trapped in areas where mobile connectivity may not be available due to natural disasters or other devastating events.

I commend Representatives O'HALLERAN and CARTER for their bipartisan work on this bill. This is a good bill as it ensures that one of our Nation's key telecommunications facilities has the necessary tools and resources to not only continue to do its work but also expand its activities, including by enhancing rescue efforts for Americans trapped in disaster areas.

Madam Speaker, I urge my colleagues to support this bill, and I look forward to its consideration in the Senate.

Madam Speaker, I reserve the balance of my time.

Mr. CARTER of Georgia. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise today in support of my bill, H.R. 4990, the ITS Codification Act.

As demand for wireless technology continues to grow, we must continue to focus on identifying potential opportunities to make more spectrum available for commercial use, including reallocating and sharing spectrum from Federal users.

In order to protect Federal missions, these reallocation decisions rely on complex technical testing and analysis that experts at the Federal Communications Commission and National Telecommunications and Information Administration evaluate. As policymakers consider reallocating Federal spectrum for commercial use, it is critical that the FCC and NTIA have the information they need to make these decisions.

The Institute for Telecommunication Sciences, or ITS, within NTIA plays an essential role in conducting the radiofrequency tests that provide this technical information. The work ITS performs has led to innovative advancements in the way we manage our airwaves.

These airwaves power faster mobile connectivity for Americans, and making more spectrum available in the future is critical to beating China and others in wireless and technological innovation.

The ITS Codification Act will strengthen statutory authority for ITS and ensure that the work they do to advance United States wireless leadership remains a critical ingredient to our success.

Furthermore, I am proud that H.R. 4990 went through regular order and enjoyed unanimous support in both the subcommittee and full committee markups of the Committee on Energy and Commerce.

Madam Speaker, I urge my colleagues to support the legislation, and I yield back the balance of my time.

Mr. PALLONE. Madam Speaker, I would do the same. This is a significant bill. I urge everyone to support it on a bipartisan basis, 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 Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 4990, 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.

## SOUTH ASIAN HEART HEALTH AWARENESS AND RESEARCH ACT OF 2022

Mr. PALLONE. Madam Speaker, pursuant to House Resolution 1254, I call up the bill (H.R. 3771) to amend the Public Health Service Act to provide for research and improvement of cardiovascular health among the South Asian population of the United States, and for other purposes, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

The SPEAKER pro tempore (Ms. CHU). Pursuant to House Resolution 1254, in lieu of the amendment in the nature of a substitute recommended by the Committee on Energy and Commerce printed in the bill, an amendment in the nature of a substitute consisting of the text of Rules Committee Print 117–58 is adopted, and the bill, as amended, is considered read.

The text of the bill, as amended, is as follows:

H.R. 3771

*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 ''South Asian Heart Health Awareness and Research Act of 2022''.*

***SEC. 2. HEART HEALTH PROMOTION GRANTS.***

*Title III of the Public Health Service Act (42 U.S.C. 241 et seq.) is amended by inserting after section 317U (42 U.S.C. 247b–23) the following new section:*

***''SEC. 317V. HEART HEALTH PROMOTION GRANTS.***

*''(a) IN GENERAL.—The Secretary may make grants to States for the purpose of promoting awareness of the increasing prevalence of heart disease, including, where appropriate, its relationship to type 2 diabetes, in communities disproportionately affected by heart disease such as South Asian communities in the United States.*

*''(b) USE OF FUNDS.—A State that receives a grant under subsection (a) shall use such grant funds—*

*''(1) to develop culturally appropriate materials on evidence-based heart health promotion topics, such as nutrition education, optimal diet plans, and programs for regular exercise;*

*''(2) to support heart health promotion activities of community organizations that work with or serve communities disproportionately affected by heart disease, such as South Asian communities in the United States; or*

*''(3) to support, with respect to research conducted relating to heart disease, conferences and workshops on how practices, methodologies, and designs of such research should be changed to include in such research more members of communities disproportionately affected by heart disease, such as South Asian communities in the United States.*

*''(c) ANNUAL REPORT TO CONGRESS.—Not later than 180 days after the date of the enactment of the South Asian Heart Health Awareness and Research Act of 2022, and annually thereafter, the Secretary shall submit to Congress a report on outreach efforts and data relating to heart disease in communities disproportionately affected by heart disease, such as South Asian communities in the United States.*

*''(d) AUTHORIZATION OF APPROPRIATIONS.—For purposes of carrying out this section, there is authorized to be appropriated $1,000,000 for each of fiscal years 2023 through 2027.''.*

***SEC. 3. HEART HEALTH RESEARCH.***

*Part B of title IV of the Public Health Service Act (42 U.S.C. 284 et seq.) is amended by adding at the end the following new section:*

***''SEC. 409K. HEART HEALTH RESEARCH.***

*''(a) IN GENERAL.—The Secretary may—*

*''(1) conduct or support research and related activities regarding cardiovascular disease, type 2 diabetes, and other heart health-related ailments among at-risk populations, including South Asian communities in the United States; and*

*''(2) establish an internet clearinghouse to catalog existing evidence-based heart health research and treatment options for communities disproportionately affected by heart disease, such as South Asian communities in the United States, to prevent, treat, or reverse heart disease and diabetes.*

*''(b) AUTHORIZATION OF APPROPRIATIONS.—For purposes of carrying out this section, there is authorized to be appropriated $1,000,000 for each of fiscal years 2023 through 2027.''.*

The SPEAKER pro tempore. The bill, as amended, shall be debatable for 1 hour equally divided and controlled by the chair and ranking minority member of the Committee on Energy and Commerce or their respective designees.

After 1 hour of debate on the bill, as amended, it shall be in order to consider the further amendment printed in part A of House Report 117–432, if offered by the Member designated in the report, which shall be considered read, shall be separately debatable for the time specified in the report equally divided and controlled by the proponent and an opponent, and shall not be subject to a demand for a division of the question.

The gentleman from New Jersey (Mr. PALLONE) and the gentleman from Georgia (Mr. CARTER) each will control 30 minutes.

The Chair recognizes the gentleman from New Jersey.

□ 1215

GENERAL LEAVE

Mr. PALLONE. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and add extraneous material on H.R. 3771.

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

There was no objection.

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

Madam Speaker, I rise today in support of H.R. 3771, the South Asian Heart Health Awareness and Research Act of 2022. I thank Representative

JAYAPAL and the bill's bipartisan sponsors for their work on this important piece of legislation.

Heart disease, Madam Speaker, claims a life in the United States every 34 seconds. In 2020 alone, heart disease resulted in the deaths of 697,000 Americans. These statistics, which are troubling by themselves, are further shaped by systemic health disparities. Black men have a 70 percent higher risk of heart failure compared to White men, and Black women have a 50 percent higher risk compared to White women. Heart disease is the leading cause of death among Hispanic men, and for Hispanic women, heart disease is second only to cancer.

The South Asian community is also disproportionately impacted by this deadly disease. While South Asians comprise 23 percent of the world's population as of 2020, they carry approximately 60 percent of the world's global burden of heart disease. The increased risk and disproportionate impact that heart disease has on the South Asian-American community in this country is often obscured by the lack of data specificity, as South Asian Americans are often grouped with other Asian Americans.

So H.R. 3771 takes a multipronged approach to address these trends. The legislation allows States to direct culturally appropriate resources to communities that are disproportionately impacted by heart disease through grants, with the goal of increasing awareness and promoting prevention. The legislation also supports research efforts on cardiovascular disease, type 2 diabetes, and other heart-related ailments among at-risk populations.

H.R. 3771 is a bipartisan, commonsense approach to an undeniable heart health and research gap for the South Asian-American community. These important investments will ensure a greater understanding with respect to individuals disproportionately at risk for heart-related disease and will help in our efforts to address disparities in heart health currently experienced by many Americans.

Madam Speaker, I urge my colleagues to support this important legislation.

I just want to thank Representative JAYAPAL, again, because, as you know, Madam Speaker, I have a very large Asian-American community, and many of them, particularly the healthcare providers, have pointed to the problems disproportionately with heart disease.

Madam Speaker, I reserve the balance of my time.

Mr. CARTER of Georgia. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise today to express my concerns with H.R. 3771, the South Asian Heart Health Awareness and Research Act of 2022.

Investing in the health of all Americans through innovative and targeted programming has been a priority for House Republicans. We have been steadfast in our support for heart health promotion and cardiovascular research through consistent and robust funding of the National Institutes of Health and most recently through passage of Congressman BARR's H.R. 1193, the Cardiovascular Advances in Research and Opportunities Legacy Act.

Unfortunately, H.R. 3771, the South Asian Heart Health Awareness and Research Act of 2022, that we are discussing today will do nothing to meaningfully improve cardiovascular health of Americans.

Energy and Commerce Committee Republicans have repeatedly expressed concerns throughout the entire legislative process. There are already numerous Federal initiatives at the CDC, the NIH, and the Patient-Centered Outcomes Research Institute which are already dedicated to cardiovascular health. What the CDC really needs to do is refocus on its original mission of controlling and responding to infectious diseases.

After extending itself in so many directions in their interest of prevention and public health, the CDC has become nearly incapable of adequately addressing serious threats posed by infectious diseases, especially novel ones for which there is little information about risks, spread, and treatment. Now is not the time to create duplicative programs when the CDC's management of an ongoing pandemic and the current monkeypox outbreak has arguably been abysmal.

Former FDA Commissioner Scott Gotttlieb was recently quoted as saying that it may be too late to control and contain the monkeypox and compared CDC's response to the start of the COVID–19 pandemic saying that the U.S. is making a lot of the same mistakes, such as a lack of testing and not enough vaccines.

I couldn't agree more.

The window to getting this under control is closing fast. There are other concerning infectious diseases that need to be addressed. Ghana just recently declared an outbreak of Marburg virus, an incredibly infectious and deadly virus that needs to be addressed by the global health community immediately before it gets out of hand.

Addressing and preventing heart disease is important. Make no mistake about that. But the ever-expanding portfolio of public health issues is simply not sustainable. We don't need another duplicative public health prevention initiative that further erodes the CDC's focus.

Madam Speaker, I urge a ''no'' vote on this bill, and I reserve the balance of my time.

Mr. PALLONE. Madam Speaker, I yield such time as she may consume to the gentlewoman from Washington (Ms. JAYAPAL), who is the bill's sponsor.

Ms. JAYAPAL. Madam Speaker, I thank Chairman PALLONE for all the work he has done. I know he has a big API community in his district, so we appreciate his attention to these issues.

I am very proud to rise in support of my bipartisan bill, the South Asian Heart Health Awareness and Research Act, and I thank my colleague from the other side of the aisle, Representative JOE WILSON, as well as several other Republicans who have cosponsored this bill and for leading on this issue with me.

Every 38 seconds, a person in the United States dies from cardiovascular disease. It is the leading cause of death, regardless of gender, for most racial and ethnic groups in America. But within those groups, South Asian Americans have the highest death rate from heart disease nationwide.

Now, one of the things I love about Congress is that when we have representation of various diverse communities, we are able to bring up issues that our constituents raise to us or that we feel very viscerally. I first introduced this bill in 2017 after the mother of Ven Neralla, my then-legislative director and who is still a staff member here in Congress, tragically died suddenly of heart disease. As we started researching the issue what we learned is that South Asian Americans are four times more likely to develop heart disease than the general population.

As the first South Asian-American woman in the House of Representatives, I am aware of the barriers that our communities experience to address this epidemic. Much of our knowledge about the risks within this community is actually thanks to relatively new research and personal experience. We just don't exhibit the typical risk factors for heart disease, which hinders early diagnosis and prevention measures, not only within our own community but within the broader group of people who have heart disease.

So while my bill does focus on the South Asian community, it benefits all Americans, and it is careful in the bill—in working through language with Republicans last year and in this Congress—to make sure that we have that multipronged approach. It is even more important as we continue to grapple with the lasting impacts of COVID–19. The American Heart Association says that heart disease will likely continue to kill more Americans than any other cause as '' . . . the influence of COVID–19 will directly and indirectly impact rates of cardiovascular disease prevalence and deaths for years to come. . . .''

Ven's mom would have turned 80 this year. His family is just one of millions who have lost a loved one because of heart disease. But her death will not be in vain. This bill will help prevent other families from undergoing this same tragedy. By passing this bill, not only will we prevent deaths within the South Asian community, but we will also increase awareness and understanding of cardiovascular disease that

will benefit the health and well-being of every American.

Again, I am grateful to my colleagues on the other side of the aisle who understand the importance of this bill and have really stepped up to help me pass this legislation on the floor today.

Madam Speaker, I urge my colleagues to vote ''yes'' on passing this bill and saving lives.

Mr. CARTER of Georgia. Madam Speaker, I yield 3 minutes to the gentlewoman from Iowa (Mrs. MILLER-MEEKS). Dr. MARIANNETTE MILLER-MEEKS is someone who is no less than an expert in public health.

Mrs. MILLER-MEEKS. Madam Speaker, I thank Representative CARTER for yielding me time.

Madam Speaker, I rise today in support of the Republican motion to recommit H.R. 3771.

We can all agree that preventing myocardial events in Asian Americans and all populations is important, but the health of our children coming through the pandemic is critical.

The Republican motion to recommit would require the Department of Health and Human Services to submit a report to Congress on the education crisis in K–12 public schools as a result of the COVID–19 pandemic. This report would include the total number of days schools were closed, the impact that school closures had on our most vulnerable population—which includes both academic achievement and mental health—and the amount of classroom instruction time that was lost.

As a mother of two children, I understand how important it is for all kids to be in school and learning among their peers. Unfortunately, throughout the COVID–19 pandemic, many schools had vaccine mandates, masking requirements, and virtual-only learning which has resulted in students paying the price through learning loss. The report to Congress this motion to recommit authorizes will provide us with the data that will help us move forward from this pandemic.

Early in the pandemic there was a lot of focus on limiting people's interactions with others. However, by summer of 2020, I would argue that the risk of keeping schools closed and how to reopen them as safely as possible was known. In fact, this was widely the practice in Europe.

As a physician and former Iowa director of public health, I recognize that children are at infinitesimally low risk of severe illness with COVID. In fact, in February of 2021, The New York Times reported that 86 percent of pediatric disease experts recommended in-person schooling regardless of vaccination status. In addition, a recent study found that grade-schoolers are at a lower risk than vaccinated adults.

By using transparent data from the CDC, we can make the best decisions for students when it comes to in-person instruction, vaccine and masking mandates, and their mental health, given the startling rise in youth suicide.

I believe that it is imperative for students to go to school and have in-person instruction. Our future leaders depend on the best education possible, which starts in the classroom. Let me repeat that: in the classroom.

Madam Speaker, I urge my colleagues to vote in support of the Republican motion to recommit. As we are entering a new school year after 2 years of a pandemic, our students deserve to be back in the classroom among their peers.

Madam Speaker, I ask unanimous consent to insert the text of the amendment in the RECORD immediately prior to the vote on the motion to recommit.

The SPEAKER pro tempore (Mrs. BUSTOS). Is there objection to the request of the gentlewoman from Iowa?

There was no objection.

Mr. PALLONE. Madam Speaker, I yield such time as she may to consume to the gentlewoman from California (Ms. CHU).

Ms. CHU. Madam Speaker, I rise today in strong support of H.R. 3771, the bipartisan South Asian Heart Health Awareness and Research Act, which will not only raise awareness about the prevalence of heart disease in the South Asian community but save lives across our country.

I thank Congresswoman JAYAPAL for introducing this very important bill.

Language barriers, stigma, a lack of data surrounding AANHPI health, and the rise in anti-Asian rhetoric and violence are just some of the challenges communities of color face in accessing healthcare. South Asian Americans, in particular, have four times the risk of heart disease compared to the general population.

The factors behind this epidemic of heart disease among this community are not understood, and, more importantly, preventative measures are rarely shared. This bill before us today will tackle these issues and help to reverse these frightening trends and better protect South Asian-American communities nationwide, as well as patients of all races and ethnicities.

Specifically, this bill will create heart health promotion grants at the Centers for Disease Control to develop culturally appropriate materials to promote heart health, so that no one loses out on lifesaving information just because of the language they speak. It would also establish a clearinghouse of information on heart health through the NIH and conduct research on cardiovascular disease and other heart ailments among communities disproportionately affected by heart disease, such as South Asian Americans.

I am proud to be a cosponsor of this legislation and have been proud to support its endorsement by the Congressional Asian Pacific American Caucus which I chair. This bill is going to save lives, and we must pass it today.

□ 1230

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

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

Let me just thank, again, Ms. JAYAPAL and others on a bipartisan basis. This is a very important bill for my district in many areas where we have a large South Asian community.

And one of the things that Ms. CHU mentioned was the data. Oftentimes, we don't have the data, and just getting the information, in itself, is going to be significant as a result of this bill. I ask for support on both sides, and I yield back the balance of my time.

Ms. JACKSON LEE. Madam Speaker, I rise in support of H.R. 3771, known as the South Asian Heart Health Awareness and Research Act of 2021.

This bill establishes programs that support heart-disease research and awareness among communities disproportionately affected by heart disease, like the South Asian community within the United States.

The South Asian American community across the United States grew by nearly 40 percent between 2010 and 2017. Today, there are over 5 million South Asian Americans in the United States.

South Asian Americans are four times more likely to suffer from heart disease than other ethnic groups, and experience heart problems nearly a decade earlier on average.

Globally, South Asians have emerged as the ethnic group with the highest prevalence of Type 2 diabetes, which is a leading cause of heart disease.

Type 2 diabetes often occurs due to a combination of a patient's genetics, and environment. Those with South Asian heritage contain a genetic predisposition that places them at an even greater risk for Type 2 diabetes, and by extension, heart disease.

Studies have shown that South Asians in the United States—people who immigrated from or whose families immigrated from countries including India, Pakistan, Bangladesh, Sri Lanka and Nepal—are experiencing dramatic rises in rates of heart disease when compared to other immigrant groups within the United States.

As a co-chair of the Congressional Pakistan Caucus and a member of the Congressional India Caucus, I've had the pleasure of engaging with members of the South Asian community, especially within my hometown of Houston. Texas has one of the highest populations of South Asian Americans, along with California and New Jersey.

This bill would direct the Department of Health and Human Services (HHS) Secretary to create grants to provide funding for community groups involved in South Asian heart health advocacy, while also developing culturally appropriate materials to promote heart health in the South Asian community.

These culturally appropriate materials to promote heart health would be tailored by health care providers who best understand the specific needs of the South Asian community within the United States.

It would also direct the HHS Secretary to fund grants through the National Institutes of Health (NIH) to conduct research on cardiovascular disease and other heart ailments.

Organizations like the South Asian Heart Center and the South Asian Health Initiative would be eligible for these opportunities.

These organizations work to educate members of the South Asian American community

about their increased risk for heart disease, lead prevention efforts through programs that promote healthy lifestyles, and work on research towards understanding why South Asian Americans are at an increased risk for heart disease.

This legislation would be instrumental in improving the health and wellbeing of millions of Americans. It is endorsed by a number of health organizations such as:

the American College of Cardiology,

American Heart Association,

American Medical Association,

American Stroke Association,

WomenHeart: The National Coalition for Women with Heart Disease,

American Association of Physicians of Indian Origin,

South Asian Public Health Association,

Hindu American Foundation,

Hindu American Physicians in Seva,

South Asian Health Lifestyle Intervention,

Bangladsh Medical Association of North America, and

South Asian Heart Center.

I urge my colleagues to support H.R. 3771.

Ms. ESHOO. Madam Speaker, I rise in support of H.R. 3771, the ''South Asian Heart Health Awareness and Research Act of 2022.'' As Chairwoman of the House Health Subcommittee, I'm proud to have advanced this bipartisan bill and I'm pleased to support it on the Floor today.

''The South Asian Heart Health Awareness and Research Act of 2022'' sponsored by Representatives JAYAPAL and FITZPATRICK promotes research and awareness of heart health for communities that are disproportionately affected by heart disease.

Cardiovascular disease is the leading cause of death in the U.S., but it is a disproportionate killer. According to the American College of Cardiology, South Asian Americans are four times more likely to die from cardiovascular disease than any other ethnic group in the U.S. Despite these alarming statistics, researchers still do not fully understand why it is such a targeted threat.

This legislation provides $1 million annually for the next five years to advance research and awareness of heart health for the most vulnerable American communities.

''The South Asian Heart Health Awareness and Research Act'' was introduced in the 115th Congress, passed the House in 116th Congress, and is past-due to become law in the 117th Congress. I urge my colleagues to help close this health disparity gap in our country and support this important bill.

The SPEAKER pro tempore. All time for debate on the bill has expired.

AMENDMENT NO. 1 OFFERED BY MR. PALLONE

The SPEAKER pro tempore. It is now in order to consider amendment No. 1 printed in part A of House Report 117–432.

Mr. PALLONE. Madam Speaker, I have an amendment at the desk that was made in order by the rule.

The SPEAKER pro tempore. Does the gentleman from New Jersey rise as the designee for the gentlewoman from New Jersey?

Mr. PALLONE. Yes, I will be the designee in lieu of Ms. SHERRILL.

The SPEAKER pro tempore. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 2, strike lines 15 through 22 and insert the following:

''(c) REPORTS TO CONGRESS.—

''(1) STUDY ON RELATIONSHIP BETWEEN CERTAIN RATES OF MORBIDITY AND MORTALITY AS A RESULT OF HEART DISEASE IN AT-RISK POPULATIONS.—

''(A) IN GENERAL.—Not later than 60 days after the date of enactment of this section, the Secretary shall seek to enter into an agreement with the National Academies of Sciences, Engineering, and Medicine (or, if the National Academies decline to enter into the agreement, another appropriate entity) under which the National Academies (or other appropriate entity) will conduct a study of the relationship between COVID–19 and rates of morbidity and mortality as a result of heart disease in at-risk populations, such as South Asian communities in the United States.

''(B) REPORT.—Not later than 5 years after the date of enactment of this section, the Secretary shall submit to the Congress a report on the results of the study under subsection (a).

''(2) REPORT ON OUTREACH.—Not later than 180 days after the date of the enactment of this section, and annually thereafter, the Secretary shall submit to Congress a report on outreach efforts and data relating to heart disease in communities disproportionately affected by heart disease, such as South Asian communities in the United States.''.

The SPEAKER pro tempore. Pursuant to House Resolution 1254, the gentleman from New Jersey (Mr. PALLONE) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from New Jersey.

Mr. PALLONE. Madam Speaker, I rise today in support of the underlying bill, H.R. 3771, and to offer an amendment that focuses on the impact of COVID–19 on rates of heart disease in at-risk communities.

The COVID–19 pandemic has taken an immeasurable toll on the American people. Over one million people have lost their lives, and countless more will suffer long-term health impacts as a result of the disease.

There is an undeniable link between COVID–19 infections and ongoing heart complications. A study published in Nature Medicine in February of this year concluded the risk of heart problems 1 year after COVID–19 infection is substantial.

COVID–19 can indirectly attack the heart through lack of oxygen, causing the heart to overwork and contributing to cell death and tissue damage in the heart and other organs. It can also infect the heart's muscle tissue, leading to tissue damage and inflammation, stress cardiomyopathy, and blood clots.

And as a result, COVID–19 has only widened heart health disparities around the country. During the pandemic, Black, Hispanic, and Asian populations in the U.S. experienced a disproportionate rise in deaths caused by heart disease.

This amendment directs the Secretary of HHS to enter into an agreement with the National Academies of Science, Engineering, and Medicine, or another appropriate entity, to conduct a study on the relationship between COVID–19 and rates of morbidity and mortality as a result of heart disease in at-risk communities.

We must take steps now to understand the scope of the relationship between COVID–19 and heart disease in our most vulnerable populations.

Madam Speaker, I reserve the balance of my time.

Mr. CARTER of Georgia. Madam Speaker, I rise in opposition to the amendment.

The SPEAKER pro tempore. The gentleman is recognized for 5 minutes.

Mr. CARTER of Georgia. Madam Speaker, I rise to express my concerns with the amendment offered by Representative SHERRILL to H.R. 3771, the South Asian Heart Health Awareness and Research Act of 2022.

The amendment requires the Secretary to enter into an agreement with the National Academies of Science, Engineering, and Medicine, to study the relationship between COVID–19 and rates of morbidity and mortality as a result of heart disease in at-risk populations.

This amendment is highly duplicative of ongoing work at the National Institutes of Health. A basic web search for research on this issue on the National Library of Medicine's PubMed yields over 13,000 publications, reviews, and clinical trial data.

Furthermore, the NIH has an entire resource page titled ''How Does COVID–19 Affect the Heart.'' That page links to several studies funded by the National Heart, Lung, and Blood Institute.

This duplicative amendment will add additional costs to the bill, as authorizing the National Academies generally requires about $1 to $2 million to conduct studies. What a waste of precious taxpayer dollars.

Madam Speaker, I urge a ''no'' vote on this amendment, and I reserve the balance of my time.

Mr. PALLONE. Madam Speaker, I yield to the gentlewoman from Washington (Ms. JAYAPAL), the sponsor of the bill.

Ms. JAYAPAL. Madam Speaker, I rise in support of Representatives SHERRILL's amendment to study the relationship between COVID–19 and rates of morbidity and mortality due to heart disease.

And while it is true the gentleman is correct, that there is research out there, the reality is also that there needs to be more, and that the studies that are out there right now prove some elements, but not the entire causal relationship.

In a large study of COVID–19 survivors conducted by the VA, researchers found increased frequency of abnormal heart rhythms, heart muscle inflammation, blood clots, strokes, heart attacks, and heart failure in patients who had COVID–19. The cardiac effects of COVID–19, however, are extremely widespread, and not broadly understood.

I am just going to say, I also have personal experience with this. After my husband contracted COVID–19 from me, after I got it when some colleagues on the other side of the aisle did not want to wear masks on January 6 in the safe room, he, unfortunately had a series of heart attacks and had to have a series of heart operations last year.

Every single doctor said to us, we need more research on exactly what the causal relationship is. And this is the reality of where we are today; and I think that this amendment by Representative SHERRILL is a very good addition to the bill.

Mr. CARTER of Georgia. Madam Speaker, I oppose this amendment. I think it is duplicative, and I think it is a waste of taxpayers' money.

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

Mr. PALLONE. Madam Speaker, I would urge support for the amendment, as well as the underlying bill, and I yield back the balance of my time.

The SPEAKER pro tempore. Pursuant to the rule, the previous question is ordered on the amendment offered by the gentleman from New Jersey (Mr. PALLONE).

The question is on the amendment.

The amendment was agreed to.

The SPEAKER pro tempore. The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

MOTION TO RECOMMIT

Mrs. MILLER-MEEKS. Madam Speaker, I have a motion to recommit at the desk.

The SPEAKER pro tempore. The Clerk will report the motion to recommit.

The Clerk read as follows:

Mrs. MILLER-MEEKS of Iowa moves to recommit the bill H.R. 3771 to the Committee on Energy and Commerce.

The material previously referred to by Mrs. MILLER-MEEKS is as follows:

At the end of the bill, add the following new section:

**SEC. 4. REPORT ON THE COVID–19 EDUCATION CRISIS IN PUBLIC SCHOOLS.**

Not later than 6 months after the date of enactment of this Act, the Secretary of Health and Human Services shall provide to Congress a report on the COVID–19 education crisis in public schools during the period between March 1, 2020, and March 1, 2022. Such report shall include—

(1) the average number of days elementary and secondary education schools were closed to in-person classroom instruction;

(2) the average amount of time intended for in-person classroom instruction that was lost;

(3) the participation rates in remote-learning programs;

(4) the impact of school closures on children, including the disproportionate impact on children in low-income, disadvantaged, or vulnerable communities, with regard to—

(A) academic achievement;

(B) mental health and well-being; and

(C) social development;

(5) a detailed accounting of the Centers for Disease Control and Prevention's decision-making process and data used for the creation of the ''Operational Guidance for K–12 Schools and Early Care and Education Programs to Support Safe In-Person Learning''; and

(6) a detailed accounting of unspent Federal dollars directed to school districts that were authorized by the American Rescue Plan Act.

The SPEAKER pro tempore. Pursuant to clause 2(b) of rule XIX, the previous question is ordered on the motion to recommit.

The question is on the motion to recommit.

The question was taken; and the Speaker pro tempore announced that the noes appeared to have it.

Mrs. MILLER-MEEKS. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

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

## ADVANCING TELEHEALTH BEYOND COVID–19 ACT OF 2021

Mr. PALLONE. Madam Speaker, pursuant to House Resolution 1256, I call up the bill (H.R. 4040) to amend title XVIII of the Social Security Act to extend telehealth flexibilities under the Medicare program, and for other purposes, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Pursuant to House Resolution 1256, an amendment in the nature of a substitute consisting of the text of Rules Committee Print 117–59, modified by the amendment printed in part B of House Report 117–444, is adopted. The bill, as amended, is considered read.

The text of the bill, as amended, is as follows:

H.R. 4040

*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 ''Advancing Telehealth Beyond COVID–19 Act of 2022''.*

***SEC. 2. REMOVING GEOGRAPHIC REQUIREMENTS AND EXPANDING ORIGINATING SITES FOR TELEHEALTH SERVICES.***

*Section 1834(m) of the Social Security Act (42 U.S.C. 1395m(m)) is amended—*

*(1) in paragraph (2)(B)(iii)—*

*(A) by striking ''With'' and inserting ''In the case that the emergency period described in section 1135(g)(1)(B) ends before December 31, 2024, with''; and*

*(B) by striking ''that are furnished during the 151-day period beginning on the first day after the end of the emergency period described in section 1135(g)(1)(B)'' and inserting ''that are furnished during the period beginning on the first day after the end of such emergency period and ending December 31, 2024''; and*

*(2) in paragraph (4)(C)(iii)—*

*(A) by striking ''With'' and inserting ''In the case that the emergency period described in section 1135(g)(1)(B) ends before December 31, 2024, with''; and*

*(B) by striking ''that are furnished during the 151-day period beginning on the first day after the end of the emergency period described in section 1135(g)(1)(B)'' and inserting ''that are furnished during the period beginning on the first day after the end of such emergency period and ending on December 31, 2024''.*

***SEC. 3. EXPANDING PRACTITIONERS ELIGIBLE TO FURNISH TELEHEALTH SERVICES.***

*Section 1834(m)(4)(E) of the Social Security Act (42 U.S.C. 1395m(m)(4)(E)) is amended by striking ''and, for the 151-day period beginning on the first day after the end of the emergency period described in section 1135(g)(1)(B)'' and inserting ''and, in the case that the emergency period described in section 1135(g)(1)(B) ends before December 31, 2024, for the period beginning on the first day after the end of such emergency period and ending on December 31, 2024''.*

***SEC. 4. EXTENDING TELEHEALTH SERVICES FOR FEDERALLY QUALIFIED HEALTH CENTERS AND RURAL HEALTH CLINICS.***

*Section 1834(m)(8)(A) of the Social Security Act (42 U.S.C. 1395m(m)(8)(A)) is amended by striking ''during the 151-day period beginning on the first day after the end of such emergency period'' and inserting ''in the case that such emergency period ends before December 31, 2024, during the period beginning on the first day after the end of such emergency period and ending on December 31, 2024''.*

***SEC. 5. DELAYING THE IN-PERSON REQUIREMENTS UNDER MEDICARE FOR MENTAL HEALTH SERVICES FURNISHED THROUGH TELEHEALTH AND TELECOMMUNICATIONS TECHNOLOGY.***

*(a) DELAY IN REQUIREMENTS FOR MENTAL HEALTH SERVICES FURNISHED THROUGH TELEHEALTH.—Section 1834(m)(7)(B)(i) of the Social Security Act (42 U.S.C. 1395m(m)(7)(B)(i)) is amended, in the matter preceding subclause (I), by striking ''on or after the day that is the 152nd day after the end of the period at the end of the emergency sentence described in section 1135(g)(1)(B))'' and inserting ''on or after January 1, 2025 (or, if later, the first day after the end of the emergency period described in section 1135(g)(1)(B))''.*

*(b) MENTAL HEALTH VISITS FURNISHED BY RURAL HEALTH CLINICS.—Section 1834(y) of the Social Security Act (42 U.S.C. 1395m(y)) is amended—*

*(1) in the heading, by striking ''TO HOSPICE PATIENTS''; and*

*(2) in paragraph (2), by striking ''prior to the day that is the 152nd day after the end of the emergency period described in section 1135(g)(1)(B))'' and inserting ''prior to January 1, 2025 (or, if later, the first day after the end of the emergency period described in section 1135(g)(1)(B))''.*

*(c) MENTAL HEALTH VISITS FURNISHED BY FEDERALLY QUALIFIED HEALTH CENTERS.—Section 1834(o)(4) of the Social Security Act (42 U.S.C. 1395m(o)(4) is amended—*

*(1) in the heading, by striking ''TO HOSPICE PATIENTS''; and*

*(2) in subparagraph (B), by striking ''prior to the day that is the 152nd day after the end of the emergency period described in section 1135(g)(1)(B))'' and inserting ''prior to January 1, 2025 (or, if later, the first day after the end of the emergency period described in section 1135(g)(1)(B))''.*

***SEC. 6. ALLOWING FOR THE FURNISHING OF AUDIO-ONLY TELEHEALTH SERVICES.***

*Section 1834(m)(9) of the Social Security Act (42 U.S.C. 1395m(m)(9)) is amended by striking ''The Secretary shall continue to provide coverage and payment under this part for telehealth services identified in paragraph (4)(F)(i) as of the date of the enactment of this paragraph that are furnished via an audio-only telecommunications system during the 151-day period beginning on the first day after the end of the emergency period described in section 1135(g)(1)(B)'' and inserting ''In the case that the emergency period described in section 1135(g)(1)(B) ends before December 31, 2024, the Secretary shall continue to provide coverage*