

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:

“(xi) A designee of the Department of Justice.

“(xii) A designee of the Federal Emergency Management Agency.

“(xiii) A designee of the Social Security Administration.

“(xiv) 2 or more other designees, as determined by the Secretary of Health and Human Services, at least one of whom has expertise in risk factors associated with the development or the progression of Alzheimer’s.”; and

(ii) in subparagraph (B)—

(I) in the matter preceding clause (i), by striking “12” and inserting “15”;

(II) in clause (v)—

(aa) by striking “2 researchers” and inserting “3 researchers”; and

(bb) by striking “; and” and inserting “, including at least one researcher with demonstrated experience in recruitment and retention of underrepresented groups into research or clinical trials related to dementia.”;

(III) in clause (vi), by striking the period and inserting a semicolon; and

(IV) by adding at the end the following:

“(vii) 1 individual with a diagnosis of Alzheimer’s disease; and

“(viii) 1 representative from a historically underserved population whose lifetime risk for developing Alzheimer’s is markedly higher than that of other populations.”;

(B) in paragraph (5)—

(i) in subparagraph (A)—

(I) by striking “an initial evaluation” and inserting “annual evaluations”; and

(II) by striking “research, clinical” and inserting “research, risk reduction, public health, clinical”;

(ii) in subparagraph (B), by striking “initial”;

(iii) in subparagraph (C)—

(I) in the matter preceding clause (i), by striking “initial”; and

(II) in clause (ii), by inserting “and reduce disparities” before the semicolon; and

(iv) in subparagraph (D), by striking “annually thereafter, an evaluation” and inserting “annual evaluations”; and

(C) in paragraph (6), by striking “2025” and inserting “2035”;

(4) in subsection (g)—

(A) in paragraph (1)—

(i) by adding “and” after the semicolon;

(ii) by striking “that includes an evaluation” and inserting “that includes—

“(A) an evaluation.”; and

(iii) by adding at the end the following:

“(B) a summary of the Secretary’s process for identifying and updating what conditions constitute Alzheimer’s disease.”; and

(B) in paragraph (3)(A)(ii), by inserting “and reduce disparities” before the semicolon; and

(5) in subsection (h), by striking “2025” and inserting “2035”.

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 include extraneous material in 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 rise in support of S. 133, the NAPA Reauthorization Act led by Senators Collins and Warren.

The House companion bill, H.R. 619, is led by Representatives Tonko and Smith of New Jersey.

In the United States, one in nine people aged 65 and older currently suffer from Alzheimer’s disease. Unfortunately, this number continues to grow with some estimates projecting the overall number to rise to 12.7 million Americans by 2050.

Congress established the National Alzheimer’s Project in 2011 with a goal of building upon, raising awareness of, and helping to coordinate current Federal efforts to combat Alzheimer’s disease and related dementia through earlier diagnosis, prevention, and improved treatments.

This bill would support and improve the National Alzheimer’s Project, including expanding membership of the advisory council to include those individuals battling this disease and those at high risk for developing Alzheimer’s.

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 S. 133, the NAPA Reauthorization Act, which would reauthorize the National Alzheimer’s Project Act through 2035.

In 2011, our Nation made addressing Alzheimer’s disease a priority when we passed the National Alzheimer’s Project Act. This law called for a national plan to accelerate research and improve care and services to those living with Alzheimer’s. Since the establishment of the national plan, we have made enormous strides in strategy implementation to address Alzheimer’s disease and other dementia. The national plan has also allowed us to make progress in Alzheimer’s research, care and services, and public awareness about the disease.

S. 133 will build on the progress we have made through the national plan by reauthorizing the law through fiscal year 2035. The bill will also allow the national plan to address healthy aging and risk reduction issues related to Alzheimer’s disease.

This reauthorization will build on the progress brought forward by NAPA and allow the Department of Health and Human Services to continue long-term planning for a strategic approach to addressing Alzheimer’s and other dementia.

This bill is the Senate counterpart of legislation led by Representative TONKO, who shepherded this bipartisan reauthorization through the Energy and Commerce Committee this past spring. Since the beginning of his time in Congress, Representative TONKO has led the push to address Alzheimer’s and related dementia, and I thank him for his continued leadership.

I also thank my colleague from New Jersey, Representative SMITH, who is the Republican sponsor.

I encourage my colleagues to vote “yes” on S. 133 so we can continue our commitment to combat Alzheimer’s disease.

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

Mr. BUCSHON. Mr. Speaker, I yield 5 minutes to the gentleman from Georgia (Mr. CARTER).

Mr. CARTER of Georgia. Mr. Speaker, I thank the gentleman for yielding.

Mr. Speaker, I am proud to join my colleagues in supporting the National Alzheimer’s Project Reauthorization Act.

This legislation reauthorizes the National Alzheimer’s Project Act through 2035, providing a roadmap for Federal efforts in responding to Alzheimer’s and dementia.

Alzheimer’s is a cruel disease that steals a person’s quality of life. As a pharmacist, I have seen 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 emotional distress and unthinkable financial burdens.

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.

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.

Mr. PALLONE. Mr. Speaker, I urge all of us to support this bill on a bipartisan basis. Whatever we can do to fight Alzheimer’s is very important.

Mr. Speaker, 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, S. 133.

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.

#### ALZHEIMER’S ACCOUNTABILITY AND INVESTMENT ACT

Mr. BUCSHON. Mr. Speaker, I move to suspend the rules and pass the bill (S. 134) to require an annual budget estimate for the initiatives of the National Institutes of Health pursuant to reports and recommendations made under the National Alzheimer’s Project Act.

The Clerk read the title of the bill.

The text of the bill is as follows: