

It directs the Secretary of Health and Human Services to develop guidelines on the placement of automated external defibrillators, or AEDs, in schools and to provide resources to help schools create and implement cardiac emergency response plans.

The legislation also supports CPR education and training among students, school personnel, coaches, and volunteers. It would also support the development of cardiac emergency response plans, which, along with AEDs and CPR, are integral to a coordinated, immediate, and effective response in the crucial minutes between the time when a victim collapses and when emergency medical services arrive.

The HEARTS Act will raise awareness about the causes of sudden cardiac arrest and ensure schools are more prepared to deal with cardiac emergencies so we can save lives. This legislation has the support of the American Heart Association and the Smart Heart Coalition, among others.

It is my hope the Senate will consider this legislation and restore the authorization level, which we reluctantly were required to remove in order to get this bill before us today to comply with the Speaker's CutGo protocol. The Speaker's protocol, in my opinion, is arbitrary, selectively enforced, and ill-advised because it hampers our ability to address the pressing public health issues of the day.

I am disappointed that although the bill as originally written was cleared in committee on a bipartisan basis with the funding authorization, the House Republican leadership reversed course and determined before floor consideration that it was not in compliance with the Speaker's protocol.

We are, nonetheless, moving forward today because we believe it is imperative to move this policy forward for the parents and student athletes who have suffered from this sudden cardiac arrest, and I remain committed to ensuring the enduring success of this program and to seek funding for it.

I thank Chair RODGERS for working closely with me on the legislation, as well as the New Jersey families who shared their stories with me and have advocated tirelessly for safer cardiac health and resources in our schools.

Mr. Speaker, I urge strong support for the bill, and I thank all the members of our committee for reporting this bill out on a bipartisan basis. It is important for our kids.

Mr. Speaker, I ask everyone to vote in support of the bill, and I yield back the balance of my time.

Mr. BUCSHON. 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 gentleman from Indiana (Mr. BUCSHON) that the House suspend the rules and pass the bill, H.R. 8108, as amended.

The question was taken; and (two-thirds being in the affirmative) the

rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

#### MEDICAID STATE PLAN REQUIREMENT FOR DETERMINING RESIDENCY OF MILITARY FAMILIES

Mr. BUCSHON. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 8108) to amend title XIX of the Social Security Act to add a Medicaid State plan requirement with respect to the determination of residency of certain individuals serving in the Armed Forces, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 8108

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

#### SECTION 1. MEDICAID STATE PLAN REQUIREMENT FOR DETERMINING RESIDENCY AND COVERAGE FOR MILITARY FAMILIES.

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

*(1) in subsection (a)—*

*(A) in paragraph (86), by striking "and" at the end;*

*(B) in paragraph (87), by striking the period at the end and inserting "; and"; and*

*(C) by inserting after paragraph (87) the following new paragraph:*

*"(88) beginning January 1, 2028, provide, with respect to an active duty relocated individual (as defined in subsection (uu)(1))—*

*"(A) that, in determining eligibility for medical assistance under the State plan (or waiver of such plan), the relocation described in such subsection is deemed to be a temporary absence for purposes of section 435.403(j)(3) of title 42, Code of Federal Regulations (or any successor regulation);*

*"(B) that if, at the time of such relocation, such active duty relocated individual is on a home and community-based services waiting list (as defined in subsection (uu)(2)), such individual remains on such list until—*

*"(i) the State completes an assessment and renders a decision with respect to the eligibility of such individual to receive the relevant home and community-based services at the time a slot for such services becomes available and, in the case such decision is a denial of such eligibility, such individual has exhausted the individual's opportunity for a fair hearing in accordance with paragraph (3); or*

*"(ii) such individual elects to be removed from such list; and*

*"(C) payment for medical assistance furnished under the State plan (or a waiver of the plan) to such active duty relocated individual in the temporary relocation State (as referred to in subsection (uu)(1)) in accordance with such guidance as the Secretary may issue to ensure access to such assistance.";* and

*(2) by adding at the end the following new subsection:*

*"(uu) ACTIVE DUTY RELOCATED INDIVIDUAL; HOME AND COMMUNITY-BASED SERVICES WAITING LIST.—For purposes of subsection (a)(88) and this subsection:*

*"(1) ACTIVE DUTY RELOCATED INDIVIDUAL.—The term 'active duty relocated individual' means an individual enrolled under the State plan (or waiver of such plan)—*

*"(A) who—*

*"(i) is a member of the Armed Forces engaged in active duty service and is temporarily relocated (as specified by the Secretary) to another State (in this subsection referred to as the 'temporary relocation State') by reason of such service;*

*"(ii) at any point during the preceding 1-year period, was such a member so engaged in such service and was temporarily relocated to the temporary relocation State by reason of such service, but is no longer so engaged in such service (including by reason of retirement from such service); or*

*"(iii) is a dependent (as defined by the Secretary) of a member described in clause (i) or (ii) who temporarily relocates to the temporary relocation State with such member; and*

*"(B) who—*

*"(i) was receiving home and community-based services (as defined in section 9817(a)(2)(B) of the American Rescue Plan Act of 2021) at the time of such relocation; or*

*"(ii) if the State maintains a home and community-based services waiting list, was on such home and community-based services waiting list at the time of such relocation.*

*"(2) HOME AND COMMUNITY-BASED SERVICES WAITING LIST.—The term 'home and community-based services waiting list' means, in the case of a State that has a limit on the number of individuals who may receive home and community-based services under section 1115(a) or section 1915(c), a list maintained by such State of individuals who have applied to receive such services under either such section but for whom the State has not yet completed an assessment and rendered a decision with respect to the eligibility of such individuals to receive the relevant home and community-based services at the time a slot for such services becomes available due to such limit."*

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

The Chair recognizes the gentleman from Indiana.

#### GENERAL LEAVE

Mr. BUCSHON. 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 gentleman from Indiana?

There was no objection.

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

Mr. Speaker, I thank Mrs. KIGGANS for bringing forth such an important solution for our military families.

H.R. 8108 would ensure that military families can maintain access to essential care when they are required to move States for Active Duty.

According to the Medicaid and CHIP Payment Access Commission, as many as 867,000 Medicaid enrollees have primary insurance through TRICARE, including as many as 220,000 children.

In most instances, servicemembers rely on TRICARE as their insurer to cover most of their needs, but for individuals who also have a disability—take, for example, a military family with a child with a disability—Medicaid will often step in to cover additional care, like home and community-based services. Those services help with daily living activities and are essential to keeping people with disabilities healthy and independent in their communities.

Unfortunately, many State Medicaid programs limit access to home and

community-based services and often do so by creating waiting lists. It can take years for a patient to get off the wait list and get the level of care that they need.

For military families who rely on Medicaid to pay for home and community-based services, moving from one State to another requires the family to join the new State's waiting list and start the whole process over again.

H.R. 8108 makes clear that Active-Duty military families required to move across the country for their service to this country cannot lose access to current home and community-based services or lose their spot in line on their home State's waiting list.

These necessary changes will help reaffirm our commitment to our military families who don't need additional hoops to jump through or stress in a time of reassignment.

Mr. Speaker, I thank Mrs. KIGGANS for her leadership on this important issue. 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 today in support of H.R. 8108, a bill that would amend title XIX of the Social Security Act to add a Medicaid State plan requirement regarding the determination of residency of people serving in the armed services.

Medicaid is the primary payer for home and community-based services, serving as the safety net for people with long-term care needs, including military families. Medicaid provides coverage for home and community-based services when other insurers, including TRICARE, do not.

Military families face unique stressors when a family member has a need for home and community-based services and needs to relocate for military service. For example, when a child with disabilities is receiving home and community-based services covered by the Medicaid program in the same State in which they live, there is no guarantee that the child will continue to receive care in the State where the family is being relocated.

In many States, families wait years on a waiting list to receive these services, and once they are finally able to access the care they need, the time may come to move again. Military families in this position may face a difficult choice: Do they keep their family together, knowing that their child may lose access to care in the State in which they are moving, or do they separate the family to ensure their child is able to access the care they need? These are decisions that military families simply should not have to make.

H.R. 8108 would lessen the burden military families face by requiring States to continue to provide Medicaid coverage to dependents of Active-Duty military servicemembers who are receiving Medicaid home and community-based services and must move out

of State due to military service. It also allows families that are on waiting lists to maintain their place on those lists so they, too, are not forced to start over.

While H.R. 8108 does not address the many underlying issues with our patchwork long-term care system, including those that have led to the existence of waiting lists, I am pleased that it will help ease some of the challenges that military families face in receiving the care they need.

Mr. Speaker, I thank Representatives KIGGANS and KAPTUR for their leadership on this very important issue, and I encourage my colleagues to vote "yes" on H.R. 8108.

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

Mr. BUCSHON. Mr. Speaker, I yield 5 minutes to the gentlewoman from Virginia (Mrs. KIGGANS).

Mrs. KIGGANS of Virginia. Mr. Speaker, I rise today in support of H.R. 8108, the Medicaid State Plan Requirement for Determining Residency of Military Families, that I introduced earlier this year to ensure servicemembers can maintain critical healthcare coverage and medical services for their children no matter where their service takes them.

Americans with disabilities often need long-term care services to help them with everyday activities, such as eating, walking, medical equipment management, and more. TRICARE does not cover long-term care services, leaving military families with children in need of those services to apply for Medicaid. However, Medicaid is operated State by State, which puts individuals and their families at risk of losing services when they leave their State.

This particularly impacts our military families, who frequently transfer locations as part of their commitment to serving our country. As a Navy spouse, mom of four, and a veteran who served for nearly 10 years myself, I know how hard these relocations can be for military families.

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Those who serve our country shouldn't have to worry about whether their children will be able to access critical healthcare services when they get to their next duty station.

That is why I introduced the Medicaid State Plan Requirement for Determining Residency of Military Families.

My bipartisan bill would guarantee dependents of Active-Duty servicemembers can continue to receive long-term care services through a State-administered Medicaid plan should their family be stationed in another State.

Our men and women in uniform already sacrifice so much for our country. Their children should never have to forego critical care because of their selfless decision to serve.

I thank Congresswoman MARCY KAPTUR for joining me in this important effort, and I encourage my colleagues on

both sides of the aisle to support our bipartisan legislation.

Mr. PALLONE. Mr. Speaker, this is an important bill for individuals serving in the Armed Forces and their families, so I urge my colleagues to vote for it on a bipartisan basis.

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

Mr. BUCSHON. Mr. Speaker, in closing, I encourage everyone to vote "yes" on this bill, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. LOPEZ). The question is on the motion offered by the gentleman from Indiana (Mr. BUCSHON) that the House suspend the rules and pass the bill, H.R. 8108, 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.

#### NAPA REAUTHORIZATION ACT

Mr. BUCSHON. Mr. Speaker, I move to suspend the rules and pass the bill (S. 133) to extend the National Alzheimer's Project.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 133

*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 "NAPA Reauthorization Act".

#### SEC. 2. EXTENSION OF PROJECT.

Section 2 of the National Alzheimer's Project Act (42 U.S.C. 11225) is amended—

(1) in subsection (c)—

(A) in paragraph (2), by striking "and coordination of" and inserting "on, and coordination of,";

(B) in paragraph (4)—

(i) by redesignating subparagraphs (A) and (B) as subparagraphs (B) and (C), respectively; and

(ii) by inserting before subparagraph (B), as so redesignated, the following:

"(A) promotion of healthy aging and reduction and mitigation of risk factors for Alzheimer's";

(C) in paragraph (5)—

(i) by inserting "and other underserved populations, including individuals with developmental disabilities such as Down syndrome," after "populations"; and

(ii) by striking "and" and inserting a semicolon;

(D) by redesignating paragraph (6) as paragraph (7); and

(E) by inserting after paragraph (5) the following:

"(6) provide information on, and promote the adoption of, healthy behaviors that may reduce the risk of cognitive decline and promote and protect cognitive health; and";

(2) in subsection (d)(2)—

(A) by inserting "and across public and private sectors," after "Nation's progress"; and

(B) by inserting "and, including consideration of public-private collaborations, as appropriate" before the period;

(3) in subsection (e)—

(A) in paragraph (2)—

(i) in subparagraph (A), by adding at the end the following: