

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

or terminated from States' Medicaid programs. It is important that States regularly take this step to identify providers who have been terminated from Medicare or Medicaid for reasons like fraudulent conduct or falsification of medical records. Once these bad actors are identified, States should take appropriate action against them.

This is yet another way that we can protect Americans against healthcare providers who don't have the best interests of their patients in mind.

Mr. Speaker, I encourage my colleagues to join me in voting "yes" on H.R. 8112, and I reserve the balance of my time.

Mrs. RODGERS of Washington. Mr. Speaker, I yield 5 minutes to the gentleman from New York (Mr. D'ESPOSITO).

Mr. D'ESPOSITO. Mr. Speaker, I thank Chair RODGERS for yielding.

Mr. Speaker, I rise today to urge support for my bill, H.R. 8112, the Medicaid integrity act.

As it stands now, bad actor physicians are logged into the Data EXchange database, or the DEX, and prohibited from participating and billing Medicare, preventing them from further taking advantage of America's seniors.

Tragically, there exists no such protection for Americans on Medicaid, as States are not required to check the status of a provider's eligibility.

Americans who rely on Medicaid are among the most vulnerable populations in this Nation, and the adoption of my bill would implement additional protectors to do right by these vulnerable Americans.

I was sent to Congress by my neighbors in New York's Fourth Congressional District not to restrict or limit Medicare or Medicaid but to protect and expand these vital lifesaving programs. The legislation my colleagues will soon have an opportunity to vote on will do exactly that.

□ 2000

This 1½ page bill applies the same simple protections we use for Medicare to Medicaid, ensuring the physicians looking to make a quick buck on America's most vulnerable are prohibited from doing so.

This is a no-brainer. This no-brainer legislation strengthens Medicaid, ensuring its integrity, and makes good on America's promise to our vulnerable and elderly made nearly 60 years ago.

Mr. PALLONE. Mr. Speaker, again, what we are trying to do here, as the chair of the committee has said, is get rid of bad actors.

I think this is an effective way to do it, so I would hope everyone would join me on both sides of the aisle in voting "yes" on this legislation, and I yield back the balance of my time.

Mrs. RODGERS of Washington. Mr. Speaker, in closing, I encourage a "yes" vote, and I yield back the balance of my time.

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. 8112, 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.

AUTISM COLLABORATION, ACCOUNTABILITY, RESEARCH, EDUCATION, AND SUPPORT ACT OF 2024

Mrs. RODGERS of Washington. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 7213) to amend the Public Health Service Act to enhance and reauthorize activities and programs relating to autism spectrum disorder, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 7213

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 "Autism Collaboration, Accountability, Research, Education, and Support Act of 2024" or the "Autism CARES Act of 2024".

SEC. 2. NATIONAL INSTITUTES OF HEALTH ACTIVITIES.

(a) EXPANSION OF ACTIVITIES.—Section 409C(a)(1) of the Public Health Service Act (42 U.S.C. 284g(a)(1)) is amended—

(1) by striking "(1)" shall, subject to the availability" and inserting the following: "(1) in consultation with relevant Federal departments and agencies, as appropriate, shall—

"(A) subject to the availability";

(2) by striking "basic and clinical research in fields including pathology" and inserting the following: "basic and clinical research—

"(i) in fields, such as pathology";

(3) by striking "toxicology, and interventions" and inserting the following: "toxicology, psychiatry, psychology, developmental behavioral pediatrics, audiology, and gerontology; and

"(ii) on interventions";

(4) by striking "disorder. Such research shall investigate" and inserting the following: "disorder; and

"(B) ensure that research referred to in subparagraph (A)—

"(i) investigates";

(5) by striking "prevention, services across the lifespan, supports, intervention, and treatment of autism spectrum disorder" and inserting "prevention, services and supports across the lifespan, intervention, and treatment of autism spectrum disorder and co-occurring conditions"; and

(6) by striking "treatments." and inserting the following: "treatments;

"(ii) examines supports for caregivers; and

"(iii) reflects the entire population of individuals with autism spectrum disorder, including those individuals with co-occurring conditions and the full range of needs for supports and services, including such supports and services to ensure the safety, and promote the well-being, of such individuals.".

(b) CENTERS OF EXCELLENCE.—Section 409C(b) of the Public Health Service Act (42 U.S.C. 284g(b)) is amended—

(1) in paragraph (2)—

(A) by striking "including the fields of" and inserting "in fields such as"; and

(B) by striking "behavioral psychology, and clinical psychology" and inserting "behavioral psychology, clinical psychology, and gerontology";

(2) in paragraph (5)(A), by striking "five" and inserting "seven"; and

(3) in paragraph (5)(B), by striking "period of not to exceed" and inserting "period not to exceed".

(c) PUBLIC INPUT.—Section 409C(d) of the Public Health Service Act (42 U.S.C. 284g(d)) is amended to read as follows:

"(d) PUBLIC INPUT.—

"(1) IN GENERAL.—The Director shall under subsection (a)(1) provide for means through which the public can obtain information on the existing and planned programs and activities of the National Institutes of Health with respect to autism spectrum disorder and through which the Director can receive comments from the public regarding such programs and activities.

"(2) GUIDANCE.—The Director may provide guidance to centers under subsection (b)(1) on strategies, activities, and opportunities to promote engagement with, and solicit input from, individuals with autism spectrum disorder and their family members, guardians, advocates or authorized representatives, providers, or other appropriate individuals to inform the activities of the center. Such strategies, activities, and opportunities should consider including, as appropriate, individuals, family members, and caregivers of individuals with autism spectrum disorder who represent the entire population of individuals with autism spectrum disorder, including those individuals with co-occurring conditions and the full range of needs for supports and services, including such supports and services to ensure the safety, and promote the well-being, of such individuals, to inform the activities of the center.".

(d) BUDGET ESTIMATE.—Section 409C of the Public Health Service Act (42 U.S.C. 284g) is amended by adding at the end the following:

"(e) BUDGET ESTIMATE.—For each of fiscal years 2026 through 2029, the Director shall prepare and submit, directly to the President for review and transmittal to Congress, an annual budget estimate for the initiatives of the National Institutes of Health pursuant to the strategic plan developed under section 399CC(b)(5) and updated under section 399CC(b)(6)(B), after reasonable opportunity for comment (but without change) by the Secretary and the Interagency Autism Coordinating Committee established under section 399CC.".

SEC. 3. PROGRAMS RELATING TO AUTISM.

(a) DEVELOPMENTAL DISABILITIES SURVEILLANCE AND RESEARCH PROGRAM.—Section 399AA of the Public Health Service Act (42 U.S.C. 280i) is amended—

(1) in subsection (a)(3), by striking "an Indian tribe, or a tribal organization" and inserting "an Indian Tribe, or a Tribal organization";

(2) in subsection (b)(1), by inserting "across the lifespan" before the period at the end;

(3) in subsection (d)(1)—

(A) in the paragraph heading, by striking "TRIBE; TRIBAL" and inserting "TRIBE; TRIBAL";

(B) by striking "tribe" and inserting "Tribe"; and

(C) by striking "tribal" and inserting "Tribal"; and

(4) in subsection (e), by striking "2024" and inserting "2029".

(b) AUTISM EDUCATION, EARLY DETECTION, AND INTERVENTION.—Section 399BB of the Public Health Service Act (42 U.S.C. 280i-1) is amended—