

“(ii) may include—

“(I) brain injuries caused by anoxia due to trauma; and

“(II) damage to the brain from an internal or external source that results in toxicity, surgery, or vascular disorders not associated with aging.

“(C) The Secretary may revise the definition of such term as the Secretary determines necessary, after consultation with States and other appropriate public or non-profit private entities.”; and

(5) in subsection (i), as so redesignated, by striking “fiscal years 2020 through 2024” and inserting “fiscal years 2025 through 2029”.

SEC. 5. STATE GRANTS FOR PROTECTION AND ADVOCACY SERVICES.

Section 1253(l) of the Public Health Service Act (42 U.S.C. 300d-53(l)) is amended by striking “fiscal years 2020 through 2024” and inserting “fiscal years 2025 through 2029”.

SEC. 6. REPORT ON DESIGNATING BRAIN INJURY AS A CHRONIC CONDITION.

The Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention, shall—

(1) examine the evidence base for designating brain injury as a chronic condition that can impact individuals with brain injury across the lifespan; and

(2) not later than 2 years after the date of enactment of this Act—

(A) submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate a report detailing the findings, conclusions, and recommendations of the examination described in paragraph (1); and

(B) make publicly available on the website of the Centers for Disease Control and Prevention the report described in subparagraph (A).

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Iowa (Mrs. MILLER-MEEKS) and the gentleman from New Jersey (Mr. PALLONE) each will control 20 minutes.

The Chair recognizes the gentlewoman from Iowa.

GENERAL LEAVE

Mrs. MILLER-MEEKS. 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 gentlewoman from Iowa?

There was no objection.

Mrs. MILLER-MEEKS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H.R. 7208, the Dennis John Benigno Traumatic Brain Injury Program Reauthorization Act of 2024 led by Congressman Bill Pascrell.

This bill will continue important resources for TBI prevention, help improve access to TBI rehabilitation, and support TBI patient advocacy systems.

From 2020 to 2021, there were over 200,000 TBI-related hospitalizations and almost 70,000 deaths. People 75 and older had the highest rates of TBI-related hospitalizations and deaths.

Recent data suggests that over 1.5 million Americans survive a traumatic brain injury each year. TBIs can im-

pact a person's life in many ways, putting patients at increased risk for depression, falls, and permanent cognitive decline.

This legislation would continue resources to help support States and other entities to ensure providers and patients are educated on the incidence of TBIs and improve methods to treat and prevent such incidents.

Mr. Speaker, I encourage my colleagues to support the 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 H.R. 7208, the Dennis John Benigno Traumatic Brain Injury Program Reauthorization Act.

This bill was long championed by the late New Jersey Congressman Bill Pascrell. It reauthorizes a critical grant program to States through the Administration for Community Living, as well as data collection, surveillance, and analysis through the Centers for Disease Control and Prevention.

Before I talk about the importance of the bill, I want to take a moment to talk about our dear friend and colleague, Representative Bill Pascrell, Jr., who served here in this House for 27 years. He truly was the first son of Paterson and left an indelible mark on north Jersey throughout his public service career as a mayor, a public schoolteacher, an assemblyman, and a Congressman.

Simply put, he never, ever backed down from doing what was right and was always fighting for the little guy. So it is fitting today that we are considering legislation that he was extremely passionate about and embodied his tenacious spirit in supporting policies that made an impact in all of our communities.

First enacted in 1996 thanks to the tireless advocacy of Representative Pascrell, this law was the only Federal program which specifically addressed TBI prevention, research, and service delivery through grants to States.

Today, I am proud that this legislation will bear the names of two fierce advocates in the TBI community.

In his first term in Congress, Representative Pascrell founded the Congressional Traumatic Brain Injury Task Force after meeting with Dennis John Benigno.

Dennis John was a 15-year-old boy who was critically injured in 1984 after being struck by a car and suffered a severe brain injury that left him completely disabled. Before then, many in Congress had little firsthand knowledge about TBI or its forever long-term care impact on patients and families. This passion to share Dennis John's story and highlight the need of TBI research and support across the country became the successful law before us today.

This legislation will not only honor the legacy and courage of the Benigno family but also rename the national program to bear its biggest congress-

sional champion's name, the Representative Bill Pascrell, Jr. National Program for Traumatic Brain Injury Surveillance and Injury.

According to the Centers for Disease Control and Prevention, there were more than 214,000 TBI-related hospitalizations in 2020 and more than 69,000 TBI-related deaths in 2021. These estimates do not include the many TBIs that are only treated in the emergency department, urgent care, primary care, or those who simply go untreated.

I urge my colleagues to continue the support for this program and the research, treatment, and data surveillance counted on by the 5.3 million people living with lifelong disabilities due to a TBI.

I thank Chair RODGERS and Subcommittee Chair GUTHRIE for their collaboration to advance this important bipartisan bill and to forever honor the legacy of its greatest champions.

Mr. Speaker, I urge my colleagues' support on a bipartisan basis, and I reserve the balance of my time.

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Mr. PALLONE. Mr. Speaker, in closing, I urge my colleagues to support this in the name of both Mr. Benigno and our colleague, Bill Pascrell, and I yield back the balance of my time.

Mrs. MILLER-MEEKS. Mr. Speaker, in closing, I encourage a “yes” vote on this bill, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. MOLINARO). The question is on the motion offered by the gentlewoman from Iowa (Mrs. MILLER-MEEKS) that the House suspend the rules and pass the bill, H.R. 7208, as amended.

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

A motion to reconsider was laid on the table.

MEDICAID PROGRAM IMPROVEMENT ACT

Mrs. MILLER-MEEKS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 8111) to amend title XIX of the Social Security Act to ensure the reliability of address information provided under the Medicaid program, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 8111

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 “Medicaid Program Improvement Act”.

SEC. 2. ENSURING THE RELIABILITY OF ADDRESS INFORMATION PROVIDED UNDER THE MEDICAID PROGRAM.

(a) IN GENERAL.—Section 1902(a) of the Social Security Act (42 U.S.C. 1396a(a)) is amended—

(1) in paragraph (86), by striking “and” at the end;

(2) in paragraph (87), by striking the period at the end and inserting “; and”; and

(3) by inserting after paragraph (87) the following new paragraph:

“(88) beginning January 1, 2026, provide for a process to regularly obtain address information for individuals enrolled under such plan (or a waiver of such plan) from reliable data sources (as described in section 435.919(f)(1)(iii) of title 42, Code of Federal Regulations (or a successor regulation)) and act on any changes to such an address based on such information in accordance with such section (or successor regulation), except that this paragraph shall only apply in the case of the 50 States and the District of Columbia.”.

(b) APPLICATION TO CHIP.—Section 2107(e)(1) of the Social Security Act (42 U.S.C. 1397gg(e)(1)) is amended—

(1) by redesignating subparagraphs (H) through (U) as subparagraphs (I) through (V), respectively; and

(2) by inserting after subparagraph (G) the following new subparagraph:

“(H) Section 1902(a)(88) (relating to regularly obtaining address information for enrollees).”.

(c) ENSURING TRANSMISSION OF ADDRESS INFORMATION FROM MANAGED CARE ORGANIZATIONS.—Section 1932 of the Social Security Act (42 U.S.C. 1396u–2) is amended by adding at the end the following new subsection:

“(j) TRANSMISSION OF ADDRESS INFORMATION.—Beginning January 1, 2026, each contract under a State plan with a managed care entity under section 1903(m) shall provide that the entity transmits to the State any address information for an individual enrolled with the entity that is provided to such entity directly from, or verified by such entity directly with, such individual.”.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Iowa (Mrs. MILLER-MEEKS) and the gentleman from New Jersey (Mr. PALLONE) each will control 20 minutes.

The Chair recognizes the gentlewoman from Iowa.

GENERAL LEAVE

Mrs. MILLER-MEEKS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material in the RECORD on the bill.

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

There was no objection.

Mrs. MILLER-MEEKS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in strong support of H.R. 8111, the Medicaid Program Improvement Act.

Mr. Speaker, this bill represents a significant step forward in how we manage and improve the Medicaid program. Every day, Medicaid serves millions of Americans, providing critical healthcare services. However, an often overlooked aspect of this vital program is the accuracy and reliability of address information for our beneficiaries.

Inaccurate or outdated addresses can lead to beneficiaries being enrolled in multiple State Medicaid programs, jeopardizing program integrity. The Medicaid Program Improvement Act addresses this issue head on. By amending title XIX of the Social Security Act, we will ensure that Medicaid

programs have a robust and regular process for verifying and updating address information.

Starting January 1, 2026, State Medicaid programs will utilize reliable data sources to keep address information current, which will be crucial in ensuring that individuals receive the care they need, but are also eligible without unnecessary interruptions.

Additionally, my bill extends these requirements to the Children's Health Insurance Program, CHIP, and mandates that managed care organizations transmit accurate address information to States.

This comprehensive approach guarantees that all aspects of our Medicaid and CHIP systems work in concert to deliver seamless, effective care. Let's take this important step together and ensure that State Medicaid systems function reliably and effectively as much as they can.

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

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

Mr. Speaker, I rise today in support of H.R. 8111, which is sponsored by the gentlewoman from Iowa (Mrs. MILLER-MEEKS), as well as the gentleman from Pennsylvania (Mr. CARTWRIGHT).

Mr. Speaker, this bipartisan bill would require State Medicaid agencies to regularly obtain updated beneficiary address information from reliable sources, including Medicaid managed care plans. This requirement helps to accomplish two things.

First, when the time comes for a State Medicaid agency to renew a person's Medicaid eligibility, it is critical that the State has the most up-to-date address information. Too often, people lose Medicaid coverage for administrative reasons. Some people just don't return the paperwork for this reason, for example.

Some people simply never receive the notice that the State has sent to them indicating it was time to renew their healthcare coverage for Medicaid. Collecting and using updated address information from reliable sources helps States to reach people and renew their coverage.

The second thing is having updated address information helps States identify when an individual may have moved out of State, and this information could help States ensure payments are not made for beneficiaries who are no longer residents of the State.

Mr. Speaker, this is a straightforward policy that helps to address practical challenges for people and for State Medicaid agencies, and I urge my colleagues to vote “yes” on H.R. 8111.

Mr. Speaker, I have no additional speakers. In closing, I would simply ask that Members vote for this bill on a bipartisan basis. It is important for Medicaid recipients.

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

Mrs. MILLER-MEEKS. Mr. Speaker, in closing, I encourage a “yes” vote on

this bill, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. WEBER of Texas). The question is on the motion offered by the gentlewoman from Iowa (Mrs. MILLER-MEEKS) that the House suspend the rules and pass the bill, H.R. 8111, as amended.

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

A motion to reconsider was laid on the table.

ACCELERATING KID ACCESS TO CARE ACT

Mrs. MILLER-MEEKS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4758) to amend title XIX of the Social Security Act to streamline enrollment under the Medicaid program of certain providers across State lines, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4758

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 “Accelerating Kids’ Access to Care Act”.

SEC. 2. STREAMLINED ENROLLMENT PROCESS FOR ELIGIBLE OUT-OF-STATE PROVIDERS UNDER MEDICAID AND CHIP.

(a) IN GENERAL.—Section 1902(kk) of the Social Security Act (42 U.S.C. 1396a(kk)) is amended by adding at the end the following new paragraph:

“(10) STREAMLINED ENROLLMENT PROCESS FOR ELIGIBLE OUT-OF-STATE PROVIDERS.—

“(A) IN GENERAL.—The State—

“(i) adopts and implements a process to allow an eligible out-of-State provider to enroll under the State plan (or a waiver of such plan) to furnish items and services to, or order, prescribe, refer, or certify eligibility for items and services for, qualifying individuals without the imposition of screening or enrollment requirements in addition to those imposed by the State in which the eligible out-of-State provider is located; and

“(ii) provides that an eligible out-of-State provider that enrolls as a participating provider in the State plan (or a waiver of such plan) through such process shall be so enrolled for a 5-year period, unless the provider is terminated or excluded from participation during such period.

“(B) DEFINITIONS.—In this paragraph:

“(i) ELIGIBLE OUT-OF-STATE PROVIDER.—The term ‘eligible out-of-State provider’ means, with respect to a State, a provider—

“(I) that is located in any other State;

“(II) that—

“(aa) was determined by the Secretary to have a limited risk of fraud, waste, and abuse for purposes of determining the level of screening to be conducted under section 1866(j)(2), has been so screened under such section 1866(j)(2), and is enrolled in the Medicare program under title XVIII; or

“(bb) was determined by the State agency administering or supervising the administration of the State plan (or a waiver of such plan) of such other State to have a limited risk of fraud, waste, and abuse for purposes of determining the level of screening to be conducted under paragraph (1) of this subsection, has been so screened under such