

the gentlewoman from Washington (Mrs. RODGERS) that the House suspend the rules and pass the bill, H.R. 7406, 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.

SUPPORTING AND IMPROVING RURAL EMS NEEDS REAUTHORIZATION ACT

Mrs. RODGERS of Washington. Mr. Speaker, I move to suspend the rules and pass the bill (S. 265) to reauthorize the rural emergency medical service training and equipment assistance program, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 265

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 “Supporting and Improving Rural EMS Needs Reauthorization Act” or the “SIREN Reauthorization Act”.

SEC. 2. RURAL EMERGENCY MEDICAL SERVICE TRAINING AND EQUIPMENT ASSISTANCE PROGRAM.

Section 330J of the Public Health Service Act (42 U.S.C. 254c-15) is amended—

(1) in subsection (a), by striking “the Administrator of the Health Resources and Services Administration (referred to in this section as the ‘Secretary’)” and inserting “the Assistant Secretary,”;

(2) in subsection (c)—

(A) in paragraph (1)—

(i) in subparagraph (C), by striking “; and” and inserting a semicolon; and

(ii) by adding at the end the following:

“(E) ensure emergency medical services personnel are trained on mental health and substance use disorders and care for individuals with such disorders in emergency situations; and”;

(B) in paragraph (2)—

(i) in subparagraph (B), by striking “; or” and inserting a semicolon;

(ii) in subparagraph (C), by striking the period and inserting “; or”;

(iii) by adding at the end the following:

“(D) acquire drugs or devices approved, cleared, or otherwise legally marketed under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected overdose.”;

(3) by striking subsection (f);

(4) by redesignating subsection (g) as subsection (f);

(5) in subsection (f)(1), as so redesignated, by striking “2019 through 2023” and inserting “2024 through 2028”;

(6) by redesignating such section 330J as section 553 of the Public Health Service Act; and

(7) by transferring such section 553, as so redesignated, to appear at the end of part D of title V of the Public Health Service Act (42 U.S.C. 290dd et seq.).

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 include extraneous material 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 S. 265, the SIREN Reauthorization Act.

EMS agencies play a critical role within our healthcare system, especially in rural areas where they may be the only provider for miles. More than half of rural EMS agencies are staffed solely by volunteers and oftentimes must raise their own funds just to continue operating.

The SIREN Reauthorization Act would continue vital resources for the Rural Emergency Medical Services Training program, which helps support local EMS agencies with recruitment and training efforts as well as purchasing equipment, including overdose reversal medication.

First responders are on the front lines of the opioid epidemic and must be able to properly acquire and administer overdose reversal medications to help save lives and prevent overdose deaths.

Reauthorizing this program is crucial to help bolster the rural health workforce.

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 today to speak in support of S. 265, the Supporting and Improving Rural EMS Needs Reauthorization Act, or the SIREN Reauthorization Act.

First created in 2018, the SIREN Act created a grant program for public and nonprofit emergency medical services, agencies, and fire departments in rural areas to support the recruitment, retention, education, and equipping of EMS personnel.

Administered by the Substance Abuse and Mental Health Services Administration, SAMHSA, this grant program has become a key partner to rural communities to ensure their EMS systems have funding for the most basic of operations. These grants go beyond brick-and-mortar assistance by helping rural EMS agencies better train and recruit staff, acquire new equipment, and develop new ways to educate EMS personnel.

These grants have provided critical funding to assist acquiring medication, medical supplies, increasing basic and advanced life support, and even replacing older response vehicles with newer or safer models.

In communities where the nearest hospital or trauma center is several

towns away, the small-town or frontier EMS workers are often the lifeline for patients in critical and vulnerable States. It is imperative that they have the Federal support they need to carry out this very important mission without interruption.

I thank Representatives DINGELL and JOYCE for their leadership in the House and their companion legislation, H.R. 4646, which passed the House in May. I also thank Chair RODGERS and subcommittee Chair GUTHRIE for their collaboration to ensure this program continues to receive the bipartisan support that it so well deserves.

Mr. Speaker, I urge that we support this bill to help rural EMS services. It is so important in rural areas, and I yield back the balance of my time.

Mrs. RODGERS of Washington. Mr. Speaker, 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, S. 265.

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.

□ 2100

SUPPORTING PATIENT EDUCATION AND KNOWLEDGE ACT OF 2024

Mrs. RODGERS of Washington. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 6033) to require the Secretary of Health and Human Services to establish a task force to improve access to health care information technology for non-English speakers, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 6033

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 “Supporting Patient Education And Knowledge Act of 2024” or the “SPEAK Act of 2024”.

SEC. 2. GUIDANCE ON FURNISHING SERVICES VIA TELEHEALTH TO INDIVIDUALS WITH LIMITED ENGLISH PROFICIENCY.

(a) IN GENERAL.—Not later than 1 year after the date of the enactment of this section, the Secretary of Health and Human Services, in consultation with 1 or more entities from each of the categories described in paragraphs (1) through (7) of subsection (b), shall issue and disseminate, or update and revise as applicable, guidance for the entities described in such subsection on the following:

(1) Best practices on facilitating and integrating use of interpreters during a telemedicine appointment.

(2) Best practices on providing accessible instructions on how to access telecommunications systems (as such term is used for purposes of section 1834(m) of the Social Security Act (42 U.S.C. 1395m(m)) for individuals with limited English proficiency.

(3) Best practices on improving access to digital patient portals for individuals with limited English proficiency.

(4) *Best practices on integrating the use of video platforms that enable multi-person video calls furnished via a telecommunications system for purposes of providing interpretation during a telemedicine appointment for an individual with limited English proficiency.*

(5) *Best practices for providing patient materials, communications, and instructions in multiple languages, including text message appointment reminders and prescription information.*

(b) *ENTITIES DESCRIBED.—For purposes of subsection (a), an entity described in this subsection is an entity in 1 or more of the following categories:*

(1) *Health information technology service providers, including—*

(A) *electronic medical record companies;*

(B) *remote patient monitoring companies; and*

(C) *telehealth or mobile health vendors and companies.*

(2) *Health care providers, including—*

(A) *physicians; and*

(B) *hospitals.*

(3) *Health insurers.*

(4) *Language service companies.*

(5) *Interpreter or translator professional associations.*

(6) *Health and language services quality certification organizations.*

(7) *Patient and consumer advocates, including such advocates that work with individuals with limited English proficiency.*

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 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. 6033, the Supporting Patient Education And Knowledge Act, or SPEAK Act, of 2024, led by Congresswoman MICHELLE STEEL.

Mrs. STEEL's legislation will make telehealth more accessible for patients with limited English proficiency. Telehealth became widely used during the COVID-19 public health emergency with as many as one in four Medicare beneficiaries utilizing the platform.

In 2022, Congress further extended the availability of telehealth services through the end of this year.

I believe that telehealth technology can, in some cases, help seniors access care in a timelier fashion, keeping them healthier and, in some cases, avoid costly complications from delayed treatment.

As Congress considers further extensions of telehealth flexibilities, this bill will ensure more seniors with limited English language proficiency can still benefit from telehealth.

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. 6033, the Supporting Patient Education And Knowledge Act, or SPEAK Act, sponsored by Representatives STEEL and GOMEZ and cosponsored by Representative CÁRDENAS.

H.R. 6033 requires the Secretary of Health and Human Services to issue guidance to improve access to healthcare for individuals with limited English proficiency. Specifically, the bill requires the HHS Secretary to consult with healthcare entities such as providers, health insurers, and consumer advocacy groups to identify best practices for improving access to telehealth services for patients with limited English proficiency.

The expansion of telehealth flexibility during the COVID-19 public health emergency and subsequently in the Consolidated Appropriations Act of 2023 has allowed millions of patients to receive access to necessary care. Since then, further expansion of telehealth services has helped provide critical services to hard-to-reach populations and helped beneficiaries in areas that are already underserved.

However, individuals and families with limited English proficiency can face significant barriers to accessing telehealth services and other healthcare information technology. H.R. 6033 will help identify and address barriers to accessing virtual health services for millions of patients with limited English proficiency.

This bill is supported by the National Immigration Law Center, the American Medical Association, America's Essential Hospitals, Justice in Aging, the National Health Law Program, and the American Academy of Family Physicians, among many others.

Mr. Speaker, I encourage my colleagues to vote "yes" on this important bill, and I reserve the balance of my time.

Mrs. RODGERS of Washington. Mr. Speaker, I yield 5 minutes to the gentlewoman from California (Mrs. STEEL), who is the leader of this legislation.

Mrs. STEEL. Mr. Speaker, I rise to urge passage of my healthcare legislation with Congressman GOMEZ.

The Supporting Patient Education And Knowledge Act, the SPEAK Act, will improve access to telehealth for 25 million Americans with limited English proficiency and will help tackle the over \$1.7 billion in medical costs driven by language barriers.

The SPEAK Act will also help bring public and private actors together to identify best practices and improve telehealth access for urban and rural communities.

Telehealth services can be more affordable than traditional care, addressing a key need at a time of rising costs. It is transforming healthcare by increasing access, reducing costs, and improving outcomes.

As we continue to improve healthcare via new technology, I am fo-

cused on ensuring no American is left behind in the digital age.

As an immigrant myself who speaks English as a third language, I know the importance of services being available to all Americans.

My beautifully diverse district in southern California is a key example. My constituents speak English, Spanish, Vietnamese, Korean, Chinese, Tagalog, and more. I am proud to be their champion in Congress.

No matter what language you speak, Mr. Speaker, everyone should have access to telehealth. Everyone should have access to high-quality and affordable care.

I thank everyone who has supported the bill and worked hard for its passage. The SPEAK Act could be life-changing for so many people.

Mr. Speaker, I call on the House to pass the SPEAK Act and join me in increasing healthcare access, lowering costs, and improving patient outcomes.

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

Mr. PALLONE. Mr. Speaker, I yield such time as he may consume to the gentleman from California (Mr. CÁRDENAS).

Mr. CÁRDENAS. Mr. Speaker, I rise today in support of H.R. 6033, the Supporting Patient Education And Knowledge Act, which I am proud to co-lead with my Republican colleague from the other side of the aisle, Representative STEEL, and several of my colleagues on both sides of the aisle.

I am encouraged by this bipartisan effort and commitment to help ensure access to quality care across the United States.

Clear communication between patients and providers improves critical health outcomes, helps prevent potentially deadly errors, and it is the cornerstone of our health system.

As we continue the work to improve healthcare in America, we have a responsibility to all people in America, and this includes the 25 million people with limited English proficiency in the United States.

A failure to address the challenges individuals with limited English proficiency face would impact the health of all Americans, complicating expansions of telehealth services, and leading to higher system costs.

The SPEAK Act is a critical step in addressing these challenges. This legislation recognizes the diverse fabric of our Nation and fosters collaboration that is vital to guaranteeing our healthcare system meets the needs of all individuals.

By bringing providers, physicians, hospitals, health insurance companies, language service providers, and patient voices to the table, we advance our shared goal of increasing access while helping patients feel secure and confident when they seek care.

Helping providers communicate accurate health information to limited English proficient people benefits everyone. Ensuring telehealth advancements are accessible to limited English

proficient people benefits everyone as well.

Developing and implementing best practices to overcome barriers ensures that every individual, regardless of their linguistic background, receives the care they need and deserve.

Mr. Speaker, I thank my colleague, Congresswoman STEEL, for co-leading this bill, and I also would like to take an opportunity to thank all of the committee staff and the staff from all of our teams for all of the wonderful work that they put into not just this bill but the many bills we are discussing this evening.

One of the things that frustrates me about being a Congressman is that beautiful moments like this when we come together and work on a bipartisan basis will never be seen on the news. If somebody gets into an argument with somebody in committee, they will carry that over and over and over, which leads the American people to believe we do not work together and that we do not care about everyone. Yes, we do.

So, once again, I thank the chairwoman, the ranking member, and everyone on the committee for bringing these wonderful bills to the floor and the many bills we have yet to work on throughout the rest of this year.

Mr. Speaker, I urge my colleagues to vote for this bill.

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

□ 2110

Mr. PALLONE. Mr. Speaker, in closing, I would urge support for this bipartisan bill because it is so important for improving access for telehealth services for persons with limited English proficiency, 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. 6033, 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.

TELEHEALTH ENHANCEMENT FOR MENTAL HEALTH ACT OF 2024

Mrs. RODGERS of Washington. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 7858) to amend title XVIII of the Social Security Act to establish a Medicare incident to modifier for mental health services furnished through telehealth, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 7858

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 "Telehealth Enhancement for Mental Health Act of 2024" or the "TELEMH Act of 2024".

SEC. 2. ESTABLISHMENT OF MEDICARE INCIDENT TO MODIFIER FOR MENTAL HEALTH SERVICES FURNISHED THROUGH TELEHEALTH AND OTHER TELEHEALTH SERVICES.

Section 1834(m) of the Social Security Act (42 U.S.C. 1395m(m)) is amended by adding at the end the following new paragraph:

"(10) REQUIRED USE OF MODIFIERS IN CERTAIN INSTANCES.—Not later than January 1, 2026, the Secretary shall establish requirements to include a code or modifier, as determined appropriate by the Secretary, in the case of claims for telehealth services under this subsection that are billed incident to a physician's or practitioner's professional service."

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 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. 7858, the Telehealth Enhancement for Mental Health Act of 2024, led by the gentleman from Michigan (Mr. JAMES), a valuable member of the House Energy and Commerce Committee.

Mr. Speaker, Mr. JAMES' legislation will put in place program integrity measures so that we can better understand the extent to which telehealth is working for patients on Medicare.

Over the past several years, telehealth has proven itself to be a vital way for patients to access care, especially in rural communities. Telehealth services are still being used widely among Medicare beneficiaries compared to prepandemic levels. Evaluation and management services, such as doctors' visits and following up to imaging, have accounted for nearly all of telehealth spending in Medicare.

As Congress works to continue allowing seniors to access telehealth through Medicare, this bill will implement a key recommendation from the Department of Health and Human Services inspector general to increase transparency and allow more detailed data collection on types of providers performing telehealth services.

This will help ensure Medicare beneficiaries are not just benefiting from expanded access and quality care, but the best value these technologies have to offer.

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

HOUSE OF REPRESENTATIVES,

COMMITTEE ON ENERGY AND COMMERCE,
Washington, DC, September 11, 2024.

Hon. JASON SMITH,
Chair, Committee on Ways and Means,
Washington, DC.

DEAR CHAIR SMITH: I write regarding H.R. 7858, the "TELEMH Act of 2024," which was referred in addition to the Committee on Ways and Means.

I ask that the Committee forgo action on the bill so that it may be scheduled for consideration on the House floor. This concession would in no way affect the Committee's jurisdiction over the subject matter of the bill. In addition, should a conference on the bill be necessary, I would support the Committee's request for conferees on the conference committee. Finally, I would be pleased to include this letter and your response in the Congressional Record during debate on the bill.

Thank you for your consideration of my request and for the extraordinary cooperation shown by you and your staff over matters of shared jurisdiction. I look forward to further opportunities to work with you this Congress.

Sincerely,

CATHY MCMORRIS RODGERS,
Chair.

HOUSE OF REPRESENTATIVES,

COMMITTEE ON WAYS AND MEANS,
Washington, DC, September 11, 2024.

Hon. CATHY MCMORRIS RODGERS,
Chair, Committee on Energy and Commerce,
Washington, DC.

DEAR CHAIR MCMORRIS RODGERS: Thank you for your letter regarding H.R. 7858, the "TELEMH Act of 2024." As you noted, the Committee on Ways and Means was granted an additional referral on this bill. I agree to forego action on this bill so that it may proceed expeditiously to the House floor for consideration.

The Committee takes this action with our mutual understanding that by foregoing consideration of H.R. 7858 at this time, we do not waive any jurisdiction over subject matter contained in this bill or similar legislation, and that our Committee will be appropriately consulted and involved as the bill or similar legislation moves forward so that we may address any remaining issues in our jurisdiction. Our Committee also reserves the right to seek appointment of an appropriate number of conferees to any House-Senate conference involving this or similar legislation, and asks that you support any such request.

Finally, I would ask that a copy of our exchange of letters on this matter be included in the Congressional Record during floor consideration of H.R. 7858.

Sincerely,

JASON SMITH,
Chairman.

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

Mr. Speaker, I rise in support of H.R. 7858, the Telehealth Enhancement for Mental Health Act.

This bill directs the Secretary of Health and Human Services to develop a modifier on claims submitted to Medicare for mental health services furnished through telehealth. This modifier will allow the Centers for Medicare & Medicaid Services to identify when mental health services are being provided virtually by different types of providers and will help ensure beneficiaries receiving mental health support remotely can access care when they need it.