

Mr. Speaker, I rise today in support of H.R. 5526, the Seniors' Access to Critical Medications Act.

This bill amends the Physician Self-Referral Law, also known as the Stark Law, to permit Medicare patients to have their physicians dispense prescription drugs to them in narrow circumstances, either through a caregiver or through a mail courier. Congress enacted the Stark Law to ensure that physician financial considerations do not influence patient care. Under the Stark Law, physicians are prohibited from making referrals to entities in which the physician has a financial stake.

Medicare beneficiaries deserve the independent judgment of their physicians and access to treatment that is medically appropriate and necessary for them. The Stark Law is critical in ensuring that financial arrangements do not distort physician decision-making or raise healthcare costs.

Now, current law includes specific and narrowly tailored exceptions such as the in-office ancillary services exception. This exception permits a physician with an ownership stake to provide an outpatient prescription drug or certain services to a patient at his or her office as part of an in-person visit. This is for the convenience of the patient but also because there are more limited program integrity concerns when the item or service is being delivered as part of an in-person office visit.

While I continue to have strong concerns with significantly weakening the Stark Law, I believe there are also limited instances in which it may be necessary for a caregiver or a family member to pick up the prescription drugs for patients or for them to be mailed. I believe there are limited program integrity concerns in these instances.

This narrow Stark exception will help patients receive necessary medications more easily and protects Medicare beneficiaries by ensuring that financial considerations do not influence patient care.

I urge my colleagues to join me in voting "yes" on H.R. 5526, and I reserve the balance of my time, Mr. Speaker.

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

Mrs. HARSHBARGER. Mr. Speaker, I rise today in strong support of H.R. 5526, the Seniors' Access to Critical Medications Act.

I thank my co-lead, Democrat Representative WASSERMAN SCHULTZ, and House Energy and Commerce Chair RODGERS and Ranking Member PALLONE for allowing me to advance this important legislation.

I spent 37 years working as a pharmacist in almost every area of pharmacy, and I know firsthand the importance of providing patients with serious illnesses timely and reliable access to their lifesaving medications.

Under the Centers for Medicare and Medicaid Services' interpretation of the physician self-referral law, which is

known as the Stark Law, it states that it is unlawful for a medical practice, such as a community oncology practice, to deliver a prescribed and filled drug to a patient by mail or courier, UPS or Fed Ex. CMS' interpretation doesn't even allow for a family member or a caregiver to pick up the patient's drug on their behalf.

For Medicare seniors living in rural areas who don't have transportation or who are too sick to pick up their life-saving drug, they are just simply out of luck in a lot of cases, or they are forced to rely on a nameless or faceless mail order pharmacy benefit manager, where these "distant middlemen" cannot quickly fine-tune necessary short-term changes or adjustments in their therapies.

Some patients will go without their oral chemotherapy medication because they can't get transportation to pick their prescription up. It can change the entire outcome for those patients. We shouldn't have obstacles in the way of patients receiving the medications they need.

The bipartisan Seniors' Access to Critical Medications Act simply ensures that cancer patients, as well as other patients, have timely access to the appropriate oral medications they need by allowing delivery of these medications or allowing family members or caregivers to pick up their medicines.

I have heard from dozens upon dozens of Tennessee oncologists and other specialty physicians and patients, as well as others around the country, who have been deeply impacted by the unnecessary hurdles created by CMS' misguided interpretation of the Stark Law.

During the pandemic, CMS recognized these barriers and issued a Stark waiver, lifting the restrictions that hindered patient access to these crucial medications.

This bill restores those flexibilities, and I urge all my colleagues to support H.R. 5526 to protect Medicare beneficiaries' ability to receive the medications they need when they need them.

Mr. PALLONE. Mr. Speaker, I support this legislation and urge its passage, 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 (Mr. EDWARDS). 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. 5526, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

The title of the bill was amended so as to read: "A bill to amend title XVIII of the Social Security Act to clarify the application of the in-office ancillary services exception to the physi-

cian self-referral prohibition for covered outpatient drugs furnished under the Medicare program, and to provide coverage of external infusion pumps and non-self-administrable home infusion drugs under such program."

A motion to reconsider was laid on the table.

CONGENITAL HEART FUTURES REAUTHORIZATION ACT OF 2024

Mr. BILIRAKIS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 7189) to amend the Public Health Service Act to reauthorize a national congenital heart disease research, surveillance, and awareness program, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 7189

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 "Congenital Heart Futures Reauthorization Act of 2024".

SEC. 2. REAUTHORIZATION OF NATIONAL CONGENITAL HEART DISEASE RESEARCH, SURVEILLANCE, AND AWARENESS PROGRAM.

Section 399V-2 of the Public Health Service Act (42 U.S.C. 280g-13) is amended—

(1) by redesignating subsections (f) and (g) as subsections (g) and (h), respectively;

(2) by inserting after subsection (e) the following:

"(f) REPORT AND STRATEGY.—

"(1) REPORT.—Not later than 2 years after the date of enactment of the Congenital Heart Futures Reauthorization Act of 2024, the Secretary shall issue a report to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate including the following:

"(A) A description of past and present activities of the Department of Health and Human Services to increase awareness and knowledge of the public with respect to congenital heart disease, including efforts to address the lifelong needs of congenital heart disease patients.

"(B) An assessment of past and present activities of the Department of Health and Human Services to increase education and training of health care providers with respect to congenital heart disease, including efforts to address the lifelong needs of congenital heart disease patients.

"(C) A description of the current workforce capacity in the United States of health care providers who treat adult patients living with congenital heart disease.

"(2) STRATEGY.—

"(A) DEVELOPMENT; SUBMISSION TO CONGRESS.—Not later than 1 year after submitting the report required by paragraph (1), the Secretary shall develop and submit to Congress a strategy for improving efforts to increase awareness and knowledge of the public and education and training of health care providers with respect to congenital heart disease. Such strategy shall include findings and recommendations to—

"(i) address any public awareness and research gaps and opportunities related to the lifelong needs of congenital heart disease patients, including long-term health outcomes, quality of life, mental health, and health care utilization;

"(ii) address any shortages in the current workforce of health care providers who treat adult patients living with congenital heart disease, which may include strategies to enhance

fellowship training programs or other continuing education programs; and

“(iii) foster collaboration and dissemination of information across Federal agencies, health care providers, researchers, and patient organizations.

“(B) CONSULTATION.—In developing the strategy under subparagraph (A), the Secretary shall, as appropriate, consult with qualified stakeholder groups, including patient organizations, health care professionals, research entities, health insurance providers, accrediting organizations, and relevant Federal agencies, including the Centers for Disease Control and Prevention, the National Institutes of Health, and the Health Resources and Services Administration.”; and

(3) in subsection (h), as so redesignated, by striking “2020 through 2024” and inserting “2025 through 2029”.

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

The Chair recognizes the gentleman from Florida.

GENERAL LEAVE

Mr. BILIRAKIS. 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 Florida?

There was no objection.

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

Mr. Speaker, I rise in support of my bill, H.R. 7189, the Congenital Heart Futures Reauthorization Act of 2024, and I urge my colleagues to support this particular bill.

This bipartisan, bicameral legislation will reauthorize a national congenital heart disease research, surveillance, and awareness program at HHS for the next 5 years through FY 2029.

I am so proud to have been involved in the creation of this pivotal program and its reauthorization efforts, and I am grateful to my colleagues on this bill; Representatives SCHIFF, CARTER, SOTO, SALAZAR, and CÁRDENAS, as well as our bicameral partners, Senators DURBIN and YOUNG, and I thank them for their efforts.

I have been glad to lead the Congressional Congenital Heart Caucus with Representative SCHIFF. Over the last years, we have become all too familiar with the struggles this patient community faces on a daily basis, unfortunately.

In particular, I also thank the broad set of stakeholders that support this initiative and the thousands of advocates speaking on behalf of the approximately 2 million patients living with congenital heart defects.

This includes the Adult Congenital Heart Association, Conquering CHD, Mended Little Hearts, and The Children's Heart Foundation.

I thank them for their partnership on this issue and again for support of this bill. We have to get this done together, folks. Let's pass this in a bipartisan fashion.

Now, the advocates that come up here do an outstanding job for family members and friends that have congenital heart defects as well as the patients.

In the United States, more than 40,000 babies are born with heart defects each year, making it the most common type of birth defect.

It is estimated that more than 2 million people are currently living with a heart defect nationwide, but thankfully, they are living much longer into adulthood.

Thankfully, medical care and treatments have advanced. Individuals with heart defects, as I said, are living longer and healthier lives. Thank goodness.

This bill will continue the support for research and education regarding congenital heart disease and the impact heart defects have on individuals throughout every stage of life.

It would also require HHS to develop a strategy to address any research gaps and workforce shortages, particularly as it relates to healthcare providers who treat adult patients living with congenital heart disease.

Importantly, this strategy will be developed with the input of expert stakeholder groups and relevant Federal entities.

I urge my colleagues to support this particular bill. It is so very important, Mr. Speaker. I reserve the balance of my time.

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

Mr. Speaker, I rise to speak in support of H.R. 7189, the Congenital Heart Futures Reauthorization Act, sponsored by Representative BILIRAKIS and cosponsored by Representative SOTO. The bipartisan legislation will reauthorize a national congenital heart disease program through 2029.

In the United States, about 40,000 babies are born with congenital heart disease, or CHD, every year. Congenital heart disease prevents normal blood flow through the heart and can become a critical issue that results in a baby needing surgery or other procedures early in life.

Thanks to scientific advancements in diagnosis and treatment, many babies and children can reach adulthood living with CHD. To continue our progress, we have to continue to support research, surveillance, and awareness for CHD.

First passed in 2010, the bipartisan Congenital Heart Futures Act authorized research and data collection related to CHD.

The act expands the Centers for Disease Control and Prevention's infrastructure to track epidemiological data for CHD. It also increased the National Institutes of Health's research to study lifelong CHD to see how those with the disease can still live a long and healthy life.

H.R. 7189 will reauthorize our national congenital heart disease program so we can continue to make

strides in addressing CHD. It also builds on our Nation's CHD program.

This bill will assess current research efforts at NIH to ensure we have a better understanding of CHD. The bill also expands research at the CDC by directing the agency to understand healthcare utilization, demographics, and best practices for CHD.

Finally, the bill allows CDC to establish and implement an awareness campaign so that those with CHD and their families understand the healthcare needs related to this birth defect.

Again, I thank my colleagues, Representatives BILIRAKIS and SOTO, for their leadership in reauthorizing the Congenital Heart Futures Act.

Thanks to their efforts, we can pass this bill and continue to make strides in addressing CHD.

Mr. Speaker, I encourage my colleagues to vote “yes” to reauthorize this bill, and I reserve the balance of my time.

Mr. BILIRAKIS. Mr. Speaker, I have no further speakers, and I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I ask that we support this important bill on a bipartisan basis to continue to address the Nation's CHD program effectively.

I yield back the balance of my time.

Mr. BILIRAKIS. Mr. Speaker, in closing, I encourage a “yes” vote on this particular 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 Florida (Mr. BILIRAKIS) that the House suspend the rules and pass the bill, H.R. 7189, 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.

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ONLINE DATING SAFETY ACT OF 2023

Mr. BILIRAKIS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 6125) to require online dating service providers to provide fraud ban notifications to online dating service members, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 6125

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 “Online Dating Safety Act of 2023”.

SEC. 2. ONLINE DATING SAFETY.

(a) FRAUD BAN NOTIFICATION.—

(1) IN GENERAL.—An online dating service provider shall provide to a member of the online dating service a fraud ban notification if the member has received a message through the online dating service from a banned member of the online dating service.