

trauma care, and by supporting trauma centers to improve their emergency system situational awareness and access.

The bill also authorizes grants for carrying out research and demonstration projects to support the improvement of emergency medical services and trauma care in rural areas.

Mr. Speaker, I thank Chair PALLONE and Chair ESHOO for working with us to make sure the State match is maintained.

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

Mr. PALLONE. Mr. Speaker, I have no additional speakers, and I reserve the balance of my time.

Mr. GUTHRIE. Mr. Speaker, I urge the passage of 8163, and I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I also urge support. This is bipartisan. This is really important to rural areas, in particular.

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 New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 8163, as amended.

The question was taken.

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

Mr. TIFFANY. 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.

□ 1600

MAXIMIZING OUTCOMES THROUGH BETTER INVESTMENTS IN LIFE-SAVING EQUIPMENT FOR (MOBILE) HEALTH CARE ACT

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (S. 958) to amend the Public Health Service Act to expand the allowable use criteria for new access points grants for community health centers.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 958

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 “Maximizing Outcomes through Better Investments in Lifesaving Equipment for (MOBILE) Health Care Act”.

SEC. 2. NEW ACCESS POINTS GRANTS.

(a) IN GENERAL.—Section 330(e)(6)(A) of the Public Health Service Act (42 U.S.C. 254b(e)(6)(A)) is amended by adding at the end the following:

“(v) MOBILE UNITS.—An existing health center may be awarded funds under clause (i) to establish a new delivery site that is a mobile unit, regardless of whether the applicant

additionally proposes to establish a permanent, full-time site. In the case of a health center that is not currently receiving funds under this section, such health center may be awarded funds under clause (i) to establish a new delivery site that is a mobile unit only if such health center uses a portion of such funds to also establish a permanent, full-time site.”.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall take effect on January 1, 2024.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Kentucky (Mr. GUTHRIE) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. 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 S. 958.

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

There was no objection.

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

Mr. Speaker, I rise today in support of S. 958, the Maximizing Outcomes through Better Investments in Life-saving Equipment for Health Care Act, or the MOBILE Health Care Act. This Senate bill is the companion to H.R. 5141, which passed out of the Energy and Commerce Committee last week. The bipartisan bill will help expand access to community health centers and the important care they provide to individuals who live in hard-to-reach areas of the country.

Community health centers are a critical source of care for nearly 30 million Americans. Unfortunately, many people who live in rural and geographically isolated areas can struggle to reach a community health center. Many others may lack access to reliable transportation that can make it difficult to get the care they need.

Now, one way to mitigate these barriers to access is to allow community health centers to establish mobile health clinics. These clinics can meet people where they live to provide the care they need. There is already funding to establish new community health centers through the New Access Points grants but, unfortunately, existing rules for these grants make it difficult to receive Federal funding to set up these mobile sites.

So this legislation will make it easier for community health centers to use New Access Points grants to establish mobile clinics and help eliminate one of the barriers to care for rural areas.

I thank Representatives SUSIE LEE, HUDSON, RUIZ, and HERRERA BEUTLER for their leadership on this issue and their hard work to advance this important bill.

The House companion to this commonsense, bipartisan legislation was voted out of the Energy and Commerce Committee by a unanimous vote of 52-

to-0 last week, so I am proud to support this bill, and I look forward to sending it to the President's desk.

I urge my colleagues to join me in supporting S. 958, and I reserve the balance of my time.

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

Mr. Speaker, I rise today in support of S. 958, the Maximizing Outcomes through Better Investments in Life-saving Equipment, or the MOBILE Health Care Act.

Federally Qualified Health Centers, or FQHCs, are an integral part of the healthcare system. They provide much-needed healthcare services to some of our most vulnerable populations, the uninsured, pregnant women, children, those suffering from homelessness, and veterans, as well as Medicare and Medicaid beneficiaries.

It can be difficult for patients to access care at FQHCs in rural and underserved areas due to transportation constraints. One way to help improve healthcare delivery is for FQHCs to meet patients where they are by deploying mobile units.

The MOBILE Health Care Act will allow existing FQHCs to use their New Access Point grants to establish mobile health units without also creating new brick-and-mortar sites and without authorizing any new grant programs or funding.

Further, it allows new applicants to use these grants to purchase mobile health units if they also use a portion of the grant to establish a permanent, full-time site.

This bill will help increase access to affordable primary care services across the country, especially in rural areas, like my district.

I thank the bill's sponsors, Representatives HUDSON, HERRERA BEUTLER, LEE, and RUIZ for introducing this important legislation.

I urge my colleagues to support the underlying bill, and I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield 3 minutes to the gentlewoman from Nevada (Mrs. LEE), the sponsor of this legislation.

Mrs. LEE of Nevada. Mr. Speaker, I thank the chairman for his leadership, as well as my cosponsors: Representatives HUDSON, HERRERA BEUTLER, and RUIZ for their hard work in supporting this piece of legislation.

I rise today in strong support of my bipartisan legislation, the MOBILE Health Care Act, which will help more Americans access the quality healthcare they need and deserve.

In my State of Nevada, more than two-thirds of residents live in a primary care health professional shortage area. In our rural communities, that number goes to 82 percent.

Needless to say, the situation is dire, and that is why expanding access to quality healthcare has been a priority of mine since I have been a Member of Congress.

Expanding the capabilities of Federally Qualified Health Centers, commonly known as FQHCs, has been a top

focus of mine when it comes to expanding access to healthcare. That is because FQHCs lead the Nation in driving quality improvement, while reducing healthcare costs.

Across this country, 1 in 11 Americans, including 400,000 veterans, and nearly 9 million children, rely on FQHCs for their primary healthcare. They have been a huge success in expanding quality care, but the reality is, smaller, rural communities do not have the population base to support full-time health centers.

There are also many Americans, in both rural and urban areas, who lack transportation to access their closest FQHC, and that is exactly where mobile health units come in. Mobile health units have the capability to bring high-quality healthcare to all Americans, especially those in underserved areas.

My bill will allow FQHCs this important flexibility to use their Federal New Access Point grants to establish mobile health units. This will allow health centers to better serve their communities, especially communities that have traditionally been hard to reach; and this does so at no additional cost to the taxpayer.

In my district, we have seen the difference these mobile units make. For example, the Nevada Health Centers currently runs three mobile health units: The Children's Mobile Medical Unit, the Ronald McDonald Care Mobile Unit, and the Mammovan.

The Mammovan is a mobile mammography unit that travels to underserved areas of our State, providing mammograms to women in geographically isolated areas and those who may not otherwise seek this important preventative care that will allow for early detection and simply will save lives.

The First Person Care Clinic in Nevada also has a mobile health unit and is in the process of setting up a second one, which will expand access to primary care to more patients from Las Vegas, to Henderson, to Laughlin.

Recently, I had the opportunity to see firsthand the Mammovan in action, and I am proud of all of Nevada's health centers and the southern Nevada Health District who are leading the way in providing lifesaving mobile healthcare for Nevadans.

We must build off these success stories and ensure health centers across America can utilize mobile health units where they make sense to better serve their communities.

We must keep working to ensure that every American has access to healthcare they need and deserve; and that is why I encourage my colleagues to vote "yes" on this critical piece of legislation today.

Mr. GUTHRIE. Mr. Speaker, I yield 2 minutes to the gentleman from Georgia (Mr. CARTER), my Energy and Commerce Committee colleague.

Mr. CARTER of Georgia. Mr. Speaker, I thank the gentleman for yielding.

Mr. Speaker, I rise today to express my support for S. 958, the companion

bill to H.R. 5141, the MOBILE Health Care Act.

As my colleagues have pointed out, community health centers across the country play a crucial role in ensuring rural and underserved communities have access to affordable, quality healthcare.

For more than 50 years, health centers have provided services to America's most vulnerable population and medically underserved communities. These centers are the healthcare home for nearly 29 million patients, including 9 million children and over 400,000 veterans.

The MOBILE Health Care Act that we are considering today would help these centers further expand their reach to the most rural areas of our country by giving them greater flexibility and allowing them to bring clinics even closer to the patients that they serve.

I understand the need for increasing access to health services and appreciate how beneficial health centers have proven to be in my district. Community health centers are an integral part of the healthcare safety net, and this bill will improve access to care for many of my constituents. I encourage my colleagues to support this bill.

Mr. GUTHRIE. Mr. Speaker, this is an important piece of legislation. I urge my colleagues to vote "yes," and I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, this is an important bill. It is bipartisan. I urge my colleagues to vote "yes," and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. KAHELE). 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, S. 958.

The question was taken.

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

Mr. TIFFANY. 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.

INFORMING CONSUMERS ABOUT SMART DEVICES ACT

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4081) to require the disclosure of a camera or recording capability in certain internet-connected devices, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4081

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 "Informing Consumers about Smart Devices Act".

SEC. 2. REQUIRED DISCLOSURE OF A CAMERA OR RECORDING CAPABILITY IN CERTAIN INTERNET-CONNECTED DEVICES.

Each manufacturer of a covered device shall disclose whether the covered device manufactured by the manufacturer contains a camera or microphone as a component of the covered device.

SEC. 3. ENFORCEMENT BY THE FEDERAL TRADE COMMISSION.

(a) UNFAIR OR DECEPTIVE ACTS OR PRACTICES.—A violation of section 2 shall be treated as a violation of a rule defining an unfair or deceptive act or practice prescribed under section 18(a)(1)(B) of the Federal Trade Commission Act (15 U.S.C. 57a(a)(1)(B)).

(b) ACTIONS BY THE COMMISSION.—

(1) IN GENERAL.—The Federal Trade Commission shall prevent any person from violating this Act or a regulation promulgated under this Act in the same manner, by the same means, and with the same jurisdiction, powers, and duties as though all applicable terms and provisions of the Federal Trade Commission Act (15 U.S.C. 41 et seq.) were incorporated into and made a part of this Act.

(2) PENALTIES AND PRIVILEGES.—Any person who violates this Act or a regulation promulgated under this Act shall be subject to the penalties and entitled to the privileges and immunities provided in the Federal Trade Commission Act (15 U.S.C. 41 et seq.).

(c) COMMISSION GUIDANCE.—Not later than 180 days after the date of enactment of this Act, the Commission, through outreach to relevant private entities, shall issue guidance to assist manufacturers in complying with the requirements of this Act, including guidance about best practices for making the disclosure required by section 2 as clear and conspicuous as practicable.

(d) TAILORED GUIDANCE.—A manufacturer of a covered device may petition the Commission for tailored guidance as to how to meet the requirements of section 2.

(e) LIMITATION ON COMMISSION GUIDANCE.—No guidance issued by the Commission with respect to this Act shall confer any rights on any person, State, or locality, nor shall operate to bind the Commission or any person to the approach recommended in such guidance. In any enforcement action brought pursuant to this Act, the Commission shall allege a specific violation of a provision of this Act. The Commission may not base an enforcement action on, or execute a consent order based on, practices that are alleged to be inconsistent with any such guidelines, unless the Commission determines such practices expressly violate section 2.

SEC. 4. DEFINITION OF COVERED DEVICE.

As used in this Act, the term "covered device"—

(1) means a consumer product, as defined by section 3(a) of the Consumer Product Safety Act (15 U.S.C. 2052(a)) that is capable of connecting to the internet, a component of which is a camera or microphone; and

(2) does not include—

(A) a telephone (including a mobile phone), a laptop, tablet, or any device that a consumer would reasonably expect to have a microphone or camera;

(B) any device that is specifically marketed as a camera, telecommunications device, or microphone; or

(C) any device or apparatus described in sections 255, 716, and 718, and subsections (aa) and (bb) of section 303 of the Communications Act of 1934 (47 U.S.C. 255; 617; 619; and 303(aa) and (bb)), and any regulations promulgated thereunder.

SEC. 5. EFFECTIVE DATE.

This Act shall apply to all devices manufactured after the date that is 180 days after