

Her State, confused about the rules concerning out-of-State provider enrollment, wouldn't authorize the surgery that Lily desperately needed. Over the next 7 months, Lily's surgery was delayed and rescheduled over 3 times. As she waited, she lived with a floppy airway that could have collapsed at any moment.

Mr. Speaker, clearly the stakes are far too high to allow bureaucratic hurdles to stand in the way of urgent medical care for children like Lily. Failing to address this issue will have severe and far-reaching consequences, not only on children who are battling complications that could be addressed with immediate care, but also their families, who are forced to endure significant financial and emotional strain when the care is delayed.

What is worse is that these delays also lead to a greater reliance on emergency services and drive up overall healthcare costs.

Passage of the Accelerating Kids' Access to Care Act is instrumental in fixing this issue. This bipartisan legislation will get us one step closer to ensuring that no child on Medicaid has to endure unnecessary delays when they need critical care outside of their home State.

That is why I am so grateful to my colleagues on both sides of the aisle and in both Chambers who were instrumental in drafting the advancement of this legislation, including Congresswoman MILLER-MEEKS and Senators GRASSLEY and BENNET.

Mr. Speaker, that is why I urge Members on both sides of the aisle to join us in passing this strong, bipartisan, and potentially lifesaving legislation.

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Mrs. MILLER-MEEKS. Mr. Speaker, I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I think we heard from Representative TRAHAN why this is so important. I urge all colleagues to vote for it on a bipartisan basis, and I yield back the balance of my time.

Mrs. MILLER-MEEKS. Mr. Speaker, this bipartisan, bicameral legislation is critical in making sure that kids have the access to lifesaving care that they need without burdensome overregulation.

Mr. Speaker, I encourage a "yes" vote on this bill, and I yield back the balance of my time.

The SPEAKER pro tempore. 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. 4758, as amended.

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

The title of the bill was amended so as to read: "A bill to amend title XIX of the Social Security Act to streamline enrollment under the Medicaid program of certain providers across

State lines, and to prevent the use of abusive spread pricing in Medicaid."

A motion to reconsider was laid on the table.

BOLD INFRASTRUCTURE FOR ALZHEIMER'S REAUTHORIZATION ACT OF 2024

Mrs. MILLER-MEEKS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 7218) to amend title III of the Public Health Service Act to extend the program for promotion of public health knowledge and awareness of Alzheimer's disease and related dementias, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 7218

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 "BOLD Infrastructure for Alzheimer's Reauthorization Act of 2024".

SEC. 2. EXTENSION OF PROGRAM FOR PROMOTION OF PUBLIC HEALTH KNOWLEDGE AND AWARENESS OF ALZHEIMER'S DISEASE AND RELATED DEMENTIAS.

Section 398B(e) of the Public Health Service Act (42 U.S.C. 280c-5(e)) is amended by inserting "and \$33,000,000 for each of fiscal years 2025 through 2029" before the period at the end.

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 into 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. 7218, the Building Our Largest Dementia, or BOLD, Infrastructure for Alzheimer's Reauthorization Act of 2024, led by Representative BRETT GUTHRIE.

Nearly 7 million Americans, including my mother, aged 65 and older are currently living with Alzheimer's. By 2050, this number is projected to rise to 12.7 million. This means that over 10 percent of people over the age of 65 have Alzheimer's. Sadly, one in three seniors dies with Alzheimer's or another type of dementia.

The cost of this disease is also tremendous, with health and long-term care costs projected to reach \$360 billion in 2024. The BOLD Infrastructure for Alzheimer's Reauthorization would continue to support and strengthen programs and strategies to promote

brain health and improve outcomes for individuals living with Alzheimer's and related dementias and their caregivers.

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

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

Mr. Speaker, I rise in support of H.R. 7218, the BOLD Infrastructure for Alzheimer's Act, sponsored by Health Subcommittee Chairman GUTHRIE and Representative TONKO.

This bipartisan legislation would reauthorize funding for State and local programs that support their public health efforts to address Alzheimer's dementia in their communities.

Approximately 6.9 million Americans ages 65 or older are living with Alzheimer's dementia. Given the impact Alzheimer's has on those suffering from the disease and their families, it is critical we reauthorize funding for the BOLD Act to continue efforts to address this disease.

In 2018, the original BOLD Act was signed into law, which directed the Centers for Disease Control and Prevention to build an Alzheimer's public health infrastructure to address the disease across the country. Since then, State and local public health departments have been able to build out Alzheimer's programs that focus on increasing early detection and diagnosis, risk reduction, prevention of avoidable hospitalizations, and supporting caregiving for dementia.

Now, thanks to the BOLD Act, our Nation has made significant strides in strengthening our Alzheimer's public health infrastructure. By passing this bill, we make a commitment to continue our progress in addressing Alzheimer's dementia.

Mr. Speaker, I urge my colleagues to vote "yes" to reauthorize funding for the BOLD Act, and I reserve the balance of my time.

Mrs. MILLER-MEEKS. Mr. Speaker, I yield 5 minutes to the gentleman from Kentucky (Mr. GUTHRIE).

Mr. GUTHRIE. Mr. Speaker, I appreciate my good friend from Iowa for yielding. I also appreciate her leadership on this issue. So many of the bills we are debating and talking about tonight under her leadership are complementing and bringing in her medical expertise to the Energy and Commerce Committee, particularly the Health Subcommittee.

Mr. Speaker, I rise tonight in support of my bill, H.R. 7218, the Building Our Largest Dementia, or BOLD, Infrastructure for Alzheimer's Reauthorization Act of 2024.

Nearly 7 million Americans aged 65 and older are currently living with Alzheimer's. I know my good friend from Iowa said her mother has dementia. I just lost my mother-in-law almost a year ago to Alzheimer's.

By 2050, this number is projected to rise to 12.7 million. This means that over 10 percent of people over the age of 65 have Alzheimer's. Sadly, one in

three seniors dies with Alzheimer's or another dementia.

The cost of this disease is tremendous, particularly in the human costs of what it does to families, what it does to the person suffering with Alzheimer's, the families' emotions, the exhaustion of dealing with this very emotional and difficult disease.

It is also tremendously costly, with long-term healthcare costs projected to reach \$360 billion in 2024 and nearly \$1 trillion in 2050, according to the Alzheimer's Association.

The BOLD Infrastructure for Alzheimer's Reauthorization Act would enable continued research into Alzheimer's disease, invest in caregiver support services, including more hands-on educational resources for those caregiving for their loved ones, and help support local efforts to detect and diagnose Alzheimer's disease sooner, especially for those in rural and medically underserved communities.

The more we know about this disease, the sooner we will be able to appropriately treat it, giving patients more precious time with their loved ones and easing the significant caregiver burdens associated with Alzheimer's and related dementias.

I look forward to continued progress in ushering in a new era of innovation. I appreciate the bipartisan action that the Energy and Commerce Committee has taken on this bill, and I appreciate everybody working together.

Mr. Speaker, I urge my colleagues to continue to show bipartisan action by supporting the underlying bill.

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

Mrs. MILLER-MEEKS. Mr. Speaker, I yield 5 minutes 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. 7218, the BOLD Infrastructure for Alzheimer's Reauthorization Act of 2024.

As my colleagues have pointed out, this legislation reauthorizes programs to drive early screening and detection as well as research initiatives to help identify treatments and cures for Alzheimer's disease through 2029.

Alzheimer's is a cruel disease that attacks a person's quality of life. As a pharmacist, I saw firsthand the impact Alzheimer's and other forms of dementia have on patients, families, caregivers, and society overall.

People living with Alzheimer's lose their memories, their independence, their relationships, and, ultimately, their lives.

Beyond the patients, caregivers and loved ones endure immense emotional and financial difficulties.

With nearly 7 million Americans suffering with Alzheimer's, there is a critical need for Federal resources to prevent, treat, and ultimately find a cure for this devastating disease.

I am optimistic that the tide can be reversed. We now have FDA-approved

treatments to slow disease progression, and I think we all can agree that we look forward to the day the world has its first survivor of Alzheimer's.

Mr. Speaker, while great progress has been made and new therapies are advancing to help patients and caregivers, we cannot let up the fight.

In honor of those who have battled and continue to battle this disease, let's continue to work together to raise awareness and pass this bill.

The SPEAKER pro tempore. Without objection, the gentlewoman from Washington (Mrs. RODGERS) will control the balance of time of the majority.

There was no objection.

Mrs. RODGERS of Washington. Mr. Speaker, I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, this is a bill that is very important. We know how important it is to address Alzheimer's, so I urge all of my colleagues to vote "yes," and I yield back the balance of my time.

Mrs. RODGERS of Washington. Mr. Speaker, I urge support, and I yield back the balance of my time.

The SPEAKER pro tempore. 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. 7218.

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

A motion to reconsider was laid on the table.

MEDICAID PROVIDER SCREENING REQUIREMENTS

Mrs. RODGERS of Washington. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 8112) to amend title XIX of the Social Security Act to further require certain additional provider screening under the Medicaid program, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 8112

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

SECTION 1. MEDICAID PROVIDER SCREENING REQUIREMENTS.

Section 1902(kk)(1) of the Social Security Act (42 U.S.C. 1396a(kk)(1)) is amended—

(1) by striking "The State" and inserting:

"(A) IN GENERAL.—The State"; and

(2) by adding at the end the following new subparagraph:

"(B) ADDITIONAL PROVIDER SCREENING.—Beginning January 1, 2027, as part of the enrollment (or reenrollment or revalidation of enrollment) of a provider or supplier under this title, and not less frequently than monthly during the period that such provider or supplier is so enrolled, the State conducts a check of any database or similar system developed pursuant to section 6401(b)(2) of the Patient Protection and Affordable Care Act to determine whether the Secretary has terminated the participation of such provider or supplier under title XVIII, or whether any other State has terminated the participation of such provider or supplier under

such other State's State plan under this title (or waiver of the plan), or such other State's State child health plan under title XXI (or waiver of the plan)."

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

The Chair recognizes the gentlewoman from Washington.

GENERAL LEAVE

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

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

There was no objection.

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

Mr. Speaker, H.R. 8112 is simple. We should not let bad actors that the Medicaid program has determined should not see seniors continue to see Medicaid patients.

Medicare may remove providers for a number of reasons, including felonies that take place in the Medicare program or putting its beneficiaries at immediate risk, such as a malpractice suit that results in conviction for criminal neglect.

For example, a doctor who has been found guilty of running a pill mill can be removed from being able to be paid by Medicare and Medicaid. Doctors that have been terminated are listed in the Data EXchange, or the DEX, a Federal database that monitors doctors who have been terminated from Medicare and Medicaid program, but currently, States are not required to check the DEX.

If a doctor breaks the law in one State and is removed from that State's Medicaid program, the doctor will be entered into the Data EXchange. However, if my home State isn't checking that, the doctor may set up a practice across the State line and be paid by Medicaid.

This bill is straightforward and would require States to check every month to ensure that bad actors aren't in our systems. I hope we can all agree that keeping bad actors and bad doctors out of Medicaid is in everyone's best interests.

Mr. Speaker, I urge 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 today in support of H.R. 8112, legislation to amend title XIX of the Social Security Act to further require certain additional provider screening under the Medicaid program.

This bill clarifies that States must regularly check a Federal database that identifies healthcare providers that have been revoked from Medicare