

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—

(1) in subsection (b)(1), by striking “culturally competent information” and inserting “culturally and linguistically appropriate information”;

(2) in subsection (b)(2)—

(A) by striking “promote research” and inserting “promote research, which may include research that takes a community-based approach.”; and

(B) by striking “screening tools” each place it appears and inserting “screening and diagnostic tools”;

(3) in subsection (b)(3), by striking “at higher risk” and inserting “at increased likelihood”;

(4) in subsection (b)(4), by inserting “, which may give consideration to the perspectives of parents and guardians” before the semicolon at the end;

(5) in subsection (b)(7), by striking “at higher risk” and inserting “at increased likelihood”;

(6) in subsection (c)(1), by striking “culturally competent information” and inserting “culturally and linguistically appropriate information”;

(7) in subsection (c)(2)(A)(ii), by striking “culturally competent information” and inserting “culturally and linguistically appropriate information”;

(8) by amending paragraph (1) of subsection (e) to read as follows:

(9) in subsection (e)(1)—

(A) in the matter preceding subparagraph (A), by inserting “, and strengthen the capacity of,” after “expand”; and

(B) in subparagraph (A)—

(i) by striking “expand existing or develop new” and inserting “expand and strengthen the capacity of existing, or, in States that do not have such a program, develop new.”; and

(ii) by striking “(Act) in States that do not have such a program” and inserting “(Act)”;

(C) in subparagraph (B)(v), by inserting “or other providers, as applicable” before the semicolon at the end; and

(D) by amending subparagraph (C) to read as follows:

“(C) program sites—

“(i) provide culturally and linguistically appropriate services;

“(ii) take a multidisciplinary approach and have experience working with underserved populations; and

“(iii) identify opportunities to partner with community-based organizations to expand the capacity of communities to serve individuals with autism spectrum disorder or other developmental disabilities.”;

(10) in subsection (e)(2), by adding at the end the following new subparagraph:

“(C) REPORT.—Not later than 2 years after the date of the enactment of the Autism CARES Act of 2024, the Secretary shall 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 that examines the need for, and feasibility of, expanding the developmental-behavioral pediatric training programs described in subparagraph (A).”;

(11) by amending subsection (f) to read as follows:

“(f) INTERVENTION.—The Secretary shall promote research through grants or contracts, which may include grants or contracts to research centers or networks, to—

“(1) develop and evaluate evidence-based practices and interventions to improve outcomes for individuals with autism spectrum disorder or other developmental disabilities by addressing physical and behavioral health and communication needs of such individuals across the lifespan;

“(2) develop guidelines for such evidence-based practices and interventions; and

“(3) disseminate information related to such evidence-based practices and interventions and guidelines.”; and

(12) in subsection (g), by striking “2024” and inserting “2029”.

(c) INTERAGENCY AUTISM COORDINATING COMMITTEE.—Section 399CC of the Public Health Service Act (42 U.S.C. 280i-2) is amended—

(1) in subsection (b)—

(A) in the matter preceding paragraph (1), by inserting “, on a regular basis” after “shall”;

(B) in paragraph (2), by striking “develop a summary” and inserting “summarize”; and

(C) by striking paragraphs (5) and (6) and inserting the following:

“(5) develop a strategic plan for the conduct of, and support for, autism spectrum disorder research, as described in section 409C(a)(1), which shall include—

“(A) proposed budgetary requirements; and

“(B) recommendations to ensure that autism spectrum disorder research, and services and support activities to the extent practicable, of the Department of Health and Human Services and of other Federal departments and agencies are not unnecessarily duplicative; and

“(6) submit to the Congress and the President—

“(A) an annual update on the summary of advances described in paragraph (2); and

“(B) a biennial update on the strategic plan described in paragraph (5), including progress made in achieving the goals outlined in such strategic plan and any specific measures taken pursuant to such strategic plan.”; and

(2) in subsection (f), by striking “2024” and inserting “2029”.

(d) REPORTS TO CONGRESS.—Section 399DD of the Public Health Service Act (42 U.S.C. 280i-3) is amended—

(1) by striking “2019” each place it appears and inserting “2024”; and

(2) in subsection (a), by amending paragraph (1) to read as follows:

“(1) IN GENERAL.—Not later than 4 years after September 30, 2024, the Secretary, in consultation with other relevant Federal departments and agencies, shall prepare and submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives, and make publicly available, including through posting on the website of the Department of Health and Human Services, a progress report on activities related to autism spectrum disorder and other developmental disabilities. Such report shall include activities and research related to 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.”;

(3) in subsection (b)—

(A) in the heading of subsection (b), by striking “HEALTH AND WELL-BEING” and inserting “MENTAL HEALTH NEEDS”;

(B) in paragraph (1), by striking “health and well-being” and inserting “mental health needs”; and

(C) by amending paragraph (2) to read as follows:

“(2) CONTENTS.—The report submitted under paragraph (1) shall contain—

“(A) an overview of policies and programs relevant to the mental health of individuals with autism spectrum disorder across their lifespan, including an identification of existing Federal laws, regulations, policies, research, and programs; and

“(B) recommendations to improve mental health outcomes and address related dispari-

ties in mental health care for individuals with autism spectrum disorder, including prevention, care coordination, and community-based services.”;

(4) by adding at the end the following:

“(c) UPDATE ON YOUNG ADULTS AND YOUTH TRANSITIONING TO ADULTHOOD.—Not later than 2 years after the date of enactment of the Autism CARES Act of 2024, the Secretary, in coordination with other relevant Federal departments and agencies, as appropriate, shall prepare and 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 an update to the report required pursuant to subsection (b) of this section, as added by section 6 of the Autism CARES Act of 2014 (Public Law 113-157), and in effect before the date of enactment of the Autism CARES Act of 2019 (Public Law 116-60), concerning young adults with autism spectrum disorder and the challenges related to the transition from existing school-based services to those services available during adulthood.”.

(e) AUTHORIZATION OF APPROPRIATIONS.—Section 399EE of the Public Health Service Act (42 U.S.C. 280i-4) is amended—

(1) in subsection (a), by striking “\$23,100,000 for each of fiscal years 2020 through 2024” and inserting “\$28,100,000 for each of fiscal years 2025 through 2029”;

(2) in subsection (b), by striking “\$50,599,000 for each of fiscal years 2020 through 2024” and inserting “\$56,344,000 for each of fiscal years 2025 through 2029”;

(3) in subsection (c), by striking “there are authorized to be appropriated \$296,000,000 for each of fiscal years 2020 through 2024” and inserting “there is authorized to be appropriated \$306,000,000 for each of fiscal years 2025 through 2029”.

SEC. 4. TECHNICAL ASSISTANCE TO IMPROVE ACCESS TO COMMUNICATION TOOLS.

(a) IN GENERAL.—The Secretary of Health and Human Services (referred to in this section as the “Secretary”) may, at the request of a State, Indian Tribe, Tribal organization, locality, or territory, provide training and technical assistance to such jurisdiction on the manner in which Federal funding administered by the Secretary may be used to provide individuals with autism spectrum disorder and other developmental disabilities with access to evidence-based services, tools, and technologies that support communication needs.

(b) ANNUAL REPORT.—The Secretary shall annually prepare and submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report summarizing any technical assistance provided by the Secretary in the preceding fiscal year under subsection (a) and any advancements in the development or evaluation of such evidence-based services, tools, and technologies.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Washington (Mrs. RODGERS) and the gentleman from New Jersey (Mr. PAL-LONE) 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 include extraneous material in 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, I rise in support of H.R. 7213, the Autism Collaboration, Accountability, Research, Education, and Support Act, or the Autism CARES Act of 2024, led by Congressman CHRIS SMITH.

First, I am grateful for all the work that has been done and the tremendous leadership of Representative SMITH. He has been a fierce advocate and a leader on these issues for decades.

Autism affects an estimated 1 in 36 children in the United States with recent studies showing an increasing prevalence nationwide.

Research has also shown that early intervention and therapies often lead to positive outcomes later in life for individuals with autism.

The Autism CARES Act of 2024 will reauthorize critical programs and activities and support autism research, services, training, and monitoring across the Federal Government.

Importantly, it also takes steps to ensure the public and all individuals within the autism community have an opportunity to engage in and are included in the research process and other activities related to autism spectrum disorder.

I appreciate the passionate engagement and support from stakeholders throughout this process, and I am really grateful that we are considering this bill on the floor tonight before the program's September 30 expiration.

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. 7213, the bicameral, bipartisan bill to reauthorize the Autism CARES Act, which is sponsored by my colleague from New Jersey, CHRIS SMITH.

The Autism CARES Act, formerly known as the Combating Autism Act, is the primary source of Federal funding for autism research services, training, and monitoring.

Since 2006, this law has paved the way for incredible scientific developments. Research funded by the law has advanced diagnosis in young children 18 to 24 months of age and has helped identify timely interventions to make a lifetime difference in the care and treatment of individuals with autism spectrum disorder.

Another significant example of the act's success is the Leadership Education in Neurodevelopmental and Other Related Disabilities, or LEND program.

This program has trained nearly 22,000 interdisciplinary health professionals in autism screening and identification benchmarks to improve diagnosis and care.

These programs collectively provide diagnostic services to confirm or rule out autism or developmental disabilities to over 115,000 children.

In my home State of New Jersey, the prevalence of autism remains alarmingly high as the incidence of autism continues to grow nationally.

We are fortunate to have Rutgers University as the home of New Jersey's Autism Center for Excellence, leading the way on several important issues to the New Jersey autism community, including highlighting disparities in getting diagnosed, providing service programs to adults with autism spectrum disorder, and improving the lives of people who are living with this disorder. Progress has been made, but our work is far from over. We must continue supporting children, families, and caregivers throughout their lives.

I am pleased that through our bicameral, bipartisan negotiations, we are able to increase the number of NIH Centers of Excellence from five to seven.

We were also able to come to agreement on requiring more updated reporting for the Department of Health and Human Services on mental health needs among autism patients.

This will help provide better research and support for children transitioning to adulthood with autism and providing a technical assistance center to ensure evidence-based communication tools are available to patients with speech pathology or audiological challenges.

Now, I must say that I am disappointed that the current Speaker's protocol prevents us from providing the robust funding necessary to meet the implementing agency's projections for this law's 5-year reauthorization period. I feel the bicameral, bipartisan compromise before us is a strong product, and I urge my colleagues to support it.

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

Mrs. RODGERS of Washington. Mr. Speaker, I yield 5 minutes to the gentleman from New Jersey (Mr. SMITH), the prime sponsor and the champion of the legislation.

Mr. SMITH of New Jersey. Mr. Speaker, I thank the chair for her leadership on this important issue and so many other health issues that is making all the difference in the world.

This bill would not be on the floor today without her leadership. I thank Chairwoman CATHY MCMORRIS RODGERS so very, very much for that leadership. I thank my good friend, FRANK PALLONE, for his strong support as well. I thank HENRY CUELLAR, who is the prime Democrat cosponsor.

Mr. Speaker, 61 Members of the House have cosponsored it. It is a totally bipartisan piece of legislation. ANNA ESHOO was not only a cosponsor but very helpful when we did Autism CARES of 2019. This builds on that and expands it and strengthens it going forward.

I also thank the staff. We know so much of the great hard work, the spade work, is done by the staff: Molly Brimmer, Kristin Fritsch, and Caitlin Wil-

son. I also thank John McDonough on my staff. I thought John would be here. He will be here in a moment. I thank Scott Badesch who worked for the Autism Society, who is now on our staff for a dozen years, and also worked for the United Way.

It is a great collaboration of great people all on behalf of helping those on the spectrum, those with severe autism, and, of course, the family members and friends who have such a heavy, heavy lift in caring for and loving because there are so many challenges.

Autism spectrum disorder, Mr. Speaker, is a neurodevelopmental condition characterized by persistent impairments in social communication and social interaction, as well as restricted and repetitive patterns of behavior, leading to difficulty in developing, maintaining, and understanding relationships with others.

If that is not enough, frequently accompanying autism are other co-occurring medical, behavioral, or mental health conditions, including gastrointestinal disorders, learning challenges, sleep disorders, feeding and eating issues, mental health challenges such as depression and anxiety, and sensory sensitivities that can lead to seizures.

In some cases, certain symptoms are co-occurring conditions that result in self-injurious behaviors that present complex challenges to parents and caregivers.

I point out for the record, Mr. Speaker, about 30 years ago, Bobbie and Billy Gallagher, parents of two children with autism, who were babies at the time, came into my office in Whiting, New Jersey, and said we need to do something. Nothing is really being done.

Sure enough, we found out that CDC was spending about \$287,000 a year for their entire program, straight line for 5 years.

I introduced legislation, the Energy and Commerce Committee incorporated it into the Children's Health Act, and that began this important rise in focus and providing the necessary resources to help those with autism to try to find a way of mitigating its impact on both the person with it as well as upon the family.

The Autism CARES Act is a comprehensive reauthorization and strengthening of the whole-of-government effort that we have been working on now for three decades.

We wouldn't be here today as well if it wasn't for the organizations. Several of them, and we all know them: Autism Speaks, the Association of University Centers on Disabilities, The Arc of the United States, Profound Autism Alliance, and the Autism Society, among many others, provided us useful and very informed thoughts and suggestions that are incorporated into this bill.

For the last 2 years, we have been meeting with them, again, trying to find out what needs to be done and

where there is overlap. We don't want to repeat things that don't need to be done.

I have learned so much about how well this is working under the IACC, which is the Interagency Autism Coordinating Committee. They go overboard trying to prevent duplicative research so that we are not just spending money. We are trying to do it in a way that is very, very precise and very focused.

As the chairwoman a moment ago said, 1 in 36 children in the United States are on the spectrum. In my State, it is 1 in 35, so we are one of the top three in the country that have manifestations of autism. We need to do more on this.

The bill does also include the idea of the entirety of the age. No matter what age you are, if you have autism, we want to help and provide the necessary resources.

We started that last time, and it is making a difference. As my friend from New Jersey pointed out, it increases from five to seven the NIH Centers of Excellence. NIH does so much in every category to try to, again, help those.

Let me just remind my colleagues, and I will finish with this, that we now have the capability to detect autism as early as 18 months. Incredible advancements have been made in this area. Yet, the median age of diagnosis in the United States is not until 4 years of age. We are missing crucial early intervention opportunities by not identifying and then helping those who have it.

I urge passage, and again, I thank the chairwoman.

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

Mrs. RODGERS of Washington. Mr. Speaker, I yield 3 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. 7213, the Autism CARES Act of 2024, which reauthorizes and strengthens the autism spectrum disorder initiative through 2029.

The Autism CARES Act is the single most important driver of Federal investment in autism research and training programs over the past two decades.

It has led to improvements in early intervention services, a better understanding of the prevalence of autism, and a better understanding of the co-occurring health conditions that autistic people experience.

Importantly, it has also been responsible for thousands of future health professionals being trained on how to screen, diagnose, and provide interventions to autistic people and other individuals with neurodevelopmental disabilities to improve their health and well-being.

Thanks to the Autism CARES Act, many health professionals are better

equipped to meet the ever-changing and diverse needs of autistic people and other people with neurodevelopmental disabilities.

This bill will ensure ongoing support by NIH of research at institutions like the Marcus Autism Center in Atlanta and the Georgia LEND program at Georgia State University.

Located in my home State of Georgia within Children's Healthcare of Atlanta, the Marcus Autism Center is one of the largest organizations in the country that blends research on autism with providing clinical services for children on the autism spectrum and their families.

I thank Representative CHRIS SMITH for working on this important issue, and I urge my colleagues to support this legislation.

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Mr. PALLONE. Mr. Speaker, I believe the gentlewoman has some additional speakers. I continue to reserve the balance of my time.

Mrs. RODGERS of Washington. Mr. Speaker, I yield 2 minutes to the gentleman from New York (Mr. MOLINARO).

Mr. MOLINARO. Mr. Speaker, I am certainly grateful to Representative CHRIS SMITH for his leadership.

The Autism CARES Act has made an immeasurable difference in the lives of countless Americans living with either autism, neurodivergence themselves or the family members who support them.

The massive investment made by this Federal Government in research, education, and intervention has not only ensured great advancement in how we diagnose, treat, and assist those living on the autism spectrum, but it has helped to bring dignity to their lives.

I join my colleagues in advocating for the bill. I certainly support the legislation. I do so as a Member of Congress, but I also do so as a father of an adult living on the autism spectrum. I cannot tell you the struggle, the challenge that families like ours and certainly individuals like my daughter have had to face.

Thanks to the Autism CARES Act originally adopted some years ago, now reauthorized, every step along the way we now have a partner in providing and ensuring that those caregivers, those who interact, those who provide care have the tools and the resources necessary to provide dignity and opportunity to her life.

On behalf of my daughter, Abigail Faith Molinaro, I join my colleagues on both sides of the aisle and encourage support for the Autism CARES Act reauthorization.

Mr. PALLONE. Mr. Speaker, I yield myself the balance of my time to close.

Again, I would say we can see this is a very important piece of legislation dealing with autism spectrum disorder, and I urge my colleagues on both sides of the aisle to support it.

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

Mrs. RODGERS of Washington. 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. 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. 7213, as amended.

The question was taken.

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

Mrs. RODGERS. 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.

MEDICARE AND MEDICAID FRAUD PREVENTION ACT OF 2024

Mrs. RODGERS of Washington. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 8089) to amend title XIX of the Social Security Act to 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. 8089

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 "Medicare and Medicaid Fraud Prevention Act of 2024".

SEC. 2. 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 quarterly during the period that such provider or supplier is so enrolled, the State conducts a check of the Death Master File (as such term is defined in section 203(d) of the Bipartisan Budget Act of 2013) to determine whether such provider or supplier is deceased."

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 in 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.