Section 1905(a) of the Social Security Act (42 U.S.C. 1396d(a)) is amended by adding at the end the following new sentence: ''In the case of an individual who is under the age of 21 and who is a patient in an institution for mental diseases that is a qualified residential treatment program (as defined in section 472(k)(4)), the exclusion from the definition of medical assistance set forth in the subdivision (B) following the last numbered paragraph of this subsection shall not apply with respect to items and services furnished to such an individual when received outside of such program.''.

(b) EFFECTIVE DATE.—The amendment made by paragraph (1) shall apply with respect to medical assistance furnished in calendar quarters beginning on or after January 1, 2025.

TITLE IV—OFFSETS

SEC. 401. PROMOTING VALUE IN MEDICAID MANAGED CARE.

Section 1903(m)(9)(A) of the Social Security Act (42 U.S.C. 1396b(m)(9)(A)) is amended by striking ''(and before fiscal year 2024)''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Kentucky (Mr. GUTHRIE) and the gentleman from New Jersey (Mr. PALLONE) each will control 20 minutes.

The Chair recognizes the gentleman from Kentucky.

GENERAL LEAVE

Mr. GUTHRIE. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and insert extraneous material in the RECORD on the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Kentucky?

There was no objection.

Mr. GUTHRIE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today to speak in strong support of my bill, H.R. 4531, the Support for Patients and Communities Reauthorization Act.

Over the past 2 years, we have lost over 200,000 Americans to drug overdoses and poisonings. This is a step in the wrong direction, as the United States saw decreases in year-over-year drug overdoses between 2018 and 2019.

Tragically, our best efforts to drive down these overdose rates were disrupted by the COVID–19 pandemic, which left millions of Americans isolated and shuttered from support systems that helped those struggling with substance use disorder stay on track.

These statistics show the policies and programs we enacted in 2018 were working prior to the pandemic. However, since 2018 we have seen the horrors that illicit fentanyl and other illicit substances, like xylazine, have caused our local communities.

In the past 3 years, over 70 percent of all drug overdoses in the Commonwealth of Kentucky have been the direct result of poisonings from fentanyl or fentanyl-related substances.

Earlier this year, I convened an Energy and Commerce Health Subcommittee field hearing in Gettysburg, Pennsylvania, where we heard firsthand accounts from law enforcement and treatment providers about the harsh realities of the crisis.

We heard the heart-wrenching testimony from Michael Straley, who lost daughter, Leah, a few years ago to fentanyl poisoning, underscoring the daily stresses of families with loved ones battling substance use disorder. That work has helped inform the bill before us today.

We are reauthorizing important programs such as State-level prescription drug monitoring programs, residential treatment for pregnant and postpartum women, and other prevention, treatment, and recovery services.

We are also placing xylazine into schedule III of the Controlled Substances Act, while maintaining access for veterinarians and ranchers to use in animals.

Xylazine is an emerging lethal street drug that is a unique threat as it is not an opioid, and so it does not respond to FDA-approved opioid reversal medications.

That said, H.R. 4531 provides even greater access for treatment providers to use Federal funds to purchase over-the-counter opioid overdose reversal medications, which we know have helped reduce opioid overdose rates in communities across the country.

We are also building on important steps we took in 2018 to help those who rely on the Medicaid program access care.

We are permanently requiring Medicaid programs to provide lifesaving medication-assisted treatment. We are permanently codifying the flexibility for States to waive outdated policies that prevent vulnerable individuals from seeking comprehensive wraparound and substance use disorder care. We are also assisting foster care youth by ensuring they do not lose their Medicaid services if they are receiving the behavioral care they need at qualified residential treatment programs.

Finally, the legislation before us today promotes access to long-term recovery and support services like workforce training for individuals in recovery.

In closing, Mr. Speaker, I thank my Democratic colleague, Representative

ANN KUSTER, for her help on this important legislation and historical leadership on addressing the opioid crisis.

I also thank all of my colleagues for working with us to ensure the policies of H.R. 4531 are fully offset, which was essential to ensuring this legislation could get to this point.

Again, I thank my colleague from New Hampshire for working with me on this bill.

Mr. Speaker, I urge my colleagues to vote ''yes'' on H.R. 4531, and I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise to speak in support of H.R. 4531, the Support for Patients and Communities Reauthorization Act. This bill addresses the ongoing public health emergency posed by the opioid and overdose crisis.

The opioid epidemic is still a tragic reality for millions of Americans and their families every day. Last year, nearly 110,000 Americans died from a drug overdose.

Five years ago, Congress worked to enact the SUPPORT Act, bipartisan legislation to address the opioid epidemic, and that legislation expanded access to treatment, invested in public health, and strengthened prevention efforts.

Today, the nature of the opioid epidemic has changed. Where it was once illicit prescription drugs, now it is illicit fentanyl, its analogues, and xylazine that are claiming the lives of too many people every single day.

H.R. 4531 builds on the success of existing law. It extends the programs that have worked, makes commonsense changes to the programs that need to be updated, and includes new policies designed to combat the new reality of the opioid epidemic.

The bill before us today provides critical training to first responders, supports recovery centers, and helps individuals in recovery lead normal lives. It makes important investments in Medicaid to support the treatment of opioid use disorder.

It requires all State Medicaid programs to cover medication-assisted treatment, expands access to coverage to pregnant women in pretrial detention, and makes it easier for incarcerated individuals to regain their coverage after being released.

I must say, I am disappointed that we were not able to include several bipartisan policies that would ensure greater access to Medicaid for justice-involved populations, and I will continue to work to find a path forward on those provisions.

Nevertheless, that said, the bill before us will make meaningful changes to Federal law that will strengthen our ability to respond to the ongoing opioid epidemic.

Mr. Speaker, I thank Chairwoman RODGERS, Subcommittee Chairman GUTHRIE, and Subcommittee Ranking Member ESHOO for their hard work to advance this important bipartisan bill.

Mr. Speaker, I urge my colleagues to support this legislation, and I reserve the balance of my time.

Mr. GUTHRIE. Mr. Speaker, I yield 2 minutes to the distinguished gentlewoman from Washington (Mrs. RODGERS), who is the chair of the Energy and Commerce Committee.

Mrs. RODGERS of Washington. Mr. Speaker, I rise today in support of the SUPPORT Act.

This bill is about offering hope to those in despair: those battling substance use disorder, their families and loved ones, and the healthcare workers and law enforcement officers who need continued support to help save lives.

Since 2020, overdose deaths have surged to more than 100,000 lives lost per year. Today, illicit fentanyl poisonings are now the number one cause of death among adults aged 18 to 49, and my home State of Washington has seen the greatest increase in drug overdose and poisoning deaths nationwide in the past year.

The House took a critical step to help get illicit fentanyl off our streets by passing the HALT Fentanyl Act earlier this year. Now we are moving forward with this legislation to increase support for individuals suffering from substance use disorder and to help make sure they receive the treatment they need.

□ 1645

H.R. 4531, the Support for Patients and Communities Reauthorization Act modifies and reauthorizes key programs that expand access to substance use disorder prevention, treatment, and recovery.

Specifically, this bill increases treatment options for intensive inpatient care, allows law enforcement to crack down on illicit xylazine distribution, and continues support for at-risk youth, among many other important provisions.

Mr. Speaker, I thank Kristin Flukey and Seth Gold from the Energy and Commerce Committee staff for their dedicated work on this legislation. I am hopeful that by reauthorizing programs with proven success and increasing access to treatment, we can address the troubling trend in drug-related deaths, saving lives and restoring hope and healing to those who need it.

Mr. PALLONE. Mr. Speaker, I yield 4 minutes to the gentleman from New York (Mr. TONKO), ranking member of our Environment Subcommittee.

Mr. TONKO. Mr. Speaker, I appreciate the gentleman from New Jersey for yielding.

Mr. Speaker, I rise today in support of this legislation. I thank my colleagues and friends, Representative GUTHRIE and Representative KUSTER, for their work on the Support for Patients and Communities Reauthorization Act.

As you may know, I serve as co-chair of the Addiction, Treatment, and Recovery Caucus, or better known as the ATR Caucus.

The ATR Caucus is a bipartisan group of over 70 members committed to advancing bipartisan solutions to the country's multifaceted addiction crisis. Next year will mark the 20th anniversary of the caucus, the first in Congress to recognize that addiction, indeed, is a disease.

As a longtime champion for those facing addiction, I am all too familiar with the devastating impact of the disease for individuals, their families, and their communities. This is a loss many of us know too well—the loss of a daughter, a son, a father, a mother, a sister, or brother. The loss of a neighbor dying much too young and leaving behind a grieving family and communities being ripped apart by poison seemingly beyond their control.

Last year, in our Nation, there was an estimated 109,680 overdose deaths. That is 109,680 lives lost.

Let's think of how many people that is every day needlessly dying and having their lives cut so short. Think of the magnitude of all those impacted by those 109,680 loved ones. For each of those individuals, there is a whole universe of friends, of family, and, of course, communities impacted.

As we consider the SUPPORT Act reauthorization, let me share that clearly there are some good policies we are moving forward. I am glad that we are reauthorizing several programs that have been successful. I am pleased that we are including my Extending Access to Addiction Treatment Act that I was proud to work on with my friend, Representative ARMSTRONG.

As you may know, medication-assisted treatment for addiction significantly reduces the risk of overdose death. However, despite the effectiveness, approximately 87 percent of individuals with opioid use disorder who may benefit from lifesaving medication-assisted treatment simply do not receive it.

My Extending Access to Addiction Treatment Act makes permanent the requirement that Medicaid provide coverage for addiction medication for Americans who need it. I also think we are taking a step in the right direction by requiring States to suspend rather than terminate coverage of Medicaid for justice-involved individuals making it easier to restart those benefits upon release.

We also include a provision to allow pregnant incarcerated individuals who are being detained pretrial to maintain their Medicaid coverage. I fully support the legislation and remind everyone that we have a lot more work to do in order to take the necessary steps to address the deep need of this crisis.

We all know the scale of the devastating disease of addiction. We also know that our justice system is a revolving door for those struggling with addiction and mental health issues. Over one-half of people in State prisons and two-thirds of individuals in jails have substance use disorder, or SUD.

To truly address it, I urge us to take bold action and move forward as soon

as possible with the Reentry Act and the Due Process Continuity of Care Act. By allowing inmates to receive addiction treatment and other services before returning home, my Reentry Act would bring targeted treatment to those at the highest risk of overdose.

The Reentry Act would be a game changer for reducing overdose deaths and suicides by allowing all States to provide prerelease care to Medicaid-eligible individuals up to 30 days prior to release from incarceration.

The Due Process Continuity of Care Act would make certain that pretrial detainees are not kicked off Medicaid prior to even being found guilty of a crime.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. PALLONE. Mr. Speaker, I yield an additional 30 seconds to the gentleman from New York.

Mr. TONKO. Mr. Speaker, we know the human cost of inaction. To be precise, last year it was 109,680 lives we lost. Is that a cost we are willing to bear?

With that in mind, our work is not done, and I hope we can find the will to truly meet the moment.

This legislation is a good step forward, but it is not the end of the road. Again, this disease of despair requires hope, and we can provide that hope to the individuals who look to us to be the agents of that hope.

Mr. Speaker, again, I would urge my colleagues to support this bill.

Mr. GUTHRIE. Mr. Speaker, I yield 2 minutes to the gentleman from Florida (Mr. BILIRAKIS).

Mr. BILIRAKIS. Mr. Speaker, I thank the chairman for his extraordinary work and the chairperson for her extraordinary work on this particular bill.

Mr. Speaker, I rise today in favor of H.R. 4531, the SUPPORT for Patients and Communities Reauthorization Act.

This bipartisan package reflects dozens of bills to reauthorize and strengthen critical opioid and substance abuse treatment and prevention policies, including four bills I lead with my bipartisan colleagues, such as the Combating Illicit Xylazine Act that I co-lead with Representative PFLUGER and others.

Our bill will provide permanent schedule III penalties for human use of the animal tranquilizer drug xylazine, which is sadly being laced into fentanyl, leading to horrific side effects that is killing our constituents.

This is a public health crisis that our bill urgently addresses, all while preserving legitimate veterinary use for our farming community.

This package also contains my bill, the SWIFT Detection Act, which updates our methods to track fentanyl, identify public health trends, and better target relief using privacy-preserving wastewater surveillance.

Finally, the bill will also remove Medicaid's IMD exclusion to permanently provide coverage of treatment services for substance use disorder, as well as language from my bipartisan bill with Representative CASTOR of Florida, H.R. 4056, the Ensuring Medicaid Continuity for Children in Foster Care Act, which provides coverage for services for foster youth children staying in qualified residential treatment programs, struggling with serious mental and behavioral health needs.

These are just a few of the many policies that address and provide relief for opioid abuse in our communities around the country.

Mr. Speaker, I thank Chairman GUTHRIE and Chairman RODGERS and Representative PALLONE, the ranking member, for their tireless efforts on this bill, and I urge my colleagues to support H.R. 4531.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentlewoman from New Hampshire (Ms. KUSTER), member of the Energy and Commerce Committee.

Ms. KUSTER. Mr. Speaker, I rise today to urge my colleagues to vote in favor of the SUPPORT Act, comprehensive bipartisan legislation to address the overdose crisis across this country.

In 2022, nearly 110,000 Americans died because of substance use disorder or overdose. No community in this country is immune to this crisis. As we head into the holidays, thousands of families will have an empty seat at their table. We can and must do more to help save lives, expand access to treatment, and address the substance use disorder crisis. That is why passing the SUPPORT Act is so critical.

While I wish this legislation had been passed earlier this year before these programs expired, I am pleased that the House is now taking up this legislation to reauthorize the SUPPORT Act and to ensure that local communities nationwide have the tools to address substance use disorder at the local level.

Tackling the overdose crisis requires an all-of-the-above approach. I hope this legislation can serve as a building block to strengthen our national approach to this crisis and help save lives.

Mr. Speaker, I thank Chairman GUTHRIE and his team for his partnership to get this over the finish line. I urge my colleagues on both sides of the aisle to support this important legislation and to work with us to address this crisis.

Mr. GUTHRIE. Mr. Speaker, I yield 2 minutes to the gentleman from Indiana (Mr. BUCSHON).

Mr. BUCSHON. Mr. Speaker, I rise today in favor of H.R. 4531, the Support for Patients and Communities Reauthorization Act.

I was exceedingly proud to work on the SUPPORT Act when it was first passed in 2018 in response to the opioid crisis.

The legislation brought about many positive changes, but substance abuse and addiction continue to threaten individuals and communities in every congressional district across the country and across all socioeconomic classes.

With over 100,000 drug overdose deaths in the U.S. last year alone, we must continue working to increase access to, and availability of, lifesaving treatments and recovery services.

I am particularly happy to be reauthorizing the CORC, or Comprehensive Opioid Recovery Centers program, which will directly affect my home State of Indiana.

Regrettably, per capita rates of drug overdose deaths in the Hoosier State are higher than the national average. The CORC program helps coordinate the targeted resources available for those who need help overcoming opioid use disorder.

Mr. Speaker, I urge all of my colleagues to vote ''yes'' on this critical piece of legislation.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentlewoman from Texas (Ms. CROCKETT).

Ms. CROCKETT. Mr. Speaker, every Member here likely knows at least one family in their district whose life has been impacted by someone struggling with addiction.

This comes at a time where companies are also now trying to use the courts to avoid liability and escape having to compensate families for their role in targeting communities and peddling pills all in the name of increasing profits.

Addiction is painful and it is dangerous. It is a dangerous struggle that too many Americans suffer from. Today, this illness is exacerbated by the prevalence of fentanyl. Fentanyl is 50 percent stronger than heroin and 100 times stronger than morphine. Because people can't see, taste, or smell it, those struggling with addiction don't even know when they are putting their life at risk.

To be clear, fentanyl is one of the leading causes of overdose-related deaths today. Now, more than ever, we need to attack this problem from a holistic approach. This is coming from, again, the gentlewoman from the State of Texas. We know that there is not just a one-trick pony on this. We have got to make sure that we address this side of it, as well as our struggles at the border.

Not only do we need more technology at our points of entry to interdict fentanyl, but we will also need to give our constituents the necessary tools to know whether or not they are about to subject themselves to fentanyl. One way to do this is to arm them with fentanyl testing strips.

I am grateful to Representative GOODEN, my Republican co-lead, for supporting my bill, the Test Strip Access Act, to Senators HASSAN and CORNYN for introducing it in the Senate, and to the Energy and Commerce Committee for incorporating it into the SUPPORT reauthorization.

My bill will allow fentanyl and xylazine testing strips to be purchased

under the overdose prevention programs grants. Access to these testing strips can literally mean the difference between life and death.

Accordingly, I urge my colleagues to vote in favor of the SUPPORT Act so we can give our constituents the tools to be safe and ultimately get them the help they desperately need to treat their illness.

□ 1700

Mr. GUTHRIE. Mr. Speaker, I yield 2 minutes to the gentleman from Georgia (Mr. CARTER), my good friend.

Mr. CARTER of Georgia. Mr. Speaker, I rise today in strong support of the Support for Patients and Communities Reauthorization Act, which reauthorizes important programs that bolster prevention, treatment, and recovery services for Americans with substance use disorders and mental illnesses.

Mr. Speaker, it is no secret that the opioid and mental health crises are continuing to tear our families and communities apart. In 2022, a record number of our sons' and daughters' lives were taken by opioid overdoses, the majority of which were caused by illicit fentanyl poisoning.

Every day we are losing almost 300 Americans as a result of drug overdoses and poisonings. This is impacting every single one of us in the communities we call home. Fortunately, we have an opportunity here today to pass one of the single largest congressional efforts to address our opioid and mental health crises.

The SUPPORT Act is responsible for increasing access to prevention, treatment, and recovery services for opioid and substance use disorders, including fentanyl.

Another important part of this legislation is making opioid overdose reversal agents, like naloxone, easier to obtain. The SUPPORT Act also includes my Responsible Mental Health Medications Prescribing Act, which standardizes the oversight and reporting of antipsychotic medications prescribed to Medicaid recipients.

This reauthorization ensures that programs supporting our most vulnerable Americans do not lapse and can reach all communities. I urge my colleagues to support the reauthorization of this bill, which will help save lives and help us fight the opioid crisis.

Mr. PALLONE. Mr. Speaker, I continue to reserve the balance of my time.

Mr. GUTHRIE. Mr. Speaker, I yield 2 minutes to the gentleman from Texas (Mr. PFLUGER), my good friend.

Mr. PFLUGER. Mr. Speaker, I thank Chair GUTHRIE, as well as Chair RODGERS for their work on this bill. I rise in strong support of H.R. 4531, the Support for Patients and Communities Reauthorization Act, the SUPPORT Act.

Looking back, it was originally created in 2018 as a significant investment in overdose prevention. There is an urgent need to actually reauthorize the SUPPORT Act, with nearly 110,000 annual overdose deaths in this country last year. This reauthorization ensures that individuals seeking assistance for substance use disorders have access to critical lifesaving treatments, recovery support services, prevention programming, and long-term recovery services.

I draw attention to an emerging public health concern addressed by this legislation, the illicit use of xylazine. Xylazine is a veterinary tranquilizer that has become drug traffickers' preferred substance for cutting fentanyl. Xylazine's current ease of access—as it can just be purchased online for as little as $6 per kilogram—directly threatens our communities.

DEA Administrator Milgram warned that ''Xylazine is making the deadliest drug threat our country has ever faced, fentanyl, even deadlier.''

To counter this growing threat, the bill proposes scheduling illicit xylazine under schedule III of the Controlled Substances Act, while safeguarding—and this is important—crucial access for veterinary use and the livestock industry.

The fentanyl crisis has already inflicted severe damage on treatment clinics and public health agencies throughout our entire country. Adding another highly toxic substance to the illicit drug supply only intensifies the crisis. Congress must take action against this emerging threat.

I am pleased that the SUPPORT Act builds upon the collaboration of Congressman PANETTA and I with the agricultural and veterinary industries and law enforcement to ensure this legislation cracks down on illicit uses of xylazine while preserving its critical role within agriculture and veterinary medicine.

I urge my colleagues to support the SUPPORT Act. This is not just legislation. It is a response to help save lives within our communities.

Mr. PALLONE. Mr. Speaker, I continue to reserve the balance of my time. I may have one more speaker, but they are not here at this time.

Mr. GUTHRIE. Mr. Speaker, I yield 2 minutes to the gentleman from Iowa (Mr. NUNN), my friend.

Mr. NUNN of Iowa. Mr. Speaker, I rise in support of the Support for Patients and Communities Reauthorization Act, which includes my bipartisan Communities of Recovery Reauthorization Act with the gentlewoman from Colorado (Ms. PETTERSEN).

Communities across this country are struggling with the opioid epidemic. More than 60 million Americans are fighting substance abuse disorders. These are our families, friends, and America's sons and daughters. Tragically, death due to overdoses are skyrocketing, with more than 150 citizens dying every day. That is why we must work together to help pass this bill.

There is no doubt that we must do more to stop the illegal flow of fentanyl and other drugs into our country—fentanyl made in China and arriving on U.S. shores daily.

We can do much to help right here at home. By passing this critical legislation, we will enhance support for community organizations that are on the front line, helping people recover from addiction and return to their communities and families through the use of rehabilitation programs.

This is not a battle that anyone should have to fight alone. I urge my colleagues to lead with compassion and vote for this critical bipartisan piece of legislation and start saving lives today.

Mr. PALLONE. Mr. Speaker, I yield myself the balance of my time.

This is very important in the ongoing efforts of our committee to continue the battle against opiates and other related illicit drugs that are very dangerous. The number of overdoses, unfortunately, continues to be way out of proportion to what it should be. We need to support this bill and other measures that deal with this crisis that continues to plague the American people.

Mr. Speaker, I yield back the balance of my time.

Mr. GUTHRIE. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, I appreciate the chair of the committee, the ranking member, and the gentlewoman from New Hampshire (Ms. KUSTER) all working together to solve this problem which every American family is facing or knows of someone or has some relation to someone who is. This touches everybody far and wide, urban and rural, suburbs and small towns. Particularly in my home State, the Commonwealth of Kentucky, we have really had families just devastated by this.

We have to close the border. We have to get a handle on what is coming across the border. We have to make sure that we have things in place to prevent people from bringing these to our young people and adults. We are here today, though, to make sure those who have this substance use disorder have access to proper care, the opportunity to not just recover, but to have full and productive lives.

We believe that on both sides of the aisle, and we have worked together for this. I urge my colleagues to vote ''yes,'' and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. CLOUD). The question is on the motion offered by the gentleman from Kentucky (Mr. GUTHRIE) that the House suspend the rules and pass the bill, H.R. 4531, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. GUTHRIE. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this motion will be postponed.

5G SPECTRUM AUTHORITY LICENSING ENFORCEMENT ACT

Mr. LATTA. Mr. Speaker, I move to suspend the rules and pass the bill (S. 2787) to authorize the Federal Communications Commission to process applications for spectrum licenses from applicants who were successful bidders in an auction before the authority of the Commission to conduct auctions expired on March 9, 2023.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 2787

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''5G Spectrum Authority Licensing Enforcement Act'' or the ''5G SALE Act''.

SEC. 2. FCC PROCESSING OF APPLICATIONS FOR SPECTRUM LICENSES AWARDED BY AUCTION.

In the case of any applicant for a license or permit for the use of spectrum in the band of frequencies between 2496 megahertz and 2690 megahertz, inclusive, that the Federal Communications Commission selected through a system of competitive bidding conducted under section 309(j) of the Communications Act of 1934 (47 U.S.C. 309(j)) on or before March 9, 2023, and to whom the Commission has not granted the license or permit as of the date of enactment of this Act, the Commission may process the application of the applicant during the 90-day period beginning on the date of enactment of this Act.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Ohio (Mr. LATTA) and the gentleman from New Jersey (Mr. PALLONE) each will control 20 minutes.

The Chair recognizes the gentleman from Ohio.

GENERAL LEAVE

Mr. LATTA. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and insert extraneous material in the RECORD on the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Ohio?

There was no objection.

Mr. LATTA. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of S. 2787, the 5G SALE Act, which will help restore trust in our Nation's wireless technology ecosystem and enable faster mobile broadband service for millions of Americans nearly overnight.

The 5G SALE Act would deliver on our promise to provide access to our airways for those who successfully won a license at auction before March 9, 2023. These licenses have been locked up since the expiration of the Federal Communications Commission's auction authority earlier this year.

While I will continue to work with my colleagues on a long-term solution to reauthorize auction authority, today's legislation is a positive step to ensuring that the FCC can finalize the review and award licenses to companies whose checks have already cleared the Treasury.

The 5G SALE Act will ensure that those relying on advanced mobile broadband services, especially our veterans who access VA telehealth services, will benefit from American investment in these technologies.

I encourage my colleagues to support this bill, and I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of S. 2787, the 5G Spectrum Authority Licensing Enforcement Act, or the 5G SALE Act.

Spectrum is one of our country's most important natural resources. These radio waves are a critical component in building next-generation wireless networks and delivering connectivity to Americans across the country. Without spectrum, our wireless networks would not be able to help millions of Americans study for school, meet with their health provider, connect with family and friends, and place a call to 911 during a time of need. In order to have this kind of connectivity that we have all come to expect, we must ensure that consumers have access to the spectrum that has been made available for commercial wireless use.

S. 2787 achieves these objectives. This legislation gives the FCC the authority for 90 days to process spectrum license applications that are currently pending at the agency from its auction last year of the 2.2 gigahertz band. While I hoped Congress would have extended the SEC spectrum auction authority by now, this legislation is an important step forward in allowing commercial spectrum to be used by consumers, especially those in unserved areas and rural communities.

It is important that we pass this bill today, but even with this action, our work will still not be done. We must find a way forward on a bipartisan, bicameral spectrum agreement that can be sent to the President's desk for his signature. As Chair RODGERS and I have said for months, it is critical that we reauthorize the FCC spectrum auction authority as soon as possible. I am concerned that this lapse will hinder us on the international stage, especially with the World Radiocommunication Conference taking place right now in Dubai.

I commend Representatives KUSTER and JOYCE for their bipartisan work on the House companion to this bill, H.R. 5677. This important bill helps advance America's wireless leadership by ensuring that 5G spectrum is deployed quickly so that we can further improve consumers' wireless service all around the Nation, especially in rural communities.

Mr. Speaker, I urge my colleagues to support this legislation in a bipartisan manner so it can be sent shortly to the President's desk, and I reserve the balance of my time.

Mr. LATTA. Mr. Speaker, I yield 2 minutes to the gentleman from Pennsylvania (Mr. JOYCE), my good friend representing the 13th District.

Mr. JOYCE of Pennsylvania. Mr. Speaker, this bipartisan bill will grant the FCC temporary authority to issue over 7,500 licenses that have been stalled while the spectrum auction authority has lapsed. To address this issue, I am proud to be the sponsor of the 5G SALE Act, which was unanimously reported out of committee.

It has now been more than a year since Auction 108 was conducted by the FCC for these 2.5 gigahertz band licenses. During the auction, more than $400 million was raised by 63 bidders. Releasing these licenses will mean greater competition among providers and money funneled into our economy.

The 5G SALE Act would cut through bureaucratic red tape and help get more Americans connected to high-speed coverage than ever before. Especially in rural areas, where I represent, in Pennsylvania's south central and southwestern area, coverage can be scarce. Congress must work to ensure that students, patients, workers, and farmers all have access to 5G internet.

In places where seeing a medical specialist can mean a 2-hour drive, access to reliable 5G connection can be life-changing for a patient. These connections are invaluable also for our farmers, as they use precision farming to plant crops and harvest.

□ 1715

Access to the internet is vital for our students as they work to do their homework—their homework at home, not in the parking lot outside of a convenience store.

Recently, the Subcommittee on Communications and Technology heard from Chair Rosenworcel that the FCC would devote the necessary resources and time to ensure that these licenses would be issued as quickly as possible once this legislation is enacted.

I am grateful for all the work that went into advancing this commonsense legislation to help connect more Americans than ever before.

Mr. Speaker, I urge all of my colleagues to vote in favor of this bill.

Mr. PALLONE. Mr. Speaker, this is important legislation. Obviously, we would like to see spectrum authority in general be authorized, but this is important on its own.

Mr. Speaker, I ask for support of the bill on a bipartisan basis, and I yield back the balance of my time.

Mr. LATTA. Mr. Speaker, as the minority has said, we need more spectrum, not less, and we have to win the race for 5G.

We have seen, over time, as I have spoken with people across the country for years, it was like the United States was way ahead in 5G, but as time went by, then all of a sudden, we were just a little bit ahead or maybe we were even. If we are going to win this race, we have to have 5G out there. It is absolutely essential.

During COVID, some of the things that happened have already been mentioned—telehealth services, the business side, education.

For families to stay connected, it is absolutely essential that we have more broadband out there, not less.

We need to keep our promise to those that won these auctions that these airways will be available to them.

Mr. Speaker, I encourage a ''yes'' vote, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Ohio (Mr. LATTA) that the House suspend the rules and pass the bill, S. 2787.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

PREEMIE REAUTHORIZATION ACT OF 2023

Mr. GUTHRIE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3226) to reauthorize the Prematurity Research Expansion and Education for Mothers who deliver Infants Early Act, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3226

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''PREEMIE Reauthorization Act of 2023''.

SEC. 2. RESEARCH RELATING TO PRETERM LABOR AND DELIVERY AND THE CARE, TREATMENT, AND OUTCOMES OF PRETERM AND LOW BIRTHWEIGHT INFANTS.

(a) IN GENERAL.—Section 3(e) of the Prematurity Research Expansion and Education for Mothers who deliver Infants Early Act (42 U.S.C. 247b–4f(e)) is amended by striking ''fiscal years 2019 through 2023'' and inserting ''fiscal years 2024 through 2028''.

(b) TECHNICAL CORRECTION.—Effective as if included in the enactment of the PREEMIE Reauthorization Act of 2018 (Public Law 115–328), section 2 of such Act is amended, in the matter preceding paragraph (1), by striking ''Section 2'' and inserting ''Section 3''.

SEC. 3. INTERAGENCY WORKING GROUP.

Section 5(a) of the PREEMIE Reauthorization Act of 2018 (Public Law 115–328) is amended by striking ''The Secretary of Health and Human Services, in collaboration with other departments, as appropriate, may establish'' and inserting ''Not later than 18 months after the date of the enactment of the PREEMIE Reauthorization Act of 2023, the Secretary of Health and Human Services, in collaboration with other departments, as appropriate, shall establish''.

SEC. 4. STUDY ON PRETERM BIRTHS.

(a) IN GENERAL.—The Secretary of Health and Human Services shall enter into appropriate arrangements with the National Academies of Sciences, Engineering, and Medicine under which the National Academies shall—

(1) not later than 30 days after the date of enactment of this Act, convene a committee of experts in maternal health to study premature births in the United States; and

(2) upon completion of the study under paragraph (1)—

(A) approve by consensus a report on the results of such study;

(B) include in such report—

(i) an assessment of each of the topics listed in subsection (b);

(ii) the analysis required by subsection (c); and

(iii) the raw data used to develop such report; and

(C) not later than 24 months after the date of enactment of this Act, transmit such report to—

(i) the Secretary of Health and Human Services;

(ii) the Committee on Energy and Commerce of the House of Representatives; and

(iii) the Committee on Finance and the Committee on Health, Education, Labor, and Pensions of the Senate.

(b) ASSESSMENT TOPICS.—The topics listed in this subsection are of each of the following:

(1) The financial costs of premature birth to society, including—

(A) an analysis of stays in neonatal intensive care units and the cost of such stays;

(B) long-term costs of stays in such units to society and the family involved post-discharge; and

(C) health care costs for families post-discharge from such units (such as medications, therapeutic services, co-pays visits and specialty equipment).

(2) The factors that impact pre-term birth rates.

(3) Opportunities for earlier detection of premature birth risk factors, including—

(A) opportunities to improve maternal and infant health; and

(B) opportunities for public health programs to provide support and resources for parents in-hospital, in non-hospital settings, and post-discharge.

(c) ANALYSIS.—The analysis required by this subsection is an analysis of—

(1) targeted research strategies to develop effective drugs, treatments, or interventions to bring at-risk pregnancies to term;

(2) State and other programs' best practices with respect to reducing premature birth rates; and

(3) precision medicine and preventative care approaches starting early in the life course (including during pregnancy) with a focus on behavioral and biological influences on premature birth, child health, and the trajectory of such approaches into adulthood.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Kentucky (Mr. GUTHRIE) and the gentleman from New Jersey (Mr. PALLONE) each will control 20 minutes.

The Chair recognizes the gentleman from Kentucky.

GENERAL LEAVE

Mr. GUTHRIE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material in the RECORD on the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Kentucky?

There was no objection.

Mr. GUTHRIE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I stand here today firmly committed to the principle that every life is worth living. That starts with giving babies born prematurely a fighting chance at growing up and living their lives to the fullest.

In 2021, the preterm birth rate increased to 10.5 percent, which was the highest recorded rate since 2007. Last year, 1 in 10 babies were born prematurely.

Premature babies have a higher risk of infant mortality, developmental delays, and chronic health conditions.

This is why I rise today in support of H.R. 3226, the PREEMIE Reauthorization Act of 2023, led by Energy and Commerce Committee members Dr. BURGESS and Dr. Miller-Meeks, Health Subcommittee Ranking Member ESHOO, and Representative ROBIN KELLY.

The legislation would reauthorize programs that are critical to Federal research, education, and intervention activities to reduce preterm birth and infant mortality.

The bill would also authorize a study to identify best practices to help detect and prevent preterm births as well as better understand the factors that lead to such births.

This critical legislation will help to reduce preterm births and ensure that babies have effective treatments to give them the best start in life.

Mr. Speaker, I encourage my colleagues to support this bill, and I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise to speak in support of H.R. 3226, the PREEMIE Reauthorization Act of 2023. This bipartisan legislation sponsored by Representative ESHOO, the ranking member of the Subcommittee on Health, plays a crucial role in improving the care and outcomes for premature babies and their families.

According to the March of Dimes, about 383,000 premature babies were born in the United States last year. These babies oftentimes have more health problems or need to stay in the hospital longer than full-term babies. Some premature babies also face long-term health effects like problems that affect the brain, lungs, hearing, or vision.

Reauthorization of the PREEMIE program will help us to better understand the cause of preterm birth and what more can be done to prevent preterm births.

In 2006, Congress passed the PREEMIE Act, which marked a significant milestone by pioneering a comprehensive public-private national agenda aimed at spurring innovative research initiatives.

In 2013 and then again in 2018, we reauthorized 5-year extensions to the program to continue our country's commitment to address preterm birth through Federal research, promoting known interventions and successful community outreach programs.

With this legislation today, we will reauthorize key programs at the Centers for Disease Control and Prevention and the Health Resources and Services Administration. These programs support research and programs on preterm birth, improved tracking of national data, and activities aimed at promoting healthy pregnancies and preventing preterm birth.

H.R. 3226 also provides for the study of the costs, impact of social factors, and gaps in public health programs that lead to prematurity, providing us with more vital information. It also calls for the Department of Health and Human Services to make recommendations to Congress to prevent preterm birth.

Importantly, the legislation establishes an interagency working group at HHS to coordinate all Federal activities and programs related to preterm birth, infant mortality, and other adverse birth outcomes.

Again, I thank Representative ESHOO for her leadership on this legislation. I know that she always takes leadership, particularly on issues that affect the healthcare of children.

Mr. Speaker, I encourage all of my colleagues to support this legislation to make a significant impact in the fight against preterm birth complications in all of our districts and communities.

Mr. Speaker, I reserve the balance of my time.

Mr. GUTHRIE. Mr. Speaker, I yield 3 minutes to the gentleman from Georgia (Mr. CARTER).

Mr. CARTER of Georgia. Mr. Speaker, I thank the gentleman for yielding.

Mr. Speaker, I rise today in strong support of the PREEMIE Reauthorization Act of 2023, which will reauthorize critical programs to expand research and education into premature birth prevention.

Every year, 10 percent of babies are born prematurely, putting them and their mothers at an increased risk of complicated health problems.

In 2022, there were over 380,000 preterm births, and every year, almost 20,000 babies in the United States will die before their first birthday, many of them from complications of premature birth. Unfortunately, Georgia has one of the highest preterm birth rates in the country.

Babies born prematurely shouldn't be at a disadvantage because of a lack of resources. Every single baby born deserves a healthy start and a fair chance at life.

That is why it is so important for us to reauthorize the PREEMIE Act, which will continue lifesaving research to prevent premature births and give mothers and babies healthy starts in both motherhood and life.

The bipartisan effort will reauthorize critical Federal research, education, and intervention activities to reduce preterm birth and infant mortality.

Mr. Speaker, I encourage my colleagues to support the reauthorization of this bill and support maternal health.

Mr. PALLONE. Mr. Speaker, I yield 3 minutes to the gentlewoman from California (Ms. ESHOO), the ranking member of our Subcommittee on Health.

Ms. ESHOO. Mr. Speaker, I thank the ranking member of the full committee for yielding time.

Today, the House is going to vote on my legislation, H.R. 3226, the PREEMIE Reauthorization Act. I thank the co-leads of this legislation: Representatives Miller-Meeks, Kelly of Illinois, Burgess, Blunt Rochester, and Kiggans for their work on this important effort.

I first introduced the PREEMIE Act in 2005. It is the first and remains the only law to focus solely on the prevention of preterm births.

H.R. 3226 will improve future policy by studying the current gaps in our healthcare system that have kept rates of preterm births high and by crafting recommendations for how to address them.

Every day in the United States, 1 in 10 infants are born prematurely, placing them and their mothers at an increased risk of complicated health problems.

America's prematurity rate is one of the highest in the developed world, and it is the leading cause of newborn death.

Even babies born just a few weeks prematurely can face serious health challenges. We saw a significant 4 percent increase in preterm births in 2021, the highest recorded rate since 2007.

This bill was advanced by the Subcommittee on Health and the full Energy and Commerce Committee unanimously and enjoys bipartisan cosponsorship.

The PREEMIE Act will help prevent newborn death and disability, expand research into the causes of preterm birth, and promote the development, availability, and uses of evidence-based standards of care for pregnant women. Mr. Speaker, I urge all of my colleagues to support it.

Mr. GUTHRIE. Mr. Speaker, I have no further speakers and am prepared to close. I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I ask for support of the bill on a bipartisan basis. Obviously, reauthorizing and expanding this program for preemies is very important for children.

Mr. Speaker, I yield back the balance of my time.

Mr. GUTHRIE. Mr. Speaker, I yield myself the balance of my time.

I think Ms. ESHOO just stepped off the floor, Mr. Speaker, but my good friend from California announced she is not running for reelection. She is the primary sponsor of this bill in the House, and it is an important bill.

All life is important. It is important that we move forward and give everybody an equal chance to live a full, productive, and happy life.

Mr. Speaker, I encourage my colleagues to vote for this bill.

I appreciate my friend from California, Mr. Speaker, for all of her hard work. We will miss her, but we have another year to continue to work on good things like this.

Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Kentucky (Mr. GUTHRIE) that the House suspend the rules and pass the bill, H.R. 3226, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until approximately 6:30 p.m. today.

Accordingly (at 5 o'clock and 28 minutes p.m.), the House stood in recess.

□ 1830

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. MURPHY) at 6 o'clock and 30 minutes p.m.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings will resume on motions to suspend the rules previously postponed. Votes will be taken in the following order:

H.R. 3224;
H.R. 5378; and
H.R. 6503.

The first electronic vote will be conducted as a 15-minute vote. Remaining electronic votes will be conducted as 5-minute votes.

COUNTERING WEAPONS OF MASS DESTRUCTION EXTENSION ACT OF 2023

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the unfinished business is the vote on the motion to suspend the rules and pass the bill (H.R. 3224) to amend the Homeland Security Act of 2002 to extend the authorization of the Countering Weapons of Mass Destruction Office of the Department of Homeland Security, and for other purposes, as amended, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New York (Mr. D'ESPOSITO) that the House suspend the rules and pass the bill, as amended.

The vote was taken by electronic device, and there were—yeas 394, nays 0, not voting 39, as follows:

[Roll No. 707]

YEAS—394

Adams	Arrington	Bean (FL)
Aderholt	Auchincloss	Beatty
Aguilar	Babin	Bentz
Alford	Bacon	Bera
Allen	Baird	Bergman
Allred	Balderson	Beyer
Amo	Balint	Bice
Amodei	Banks	Biggs
Armstrong	Barragán	Bilirakis

Bishop (GA)
Bishop (NC)
Blumenauer
Blunt Rochester
Boebert
Bonamici
Bost
Bowman
Boyle (PA)
Brecheen
Brown
Buck
Bucshon
Budzinski
Burchett
Burgess
Burlison
Bush
Calvert
Caraveo
Carbajal
Cárdenas
Carey
Carl
Carson
Carter (GA)
Carter (LA)
Carter (TX)
Casar
Case
Casten
Castor (FL)
Castro (TX)
Chavez-DeRemer
Cherfilus-McCormick
Chu
Ciscomani
Clark (MA)
Clarke (NY)
Cleaver
Cline
Cloud
Clyburn
Clyde
Cole
Collins
Comer
Connolly
Correa
Courtney
Craig
Crane
Crawford
Crockett
Cuellar
Curtis
D'Esposito
Davids (KS)
Davidson
Davis (IL)
Davis (NC)
Dean (PA)
DeGette
DeLauro
DelBene
Deluzio
DeSaulnier
DesJarlais
Diaz-Balart
Dingell
Doggett
Donalds
Duarte
Duncan
Dunn (FL)
Edwards
Ellzey
Escobar
Eshoo
Espaillat
Estes
Evans
Ezell
Fallon
Feenstra
Ferguson
Finstad
Fischbach
Fitzgerald
Fitzpatrick
Fleischmann
Fletcher
Flood
Foster
Foushee
Foxx
Franklin, Scott
Frost
Fry
Fulcher
Gaetz
Gallagher
Gallego
Garamendi
Garbarino
García (IL)
Garcia (TX)
Garcia, Mike
Garcia, Robert
Gimenez
Golden (ME)
Gonzales, Tony
Gonzalez, Vicente
Good (VA)
Gooden (TX)
Gosar
Gottheimer
Granger
Graves (LA)
Graves (MO)
Green (TN)
Green, Al (TX)
Greene (GA)
Griffith
Grijalva
Grothman
Guest
Guthrie
Hageman
Harder (CA)
Harris
Harshbarger
Hayes
Hern
Higgins (LA)
Hill
Himes
Hinson
Horsford
Houchin
Houlahan
Hoyer
Hoyle (OR)
Hudson
Huffman
Huizenga
Hunt
Issa
Ivey
Jackson (IL)
Jackson (NC)
Jackson (TX)
Jacobs
James
Jayapal
Jeffries
Johnson (GA)
Johnson (OH)
Johnson (SD)
Jordan
Joyce (OH)
Joyce (PA)
Kamlager-Dove
Kean (NJ)
Keating
Kelly (IL)
Kelly (MS)
Kelly (PA)
Khanna
Kildee
Kiley
Kilmer
Kim (CA)
Kim (NJ)
Krishnamoorthi
Kuster
Kustoff
LaHood
LaLota
LaMalfa
Lamborn
Landsman
Langworthy
Larsen (WA)
Larson (CT)
Latta
LaTurner
Lawler
Lee (FL)
Lee (NV)
Lee (PA)
Leger Fernandez
Lesko
Letlow
Levin
Lieu
Lofgren
Loudermilk
Lucas
Luetkemeyer
Luttrell
Lynch
Mace
Malliotakis
Maloy
Mann
Massie
Mast
Matsui
McBath
McCarthy
McCaul
McClain
McClellan
McClintock
McCollum
McCormick
McGarvey
McGovern
McHenry
Menendez
Meuser
Miller (IL)
Miller (OH)
Miller (WV)
Miller-Meeks
Mills
Molinaro
Moolenaar
Moore (AL)
Moore (UT)
Moore (WI)
Moran
Morelle
Mrvan
Mullin
Murphy
Nadler
Napolitano
Neal
Neguse
Nehls
Newhouse
Nickel
Norcross
Norman
Nunn (IA)
Obernolte
Ocasio-Cortez
Ogles
Omar
Owens
Pallone
Palmer
Panetta
Pappas
Pascrell
Payne
Pelosi
Peltola
Pence
Perez
Peters
Pettersen
Pfluger
Pingree
Pocan
Porter
Posey
Pressley
Quigley
Ramirez
Raskin
Reschenthaler
Rodgers (WA)
Rogers (AL)
Rogers (KY)
Rose
Rosendale
Ross
Rouzer
Roy
Ruiz
Rutherford
Ryan
Salinas
Sánchez
Sarbanes
Scalise
Scanlon
Schakowsky
Schiff
Scholten
Schrier
Schweikert
Scott (VA)
Scott, Austin
Scott, David
Self
Sessions
Sewell
Sherrill
Simpson
Smith (MO)
Smith (NE)
Smith (NJ)
Smith (WA)
Smucker
Sorensen
Soto
Spanberger
Spartz
Stansbury
Stanton
Stauber
Steel
Stefanik
Steil
Steube
Stevens
Strickland
Strong
Swalwell
Sykes
Takano
Tenney
Thanedar
Thompson (CA)
Thompson (MS)
Thompson (PA)
Tiffany
Titus
Tlaib
Tokuda
Tonko
Torres (CA)
Torres (NY)
Trahan
Trone
Turner
Underwood
Valadao
Van Drew
Van Duyne
Van Orden
Vargas
Vasquez
Veasey
Velázquez
Wagner
Walberg
Waltz
Waters
Watson Coleman
Weber (TX)
Webster (FL)
Westerman
Wexton
Wild
Williams (GA)
Williams (NY)
Williams (TX)
Wilson (SC)
Wittman
Womack
Yakym
Zinke

NOT VOTING—39

Barr
Brownley
Buchanan
Cammack
Cartwright
Cohen
Costa
Crenshaw
Crow
De La Cruz
Emmer
Frankel, Lois
Goldman (NY)
Gomez
Higgins (NY)
Jackson Lee
Kaptur
Kiggans (VA)
Lee (CA)
Luna
Magaziner
Manning
Meeks
Meng
Mfume
Mooney
Moskowitz
Moulton
Perry
Phillips
Ruppersberger
Salazar
Schneider
Sherman
Slotkin
Timmons
Wasserman Schultz
Wenstrup
Wilson (FL)

□ 1900

So (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated for:

Mr. PERRY. Mr. Speaker, I was unavoidably detained. Had I been present, I would have voted "yea" on rollcall No. 707.

LOWER COSTS, MORE TRANSPARENCY ACT

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the unfinished business is the vote on the motion to suspend the rules and pass the bill (H.R. 5378) to promote price transparency in the health care sector, and for other purposes, as amended, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Washington (Mrs. RODGERS) that the House suspend the rules and pass the bill, as amended.

This is a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 320, nays 71, answered ''present'' 1, not voting 41, as follows:

[Roll No. 708]

YEAS—320

Adams
Aderholt
Alford
Allen
Allred
Amo
Amodei
Armstrong
Arrington
Auchincloss
Bacon
Baird
Balderson
Balint
Banks
Barragán
Bean (FL)
Beatty
Bentz
Bera
Bergman
Bice
Bilirakis
Bishop (GA)
Blunt Rochester
Boebert
Bonamici
Bost
Bowman
Brown
Bucshon
Budzinski
Burchett
Burgess
Bush
Calvert
Caraveo
Carbajal
Cárdenas
Carey
Carl
Carson
Carter (GA)
Carter (LA)
Carter (TX)
Casar
Case
Casten
Castor (FL)
Castro (TX)
Chavez-DeRemer
Ciscomani
Clark (MA)
Clarke (NY)
Cleaver
Clyburn
Cole
Comer
Connolly
Correa
Courtney
Craig
Cuellar
Curtis
D'Esposito
Davids (KS)
Davis (NC)
DeGette
DeLauro
Deluzio
DeSaulnier
DesJarlais
Diaz-Balart
Dingell
Duarte
Duncan
Dunn (FL)
Edwards
Ellzey
Escobar
Eshoo
Espaillat
Estes
Ezell
Fallon
Feenstra
Ferguson
Fitzgerald
Fitzpatrick
Fleischmann
Fletcher
Flood
Foster
Foushee
Foxx
Franklin, Scott
Frost
Fry
Fulcher
Gaetz
Gallagher
Gallego
Garamendi
García (IL)
Garcia (TX)
Garcia, Mike
Garcia, Robert
Gimenez
Golden (ME)
Gonzales, Tony
Gonzalez, Vicente
Gooden (TX)
Gottheimer
Granger
Graves (LA)
Green (TN)
Green, Al (TX)
Griffith
Grijalva
Grothman
Guest
Guthrie
Harder (CA)
Harshbarger
Hayes
Hern
Hill
Hinson
Houchin
Houlahan
Hoyer
Hoyle (OR)
Hudson
Huffman
Huizenga
Hunt
Issa
Ivey
Jackson (IL)
Jackson (NC)
Jackson (TX)
Jacobs
James
Jayapal
Jeffries
Johnson (OH)
Johnson (SD)
Jordan
Joyce (OH)
Joyce (PA)
Kamlager-Dove
Kaptur
Kean (NJ)
Kelly (IL)
Kelly (MS)
Kelly (PA)
Khanna
Kiley
Kilmer
Kim (CA)
Kim (NJ)
Krishnamoorthi
Kuster
Kustoff
LaHood
LaLota
LaMalfa
Lamborn
Landsman
Langworthy
Larsen (WA)
Latta
LaTurner
Lawler
Lee (FL)
Lee (NV)
Lee (PA)
Leger Fernandez
Lesko
Letlow
Levin
Lofgren
Lucas
Luetkemeyer
Luttrell
Lynch
Mace
Malliotakis
Maloy
Mann
Matsui
McBath
McCaul
McClain
McClellan
McCollum
McCormick
McGarvey
McGovern
McHenry
Menendez
Meuser
Miller (IL)
Miller (OH)
Miller (WV)
Miller-Meeks
Molinaro
Moolenaar
Moore (UT)
Moran
Mrvan
Mullin
Murphy
Neguse
Nehls
Newhouse
Nickel
Nunn (IA)
Obernolte
Ocasio-Cortez
Omar
Owens
Pallone
Palmer
Pappas
Payne
Pelosi
Peltola
Pence
Perez
Peters
Pettersen
Pfluger
Pingree
Pocan
Porter
Posey
Pressley
Quigley
Ramirez
Raskin
Reschenthaler
Rodgers (WA)
Rogers (AL)
Rogers (KY)
Rose
Ross
Rouzer
Ruiz
Rutherford
Salinas
Sarbanes
Scalise
Schakowsky
Scholten
Schrier
Scott (VA)
Scott, Austin
Scott, David
Sherrill
Smith (MO)
Smith (NE)
Smith (NJ)
Smith (WA)
Smucker
Sorensen
Soto
Spanberger
Spartz
Stansbury
Stanton
Steel
Stefanik
Steil
Steube
Stevens
Strickland
Strong
Swalwell
Sykes
Takano
Tenney
Thanedar
Thompson (MS)
Thompson (PA)
Timmons
Titus
Tlaib
Tokuda
Tonko
Torres (CA)
Trahan
Trone
Turner
Underwood
Valadao
Van Drew
Van Duyne
Van Orden
Vargas
Vasquez
Veasey
Velázquez
Wagner
Walberg
Waltz
Waters
Watson Coleman
Weber (TX)
Westerman
Wexton
Wild
Williams (GA)
Williams (NY)
Williams (TX)
Wilson (SC)
Wittman
Womack
Yakym
Zinke

NAYS—71

Aguilar	Evans	Nadler
Beyer	Finstad	Napolitano
Biggs	Fischbach	Neal
Bishop (NC)	Garbarino	Norcross
Blumenauer	Good (VA)	Norman
Boyle (PA)	Gosar	Ogles
Brecheen	Graves (MO)	Panetta
Buck	Greene (GA)	Pascrell
Burlison	Hageman	Perry
Cherfilus-McCormick	Harris	Rosendale
Chu	Higgins (LA)	Roy
Cline	Horsford	Ryan
Cloud	Johnson (GA)	Sánchez
Clyde	Kildee	Scanlon
Collins	Larson (CT)	Schiff
Crane	Lieu	Schweikert
Crawford	Loudermilk	Self
Davidson	Massie	Sessions
Davis (IL)	Mast	Sewell
Dean (PA)	McClintock	Simpson
DelBene	Mills	Stauber
Doggett	Moore (AL)	Thompson (CA)
Donalds	Moore (WI)	Tiffany
	Morelle	Torres (NY)

ANSWERED ''PRESENT''—1

Crockett

NOT VOTING—41

Babin	Gomez	Mooney
Barr	Higgins (NY)	Moskowitz
Brownley	Himes	Moulton
Buchanan	Jackson Lee	Phillips
Cammack	Keating	Ruppersberger
Cartwright	Kiggans (VA)	Salazar
Cohen	Lee (CA)	Schneider
Costa	Luna	Sherman
Crenshaw	Magaziner	Slotkin
Crow	Manning	Wasserman Schultz
De La Cruz	McCarthy	Webster (FL)
Emmer	Meeks	Wenstrup
Frankel, Lois	Meng	Wilson (FL)
Goldman (NY)	Mfume	

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There are 2 minutes remaining.

□ 1908

So (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

AIRPORT AND AIRWAY EXTENSION ACT OF 2023, PART II

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the unfinished business is the vote on the motion to suspend the rules and pass the bill (H.R. 6503) to amend title 49, United States Code, to extend authorizations for the airport improvement program, to amend the Internal Revenue Code of 1986 to extend the funding and expenditure authority of the Airport and Airway Trust Fund, and for other purposes, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Missouri (Mr. GRAVES) that the House suspend the rules and pass the bill.

This is a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 376, nays 15, not voting 42, as follows:

[Roll No. 709]

YEAS—376

Adams	Dunn (FL)	Kuster
Aderholt	Edwards	Kustoff
Aguilar	Ellzey	LaHood
Alford	Escobar	LaLota
Allen	Eshoo	LaMalfa
Allred	Espaillat	Lamborn
Amo	Estes	Landsman
Amodei	Evans	Langworthy
Armstrong	Ezell	Larsen (WA)
Arrington	Fallon	Larson (CT)
Auchincloss	Feenstra	Latta
Babin	Ferguson	LaTurner
Baird	Finstad	Lawler
Balderson	Fischbach	Lee (FL)
Balint	Fitzgerald	Lee (NV)
Banks	Fitzpatrick	Lee (PA)
Barragán	Fleischmann	Leger Fernandez
Bean (FL)	Fletcher	Lesko
Beatty	Foster	Letlow
Bentz	Foushee	Levin
Bera	Foxx	Lieu
Bergman	Frost	Lofgren
Beyer	Fry	Loudermilk
Bice	Fulcher	Lucas
Bilirakis	Gallagher	Luetkemeyer
Bishop (GA)	Gallego	Luttrell
Bishop (NC)	Garamendi	Lynch
Blumenauer	Garbarino	Mace
Blunt Rochester	García (IL)	Malliotakis
Boebert	Garcia (TX)	Maloy
Bonamici	Garcia, Mike	Mann
Bost	Garcia, Robert	Massie
Bowman	Gimenez	Mast
Boyle (PA)	Golden (ME)	Matsui
Brecheen	Gonzales, Tony	McBath
Brown	Gonzalez, Vicente	McCarthy
Bucshon	Gooden (TX)	McCaul
Budzinski	Gottheimer	McClain
Burchett	Granger	McClellan
Burgess	Graves (LA)	McCollum
Burlison	Graves (MO)	McCormick
Bush	Green (TN)	McGarvey
Calvert	Green, Al (TX)	McGovern
Caraveo	Greene (GA)	McHenry
Carbajal	Griffith	Menendez
Cárdenas	Grijalva	Meuser
Carey	Grothman	Miller (IL)
Carl	Guest	Miller (OH)
Carson	Guthrie	Miller (WV)
Carter (GA)	Hageman	Miller-Meeks
Carter (LA)	Harder (CA)	Mills
Carter (TX)	Harris	Molinaro
Casar	Harshbarger	Moolenaar
Case	Hayes	Moore (AL)
Casten	Hern	Moore (UT)
Castor (FL)	Hill	Moore (WI)
Castro (TX)	Hinson	Moran
Chavez-DeRemer	Horsford	Morelle
Cherfilus-McCormick	Houchin	Mrvan
Chu	Houlahan	Mullin
Ciscomani	Hoyer	Murphy
Clark (MA)	Hoyle (OR)	Nadler
Clarke (NY)	Hudson	Napolitano
Cleaver	Huffman	Neal
Cline	Huizenga	Neguse
Cloud	Hunt	Nehls
Clyburn	Issa	Newhouse
Cole	Ivey	Nickel
Collins	Jackson (IL)	Norman
Comer	Jackson (NC)	Nunn (IA)
Connolly	Jackson (TX)	Obernolte
Correa	Jacobs	Ocasio-Cortez
Courtney	James	Omar
Craig	Jayapal	Owens
Crawford	Jeffries	Pallone
Crockett	Johnson (GA)	Palmer
Cuellar	Johnson (OH)	Panetta
Curtis	Johnson (SD)	Pappas
D'Esposito	Jordan	Pascrell
Davids (KS)	Joyce (OH)	Payne
Davis (IL)	Joyce (PA)	Pelosi
Davis (NC)	Kamlager-Dove	Peltola
Dean (PA)	Kaptur	Pence
DeGette	Kean (NJ)	Perez
DeLauro	Keating	Peters
DelBene	Kelly (IL)	Pettersen
Deluzio	Kelly (MS)	Pfluger
DeSaulnier	Kelly (PA)	Pingree
DesJarlais	Khanna	Pocan
Diaz-Balart	Kildee	Porter
Dingell	Kiley	Posey
Doggett	Kilmer	Pressley
Donalds	Kim (CA)	Quigley
Duarte	Kim (NJ)	Ramirez
Duncan	Krishnamoorthi	Raskin
		Reschenthaler
		Rodgers (WA)
		Rogers (AL)
		Rogers (KY)
		Rose
		Ross
		Rouzer
		Ruiz
		Rutherford
		Ryan
		Salinas
		Sánchez
		Sarbanes
		Scalise
		Scanlon
		Schakowsky
		Schiff
		Scholten
		Schrier
		Schweikert
		Scott (VA)
		Scott, Austin
		Scott, David
		Self
		Sessions
		Sewell
		Sherrill
		Simpson
		Smith (MO)
		Smith (NE)
		Smith (NJ)
		Smith (WA)
		Smucker
		Sorensen
		Soto
		Spanberger
		Spartz
		Stansbury
		Stanton
		Stauber
		Steel
		Stefanik
		Steil
		Stevens
		Strickland
		Strong
		Swalwell
		Sykes
		Takano
		Tenney
		Thanedar
		Thompson (CA)
		Thompson (MS)
		Thompson (PA)
		Tiffany
		Timmons
		Titus
		Tlaib
		Tokuda
		Tonko
		Torres (CA)
		Torres (NY)
		Trahan
		Trone
		Turner
		Underwood
		Valadao
		Van Drew
		Van Duyne
		Van Orden
		Vargas
		Vasquez
		Velázquez
		Wagner
		Walberg
		Waltz
		Waters
		Watson Coleman
		Weber (TX)
		Webster (FL)
		Westerman
		Wexton
		Wild
		Williams (GA)
		Williams (NY)
		Williams (TX)
		Wilson (SC)
		Wittman
		Womack
		Yakym
		Zinke

NAYS—15

Biggs	Gaetz	Ogles
Buck	Good (VA)	Perry
Clyde	Gosar	Rosendale
Crane	Higgins (LA)	Roy
Davidson	McClintock	Steube

NOT VOTING—42

Bacon	Goldman (NY)	Moulton
Barr	Gomez	Norcross
Brownley	Higgins (NY)	Phillips
Buchanan	Himes	Ruppersberger
Cammack	Jackson Lee	Salazar
Cartwright	Kiggans (VA)	Schneider
Cohen	Lee (CA)	Sherman
Costa	Luna	Slotkin
Crenshaw	Magaziner	Veasey
Crow	Manning	Wasserman Schultz
De La Cruz	Meeks	Wenstrup
Emmer	Meng	Wilson (FL)
Flood	Mfume	
Frankel, Lois	Mooney	
Franklin, Scott	Moskowitz	

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There are 2 minutes remaining.

□ 1915

So (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

PERSONAL EXPLANATION

Ms. MANNING. Mr. Speaker, unfortunately, I was unable to be recorded on rollcall No. 707, rollcall No. 708, and rollcall No. 709. Had I been present, I would have voted "yea" on rollcall No. 707, "yea" on rollcall No. 708, and "yea" on rollcall No. 709.

MOMENT OF SILENCE TO HONOR THREE LIVES LOST AT UNIVERSITY OF NEVADA, LAS VEGAS

(Ms. TITUS asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. TITUS. Mr. Speaker, I invite all of my colleagues to join me and the members of the Nevada delegation in honoring the three precious lives that were lost to a heinous act of gun violence on December 6, 2023, at the University of Nevada, Las Vegas, where I

taught in the political science department for 35 years.

Patricia Navarro Velez, an assistant professor of accounting at the university and a mother of four, devoted her career to educating the next generation of business professionals, particularly among underserved populations and minorities. She is remembered for her infectious smile and her larger-than-life personality.

Cha Jan ''Jerry'' Chang, a professor of management information systems and devoted UNLV colleague for more than 20 years, was known for his even-keeled, positive, and unwavering presence. He is survived by his wife and two children.

Naoko Takemaru was an associate professor of Japanese studies and a noted author, academic, and award-winning educator. In her 20th year at UNLV, Ms. Takemaru's colleagues remembered her as lionhearted in kindness.

Today, I stand here in solidarity with my colleagues from Nevada with a heavy heart for the victims, their families, and all of the UNLV students, faculty, and staff who experienced this horrific event.

Mr. Speaker, we honor the lives we lost and uplift the UNLV community during this trying time.

I ask that we not only use this time to commemorate the important and selfless contributions of each of these individuals who were part of the UNLV community and also to remember the heroic actions of our law enforcement, but also to reflect on the pressing need to enact commonsense legislation to protect our communities from the epidemic of gun violence.

I ask all of my colleagues to consider signing on to a resolution to this effect, which I will be introducing tonight.

Mr. Speaker, I ask that the House observe a moment of silence to honor the three lives lost and to uplift the UNLV community.

CELEBRATING THE LIFE OF BRAEDAN STEVEN PENCE

(Mr. CARTER of Georgia asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. CARTER of Georgia. Mr. Speaker, I rise today to celebrate the life of Braedan Steven Pence.

Braedan passed away this past October after courageously fighting multiple medical conditions for his entire life. Braedan's life was cut tragically short, but the impact that he left on others, his friends, his family, and members of our community will be felt forever.

He was known for his kindness and the joy that he confidently displayed to others. You could often find Braedan outside enjoying the sunshine or on a walk with his nurse, Bonnie, waving at everyone he passed.

Braedan should be an example to all of us on how we should live our lives. Even in the face of adversity and challenges, it is important to always stay positive and to be kind to others. I, again, express my deepest sympathies to Braedan's family.

TRIBUTE TO THE LIFE AND LEGACY OF SARAH KEYS EVANS

(Mr. DAVIS of North Carolina asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. DAVIS of North Carolina. Mr. Speaker, I rise to pay special tribute to the remarkable life and legacy of Ms. Sarah Keys Evans. Her courage left an unforgettable mark on our Nation's history.

On August 1, 1952, 3 years before Rosa Parks, Ms. Keys, who was a private in the Women's Army Corps, refused to give up her seat on a bus in Roanoke Rapids, North Carolina, leading to the landmark case of Sarah Keys v. Carolina Coach Company.

Her stand against discrimination helped ignite the civil rights movement.

This past November, at the age of 94, Ms. Sarah Keys Evans passed, leaving us reflecting on her enduring impact on humanity.

Let us honor Ms. Sarah Keys Evans by continuously striving for a nation where opportunity for all flourishes.

RECOGNIZING A&B HEATING AND SHEET METAL COMPANY FOR 70 YEARS OF SERVICE TO WARREN COUNTY

(Mr. THOMPSON of Pennsylvania asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. THOMPSON of Pennsylvania. Mr. Speaker, I rise before you today to recognize the A&B Heating and Sheet Metal Company from Warren County. Originally founded in 1953 by World War II veteran, Carl Papalia, the family-owned small business continues to provide excellent services to those in the Warren area for the last 70 years.

Before creating the company, Carl served his company honorably as a flight engineer on B–24 bombers in the South Pacific.

Carl and his brothers, Ralph and Joe, were first-generation Americans who together paved the way for the success of the business for more than 40 years.

Following Carl and Ralph's passing, Carl's son, David, took over the ownership of the company, leading to substantial growth.

Today, the company has 20 employees specialized to assist customers in a 60-mile radius. Seventy years later, the company's mission statement, ''The satisfaction of helping the community is not about what you do, it is about who you are,'' remains the same.

I am so proud of the A&B Heating and Sheet Metal Company and all the work that they have done for those in Warren County and across the Northern Tier.

God bless them.

CELEBRATING THE LIFE AND SERVICE OF RON BYRNE

(Mr. TONKO asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. TONKO. Mr. Speaker, I rise this evening to celebrate the life and service of Mr. Ron Byrne, a pillar of New York's Capital Region community who sadly passed away on November 8.

When Ron's mother experienced a debilitating fall, he saw a group of local retirees come together to assist her with her daily needs.

Inspired by that outpouring of support, Ron devised an idea: an organization that would connect handy retirees and certified contractors with elderly homeowners who need help with errands, home repairs, or landscaping.

In 1995, Ron brought this idea to life and founded the Umbrella of the Capital District.

Today, this organization serves more than 500 homes in Albany, Saratoga, Schenectady, and Rensselaer Counties, enthusiastically helping seniors and people with disabilities to maintain their homes, their independence, and, yes, their dignity.

His unwavering commitment to service and community was a beacon to us all, and his impact will continue to be felt by all in my district.

Ron Byrne, rest in peace.

□ 1930

THE GLOBAL WAR ON TERRORISM IS NOT OVER

(Mr. WILSON of South Carolina asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. WILSON of South Carolina. Mr. Speaker, over 110 times since Biden appeasement in Afghanistan, I have warned the global war on terrorism is not over as terrorists plan to attack American families with Biden open borders.

The threat is clear with a shocking number of trained, well-financed mass murderers who are invading America—reaching 169 persons this year. Ukraine was invaded, then Israel, now America—invaded.

House Republicans addressed the issue earlier this year with the Secure the Border Act, which was blocked by Senate Democrats. It promotes restarting wall construction, advancing technology, adding Border Patrol, transparency on illegals, ending catch and release, and reversing executive authorities.

Each congressional office has a rally point in the event of an attack, and I urge all families to plan a rally point. Communications may be disrupted, and every family member should know where to go for safety before roads are closed.

In conclusion, God bless our troops who successfully protected America for 20 years. It is sadly clear there will be more 9/11s across America imminent as the FBI has finally, last week, revealed.

DON'T LEAVE THE GREAT LAKES REGION OUT

(Ms. KAPTUR asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. KAPTUR. Mr. Speaker, I rise today to urge the Biden administration to launch the Great Lakes Authority as passed by Congress last year. Don't leave our region out.

For decades, the Great Lakes watershed, the largest body of freshwater on Earth, has endured atypical economic stress, job loss due to disastrous trade policies, underinvestment, and major deindustrialization.

Now, with Democratic economic recovery initiatives that passed in the last 3 years, our region is beginning to see major reinvestment, starting with the long-delayed Soo Locks modernization so vital to our ports and maritime trade.

For decades and decades, the Great Lakes region lacked authorization for a regional development instrumentality that might begin to emulate the success of the Tennessee Valley Authority.

Now, coupling the Great Lakes authority with the Bipartisan Infrastructure Law and Inflation Reduction Act, our region stands poised for new investment in good-paying jobs and economic opportunity to turbocharge revitalization.

Our need is no different than the TVA, which for nearly 100 years has uplifted that formerly neglected region. All our Great Lakes region asks the Biden administration for is equal footing. Don't leave us out.

WE NEED HIGHWAYS, NOT HIGH-SPEED RAIL

(Mr. LAMALFA asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. LAMALFA. Mr. Speaker, the United States' debt has grown by $2.5 trillion over the last year. Over the last 20 months, thanks to Biden-led policies, $4.8 trillion. This is a massive driver of inflation and lack of credit on the market out there for regular people.

On top of the omnibus bill done a year ago and many other big spending ideas that were gotten through in the previous Congress, now the President wants to add $6 billion more for high-speed rail in California, $3 billion for the project, that is already 15 years late and four times its budget price, and $3 billion more now for what was going to be a private concern from LA to Las Vegas, the gambler special.

We need highways to be rebuilt. We need less debt causing people to not be able to make ends meet. Why are we putting it on these boondoggles in southern California? It is crazy. Put it toward highways that people can use or something else.

THE THREAT CROSSING THE SOUTHERN BORDER

(Mr. GROTHMAN asked and was given permission to address the House for 1 minute.)

Mr. GROTHMAN. Mr. Speaker, I want to remind the American public and my colleagues one more time of the biggest threat we face today, and that is the huge volume of people crossing our southern border.

Again, in the most recent month available, we made an all-time record of the number of people coming here, about 11 times the number of people crossing the border as were crossing the border just 3 years ago.

Don't let anybody tell you we have got to work on some solution. The solution was there. Just a little bit of will, and you could cut it by 91 percent.

Above that, don't forget, over a million people are sworn in legally. Don't let anybody ever tell you that we have a problem, and we have got to get more people here. A million people per year come here legally.

Don't forget that during the Trump administration, when Trump was criticized for not deporting enough criminals from this country, we were deporting about four times the number of people here today.

The American public has to wake up and tell this body to get in gear and do something about this illegal immigration.

RESIGNATION AS MEMBER OF COMMITTEE ON SCIENCE, SPACE, AND TECHNOLOGY

The SPEAKER pro tempore (Mr. LAWLER) laid before the House the following resignation as a member of the Committee on Science, Space, and Technology:

CONGRESS OF THE UNITED STATES,
HOUSE OF REPRESENTATIVES,
Washington, DC, December 11, 2023.

Hon. MIKE JOHNSON,
Speaker of the House of Representatives, Washington, DC.

DEAR SPEAKER JOHNSON: I hereby resign from the House Committee on Science, Space and Technology.

Sincerely,

TED W. LIEU,
Member of Congress.

The SPEAKER pro tempore. Without objection, the resignation is accepted.

There was no objection.

NATIONAL BIBLE WEEK

The SPEAKER pro tempore. Under the Speaker's announced policy of January 9, 2023, the gentleman from Colorado (Mr. LAMBORN) is recognized for 60 minutes as the designee of the majority leader.

GENERAL LEAVE

Mr. LAMBORN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous materials on the topic of my Special Order.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Colorado?

There was no objection.

Mr. LAMBORN. Mr. Speaker, for over 80 years, our country has recognized the week of Thanksgiving to be National Bible Week. This week was first established by President Franklin D. Roosevelt in 1941 to create an annual event where Christians could celebrate the Bible.

The very first Psalm of David expresses the importance of the Bible: Blessed is the man who walks not in the counsel of the ungodly nor stands in the path of sinners nor sits in the seat of the scornful, but his delight is in the law of the Lord and in His law, he mediates day and night. He shall be like a tree planted by the rivers of water that brings forth its fruit in its season whose leave also shall not wither and whatever he does shall prosper.

King David found that his greatest counsel was not found in human philosophy but rather in the words of God.

America is a Nation that from its beginning has respected the Bible. The evidence is all around us here in Washington, D.C. Numerous memorials that quote the Bible, the buildings that house our executive, judicial, and legislative branches have Bible verses etched in stone. More importantly, the values and principles that have made us a secure, free, and prosperous Nation come from the holy Word of God.

In this hour, we will hear from Members of Congress from various faith traditions and denominations speak about what the Bible means to them. We are here in keeping with that 80-year tradition to recognize National Bible Week.

Mr. Speaker, I yield to the gentleman from Michigan (Mr. WALBERG).

Mr. WALBERG. Mr. Speaker, I have had the privilege to speak in each of those years talking about the Bible and its importance in my life.

The Psalmist in Psalm 119:105, the longest Psalm in the Bible, the longest chapter in the Bible, is written entirely about the Word of God and the impact on the Psalmist's life. He says: Your Word is a lamp to my feet and a light to my path.

That has been my experience. Over the years, my friend and colleague, as he has led that, he has heard me talk about my experience from the Word of God.

Tonight, I will let the Bible, God's Word, speak for itself. We know in Genesis 1:1, it says: In the beginning, God.

In John 1:1, it says: In the beginning was the Word and the Word was with God, and the Word was God. That speaks to the foundational truth that

God makes up the word, the truth. The revealed Word is His Son, Jesus Christ. As a Christian, I accept that, but the Bible, the written Word of God, is powerful.

Every Word of God is tested. We have a lot of books that are out there today, self-help books, but not all is tested. Every Word of God is tested, according to Proverbs 30. He is a shield to those who take refuge in Him.

It talks about the impact of the Word of God in our challenges of life. In Ephesians 6:17, the Apostle Paul says: Take the helmet of salvation and the sword of the Spirit, which is the Word of God.

In Luke, the writer says: On the contrary, blessed are those who hear the Word of God and observe it.

Oftentimes, when we speak about the Bible, we speak about the principles, but it doesn't work until we use it and we observe it and the impact of scripture that goes through the entire life of an individual.

Paul, writing to his son in the faith, Timothy, says: And that from childhood you have known the sacred writings which are able to give you the wisdom that leads to salvation through faith which is in Christ Jesus. All Scripture is inspired by God and profitable for teaching, for reproof, for correction, for training in righteousness so that the man of God may be adequate, equipped for every good work.

The power of the Bible continues. It doesn't go away. It says in Isaiah the prophet: The grass withers, the flower fades, but the Word of God stands forever.

What else can we say that lasts forever?

Peter said in I Peter 1:25: But the Word of the Lord endures forever, and this is the Word which was preached to you.

Finally, for our impact in our daily life that can go on, in II Peter 1:20–21 it says: But know this first of all, that no prophecy of Scripture is a matter of one's own interpretation, for no prophecy was ever made by an act of human will, but men moved by the Holy Spirit spoke from God.

That is the power of the Bible. It is God's truth revealed to us to be used in our lives.

Mr. LAMBORN. Mr. Speaker, I yield to the gentleman from Georgia (Mr. ALLEN).

Mr. ALLEN. Mr. Speaker, it is an honor to stand here in this Chamber and commemorate National Bible Week along with my colleagues here tonight.

Tonight, I want to talk about what the Bible has meant to me and its impact on our Nation's history, the divisions we see across our country, including in this Chamber, and highlight the challenges we are facing.

I am currently reading the Bible, with a prayer group here in Congress, in its entirety for the third time. I am constantly reminded of the answers this book provides to the current issues we are facing in our Nation.

Unfortunately and regrettably, we are a Bible-illiterate society. Just above our flag here in this Chamber is ''In God we Trust.'' How do you put your faith and trust in God if you don't know Him and understand His Word?

I was baptized in a small, rural church at the age of 9 in Georgia, and, of course, I began to go my own way in high school and college. After marrying my wife, we found another church home. For some 30 years, that meant so much to our family, raising our children in that church, but it became more of a ritual and somewhat meaningless to me. I had my priorities out of order.

A friend asked me to join him in a Bible study. Some 6 months later, I realized that God didn't want my rituals; He wanted my heart. I have had this urge to know God since then and study His Word intently and try my best to understand His will for me. What I have learned is that God created the church through Jesus Christ to evangelize, and God created government to moralize and restrain evil.

Today, both the church and the government are divided on these issues. We have Moses, his full face looking down on the entire Chamber, who gave us the first five books of the Bible, the moral law. It should be pretty plain to us what God expects.

As I said earlier, ''In God We Trust'' is above the flag, and it is on our money, yet in this body we are without excuse.

Joshua 1:8 says: This book of the law, the Bible, shall not depart from your lips, but you shall meditate on it day and night, so that you may be careful to do what it says and what is written in it; for then you will make your way prosperous, and then you will have success.

God's Word is full of great promises.

So where are we today?

My fellow Americans, Billy Graham offered a prayer on inauguration in 1969, and I would like to read it.

□ 1945

I will read just part of it: Our Father and our God, Thou hast said, ''Blessed is that nation whose God is the Lord.'' We recognize on this historic occasion that we are ''one Nation under God.''

As the prayer goes on, Reverend Graham describes the current situation in 1969. Today, we are struggling with the same issues. Emotional health has become an epidemic because so many do not have hope and understanding.

Mr. Speaker, I ask you to seek God's Word, pray, and meet with others and your colleagues and seek understanding.

Mr. LAMBORN. Mr. Speaker, I thank Mr. ALLEN for sharing from his personal story.

Mr. Speaker, I yield to the gentlewoman from the great State of Washington (Mrs. RODGERS), who is the chair of the Energy and Commerce Committee.

Mrs. RODGERS of Washington. Mr. Speaker, I thank Mr. LAMBORN for bringing us all together tonight.

The Bible is a book that has endured for generations. Around the world, it is the number one bestseller. For 6,000 years of history, it is the Bible that has shaped who we are, how we govern, and our laws, morality, education, and family values.

The Bible has influenced the greatest philosophers, scholars, artists, musicians, and scientific work and discoveries.

The Bible answers questions like: Who am I? What makes me human? What is the purpose of life?

At a time when we are divided, angry, and fearful—the Surgeon General says we have a public health crisis of loneliness and isolation driving record suicides, deaths of despair, divorce, substance abuse, depression, and anxiety—perhaps more of us should read the Bible.

In 1863, Abraham Lincoln proclaimed: ''We have forgotten God. We have forgotten the gracious hand which preserved us in peace and multiplied and enriched and strengthened us, and we have vainly imagined, in the deceitfulness of our hearts, that all these blessings were produced by some superior wisdom and virtue of our own.''

In 2023, have we forgotten God? How about doing something new in 2024? How about reading the Bible, all 435 Members of the House of Representatives? With our family and friends, it is only 15 minutes a day. We can read through the old book together for wisdom, like in Proverbs to ''trust in the Lord with all your heart and lean not on your own understanding.''

God is with us in everything that we do. May we discover the truth and freedom of His ways as revealed in the sacred Scripture.

Together, with His abundant grace, we can bring hope and healing to our land.

Mr. LAMBORN. Mr. Speaker, I yield to the gentleman from the great State of Alabama (Mr. ADERHOLT).

Mr. ADERHOLT. Mr. Speaker, I rise today in recognition of National Bible Week. I thank Mr. LAMBORN, who is not only a colleague but a good friend and someone that I look up to in so many ways, for organizing this important Special Order.

As we come to the end of our first session of this Congress, to say that it has not been a tumultuous year would not be putting it clearly. Right now, we are at the beginning of our Advent season, and there is no time better to pause and reflect on the Founding Fathers' intentions. That is simply to protect Americans' right to worship and practice their faith freely.

2 Timothy 3:16–17 says that the Holy Bible is given by inspiration of God, and is profitable for doctrine, for reproof, for correction, for instruction in righteousness, that the man of God may be complete, thoroughly equipped for every good work.

To be honest, when I came to Washington, I was actually shocked to learn how much the Founding Fathers

looked to Scripture for guidance as they drafted our founding documents. Unfortunately, today, in schools, they don't really explain this. They really hardly even mention it.

Mr. Speaker, I encourage all of my colleagues and every American citizen to simply look at what the Founding Fathers had to say about the Holy Bible and just how much the Founding Fathers relied on it on a day-by-day basis, especially as they put together the documents that founded this very Nation that we live in.

During the days following the inception of this Nation, most people would be surprised to learn that this body, the U.S. Congress, authorized the publication of Bibles.

The Holy Bible is a firm foundation on which we can build our lives, filter decisions through, be encouraged by, and seek guidance from.

Let me say, from my personal standpoint, as an individual who is imperfect but who made a decision to trust Christ Jesus at a young age, and as someone who tries to look at Scripture on a daily basis, we need to continue to lean into God's Word as we seek to do the good work for the American people, grow in our faith, and contribute to a culture of renewed light in this Nation.

Mr. LAMBORN. Mr. Speaker, as the gentleman from California comes forward, I am going to give my own story. My own story shows a life that was changed by the Bible.

When I went to college, I thought I knew what the Bible was all about. In reality, I never read any of it for myself. When I was urged to do so, I realized that it was different than what I had assumed.

I read the Gospel of John, and I realized I was separated from God and that the way for me to find Him was through Jesus, who said He is the way, the truth, and the life, and that no one comes to the Father but through Him.

When I accepted Him as my Lord and Savior, my life changed dramatically. I can attest to the reality of the Bible.

Mr. Speaker, I yield to the gentleman from California (Mr. LAMALFA).

Mr. LAMALFA. Mr. Speaker, I thank my colleague from Colorado with almost the same name as me. I appreciate him leading this important time for us here tonight, especially as we encroach upon Christmas, which a lot of times can be made into something else besides the celebration of our Savior.

The Bible serves as a compass, guiding us through life's journey, illuminating the path of its teachings, parables, and wisdom. It is indeed more than a collection of words. It is a living testament to the grace, power, and unwavering love of our Lord and Savior, Jesus Christ. Its narratives reveal the depth of God's faithfulness, His miraculous interventions, and His promise of salvation—if we would just ask for it.

The Bible has played, of course, an integral role in shaping the values, principles, and visions of the early pioneers who sought freedom in this country, who did not want to be dictated by a monarch as to what religion they would follow.

We have that freedom in this country. We don't have a state-sponsored religion. We don't have a preferred one, even though many based the founding of this country on Christian and Biblical values, the Judeo-Christian ideal. They don't force it on anyone in this country.

We hear a lot of fuss about the separation of church and state. That is really a misnomer. It is not in the Constitution, and it is not what everybody is about. No one has to prescribe to any particular type, but we encourage it because there is salvation in it.

As we celebrate the week of the Bible here, it is the inerrant Word of God, inspired. The teachings in it are positive values for anybody. They stand the test of time. They stand above the whims of Congress, of people, or of governing. If we embrace that, it is indeed better for all of us and for all of our families.

The Pilgrims sought that religious freedom 300-plus years ago, and many have been seeking it since. As we see more and more persecution of people's religious beliefs, we have to put a stop to that and, indeed, honor what is so formative in this country and its basic freedoms.

As we honor National Bible Week, we do recognize the impact extends far beyond individual faith practices. It is indeed part of our Nation's story. It serves as an anchor, offering solace, hope, and guidance in the world—indeed, inspired by God, given to mankind.

Mr. Speaker, I appreciate this time and opportunity to put the spotlight on this because it is a very selfless thing. We hope you will take time to read it. It will inspire.

Mr. LAMBORN. Mr. Speaker, Representative ADERHOLT made passing reference to an early action of our Congress in authorizing publication of a Bible in the 1700s. I am going to amplify on that just a little bit here.

Many of the early American settlers who came to the New World wanted to live out their faith in God and His Word, according to the convictions of their own consciences. It is true that one of Congress' first acts in the infancy of our Nation was the authorization of an American-published Bible. The Revolutionary War with the British had cut off all shipments of Bibles from England. Our Founding Fathers understood how important it was for the American people to have access to Bibles.

Robert Aitken, a private citizen, brought this need to the attention of Congress. He said, in a letter, ''This work is an object worthy of the attention of the Congress of the United States of America, who will not negligent spiritual security, while they are virtuously contending for temporal blessings.''

In 1782, Congress reviewed, approved, and authorized the first known English language Bible to be printed in America, and the congressional resolution for that read:

''Resolved: That the United States in Congress assembled highly approve the pious and laudable undertaking of Mr. Aitken, as subservient to the interest of religion as well as an instance of progress of arts in this country, and being satisfied from the above report of his care and accuracy in the execution of the work, they recommend this edition of the Bible to the inhabitants of the United States, and hereby authorize him to publish this recommendation in the manner he shall think proper.''

Mr. Speaker, can you imagine doing that today, authorizing a Bible and recommending it to the people of the United States?

Our country has changed over the years and not always for the better, I am afraid.

Mr. Speaker, I yield to the gentleman from Tennessee (Mr. ROSE).

Mr. ROSE. Mr. Speaker, I thank the gentleman from Colorado for yielding and for claiming the time this evening to acknowledge and honor our Nation's 82nd National Bible Week.

Mr. Speaker, I rise to join those Members here tonight on the House floor to share the Lord's Word, its meaning, and the lessons I have learned from reading and studying it throughout my life.

There are many lessons we learn throughout our lives, whether in school or our careers, as parents, or throughout the countless challenges life provides. However, there are no better lessons than those revealed in God's Word in the Bible.

For example, in 1 Thessalonians 5:16–18, we learn about the importance of gratitude when the Apostle Paul writes: ''Rejoice always, pray continually, give thanks in all circumstances; for this is God's will for you in Jesus Christ.''

Mr. Speaker, I know many of us tend to voice our displeasure with many of the world's current affairs on the House floor, but thankfully there is so much for which to be thankful.

We also learn about forgiveness when Jesus dies for our sins on the cross. Ephesians 4:32 says: ''Be kind and compassionate to one another, forgiving each other, just as in Christ God forgave you.'' There is nothing more powerful than the message of forgiveness.

Each and every lesson found in the Bible of forgiveness, compassion, gratitude, generosity, faith, humility, wisdom, perseverance, patience, and respect, among many others, are powerful lessons on their own.

Each lesson has had a tremendous impact on my life and the lives of those around me. I couldn't be more grateful to have them impact me the way they have so that I can go forth and spread them in my community and in my family, including with my two sons, Guy and Sam.

□ 2000

Of course, as Christmas quickly approaches, there is no Biblical story more significant than that of the miracle of the birth of Jesus Christ. As always, it is important to remind ourselves what we are celebrating this time of year: the birth of our Savior, Jesus Christ. Of course, there are no better reminders than those that exist in the Bible, which is why we are here today to honor the Bible during our country's 82nd National Bible Week.

So, Mr. Speaker, I thank my friend, Mr. LAMBORN, for taking the time today to recognize the importance of the Bible in our Nation and its history. As a Christian, I am proud to recognize National Bible Week, and I pray that by doing so I will be able to encourage more souls to know the teachings of the Lord through His written word, the Bible.

Mr. LAMBORN. Mr. Speaker, I yield to the gentleman from Wisconsin (Mr. GROTHMAN).

Mr. GROTHMAN. Mr. Speaker, today we celebrate National Bible Week, and it is right that we do so. Our forefathers felt very strongly that America was fit for a moral and religious people and totally unfit for anyone else, and our forefathers frequently quoted the Bible and made reference to the Bible. I think if we are going to continue with our oaths of office to uphold our Constitution, inevitably that means familiarizing ourselves with the Bible and guiding ourselves in this institution by the Bible.

George Washington, the father of our Nation, said that it is impossible to rightly govern a nation without God and the Bible.

I just mentioned John Adams. I should mention Benjamin Rush who was a signer of the Declaration of Independence and a Representative of Pennsylvania at the beginning of our Nation.

The Bible contains more truth than any other book in the world. John Jay was our first Supreme Court Justice. For some who think there is a separation of church and state, John Jay, our first Supreme Court Justice said: ''Let us therefore persevere steadfastly in distributing the Scriptures far and near, and without note or comment. We are assured that they are profitable for doctrine, for reproof, for correction, for instruction in righteousness.''

John Quincy Adams, the son of John Adams, said: ''The Bible is of all books in the world that which contributes most to make men good, wise, and happy.''

Of all the books in the Old Testament other than, of course, Psalms, which is a very long book, the book quoted most by our forefathers was Deuteronomy. It is kind of interesting because normally, Mr. Speaker, when you hear somebody quote something in the Bible, you never hear Deuteronomy. Nevertheless, what I take it to mean is that Deuteronomy was kind of the book laying out the type of government that our Lord expected the Jewish people to have when they left Egypt and established their land even before they had a king.

Therefore, if you look at it that way, Mr. Speaker, it is not surprising at all. In any event, I do think it is time for the American public—there are some churches that do it more than others—to read some of the Bible, to try to live by its precepts, and insofar as we raise our younger people in this country, familiarize them with the Bible and have them live by its precepts.

I thank Congressman LAMBORN for yielding to me to talk about the Bible. I hope Members of Congress, when they return after this week to their districts, make a special point of reading parts of the Bible.

Mr. LAMBORN. Mr. Speaker, I thank the gentleman for his comments. It is that time of year when we as Christians celebrate the birth of Jesus Christ. Of course, His story is found in the Bible that we are talking about tonight. So it all ties together very well at this time of year especially.

Mr. Speaker, I yield to the gentleman from the great State of Georgia (Mr. CARTER).

Mr. CARTER of Georgia. Mr. Speaker, I thank the gentleman for yielding and hosting this Special Order tonight.

Mr. Speaker, I rise today in honor of National Bible Week. As the Christmas season approaches and with all the conflict going on in our world right now, I can't think of a better time to discuss the good news that is our Bible.

For many Americans, the Christmas season is a time of giving, a time of joy, and a time for family. For many Christians across the world, this season looks a lot different, conflict rages in Eastern Europe and Israel. Many lives have been lost. Here at home fentanyl plagues our country with Americans being poisoned daily.

Sometimes it is easy for us to get lost in the bad, and we forget who is really in control. I am certainly guilty of this, and I am sure you are too, Mr. Speaker. Fortunately, we can turn to the Word of the Lord for comfort in these troubling times.

The Book of Romans 8:38–39 remind me that no matter what we go through as individuals or as a nation or as a planet, it cannot separate us from Christ's love.

The verse says, For I am sure that neither death nor life, nor angels nor rulers, nor things present nor things to come, nor powers, nor height nor depth, nor anything else in all creation, will be able to separate us from the love of God in Christ Jesus our Lord.

This Christmas season, pray for our world, pray for our country, pray for our leaders, and pray for our military. Remember that God loved us all so much He sent His one and only Son to die for our sins so that we may be forgiven. It is for that reason that we celebrate this Christmas season.

Mr. Speaker, I thank my colleague from Colorado for inviting me to speak today and for hosting this.

Mr. LAMBORN. Mr. Speaker, I thank the gentleman so much for his comments.

Mr. Speaker, I will mention something about archaeology. There are many archeological discoveries which have validated biblical accounts giving trustworthiness to the Bible that we are acknowledging now during the recent National Bible Week.

Archeology has, time and time again, shown that the Biblical personalities, locations, and events actually existed in time and space. Claims by critics that a Biblical statement was simply made up have been later debunked by archeological discoveries more times than we can say.

For instance, the discovery of the Dead Sea Scrolls in the late forties and fifties proved the credibility and authority of Scripture. The discovery of these scrolls shined light on the oldest records of the worldwide flood and the longstanding authority and accuracy of the Bible.

Jewish archaeologist Nelson Glueck has stated: It may be stated categorically that no archeological discovery has ever controverted or contradicted a Biblical reference.

Mr. Speaker, I yield to the gentleman from the great State of Texas (Mr. WEBER).

Mr. WEBER of Texas. Mr. Speaker, the reason we study the Bible is because it is the history of God's creation of Earth starting in the Book of Genesis and in the creation of man and his fall in Genesis chapter 3.

Mr. Speaker, if you study the Bible, you will note that in Genesis 3:15, God promises to Adam and Eve that He will send someone to atone for their sin. You might further note that God promises that the one whom He will send will be wounded in the heel but that the atonement or what I call the ''at one ment,'' which is to be one with God which is Jesus, will crush the serpent or Satan's head.

Also note, Mr. Speaker, that He promises that the woman, or Eve's, seed, will crush the head of Satan. This is the only time I know of in God's Holy Word that the woman's offspring is referred to as the seed because the term is usually for the offspring of men and not for women.

Understand the virgin birth: there was no man's seed involved with the woman's pregnancy. It was the Holy Spirit of the living God. In this way God was stating way back in the first book of the Bible that Jesus was coming to atone for our sin.

Thousands of years later, Jesus shows up as prophesied by Isaiah in Isaiah chapter 7 where under the influence of the Holy Spirit Isaiah writes: Therefore the Lord Himself will give you a sign. Behold, a virgin will conceive and bear a son and shall call His name Immanuel, which is being interpreted as God with us.

This is the one in the New Testament whom John the Baptist pointed to and said: Yes, this is the one.

Jesus did live a sinless life, and He did go to the cross to pay for our sins. For me, he saved me on July 2, 1973, at 5:30 in the afternoon in Pearland, Texas.

Jesus is the Holy One of Israel and the anointed one whom God uses to save people from their sins.

That is why we study the Bible, Mr. Speaker. We pray for the peace of Jerusalem. It is important to study the Bible. Merry Christmas.

Mr. LAMBORN. Mr. Speaker, I thank the gentleman for his words.

It has been an honor and a pleasure to commemorate National Bible Week this evening. I am grateful to my colleagues who joined me to honor the Word of God.

Mr. Speaker, I simply restate my gratitude for the Words of Jesus about the Bible:

Therefore whoever hears these sayings of mine and does them, I will liken him to a wise man who built his house on the rock. The rain descended, the floods came, and the winds blew and beat on that house; and it did not fall for it was founded on the rock. But everyone who hears these sayings of mine and does not do them will be like a foolish man who built his house on the sand. The rain descended, the floods came, and the winds blew and beat against that house, and it fell, and great was its fall.

So I am thankful for the Word of God that we have to live by. I thank God for the stability and foundation the Bible has given in my life, for the lives of those who have spoken here today, and for the life of our great Nation.

Mr. Speaker, I yield back the balance of my time.

CONGRESSIONAL LEADERSHIP MATTERS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 9, 2023, the Chair recognizes the gentleman from Illinois (Mr. JACKSON) for 60 minutes as the designee of the minority leader.

GENERAL LEAVE

Mr. JACKSON of Illinois. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and include any extraneous material on the subject of this Special Order.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Illinois?

There was no objection.

Mr. JACKSON of Illinois. Mr. Speaker, I rise today to give special recognition to the members of the Democratic Caucus who have been able to accomplish many things in spite of the sound and fury of the dysfunctional politics in a small and vocal part of the House Republican Conference. As I stand here in the people's House I am struck by how much congressional leadership matters and how divided the 118th Congress has been.

We have been here, without question, living in perilous times. In times like these what we do in this Chamber matters in the lives of American people.

The people of our district did not send us here to perform theatrical acts. They did not send us here to posture for the cameras. None of us were elected here so that we could increase the status and the stature of our personal media profiles. Yet that seems to be the total measure of what this Congress has amounted to.

The 118th Congress and the year of 2023 have been unprecedented. Earlier this year, leader HAKEEM JEFFRIES made history as the first man of African descent to be elected the leader of a major political party.

Nevertheless, almost immediately chaos erupted. The Speaker's vote was a mess. Speaker Emeritus MCCARTHY was elected after 15 rounds of votes, 15 rounds. It was the first time in a century that election of a House Speaker took multiple ballots to complete, and it was the longest vote in the United States' history since 1855 lasting 133 rounds just over 2 months.

I will say, though, that our honorable leader, HAKEEM JEFFRIES, did receive 3,179 votes for Speaker across 15 rounds.

The hits just kept coming as we rolled into the spring. At the end of March, we reached a new milestone, the People of the State of New York v. Donald J. Trump marked the first time—after four indictments against President Trump—that we have ever seen in our country's history a former President indicted on criminal charges.

As the weather got warmer, temperatures flared. Some wanted to take our national debt hostage. To be clear, this is money the Congress had already appropriated, and with a bipartisan coalition we managed to avert an economic calamity and an economic shutdown.

Fast-forward to the fall, and many of the same issues arose again. Then Speaker MCCARTHY was confronted with an unruly small group who were willing to shut down the government after the debt ceiling debate. For keeping the government open, Speaker MCCARTHY became the first Speaker in the House to ever be removed. The chaos that ensued was brutal. The House went without a Speaker for 23 days, the longest since 1961.

A marathon 10-week session that tested everyone's patience produced only frustration and anger. There is a reason we have had a record number of retirements from the Members of Congress at every level that we have not seen in a decade. Thirteen Senators and Representatives have already announced they are not seeking reelection in just the month of November. This is the highest number of retirements we have seen in this body in more than a decade.

This should not surprise us because dysfunction is a bitter pill to swallow, and I say that broadly because that dysfunction is not limited to this Chamber or to the House of Representatives.

□ 2015

Over in the Senate, Senator TUBERVILLE stood in the way of over 400 senior military officers that deserved promotion and the dignity of all of their ranks and their compensation. He held up 400 officers, putting our Nation's security at risk. One United States Senator thought his understanding of what was right should supersede the will of 99 other United States Senators.

More than that, this one Senator spent most of the year subjecting the United States military and members of the armed services to the detrimental effects of his personal whims and wishes. He had no regard for the families he put in jeopardy who risk their lives every day for our citizenry. He showed no concern for the hard work and dedication of these military officers who have focused their careers on protecting and serving our Nation.

Perhaps most of all, this United States Senator tried to impose his morality on 1.4 million active military personnel in the armed services without their consent and without the advice of their commanding officers.

Senator TUBERVILLE's story is instructive of what happens when we come together and do the right thing. Just last week, he folded. As a man of faith, I pray that the second part of the 118th Congress is more productive than the first. With only 21 bills that have been passed into law at the halfway point of this Congress, it is on pace to be the most sluggish Congress since our predecessors met in 1931 and 1932, but let's stay positive and hopeful.

Mr. Speaker, I yield to the distinguished gentleman from the great State of Louisiana, Congressman TROY CARTER.

Mr. CARTER of Louisiana. Mr. Speaker, I thank Congressman JACKSON for the great work that he continues to do. I thank him for his illustrious words and for the opportunity to participate in the CBC Special Order.

2023 has been an exciting and action-packed year. It has been an honor to serve as the second vice chairman of the Congressional Black Caucus under the leadership of my dear friend Congressman STEVEN HORSFORD, Democrat from Nevada.

As a member of the Regional Leadership Council for Region 7 and on the House Homeland Security and Transportation Infrastructure Committees, this session has been yet another one that we continue to work.

I am proud that, despite the pushback from our friends on the other side almost at every opportunity, we have accomplished historic investments for the American people. I would like to highlight just a few of them that we challenged all year long.

Environmental justice must be at the center of any action to address disproportionate health and environmental impacts on communities, especially communities of color. This year I hosted multiple EPA executives, including the EPA Administrator, Michael Regan, and the Secretary of Department of Energy, Jennifer

Granholm, and other leaders from my district.

Louisiana was also selected to establish new Environmental Justice Thriving Communities Technical Assistance grants, creating the first ever in Louisiana Thriving Communities Technical Assistance Center that will give communities an opportunity to have technical access to attract and have access to real resources to defend communities against environmental injustice. That is a success. The first that we have had in a long time at this level.

This will provide resource to help communities and nonprofits navigate the complex Federal grant process. Additionally, in Louisiana, we know better than anyone that storms are coming stronger, staying longer, coming faster, and leaving more havoc in their path, having greater impact than ever before.

Adequate funding is essential to enhance the resilience of our roads, bridges, and levies, ensuring they can withstand and recover from future natural disasters. By investing in robust infrastructure, we not only protect people's lives and property, but also bolster the overall economic sustainability of our region. Strengthening our infrastructure is a proactive measure that reduces long-term costs associated with disaster recovery, ultimately fostering a safer and more sustainable future for all Americans.

We have continued to see promises kept as funding from the Bipartisan Infrastructure Law makes its way to the communities around the country.

I am committed to advocating for the vital funding to fortify our infrastructure, recognizing its pivotal role in safeguarding our communities against ever-present threats of natural disasters.

Just as important as protecting our Earth is the health of our minds and bodies of that of our citizens. Regardless of age, location, education, and economic standing, racism is the biggest barrier to mental health for the Black community.

This year, I convened multiple forums where I brought together visionaries, activists, and leaders who are shaping the future of this field in the Black community. These events focus on themes, including reduction in the isolation that our children saw during and after COVID, improving campus safety, and increasing access to healthcare providers. I am committed to fighting for greater representation in industry in the mental health area where we are significantly underrepresented with providers of this level of care.

Our veterans give so much to us, we owe it to them to make sure that we do all that we can to help them live healthy, productive, and meaningful lives during and, most importantly, after they come home. Far too many of our veterans come home to find themselves homeless, without a job, without resources, without someone to care after they have provided for us the greatest contribution, protecting our flanks. The freedom that we enjoy isn't free. It is paid by our veterans who put their lives on the line and sacrificed their family time. They should get the best services when they are away and when they come home.

This year, I hosted multiple VA curbside events across LA–02 to bring Federal resources to the front doors of our veterans and our citizens. That includes specific help for veterans like signing up for disability pay and receiving VA benefits, assisting with FEMA case work, and getting assistance with tax refunds.

This is only a small snapshot of the work House Democrats have done this year in fighting for all Americans. I will continue to put people over politics and work tirelessly for Louisianans to empower them with the necessary resources to not just survive, but to thrive.

Mr. Speaker, I wish everyone a merry Christmas, happy holidays, happy Hanukkah, happy Kwanzaa, and a blessed New Year.

Mr. JACKSON of Illinois. Mr. Speaker, as I stand on this floor tonight, I do so as someone painfully aware of the serious times we are living in. Let the word go forth in this time and place that this Nation and, indeed, this entire world stands on the precipice of unregulated conflict.

From Civil War in the Congo, to the war in Ukraine, to Israel's war with Hamas in the Middle East, the Earth is saturated with violence and recrimination and as in the case of all wars, people are dying.

Tens of thousands of innocent people have lost their lives. People who have nothing to do with governmental policies that send men and women into battle are no less the victims of those momentous decisions. Israeli babies, Palestinian babies, Congolese babies, and Ukrainian children all deserve to live in a world where they are, not judged by the details of their religion or the color of their skin. Yet, this is not the world that they were born into.

I stand here tonight concerned about the state of our civilization. I stand here tonight concerned about the role this country plays in being promoters of peace. I come here to this well bothered by the rise and the almost unfettered proliferation of anti-Semitism.

It should never be the case that a Jewish person in this country feels like their lives are under threat because they are Jewish.

We cannot allow the children of Einstein, Oppenheimer, and Rabbi Abraham Joshua Heschel to feel as if they have no place in this country. There can be no moral equivocation when it comes to anti-Semitism in the way that this could be a moral equivocation when it comes to racism. Racism and anti-Semitism travel together because they are two sides of the same coin.

History is repeat with the evidence to prove that societies that begin with one will evidently end up with the other. Where there is anti-Semitism, racism is sure to follow. Where there is racism, there will ultimately be anti-Semitism as well.

We know this is the case because hatred knows no bounds, bigotry respects no limits, and ironically prejudice does not discriminate.

The moment you release one into the universe of our consciousness, the other will invariably come knocking at the door. That is why those of us who are leaders in this country must be clear about where we stand with respect to anti-Semitism. Whatever challenges people may have with policies conducted by the government of Israel, those concerns must not be used to avoid the absolute rejection of anti-Semitism as a plausible, cultural, or political solution.

I say this as a Black man living in America who has had a multiplicity of concerns about the policies of my own government. Black people in America have had 400 years of learning how to separate policies from people. While it is intelligent to question all governments, it is not, however, acceptable to allow corrosive influences to convince us that anti-Semitism is a liberating political project because it is not, nor has it ever been, and neither will it ever be.

I don't care what anyone says: Black lives matter, Jewish lives are sacred, and Palestinian lives are important because all life comes from God.

Anti-Semitism is a vile and repulsive preoccupation with hatred that has more than once manifested itself with horrific consequences. I stand here today doubly concerned because influences and, in some cases, influencers have provided the permission and the structure for people who are themselves the object of hate to participate in the hatred of our Jewish brothers and sisters.

We simply cannot allow this to happen. We must declare in no uncertain terms that right is right and wrong is wrong, and that it is wrong to hate people. It is wrong to treat people like they are beneath you. It is wrong to act like people are outside of the human family because they pray differently. We here tonight must be highly resolved that this country is to be the oasis of tolerance amid a vast desert of discrimination.

We say no to anti-Semitism, we say no to anti-Black racism, and we say no to anything that would subject any human being to dehumanizing language in treatment.

I encourage the people of this country to hold fast to the principles of this Christmas season in which we find ourselves. Whether you are Christian or not, the principles of this season are enduring and a great degree universal.

The idea that peace should be the function of our politics is something all of us should embrace. The notion that the birth of love is the only thing that can save us is something that no

one should be willing to reject. In the words of Reverend Martin Luther King, he called us a ''beloved community,'' I submit to you tonight that it is this very thing that compels me to be a Member of this body.

I still believe that what self-centered men have torn down, men and women who are other-centered can build up again. I still believe that truth crush down to Earth can still rise again, and I still believe that if we stand up for one another, that is the only way we can have our salvation. None of us would be brutalized when we learn to love.

Mr. Speaker, I yield to the gentleman from Nevada (Mr. HORSFORD), the honorable and distinguished Congressional Black Caucus Chairman.

□ 2030

Mr. HORSFORD. Mr. Speaker, I thank the gentleman from Illinois (Mr. JACKSON) for anchoring tonight's Special Order hour and for his tenacity, perseverance, and dedication along with Congresswoman SHEILA CHERFILUS-MCCORMICK as the coanchor for the Congressional Black Caucus.

At the end of each year, Mr. Speaker, as Members of Congress, we owe it to the American people to show our work. We owe it to the American people to show who we have been fighting for and what we have delivered on their behalf.

Mr. Speaker, as the first year of the 118th Congress comes to a close, I rise today with my colleagues of the Congressional Black Caucus because the report card on House Republicans' do-nothing chaos agenda and the CBC's people over politics agenda is in.

Since the 118th Congress was sworn in this January, and as our Caucus has grown to a historic, record-breaking 60 members, we have been fighting for the people. We have been fighting to preserve our democracy, fighting to protect voting rights and create fairer districts, fighting for public safety and police accountability, fighting to protect a woman's right to make her own healthcare decisions, fighting against the expulsion of Black elected officials, fighting archaic traditions that block progress, and, of course, fighting extremist Republicans and a judiciary who would rather erase us, who want to see us less free, and with fewer fundamental rights.

While the Congressional Black Caucus and House Democrats have been working to deliver results for the American people, the majority party has descended into complete and total chaos; chaos that left our country without a House Speaker for the first time in our Nation's history and brought the people's House to a standstill for 22 days; chaos that has nearly shut down our government and brought our country to the brink of defaulting on our national debt time and again. The American people deserve so much better than the Republican do-nothing Congress.

By contrast, Democrats have offered a positive vision for our country and a real record of accomplishments to show in our districts and all across America. This is because of the investments that we worked to pass during the 117th Congress, along with President Biden and Vice President HARRIS, which was made possible because of historic legislation, including the Inflation Reduction Act, the bipartisan Infrastructure Investment and Jobs law, including the Chips and Science law to bring U.S. manufacturing back to the United States and so much more, including historic investments in funding for our historically Black colleges and universities and minority-serving institutions.

In my district alone, we just announced, with President Biden on Friday, a grant worth $3 billion to fund true high-speed rail to connect Las Vegas to the Los Angeles region. Finally, after decades of people talking about it, because of the Bipartisan Infrastructure Law, it is finally happening. This will be a monumental and transformational boost to our local economy, and it will also create tens of thousands of good-paying union jobs—jobs, jobs, jobs. Jobs that will be offered to every faction of our community and small business owners, including Black-owned and other minority-owned small businesses.

Thanks to the Bipartisan Infrastructure Law, we are connecting the more than 123,000 households in my State that did not have access to the infrastructure to connect to broadband, to the internet, something as simple as connecting to the internet, something that far too many of us take for granted, there are counties and rural communities in my State that do not have that access, that do not have that benefit, but thanks to this law, those investments are finally happening.

Another 825,000 families in low-income households are connecting to broadband thanks to the affordable connectivity benefit that was part of the infrastructure bill and that we are now working to make sure is included in the supplemental.

Nevada is also seeing over $300 million invested to support the expansion of electric vehicle charging stations. I am so proud to have met just recently with a number of small businesses, including one Latina-owned business and one Black-owned business. They are electric companies who are now, for the first time, being connected to these contracts and have an opportunity to grow their business, to hire more workers, and to be part of this new burgeoning sector.

These are just a few of our accomplishments, and we still have so much more work to do. I thank my colleagues from the Congressional Black Caucus, because many of these historic bills would not have been possible without the leadership and the votes of the Members who make it happen, including our immediate past chair, Congresswoman JOYCE BEATTY; the assistant Democratic leader, Mr. CLYBURN; our Democratic leader now, Mr. JEFFRIES, who literally worked toward reaching negotiation to deliver the votes necessary.

We know that as we begin the work on behalf of our constituents in 2024 and beyond, there is more work to do, and so we will be tackling issues around Black economic prosperity and wealth creation, continuing to advocate for the passage of the John R. Lewis Voting Rights Advancement Act, and making sure that every community is safe: Safe from gun violence, safe from overpolicing, safe from hate crimes, whether they be against the Jewish community or Asians or African Americans because we understand that all communities deserve to be safe.

I am proud of the accomplishments, the record that we can stand here and talk about, putting people over politics, and I look forward to working with my colleagues from the Congressional Black Caucus as we continue to advance these legislative efforts for the people that we represent.

Mr. JACKSON of Illinois. Mr. Speaker, I give a very special thank you to the Honorable Congressman STEVEN HORSFORD, the chairman of the Congressional Black Caucus. I thank him for his leadership and his outstanding voice.

Mr. Speaker, I yield back the balance of my time.

HONORING THE LIFE OF REUEL ''MOE'' TODD

The SPEAKER pro tempore. Under the Speaker's announced policy of January 9, 2023, the Chair recognizes the gentlewoman from New York (Ms. TENNEY) for 30 minutes.

Ms. TENNEY. Mr. Speaker, I rise to honor and remember the extraordinary life of Sheriff Reuel Todd. Sheriff Todd, affectionately known by everyone in Oswego as Moe, was a loving husband, father, and grandfather, who passed away on August 21, 2023, but not without making an indelible impact on our community.

Sheriff Moe Todd's lifelong dedication to service began on June 29, 1974, when he joined the Oswego County Sheriff's Department. With unwavering commitment and relentless determination, he climbed the ranks, becoming a sergeant, a criminal investigator, and eventually the undersheriff in 1984. His tenure culminated with his election as the sheriff of Oswego County in 1998, a role he fulfilled with honor and distinction for an impressive 20 years.

Throughout his career, Sheriff Todd was laser focused on the safety and well-being of his colleagues and the communities he served. He was a tireless advocate for everyone in the Oswego County Sheriff's Department, fighting hard for essential equipment, training, and fair pay for his team. His unwavering commitment to their safety and success was evidence of his character and leadership.

In 2022, the Oswego County legislature recognized his exceptional service to our community by dedicating the Oswego County Public Safety Building in his name, a fitting tribute to his enduring legacy. I was honored to be in attendance with a very huge crowd, all confirmation that his compassion and his excellent service to his community was appreciated by so many.

Moe and his beloved wife, Valerie, shared 55 years of marriage. He was not only a loving husband, but also a devoted father to his son, Michael, his daughter, Jolene, and proud grandfather to Kaitlynn. His family meant the world to him, and he always found time for family dinners, ball games, school activities, holidays, and precious moments with all of them.

Moe coached baseball and softball, demonstrating his strong interest in investing in the growth and development of young athletes and future leaders. He was always ready to lend a hand for fundraisers and community events, embodying the spirit of selflessness. Moe had a unique ability to connect with people from all walks of life, treating everyone with the same respect and kindness, regardless of their background or circumstances. His honest and very frank demeanor—and, yes, he was very frank—and a wonderful sense of humor was appreciated by everyone he met.

In 2021, Moe faced one of his greatest challenges when he was diagnosed with ALS. Yet, even in the face of this relentless and cruel disease, he displayed incredible strength and resilience. He never once complained or engaged in self-pity. Instead, his first thoughts were of others facing the same struggle. Moe and his family organized the annual ''Stronger with Moe'' chicken barbecue, with all proceeds going to the ALS Association of Upstate New York to support families struggling with ALS. His determination to help others, even while suffering from this agonizing disease, was truly inspiring.

Tragically, Moe lost his battle with ALS on August 31, 2023, but his legacy of kindness, compassion, and service will live on in the hearts of all who knew him. As a tribute to his memory, his family will continue the ''Stronger with Moe'' chicken barbecue, ensuring that his spirit of helping others endures.

Today, as we honor and remember Moe, let us take inspiration from his life, let us strive to embody the values he held dear—humility, compassion, and a commitment to making our communities better for everyone. Moe's life reminds us that the impact we make on others through small acts of kindness, or a lifetime of service is what truly matters in the end.

May God bless Moe, his family, and the community he served and loved so deeply.

MIKE WOODWARD, CHAMPION FOR WETLAND CONSERVATION

Ms. TENNEY. Mr. Speaker, today I rise to pay tribute to Mike Woodward, a resident of Oakfield, New York, whose dedication to conservation has left a lasting impression on our community for many generations to come.

Mike started his path in the conservation field in the 1970s when he attended his very first Ducks Unlimited dinner. There he was inspired to partner with Ducks Unlimited to champion wetland protection. He was committed to the cause of wetland protection for almost 50 years. Mike served on the national Ducks Unlimited board, where he was better able to enhance his impact and improvements to wetland conservation.

Mike Woodward's influence extends far beyond his own achievements, as his passion for conservation has touched the lives of his children and grandchildren and left an indelible mark on their values and priorities.

Today, I rise to proclaim that Mike Woodward is recognized as a champion of wetland conservation. Mike's legacy of unwavering dedication and visionary leadership has inspired others to embrace the same cause and thus will ensure a better future for conservation efforts and the preservation of our natural world.

HONORING THE LIFE OF ANTHONY MAZURKIEWICZ

Ms. TENNEY. Mr. Speaker, I rise today to urge my colleagues to support H.R. 3838, bipartisan legislation that honors and remembers the life and legacy of Rochester, New York, fallen police officer, Anthony Mazurkiewicz. Officer Mazurkiewicz was killed in the line of duty on July 21, 2022.

This bill would rename the post office facility in his hometown of Avon, New York, in his honor. I thank my cosponsor, Congressman JOE MORELLE, for joining me in this bipartisan and important effort.

Officer Mazurkiewicz began his law enforcement service in 1988, receiving multiple awards throughout a career that spanned nearly 35 years. Beyond the badge and uniform, Officer Mazurkiewicz was a loving father, a devoted husband, and an amazing friend. He exemplified excellence in law enforcement.

We will never forget Officer Anthony Mazurkiewicz' sacrifice. This legislation honors his incredible legacy, and I urge my colleagues to support it.

I thank his lovely widow so much who has given me this beautiful plastic band that honors and remembers his life and legacy.

□ 2045

HONORING WAYNE CENTRAL SCHOOL TEACHERS AND STUDENTS

Ms. TENNEY. Mr. Speaker, I rise today to discuss a very tragic occurrence but yet something with a great ending, with bus crash heroes, as we call them in Wayne County.

On September 27, in Wayne County, New York, a Wayne Central schoolbus carrying 22 students and 3 staff was traveling north on the road back toward school when tragedy struck.

Three courageous staff members, driver Deb Hibbard along with teachers Maureen Doyle and Lori Sozio, took immediate action in protecting their students after a harrowing accident due to the carelessness of a driver behind the bus.

As the bus came to a stop, Deb noticed smoke billowing from the front and, without hesitation, urged everyone to evacuate. In a matter of moments, all three staff members sprang into action to ensure the safety of each and every passenger.

In the midst of the chaos, two students, Brody Constable and Colin Schrage, who were seated at the back of the bus, displayed remarkable bravery as they aided the remaining students and staff off the rear of the bus, a 5-foot drop, allowing them to move away from the fire.

Due to the quick actions of these heroes, within just 1 minute of the collision, all 25 passengers were safely evacuated.

By the end of the second minute, the entire bus, including the passenger compartment, was engulfed in flames.

The selflessness and heroism of Brody, Colin, Deb, Maureen, and Lori in the face of immediate danger serve as an inspiration to all of us.

Mr. Speaker, I also send many thanks to the emergency servicemembers in the local fire departments of Lincoln, Ontario, Walworth, as well as Wayne and Williamson ambulance service, who were promptly on the scene.

We commend and honor all of these heroes for their unwavering courage and dedication to the safety of others.

RECOGNIZING PARAMEDICS KAREN GAVIN AND MATT DEVINE

Ms. TENNEY. Mr. Speaker, I rise today to recognize paramedics Karen Gavin and Matt Devine of the Lockport Fire Department for heroically saving the lives of a mother and her baby this past March.

Dispatchers received a report of a pregnant woman who was in distress and bleeding heavily. The ambulance arrived in less than 5 minutes. Gavin and Devine immediately began to administer treatment and prepared the patients for transport.

While en route to the hospital, the woman went into labor and began to give birth prematurely. As this happened, the paramedics immediately stopped the ambulance, called for backup, and jumped into action. Employing years of training, they were able to safely deliver the baby and protect the mother's life.

Today, both the mother and child are home and healthy due to the heroic and expert actions of Karen Gavin and Matt Devine of the Lockport Fire Department.

This story is a perfect example of the hard work and expertise of our first responders, who have answered the call to serve our communities and those in need.

Mr. Speaker, I thank paramedics Karen Gavin and Matt Devine and the Lockport Fire Department for their

compassionate and dedicated service to our community.

RECOGNIZING LAURENCE ''SPARKY'' RECTOR

Ms. TENNEY. Mr. Speaker, I rise to wish Laurence J. Rector a happy belated 100th birthday. Laurence, a World War II veteran, commonly known as Sparky, began his education in Mexico, New York, at Mexico Academy and from there earned his bachelor of science degree from Ithaca College in 1948. He then continued his education at Syracuse University, St. Lawrence University, and Oswego State University.

Sparky began his service as a corporal in the United States Army in 1942 and was honorably discharged in 1945. During his service, he completed three major campaigns, earning him three battle stars, two amphibious landings, and the Purple Heart for wounds sustained in combat.

Sparky lived an active and inspired life. He loved sports and was involved in numerous sports associations and coached track, basketball, cross country, tennis, and baseball, creating a lasting impact on the children he worked with and on our communities.

On behalf of Congress and all of New York-24, I wish Sparky a happy belated 100th birthday and thank him for his honorable service to our Nation.

Mr. Speaker, I yield back the balance of my time.

ADJOURNMENT

Ms. TENNEY. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 8 o'clock and 49 minutes p.m.), under its previous order, the House adjourned until tomorrow, Tuesday, December 12, 2023, at 10 a.m. for morning-hour debate.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of rule XIV, executive communications were taken from the Speaker's table and referred as follows:

EC–2488. A letter from the Management Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Amendment of Class D and Class E Airspace, Eastman, GA [Docket No.: FAA-2023-1674; Airspace Docket No.: 23-ASO-33] (RIN: 2120-AA66) received December 5, 2023, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

EC–2489. A letter from the Management Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Revocation of Class D and Class E Airspace; Milton, FL [Docket No.: FAA-2023-1780; Airspace Docket No.: 23-ASO-35] received December 5, 2023, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

EC–2490. A letter from the Management Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Revocation of Alaskan Very High Frequency Omnidirectional Range (VOR) Federal Airway V-318; Level Island, AK [Docket No.: FAA-2023-0916; Airspace Docket No.: 22-AAL-85] (RIN: 2120-AA66) received December 5, 2023, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

EC–2491. A letter from the Management Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; MHI RJ Aviation ULC (Type Certificate Previously Held by Bombardier, Inc.) Airplanes [Docket No.: FAA-2023-1404; Project Identifier MCAI-2023-00451-T; Amendment 39-22584; AD 2023-21-12] (RIN: 2120-AA64) received December 5, 2023, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

EC–2492. A letter from the Management Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Standard Instrument Approach Procedures, and Takeoff Minimums and Obstacle Departure Procedures; Miscellaneous Amendments [Docket No.: 31515; Amdt. No.: 4086] received December 5, 2023, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

EC–2493. A letter from the Management Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Standard Instrument Approach Procedures, and Takeoff Minimums and Obstacle Departure Procedures; Miscellaneous Amendments [Docket No.: 31514; Amdt. No.: 4085] received December 5, 2023, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

EC–2494. A letter from the Management Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Amendment to United States Area Navigation Route Q-46; Point Hope, AK [Docket No.: FAA-2023-0866; Airspace Docket No.: 22-AAL-51] (RIN: 2120-AA66) received December 5, 2023, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

EC–2495. A letter from the Management Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Establishment of Class E Airspace; Grand Coulee Dam Airport, Electric City, WA [Docket No.: FAA-2023-1339; Airspace Docket No.: 22-ANM-84] (RIN: 2120-AA66) received December 5, 2023, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

EC–2496. A letter from the Management Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Embraer S.A. Airplanes [Docket No.: FAA-2023-1504; Project Identifier MCAI-2023-00473-A; Amendment 39-22595; AD 2023-22-11] (RIN: 2120-AA64) received December 5, 2023, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

EC–2497. A letter from the Management Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Amendment of VOR Federal Airways V-158 and V-172; Polo, IL [Docket No.: FAA-2023-0965; Airspace Docket No.: 23-AGL-8] (RIN: 2120-AA66) received December 5, 2023, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

EC–2498. A letter from the Management Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Pratt & Whitney Division Engines [Docket No.: FAA-2023-1638; Project Identifier AD-2022-00466-E; Amendment 39-22586; AD 2023-22-02] (RIN: 2120-AA64) received December 5, 2023, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

EC–2499. A letter from the Management Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Rolls-Royce Deutschland Ltd & Co Engines [Docket No.: FAA-2023-1399; Project Identifier MCAI-2022-01535-E; Amendment 39-22583; AD 2023-22-01] (RIN: 2120-AA64) received December 5, 2023, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

EC–2500. A letter from the Management Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Dassault Aviation Airplanes [Docket No.: FAA-2023-1705; Project Identifier MCAI-2023-00480-T; Amendment 39-22594; AD 2023-22-10] (RIN: 2120-AA64) received December 5, 2023, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

EC–2501. A letter from the Management Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; The Boeing Company Airplanes [Docket No.: FAA-2023-0436; Project Identifier AD-2022-00395-T; Amendment 39-22581; AD 2023-21-09] (RIN: 2120-AA64) received December 5, 2023, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

EC–2502. A letter from the Management Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Amendment of Multiple Air Traffic Service (ATS) Routes and Establishment of Area Navigation (RNAV) Route T-478 in the Vicinity of Danville, IL [Docket No.: FAA-2023-1026; Airspace Docket No.: 23-AGL-7] (RIN: 2120-AA66) received December 5, 2023, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

EC–2503. A letter from the Management Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Amendment of VOR Federal Airways V-14 and V-67, and Area Navigation Route T-272; Vandalia, IL [Docket No.: FAA-2023-1014; Airspace Docket No.: 23-ACE-2] (RIN: 2120-AA66) received December 5, 2023, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

EC–2504. A letter from the Management Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Thales AVS France SAS Flight Management Computer Navigation Modules [Docket No.: FAA-2023-1716; Project Identifier MCAI-2022-00168-Q; Amendment 39-22577; AD 2023-21-05] (RIN: 2120-AA64) received December 5, 2023, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

EC–2505. A letter from the Management Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Embraer S.A. Airplanes [Docket No.: FAA-2023-1708; Project Identifier MCAI-2023-00554-A; Amendment 39-22576; AD 2023-21-04] (RIN: 2120-AA64) received December 5, 2023, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec.

251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

EC–2506. A letter from the Management Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; General Electric Company Engines [Docket No.: FAA-2022-1314; Project Identifier AD-2021-00811-E; Amendment 39-22579; AD 2023-21-07] (RIN: 2120-AA64) received December 5, 2023, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

EC–2507. A letter from the Management Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Establishment of Class E Airspace; Tununak Airport, Tununak, AK [Docket No.: FAA-2023-1119; Airspace Docket No.: 22-AAL-76] (RIN: 2120-AA66) received December 5, 2023, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

EC–2508. A letter from the Management Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Rolls-Royce Deutschland Ltd & Co KG Engines [Docket No.: FAA-2023-1410; Project Identifier MCAI-2022-01517-E; Amendment 39-22575; AD 2023-21-03] (RIN: 2120-AA64) received December 5, 2023, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

EC–2509. A letter from the Management Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Airbus SAS Airplanes [Docket No.: FAA-2023-2142; Project Identifier MCAI-2023-01056-T; Amendment 39-22592; AD 2023-22-08] (RIN: 2120-AA64) received December 5, 2023, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

EC–2510. A letter from the Management Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Airbus SAS Airplanes [Docket No.: FAA-2023-1642; Project Identifier MCAI-2023-00183-T; Amendment 39-22574; AD 2023-21-02] (RIN: 2120-AA64) received December 5, 2023, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

EC–2511. A letter from the Management Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Austro Engine GmbH Engines [Docket No.: FAA-2023-1412; Project Identifier MCAI-2022-01588-E; Amendment 39-22562; AD 2023-20-03] (RIN: 2120-AA64) received December 5, 2023, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

EC–2512. A letter from the Management Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Dassault Aviation Airplanes [Docket No.: FAA-2023-1494; Project Identifier MCAI-2023-00382-T; Amendment 39-22573; AD 2023-21-01] (RIN: 2120-AA64) received December 5, 2023, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

EC–2513. A letter from the Management Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Airbus Helicopters [Docket No.: FAA-2023-2150; Project Identifier MCAI-2023-00188-R; Amendment 39-22603; AD 2023-23-01] (RIN: 2120-AA64) received December 5, 2023, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

EC–2514. A letter from the Management Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Rolls-Royce Deutschland Ltd & Co KG Engines [Docket No.: FAA-2023-1490; Project Identifier MCAI-2022-01624-E; Amendment 39-22580; AD 2023-21-08] (RIN: 2120-AA64) received December 5, 2023, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

EC–2515. A letter from the Management Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Amendment of Restricted Area R-2512 Holtville, CA [Docket No.: FAA-2023-2220; Airspace Docket No.: 23-AWP-59] (RIN: 2120-AA66) received December 5, 2023, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

EC–2516. A letter from the Management Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Airbus Helicopters [Docket No.: FAA-2023-1720; Project Identifier MCAI-2023-00003-R; Amendment 39-22598; AD 2023-22-14] (RIN: 2120-AA64) received December 5, 2023, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

EC–2517. A letter from the Management Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Airbus SAS Airplanes [Docket No.: FAA-2023-1414; Project Identifier MCAI-2023-00438-T; Amendment 39-22593; AD 2023-22-09] (RIN: 2120-AA64) received December 5, 2023, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

REPORTS OF COMMITTEES ON PUBLIC BILLS AND RESOLUTIONS

[Submitted on December 8, 2023]

Under clause 2 of rule XIII, reports of committees were delivered to the Clerk for printing and reference to the proper calendar, as follows:

Mr. TURNER: Permanent Select Committee on Intelligence. H.R. 6611. A bill to amend the Foreign Intelligence Surveillance Act of 1978 to make certain reforms to the authorities under such Act, to reauthorize title VII of such Act, and for other purposes (Rept. 118–302, Pt. 1). Ordered to be printed.

[Submitted on December 11, 2023]

Mr. MCHENRY: Committee on Financial Services. H.R. 5119. A bill to amend title 31, United States Code, to provide small businesses with additional time to file beneficial ownership information, and for other purposes; with an amendment (Rept. 118–303). Referred to the Committee of the Whole House on the state of the Union.

Mr. MCHENRY: Committee on Financial Services. H.R. 5524. A bill to amend the start date of the pilot program on sharing with foreign branches, subsidiaries and affiliates; with an amendment (Rept. 118–304). Referred to the Committee of the Whole House on the state of the Union.

Mr. GRAVES of Missouri: Committee on Transportation and Infrastructure. H.R. 5473. A bill to amend certain laws relating to disaster recovery and relief with respect to the implementation of building codes, and for other purposes; with an amendment (Rept. 118–305). Referred to the Committee of the Whole House on the state of the Union.

Mr. LUCAS: Committee on Science, Space, and Technology. H.R. 6093. A bill to improve the National Oceanic and Atmospheric Administration's weather research, support improvements in weather forecasting and prediction, expand commercial opportunities for the provision of weather data, and for other purposes; with an amendment (Rept. 118–306). Referred to the Committee of the Whole House on the state of the Union.

Mr. JORDAN: Committee on the Judiciary. H.R. 6570. A bill to amend the Foreign Intelligence Surveillance Act of 1978 to reform certain authorities and to provide greater transparency and oversight, with an amendment (Rept. 118–307, Pt. 1). Referred to the Committee of the Whole House on the state of the Union.

Mrs. FISCHBACH: Committee on Rules. House Resolution 922. A resolution providing for consideration of the bill (H.R. 1147) to amend the Richard B. Russell National School Lunch Act to allow schools that participate in the school lunch program under such Act to serve whole milk; providing for consideration of the bill (H.R. 357) to require the head of an agency to issue and sign any rule issued by that agency, and for other purposes; and for other purposes (Rept. 118–308). Referred to the House Calendar.

DISCHARGE OF COMMITTEE

Pursuant to clause 2 of rule XIII, the Committee on Intelligence (Permanent Select) discharged from further consideration. H.R. 6570 referred to the Committee of the Whole House on the state of the Union.

PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XII, public bills and resolutions of the following titles were introduced and severally referred, as follows:

By Ms. BONAMICI (for herself and Mr. FITZPATRICK):

H.R. 6691. A bill to amend the Education Sciences Reform Act of 2002 to establish a National Center for Advanced Development in Education at the Institute for Education Sciences, and for other purposes; to the Committee on Education and the Workforce.

By Ms. BONAMICI (for herself, Ms. PORTER, and Ms. TLAIB):

H.R. 6692. A bill to amend the Consumer Financial Protection Act of 2010 to establish the position of the Assistant Director and Student Loan Borrower Advocate of the Bureau of Consumer Financial Protection, to establish the Office for Students and Young Consumers of the Bureau, and for other purposes; to the Committee on Education and the Workforce, and in addition to the Committee on Financial Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. BUCHANAN (for himself, Mr. KILMER, Mrs. STEEL, and Mr. BUCSHON):

H.R. 6693. A bill to amend title XVIII of the Social Security Act to authorize the coverage of additional lung cancer screening tests under the Medicare program; to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. CROW (for himself, Mr. AUSTIN SCOTT of Georgia, Mr. WALTZ, and Mr. BERA):

H.R. 6694. A bill to direct the Director of National Intelligence to take certain actions to evaluate the attack by Hamas against Israel on October 7, 2023, and related intelligence sharing efforts, and for other purposes; to the Committee on Intelligence (Permanent Select), and in addition to the Committee on Armed Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. DAVIDSON:

H.R. 6695. A bill to authorize private parties to compel the Securities and Exchange Commission to seek sanctions by filing civil actions, and for other purposes; to the Committee on Financial Services.

By Ms. DELAURO (for herself, Ms. NORTON, Mr. EVANS, Ms. MCCOLLUM, Ms. DEAN of Pennsylvania, Mr. TAKANO, Ms. BONAMICI, Mr. SABLAN, Ms. LEE of California, Ms. WEXTON, Ms. CLARKE of New York, Mr. GRIJALVA, Mrs. WATSON COLEMAN, Mr. CÁRDENAS, Mr. BOWMAN, Mr. GREEN of Texas, Mr. DELUZIO, Mrs. RAMIREZ, Ms. SCHAKOWSKY, Ms. SCANLON, Ms. TOKUDA, Ms. CHU, Mr. TRONE, and Ms. STANSBURY):

H.R. 6696. A bill to authorize the Attorney General to make grants to States and localities to provide the right to counsel in civil actions related to eviction, and for other purposes; to the Committee on Financial Services, and in addition to the Committee on the Judiciary, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. DESAULNIER (for himself, Ms. LOFGREN, and Mr. BEYER):

H.R. 6697. A bill to authorize the Attorney General to carry out a pilot program to make grants to entities to develop gun safety technology, and for other purposes; to the Committee on the Judiciary.

By Mr. GARAMENDI (for himself, Ms. STRICKLAND, Mr. DOGGETT, Ms. BROWNLEY, and Mr. GRIJALVA):

H.R. 6698. A bill to provide Federal-local community partnership construction funding to local educational agencies eligible to receive payments under the Impact Aid program; to the Committee on Education and the Workforce.

By Mr. HORSFORD:

H.R. 6699. A bill to amend the Internal Revenue Code of 1986 to allow an above-the-line deduction for attorney fees and costs in connection with consumer claim awards; to the Committee on Ways and Means.

By Mr. LAMBORN:

H.R. 6700. A bill to require the Children's Bureau to collect and maintain information regarding all private adoptions, and for other purposes; to the Committee on Ways and Means.

By Mr. LAWLER:

H.R. 6701. A bill to amend the Internal Revenue Code of 1986 to increase and adjust for inflation the above-the-line deduction for teachers; to the Committee on Ways and Means.

By Mr. LAWLER:

H.R. 6702. A bill to amend the Internal Revenue Code of 1986 to allow a nonrefundable credit for elementary and secondary school supply expenses; to the Committee on Ways and Means.

By Mr. LAWLER:

H.R. 6703. A bill to amend the Internal Revenue Code of 1986 to allow a nonrefundable credit for certain organized sport equipment expenses; to the Committee on Ways and Means.

By Mrs. MCBATH:

H.R. 6704. A bill to require the Secretary of Labor to establish a grant program for States to improve or establish a credential repository, and for other purposes; to the Committee on Education and the Workforce.

By Mr. MOOLENAAR (for himself, Mrs. DINGELL, and Mr. CORREA):

H.R. 6705. A bill to require the Secretary of Health and Human Services to treat certain tests for tuberculosis as breakthrough devices eligible for expedited development and priority review, to require certain establishments that perform donor screening or testing to screen or test for active and latent tuberculosis, and for other purposes; to the Committee on Energy and Commerce.

By Mr. MORELLE (for himself and Ms. MENG):

H.R. 6706. A bill to amend the Richard B. Russell National School Lunch Act to fund the information clearinghouse through fiscal year 2031, and for other purposes; to the Committee on Education and the Workforce.

By Mr. MOYLAN:

H.R. 6707. A bill to repeal the requirements of the Foreign Dredge Act of 1906 with respect to dredging and dredged material; to the Committee on Transportation and Infrastructure.

By Mr. MOYLAN:

H.R. 6708. A bill to require the Secretary of the Army, acting through the Chief of Engineers, to propose a new nationwide permit under the Federal Water Pollution Control Act for dredging projects, and for other purposes; to the Committee on Transportation and Infrastructure.

By Mr. MOYLAN:

H.R. 6709. A bill to eliminate certain requirements with respect to dredging and dredged material, and for other purposes; to the Committee on Transportation and Infrastructure.

By Ms. NORTON:

H.R. 6710. A bill to amend the District of Columbia Home Rule Act to permit the District of Columbia to establish the rate of pay of the Chief Financial Officer of the District of Columbia; to the Committee on Oversight and Accountability.

By Mr. OBERNOLTE (for himself, Ms. CHU, Mr. WEBER of Texas, and Mr. CARBAJAL):

H.R. 6711. A bill to direct the Director of the Bureau of Prisons to conduct a comprehensive review of understaffing across the Bureau, and for other purposes; to the Committee on the Judiciary.

By Mr. RUIZ (for himself and Mr. AUSTIN SCOTT of Georgia):

H.R. 6712. A bill to amend the Specialty Crops Competitiveness Act of 2004 to provide recovery payments to seasonal and perishable crop growers who experienced low prices caused by imports, and for other purposes; to the Committee on Agriculture.

By Ms. SCANLON (for herself, Ms. BALINT, Mr. EVANS, Ms. JAYAPAL, Mr. NEGUSE, Ms. NORTON, Mr. RASKIN, and Ms. TLAIB):

H.R. 6713. A bill to direct the Director of the Bureau of Justice Statistics to establish a database with respect to corporate offenses, and for other purposes; to the Committee on the Judiciary, and in addition to the Committee on Oversight and Accountability, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. VAN DREW (for himself, Mr. NADLER, and Mr. SMITH of New Jersey):

H.R. 6714. A bill to provide remote access to court proceedings for victims of the 1988 Bombing of Pan Am Flight 103 over Lockerbie, Scotland; to the Committee on the Judiciary.

By Ms. VELÁZQUEZ (for herself, Ms. NORTON, Mr. ESPAILLAT, Ms. CLARKE of New York, and Ms. WILLIAMS of Georgia):

H.R. 6715. A bill to direct the Secretary of Education to make grants for hate crime prevention and prejudice reduction education, and for other purposes; to the Committee on Education and the Workforce.

By Mrs. WATSON COLEMAN (for herself, Mr. BOYLE of Pennsylvania, Ms. WILSON of Florida, Mr. PAYNE, Mr. GRIJALVA, Mr. JOHNSON of Georgia, Mr. EVANS, Mr. CONNOLLY, Ms. CHU, Mr. TORRES of New York, Mr. POCAN, Ms. LEE of California, Mr. COHEN, Ms. NORTON, Mr. CARSON, Mrs. HAYES, Ms. CROCKETT, Mr. MEEKS, Mr. CARTER of Louisiana, Mr. JACKSON of Illinois, Ms. STEVENS, Ms. BONAMICI, Mr. SWALWELL, Ms. MENG, Ms. LOIS FRANKEL of Florida, and Ms. SHERRILL):

H.R. 6716. A bill to amend title XXVII of the Public Health Service Act to provide for a special enrollment period for pregnant women, and for other purposes; to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, Education and the Workforce, and Oversight and Accountability, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. FLOOD (for himself and Mrs. HINSON):

H. Res. 920. A resolution disapproving of recommendations by the United Nations to reduce meat consumption in the United States; to the Committee on Agriculture, and in addition to the Committee on Foreign Affairs, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mrs. NAPOLITANO (for herself, Mrs. MILLER of West Virginia, Mr. CARBAJAL, Mr. GUTHRIE, Ms. NORTON, Mr. CALVERT, Mr. CARSON, Mr. ZINKE, Mr. MCGARVEY, Mr. HUIZENGA, Mr. THANEDAR, Mrs. KIGGANS of Virginia, Ms. TOKUDA, Mr. MOONEY, Mr. HARDER of California, Ms. LETLOW, Mrs. STEEL, Mr. ROGERS of Kentucky, and Mr. TIMMONS):

H. Res. 921. A resolution honoring the 30th anniversary of the National Guard Youth Challenge Program; to the Committee on Armed Services.

By Mr. MAST (for himself and Mrs. PELTOLA):

H. Res. 923. A resolution designating the main hearing room of the Committee on Transportation and Infrastructure as the ''Chairman Don Young Hearing Room''; to the Committee on Transportation and Infrastructure.

CONSTITUTIONAL AUTHORITY AND SINGLE SUBJECT STATEMENTS

Pursuant to clause 7(c)(1) of rule XII and Section 3(c) of H. Res. 5 the following statements are submitted regarding (1) the specific powers granted to Congress in the Constitution to enact the accompanying bill or joint resolution and (2) the single subject of the bill or joint resolution.

By Ms. BONAMICI:

H.R. 6691.

Congress has the power to enact this legislation pursuant to the following:

Article 1 Section 8

The single subject of this legislation is:
Education

By Ms. BONAMICI:
H.R. 6692.
Congress has the power to enact this legislation pursuant to the following:
Clause 1 of Section 8 of Article 1 of the Constitution
The single subject of this legislation is:
Higher education

By Mr. BUCHANAN:
H.R. 6693.
Congress has the power to enact this legislation pursuant to the following:
Article 1 Section 8 of the US constitution
The single subject of this legislation is:
To authorize the coverage of additional lung cancer screening tests under the Medicare program.

By Mr. CROW:
H.R. 6694.
Congress has the power to enact this legislation pursuant to the following:
Article I, Section 8, United States Constitution.
The single subject of this legislation is:
To direct the Director of National Intelligence to evaluate the attack by Hamas against Israel on October 7, 2023, and related intelligence efforts.

By Mr. DAVIDSON:
H.R. 6695.
Congress has the power to enact this legislation pursuant to the following:
Article 1, Section 8 of the U.S. Constitution
The single subject of this legislation is:
To authorize private parties to compel the Securities and Exchange Commission to seek sanctions by filing civil actions.

By Ms. DELAURO:
H.R. 6696.
Congress has the power to enact this legislation pursuant to the following:
Article I, Section 8, Clause 3
The single subject of this legislation is:
to keep individuals and families housed.

By Mr. DESAULNIER:
H.R. 6697.
Congress has the power to enact this legislation pursuant to the following:
Article 1, Section 8
The single subject of this legislation is:
Advancing gun safety technology

By Mr. GARAMENDI:
H.R. 6698.
Congress has the power to enact this legislation pursuant to the following:
Article I, Section 8, Clause 18
The single subject of this legislation is:
The bill provides federal-local community partnership construction funding to local educational agencies eligible to receive payments under the Impact Aid program.

By Mr. HORSFORD:
H.R. 6699.
Congress has the power to enact this legislation pursuant to the following:
Article 1 of the U.S. Constitution
The single subject of this legislation is:
The End Double Taxation of Successful Consumer Claims Act changes tax law so that plaintiffs that win consumer fraud cases are not liable for taxes on funds awarded to their attorney.

By Mr. LAMBORN:
H.R. 6700.
Congress has the power to enact this legislation pursuant to the following:
Article I Section WIII of the United States Constitution
The single subject of this legislation is:
To require the Children's Bureau of Health and Human Services to collect statistics from the court system on the domestic private adoptions within the United States.

By Mr. LAWLER:
H.R. 6701.
Congress has the power to enact this legislation pursuant to the following:
Article 1, Section 8 of the U.S. Constitution
The single subject of this legislation is:
Taxes

By Mr. LAWLER:
H.R. 6702.
Congress has the power to enact this legislation pursuant to the following:
Article 1, Section 8 of the U.S. Constitution
The single subject of this legislation is:
Taxes

By Mr. LAWLER:
H.R. 6703.
Congress has the power to enact this legislation pursuant to the following:
Article 1, Section 8 of the U.S. Constitution
The single subject of this legislation is:
Taxes

By Mrs. MCBATH:
H.R. 6704.
Congress has the power to enact this legislation pursuant to the following:
Interstate Commerce Clause—Article 1, Section 8, Clause 3
The single subject of this legislation is:
to establish a grant program for States to improve or establish credential repositories

By Mr. MOOLENAAR:
H.R. 6705.
Congress has the power to enact this legislation pursuant to the following:
Article I, Section 8, Clause 3: To regulate commerce with foreign nations, and among the several states, and with the Indian tribes;
The single subject of this legislation is:
This legislation would enhance the screening and testing for active and latent tuberculosis in human cell, tissue, and cellular and tissue-based donor products by requiring certain actions of the U.S. Food and Drug Administration.

By Mr. MORELLE:
H.R. 6706.
Congress has the power to enact this legislation pursuant to the following:
This bill is enacted pursuant to the power granted to Congress under Article I, Section 8, Clause 3 of the United States Constitution.
The single subject of this legislation is:
Anti-Poverty Initiative

By Mr. MOYLAN:
H.R. 6707.
Congress has the power to enact this legislation pursuant to the following:
Pursuant to Article one of the United States Constitution Congress has the power to enact this legislation.
The single subject of this legislation is:
Repeal the requirements of the Foreign Dredge Act of 1906 with respect to dredging and dredged material.

By Mr. MOYLAN:
H.R. 6708.
Congress has the power to enact this legislation pursuant to the following:
Pursuant to Article one of the United States Constitution Congress has the power to enact this legislation.
The single subject of this legislation is:
To require the Secretary of the Army, acting through the Chief of Engineers, to propose a new nationwide permit under the Federal Water Pollution Control Act for dredging projects, and for other purposes.

By Mr. MOYLAN:
H.R. 6709.
Congress has the power to enact this legislation pursuant to the following:
Pursuant to Article one of the United States Constitution Congress has the power to enact this legislation.
The single subject of this legislation is:
To eliminate certain requirements with respect to dredging and dredged material, and for other purposes.

By Ms. NORTON:
H.R. 6710.
Congress has the power to enact this legislation pursuant to the following:
clause 17 of section 8 of article I of the Constitution
The single subject of this legislation is:
This bill would give the District of Columbia the authority to increase the pay of its Chief Financial Officer.

By Mr. OBERNOLTE:
H.R. 6711.
Congress has the power to enact this legislation pursuant to the following:
Article I, Section 8.
The single subject of this legislation is:
Judiciary.

By Mr. RUIZ:
H.R. 6712.
Congress has the power to enact this legislation pursuant to the following:
Article I, section 8, Clauses 1 and 18 of the United States Constitution, to provide for the general welfare and make all laws necessary and proper to carry out the powers of Congress.
The single subject of this legislation is:
This bill establishes a program within the Department of Agriculture to make payments to certain producers of seasonal and perishable crops that experienced a decline in market price because of imports of such crops. The bill also sets out a method for calculating these payments.

By Ms. SCANLON:
H.R. 6713.
Congress has the power to enact this legislation pursuant to the following:
Article I Section 8
The single subject of this legislation is:
To direct the Director of the Bureau of Justice Statistics to establish a database with respect to corporate offenses.

By Mr. VAN DREW:
H.R. 6714.
Congress has the power to enact this legislation pursuant to the following:
Article I, Section 8 of the Constitution
The single subject of this legislation is:
Allows remote access to court proceedings of the alleged bombmaker in the December 21, 1988, terror attack on Pan Am Flight 103.

By Ms. VELÁZQUEZ:
H.R. 6715.
Congress has the power to enact this legislation pursuant to the following:
The Congress shall have Power to dispose of and make all needful Rules and Regulations respecting the Territory or other Property belonging to the United States; . . .
The single subject of this legislation is:
Education

By Mrs. WATSON COLEMAN:
H.R. 6716.
Congress has the power to enact this legislation pursuant to the following:
Article I, Section 8, Clause 18: [The Congress shall have Power . . .] To make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers, and all other Powers vested by this Constitution in the Government of the United States, or in any Department or Officer thereof.
The single subject of this legislation is:
To amend title XXVII of the Public Health Service Act to provide for a special enrollment period for pregnant women, and for other purposes.

ADDITIONAL SPONSORS

Under clause 7 of rule XII, sponsors were added to public bills and resolutions, as follows:

H.R. 7: Mr. MOORE of Alabama.

H.R. 39: Ms. WATERS.
H.R. 51: Mr. MENENDEZ.
H.R. 167: Mr. POCAN.
H.R. 244: Mr. LAWLER.
H.R. 266: Mr. GOTTHEIMER.
H.R. 396: Mrs. FLETCHER.
H.R. 427: Mrs. BICE, Mr. BENTZ, Mr. LOUDERMILK, Mr. CLINE, Mr. KUSTOFF, Mr. WEBSTER of Florida, Mr. JORDAN, and Mr. DUNCAN.
H.R. 533: Ms. SALINAS.
H.R. 537: Ms. SCHRIER and Ms. SLOTKIN.
H.R. 544: Mr. TRONE.
H.R. 590: Ms. LEE of California.
H.R. 594: Ms. HOYLE of Oregon.
H.R. 595: Ms. HOYLE of Oregon.
H.R. 603: Mr. MAGAZINER.
H.R. 619: Ms. TLAIB, Mr. THOMPSON of California, and Mr. THANEDAR.
H.R. 660: Mr. AMO.
H.R. 715: Mr. AMO.
H.R. 743: Mr. HUNT.
H.R. 782: Mr. GOLDEN of Maine.
H.R. 807: Mr. ROSE, Mr. MEEKS, and Mr. EZELL.
H.R. 884: Mrs. CHERFILUS-MCCORMICK.
H.R. 895: Mr. TIFFANY, Mr. BENTZ, and Ms. ESCOBAR.
H.R. 936: Mrs. STEEL.
H.R. 953: Mr. HORSFORD.
H.R. 987: Mr. AGUILAR, Ms. CARAVEO, Mr. CLINE, Mr. COHEN, Mr. CUELLAR, Ms. DEAN of Pennsylvania, Ms. DELAURO, Mr. JEFFRIES, Ms. MCCLELLAN, Mr. MCGOVERN, Mr. PANETTA, Ms. PETTERSEN, Ms. PINGREE, Mr. SORENSEN, Ms. SPANBERGER, Mrs. TRAHAN, and Ms. DELBENE.
H.R. 1097: Mr. BUCK and Ms. WASSERMAN SCHULTZ.
H.R. 1118: Ms. LEE of California and Ms. LEE of Nevada.
H.R. 1139: Mr. SHERMAN, Mr. LATTA, Mr. HORSFORD, and Mr. HUIZENGA.
H.R. 1167: Mr. JACKSON of Illinois.
H.R. 1269: Mr. SORENSEN.
H.R. 1278: Ms. TOKUDA.
H.R. 1298: Mr. FITZPATRICK.
H.R. 1342: Ms. LEE of California.
H.R. 1387: Ms. SLOTKIN.
H.R. 1483: Mr. BEYER.
H.R. 1511: Mr. POCAN.
H.R. 1624: Mr. BISHOP of Georgia.
H.R. 1627: Mr. VAN DREW.
H.R. 1685: Mr. AUCHINCLOSS.
H.R. 1725: Mr. CRANE.
H.R. 1801: Mr. SWALWELL.
H.R. 1831: Mr. MOSKOWITZ, Ms. SCHRIER, and Ms. SALINAS.
H.R. 1833: Mr. MRVAN, Ms. MATSUI, and Ms. DELAURO.
H.R. 1839: Mrs. TORRES of California.
H.R. 2365: Mr. ROUZER, Mr. POCAN, Mr. MCCAUL, Mrs. CAMMACK, and Mr. RYAN.
H.R. 2370: Ms. CRAIG.
H.R. 2403: Mr. SABLAN and Mr. TORRES of New York.
H.R. 2412: Mr. GREEN of Texas.
H.R. 2474: Mr. TONY GONZALES of Texas, Mr. MAGAZINER, Mr. BARR, Mr. QUIGLEY, Mr. SIMPSON, and Ms. WILD.
H.R. 2548: Mr. YAKYM.
H.R. 2552: Ms. NORTON.
H.R. 2667: Mr. DELUZIO.
H.R. 2700: Mr. GUEST.
H.R. 2705: Ms. SALINAS.
H.R. 2732: Mr. LALOTA.
H.R. 2766: Mr. COLE.
H.R. 2909: Mr. NEGUSE and Mr. GOLDMAN of New York.
H.R. 2923: Ms. STANSBURY and Ms. SÁNCHEZ.
H.R. 2955: Mrs. CAMMACK and Mr. ROUZER.
H.R. 3000: Mr. NUNN of Iowa.
H.R. 3005: Ms. HOYLE of Oregon, Ms. LEE of California, Mr. COSTA, Ms. ROSS, and Mr. VALADAO.
H.R. 3024: Mrs. PELTOLA.
H.R. 3036: Ms. SCHRIER.
H.R. 3063: Ms. PETTERSEN.
H.R. 3086: Mr. POCAN.
H.R. 3229: Ms. SLOTKIN.
H.R. 3238: Ms. KUSTER and Mr. THOMPSON of Pennsylvania.
H.R. 3350: Ms. CARAVEO.
H.R. 3400: Mrs. HOUCHIN.
H.R. 3403: Mr. GOTTHEIMER.
H.R. 3433: Mr. NUNN of Iowa, Ms. WASSERMAN SCHULTZ, Mr. TRONE, and Mr. TONKO.
H.R. 3475: Mr. MEUSER, Mr. SCHWEIKERT, and Mr. PHILLIPS.
H.R. 3541: Mrs. HINSON.
H.R. 3569: Mr. LAWLER.
H.R. 3611: Ms. TENNEY and Mr. SCHWEIKERT.
H.R. 3651: Mr. MAGAZINER.
H.R. 3713: Mr. ROBERT GARCIA of California, Mr. LEVIN, Mr. BACON, and Mr. CROW.
H.R. 3725: Mr. HARDER of California.
H.R. 3781: Mr. FITZPATRICK.
H.R. 3783: Mr. D'ESPOSITO.
H.R. 3850: Ms. OCASIO-CORTEZ, Ms. CASTOR of Florida, Ms. DELAURO, and Ms. DEGETTE.
H.R. 3851: Mr. PAPPAS.
H.R. 3916: Ms. LOIS FRANKEL of Florida.
H.R. 3933: Mr. LEVIN.
H.R. 3946: Mr. PAPPAS.
H.R. 3950: Ms. CHU and Mr. ARMSTRONG.
H.R. 3955: Mr. DAVIS of North Carolina and Mr. JACKSON of Illinois.
H.R. 4035: Mr. FITZGERALD.
H.R. 4172: Ms. BALINT.
H.R. 4262: Ms. DE LA CRUZ.
H.R. 4323: Mr. GROTHMAN.
H.R. 4335: Mr. FITZPATRICK and Mr. EVANS.
H.R. 4343: Mr. BACON.
H.R. 4422: Ms. LEE of Nevada, Mr. HUFFMAN, Mr. RUIZ, and Ms. MATSUI.
H.R. 4432: Mr. SMITH of Washington, Mrs. MCBATH, Mr. CASTRO of Texas, Mr. LIEU, Ms. OMAR, Mr. LANDSMAN, Mrs. SYKES, Mr. HIGGINS of New York, Ms. KUSTER, Mr. CASAR, Mr. PALLONE, Mrs. NAPOLITANO, Mr. CLEAVER, Mr. GOLDEN of Maine, Ms. ESHOO, and Mrs. FLETCHER.
H.R. 4541: Mr. BACON.
H.R. 4610: Mr. VEASEY.
H.R. 4682: Mr. ROGERS of Alabama, Mr. COLE, Mr. GOTTHEIMER, and Mr. WILSON of South Carolina.
H.R. 4771: Ms. SCHAKOWSKY and Ms. LEE of California.
H.R. 4867: Mr. COLE and Mr. GOTTHEIMER.
H.R. 4904: Mr. NORMAN.
H.R. 4937: Mr. STEUBE.
H.R. 4945: Mr. MAGAZINER.
H.R. 5003: Mr. TORRES of New York and Ms. BROWNLEY.
H.R. 5012: Mr. LATURNER.
H.R. 5035: Mr. DAVIS of North Carolina.
H.R. 5054: Mr. LIEU.
H.R. 5075: Mr. GARCÍA of Illinois.
H.R. 5077: Ms. JAYAPAL and Ms. SÁNCHEZ.
H.R. 5085: Mr. TRONE.
H.R. 5097: Ms. SCHRIER and Ms. SÁNCHEZ.
H.R. 5113: Mr. TAKANO.
H.R. 5116: Mrs. NAPOLITANO.
H.R. 5140: Ms. LEGER FERNANDEZ.
H.R. 5163: Mrs. MILLER of West Virginia.
H.R. 5175: Ms. SÁNCHEZ and Mr. GOLDMAN of New York.
H.R. 5250: Mr. TONKO.
H.R. 5266: Mr. JACKSON of North Carolina and Mr. GIMENEZ.
H.R. 5302: Mr. BACON.
H.R. 5399: Mr. D'ESPOSITO and Mr. LALOTA.
H.R. 5456: Ms. SCHRIER.
H.R. 5473: Mr. GOTTHEIMER.
H.R. 5502: Mr. MCGOVERN.
H.R. 5526: Mr. GRIFFITH.
H.R. 5547: Mr. FERGUSON.
H.R. 5588: Ms. SHERRILL.
H.R. 5613: Mr. LAWLER.
H.R. 5778: Mr. HARDER of California.
H.R. 5785: Mr. ALLRED and Ms. TOKUDA.
H.R. 5796: Mr. LATURNER, Mr. ESTES, and Mr. MURPHY.
H.R. 5798: Mr. NICKEL and Mr. CUELLAR.
H.R. 5804: Mr. PETERS.
H.R. 5839: Ms. LEE of Florida.
H.R. 5851: Mr. MCGOVERN, Mr. COSTA, Mr. COHEN, and Ms. WILLIAMS of Georgia.
H.R. 5867: Mr. STEUBE.
H.R. 5917: Mr. LAWLER.
H.R. 5920: Ms. SHERRILL.
H.R. 5979: Mr. GOTTHEIMER.
H.R. 5995: Ms. HOYLE of Oregon and Mr. LALOTA.
H.R. 6023: Mr. RYAN.
H.R. 6030: Mr. LEVIN.
H.R. 6031: Ms. OCASIO-CORTEZ, Ms. HOULAHAN, Mr. MRVAN, Ms. DELAURO, Ms. CASTOR of Florida, Mr. SCHNEIDER, and Ms. MATSUI.
H.R. 6049: Mr. MAST, Ms. LEE of California, Mr. BILIRAKIS, Ms. SCHAKOWSKY, Mr. CASTRO of Texas, Ms. BONAMICI, Mr. PHILLIPS, Mr. MEUSER, and Ms. MENG.
H.R. 6077: Mr. TRONE.
H.R. 6090: Mr. YAKYM.
H.R. 6124: Mr. MAGAZINER.
H.R. 6129: Mr. LAMALFA and Mr. EDWARDS.
H.R. 6156: Ms. DAVIDS of Kansas and Mr. TRONE.
H.R. 6161: Mr. BACON and Ms. CRAIG.
H.R. 6175: Mr. CLINE.
H.R. 6179: Mr. SHERMAN.
H.R. 6203: Ms. OMAR.
H.R. 6213: Mrs. SYKES, Mr. MORELLE, and Mr. NEGUSE.
H.R. 6262: Mr. CASAR.
H.R. 6283: Mr. VALADAO.
H.R. 6295: Mrs. RODGERS of Washington.
H.R. 6301: Mr. CONNOLLY and Ms. CASTOR of Florida.
H.R. 6306: Mr. LAWLER.
H.R. 6307: Mr. SMITH of New Jersey and Ms. SHERRILL.
H.R. 6318: Mr. GARCÍA of Illinois.
H.R. 6379: Ms. TOKUDA.
H.R. 6390: Mr. CRANE.
H.R. 6394: Ms. HOULAHAN and Mr. VAN DREW.
H.R. 6415: Mr. ROBERT GARCIA of California, Mr. BACON, Mr. GRIJALVA, Mr. GOLDMAN of New York, Ms. LEE of California, and Ms. ROSS.
H.R. 6416: Mr. LAWLER.
H.R. 6423: Mr. DESAULNIER.
H.R. 6430: Ms. CARAVEO.
H.R. 6460: Mr. CLINE.
H.R. 6501: Mr. SELF.
H.R. 6504: Mr. DAVIDSON, Mr. ROSENDALE, Mrs. HARSHBARGER, Mr. MOOLENAAR, Mr. BURCHETT, Ms. BOEBERT, and Mr. RESCHENTHALER.
H.R. 6515: Ms. TOKUDA and Ms. BARRAGÁN.
H.R. 6516: Mr. GOTTHEIMER, Ms. SLOTKIN, Ms. LEE of Nevada, Ms. CHU, Mr. BOST, and Mr. SMITH of Nebraska.
H.R. 6519: Mr. PAPPAS.
H.R. 6527: Ms. ADAMS.
H.R. 6545: Mr. RESCHENTHALER.
H.R. 6570: Ms. TLAIB, Ms. MACE, Mr. CASAR, Mr. BURLISON, Mr. GOOD of Virginia, Mr. BISHOP of North Carolina, Mr. VAN DREW, Mr. WEBER of Texas, Ms. HAGEMAN, Mr. BLUMENAUER, Mr. MOONEY, Ms. CHU, and Ms. PORTER.
H.R. 6578: Ms. STEFANIK.
H.R. 6585: Mrs. MCCLAIN, Mr. SMUCKER, Mrs. HOUCHIN, Mr. DAVIS of Illinois, and Mr. THOMPSON of Pennsylvania.
H.R. 6586: Mr. LAWLER and Mr. BAIRD.
H.R. 6592: Mr. MENENDEZ.
H.R. 6593: Ms. SCHAKOWSKY and Mr. GARCÍA of Illinois.
H.R. 6594: Ms. SCHAKOWSKY and Mr. GARCÍA of Illinois.
H.R. 6625: Mr. D'ESPOSITO and Mrs. PELTOLA.
H.R. 6634: Ms. VELÁZQUEZ, Mrs. RAMIREZ, Ms. BUSH, Ms. WASSERMAN SCHULTZ, and Ms. WATERS.
H.R. 6641: Ms. TOKUDA.
H.R. 6652: Ms. SHERRILL.

H.R. 6654: Mr. CARSON, Mr. GARCÍA of Illinois, Ms. STANSBURY, Ms. WATERS, Ms. BALINT, and Ms. CHU.

H.R. 6662: Mr. CASE.

H.R. 6668: Mr. CRANE.

H.R. 6671: Mr. MIKE GARCIA of California.

H.R. 6672: Mrs. LUNA, Ms. PINGREE, Mr. RASKIN, Mr. KHANNA, Mr. LAWLER, Mrs. RAMIREZ, Mr. ALFORD, Mr. DESJARLAIS, Mr. HUNT, Mr. MCCAUL, and Ms. GREENE of Georgia.

H.R. 6681: Mr. BACON.

H.R. 6687: Mrs. HINSON, Mr. BARR, and Mr. MOOLENAAR.

H.J. Res. 97: Ms. HAGEMAN.

H.J. Res. 98: Mr. BARR, Mr. PERRY, Ms. HAGEMAN, Mrs. BICE, Mr. JOYCE of Ohio, Mr. GUTHRIE, Mr. HERN, Mr. GOSAR, and Mr. BURLISON.

H. Con. Res. 29: Mr. GOTTHEIMER.

H. Con. Res. 73: Mr. STEUBE.

H. Res. 156: Mr. MOULTON.

H. Res. 277: Ms. SLOTKIN.

H. Res. 365: Ms. DE LA CRUZ.

H. Res. 376: Ms. SLOTKIN.

H. Res. 627: Mr. FRY.

H. Res. 689: Mr. CASAR, Ms. JAYAPAL, and Mr. CLEAVER.

H. Res. 737: Mr. SWALWELL, Mr. CARSON, Ms. ADAMS, Mr. MRVAN, Mr. DAVID SCOTT of Georgia, Mr. COSTA, and Mrs. TRAHAN.

H. Res. 803: Mr. GOTTHEIMER.

H. Res. 806: Mr. HUDSON.

H. Res. 837: Mr. GOTTHEIMER.

H. Res. 881: Ms. MCCLELLAN.

H. Res. 882: Ms. NORTON and Ms. TOKUDA.

H. Res. 883: Mr. FLEISCHMANN, Mr. NEWHOUSE, Mr. WEBER of Texas, Mr. YAKYM, and Mr. ARMSTRONG.

H. Res. 895: Mr. PETERS, Mrs. CHERFILUS-MCCORMICK, Ms. SCHRIER, Ms. WILLIAMS of Georgia, Mr. RASKIN, Mr. ROBERT GARCIA of California, Mr. RYAN, and Ms. CRAIG.

H. Res. 901: Mr. CONNOLLY, Ms. SLOTKIN, Mr. JAMES, Ms. WILD, and Mr. HUIZENGA.

H. Res. 907: Ms. JACOBS, Mr. CORREA, Mr. RYAN, Mr. MOULTON, Ms. TOKUDA, Ms. BARRAGÁN, Ms. BALINT, Mr. AUCHINCLOSS, Mr. MAGAZINER, Mr. DESAULNIER, and Ms. KUSTER.