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:

Sec. 1. Short title.
Sec. 2. Table of contents.
TITLE I—PUBLIC HEALTH
Sec. 101. Prenatal and postnatal health.
Sec. 102. Monitoring and education regarding infections associated with illicit drug use and other risk factors.
Sec. 103. Preventing overdoses of controlled substances.
Sec. 104. Residential treatment programs for pregnant and postpartum women.
Sec. 105. Youth prevention and recovery.
Sec. 106. First responder training.
Sec. 107. Building communities of recovery.
Sec. 108. National Peer-Run Training and Technical Assistance Center for Addiction Recovery Support.
Sec. 109. Comprehensive opioid recovery centers.
Sec. 110. Grants to address the problems of persons who experience violence related stress.
Sec. 111. Mental and behavioral health education and training grants.
Sec. 112. Loan repayment program for the substance use disorder treatment workforce.
Sec. 113. Pilot program for public health laboratories to detect fentanyl and other synthetic opioids.
Sec. 114. Monitoring and reporting of child, youth, and adult trauma.
Sec. 115. Task force to develop best practices for trauma-informed identification, referral, and support.
Sec. 116. Treatment, recovery, and workforce support grants.
Sec. 117. Grant program for State and Tribal response to opioid use disorders.
Sec. 118. References to opioid overdose reversal agents in HHS grant programs.
Sec. 119. Addressing other concurrent substance use disorders through grant program for State and Tribal response to opioid use disorders.
Sec. 120. Providing for a study on the effects of remote monitoring on individuals who are prescribed opioids.
TITLE II—CONTROLLED SUBSTANCES
Sec. 201. Delivery of certain substances by a pharmacy to an administering practitioner.
Sec. 202. Reviewing the scheduling of approved products containing a combination of buprenorphine and naloxone.
Sec. 203. Combating illicit xylazine.
Sec. 204. Technical corrections.
Sec. 205. Required training for prescribers of controlled substances.
TITLE III—MEDICAID
Sec. 301. Extending requirement for State Medicaid plans to provide coverage for medication-assisted treatment.
Sec. 302. Expanding required reports on T-MSIS substance use disorder data to include mental health condition data.
Sec. 303. Monitoring prescribing of antipsychotic medications.
Sec. 304. Lifting the IMD exclusion for substance use disorder.
Sec. 305. Prohibition on termination of enrollment due to incarceration.
Sec. 306. State option relating to inmates who are pregnant women pending disposition of charges.
Sec. 307. Permitting access to medical assistance under the Medicaid program for foster youth.
TITLE IV—OFFSETS
Sec. 401. Promoting value in Medicaid managed care.

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.

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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.