

Mr. GUTHRIE. Mr. Speaker, I yield 5 minutes to the gentleman from New York (Mr. MOLINARO), my good friend.

Mr. MOLINARO. Mr. Speaker, I thank my friend (Mr. GUTHRIE) for his leadership on the Energy and Commerce Committee in support of this legislation. I certainly look forward to his leadership in the 119th Congress.

Mr. Speaker, this is the first bill I introduced when I came to the House of Representatives. As noted, I am the parent of four children, one of whom lives with a disability. My wife and I have navigated the Medicaid supported system like every other American, and it is confusing, it is burdensome, it is bureaucratic, and many times, it is just too difficult to find your way to Medicaid-supported services.

Let me assure you, there is always a waiting list, and most families around America with individuals that they care for with the intellectual, physical, and developmental disabilities, don't have the time to find their way to local service providers and certainly don't always know the ins and outs of accessing those services.

It becomes a full-time job. That is why, by the way, most families that are caring for those individuals with disabilities don't have two parents working, and many rely on Medicaid for much broader support like SNAP benefits and other subsidies and social services because they just can't find their way to services and supports.

It is actually one of the last, in some ways, great prejudices in America, the bias of low expectation. The feeling that certain people can't achieve certain things because we perceive they can't based on their abilities and, sadly, accessing even the robust services supported by Federal and State governments through Medicaid is just insufficient.

This bill builds on the initiative I began in local government in Dutchess County, New York. Our ThinkDIFFERENTLY initiative was a call to action. It was meant to break down barriers and create opportunities for all those of every ability.

In fact, if you go to thinkdifferently.net, you will see the county-level version of what this bill seeks to create. This bill requires HHS to create a database of all resources available to individuals of every ability and their caregivers in a searchable format.

The bill will now expand the county-level programs that we created to a Federal level for Americans of every ability.

Again, I thank incoming chairman, Mr. GUTHRIE, but also Chairwoman McMORRIS RODGERS and her staff at Energy and Commerce for working with me and my staff over the past year to make this bill a reality and hopefully find its way into law.

Mr. Speaker, I am proud to ask my colleagues to support the bill. I am grateful to Representative SHERRILL and, of course, my colleagues on both

sides of the aisle for embracing this much-needed next step. It is a minor step, but one that is necessary.

I can't, for me, think of any better way to close my service in the 118th Congress than passing what had become and is my top priority, this piece of legislation, which sets forth to break down barriers and create opportunities for everyone of every ability.

Mr. GUTHRIE. Mr. Speaker, I appreciate my good friend's leadership when he said everybody of every ability. He is here and he has served everybody in the 118th Congress. He is going to be missed and his leadership is going to be missed and we appreciate him very much.

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

Ms. SCHRIER. Mr. Speaker, I don't have any further speakers on my side, but I just want to express my appreciation to my colleague Representative MOLINARO for sharing that personal account of how this matters for his family, and that just expands to so many other families in this country who really deserve to be able to access all of the services they need.

That is why I would reiterate that I very much support the Think Differently Database Act and encourage my colleagues to vote for it.

Mr. Speaker, I encourage my colleagues to vote for this very important bill that will help so many families, people with disabilities across this country, and I yield back the balance of my time.

Mr. GUTHRIE. Mr. Speaker, I, again, thank my good friend from the Hudson Valley, my Rockbound Highland home, who, unfortunately, didn't beat Navy this weekend. He is from a great area of our country, a beautiful place, and has well represented the Hudson Valley. I look forward to working together again at some point in some place.

Mr. Speaker, it is a great bill. 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 gentleman from Kentucky (Mr. GUTHRIE) that the House suspend the rules and pass the bill, H.R. 670, 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 direct the Secretary of Health and Human Services to establish a website to promote awareness of available resources for individuals with disabilities, and for other purposes."

A motion to reconsider was laid on the table.

STOP INSTITUTIONAL CHILD ABUSE ACT

Mr. GUTHRIE. Mr. Speaker, I move to suspend the rules and pass the bill (S. 1351) to study and prevent child

abuse in youth residential programs, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 1351

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 "Stop Institutional Child Abuse Act".

SEC. 2. NATIONAL ACADEMIES OF SCIENCES, ENGINEERING, AND MEDICINE STUDY.

(a) IN GENERAL.—Not later than 45 days after the date of enactment of this Act, the Secretary of Health and Human Services shall seek to enter into a contract with the National Academies of Sciences, Engineering, and Medicine (referred to in this section as the "National Academies") to conduct a study to examine the state of youth in youth residential programs and make recommendations.

(b) STUDY COMPONENTS.—Pursuant to the contract under subsection (a), the National Academies shall, not later than 3 years after the date of enactment of the Stop Institutional Child Abuse Act, and every 2 years thereafter for a period of 10 years, issue a report informed by the study conducted under such subsection that includes—

(1) identification of the nature, prevalence, severity, and scope of child abuse, neglect, and deaths in youth residential programs, including types of abuse and neglect, causes of abuse, neglect, and deaths, and criteria used to assess abuse, neglect, and deaths;

(2) identification of all Federal and State funding sources for youth residential programs;

(3) identification of Federal data collection sources on youth in youth residential programs;

(4) identification of existing regulation of youth residential programs, including alternative licensing standards or licensing exemptions for youth residential programs;

(5) identification of existing standards of care of national accreditation entities that provide accreditation or certification of youth residential programs;

(6) identification of existing barriers in policy for blending and braiding of funding sources to serve youth in community-based settings;

(7) recommendations for coordination by agencies of data on youth in youth residential programs;

(8) recommendations for the improvement of oversight of youth residential programs receiving Federal funding;

(9) identification of risk assessment tools, including projects that provide for the development of research-based strategies for risk assessments relating to the health, safety (including with respect to the use of seclusion and restraints), and well-being of youth in youth residential programs;

(10) recommendations to support the development and implementation of education and training resources for professional and paraprofessional personnel in the fields of health care, law enforcement, judiciary, social work, child protection (including the prevention, identification, and treatment of child abuse and neglect), education, child care, and other relevant fields, and individuals such as court appointed special advocates and guardians ad litem, including education and training resources regarding—

(A) the unique needs, experiences, and outcomes of youth with lived experience in youth residential programs;

(B) the enhancement of interagency communication among child protective service agencies, protection and advocacy systems,

State licensing agencies, State Medicaid agencies, and accreditation agencies;

(C) best practices to eliminate the use of physical, mechanical, and chemical restraint and seclusion, and to promote the use of positive behavioral interventions and supports, culturally and linguistically sensitive services, mental health supports, trauma- and grief-informed care, and crisis de-escalation interventions; and

(D) the legal duties of such professional and paraprofessional personnel and youth residential program personnel and the responsibilities of such professionals and personnel to protect the legal rights of children in youth residential programs, consistent with applicable State and Federal law;

(11) recommendations to improve accessibility and development of community-based alternatives to youth residential programs;

(12) recommendations for innovative programs designed to provide community support and resources to at-risk youth, including programs that—

(A) support continuity of education, including removing barriers to access;

(B) provide mentorship;

(C) support the provision of crisis intervention services and in-home or outpatient mental health and substance use disorder treatment; and

(D) provide other resources to families and parents or guardians that assist in preventing the need for out-of-home placement of youth in youth residential programs;

(13) recommendations relating to the development, dissemination, outreach, engagement, or training associated with advancing least-restrictive, evidence-based, trauma and grief-informed, and developmentally and culturally competent care for youth in youth residential programs and youth at risk of being placed in such programs;

(14) recommendations on best practices regarding the health and safety (including reduction or elimination of use of seclusion and restraints), care, and treatment of youth in youth residential programs to convey to States;

(15) recommendations to improve the coordination, dissemination, and implementation of best practices regarding the health and safety (including use, reduction, or elimination of seclusion and restraints), care, and treatment of youth in youth residential programs among child welfare systems, licensing agencies, accreditation organizations, other relevant monitoring and enforcement entities, State child welfare agencies, State Medicaid agencies, State mental and behavioral health agencies, consumers, and State protection advocacy centers; and

(16) identification of aggregate data, including process-oriented data such as length of stay and use of restraints, and seclusion and outcome-oriented data such as discharge setting and ability to be safely maintained in school and community at least 12 months after discharge, including—

(A) recommendations on how such data should be shared across child-placing agencies and stakeholders, including individuals receiving services, families of such individuals, and advocates; and

(B) identification of barriers to sharing information across child-placing agencies.

(c) CONSULTATION.—In carrying out the duties described in subsection (b), the National Academies shall consult with—

(1) child advocates, including attorneys experienced in working with youth overrepresented in the child welfare system or the juvenile justice system;

(2) health professionals, including mental health and substance use disorder professionals, nurses, physicians, social workers, and other health care providers who provide

services to youth who may be served by residential programs;

(3) protection and advocacy systems;

(4) individuals experienced in working with youth with disabilities, including emotional, mental health, and substance use disorders;

(5) individuals with lived experience as children and youth in youth residential programs, including individuals with intellectual or developmental disabilities and individuals with emotional, mental health, or substance use disorders;

(6) representatives of State and local child protective services agencies and other relevant public agencies;

(7) parents or guardians of children and youth with emotional, mental health, or substance use disorder needs;

(8) parents of children and youth with intellectual disabilities and autism;

(9) experts on issues related to child abuse and neglect in youth residential programs;

(10) administrators of youth residential programs;

(11) education professionals who provide services to youth with complex needs in youth residential programs;

(12) State educational agencies;

(13) local educational agencies;

(14) Indian Tribes and Tribal organizations;

(15) State legislators;

(16) State licensing agencies;

(17) the Administration for Children and Families;

(18) the Administration for Community Living;

(19) the Substance Abuse and Mental Health Services Administration;

(20) the Department of Justice;

(21) the Indian Health Service;

(22) the Centers for Medicare & Medicaid Services;

(23) the National Council on Disability; and

(24) others, as appropriate.

(d) REPORT SUBMISSION AND PUBLICATION.—The National Academies shall submit to the Secretary for dissemination to relevant State agencies, and make publicly available, a report on the comprehensive review conducted under subsection (b), including the findings of the National Academies under subsection (b);

(e) DEFINITIONS.—In this section:

(1) CHILD ABUSE AND NEGLECT.—The term “child abuse and neglect” has the meaning given such term in section 3 of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5101 note).

(2) CULTURALLY COMPETENT.—The term “culturally competent” has the meaning given such term in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002).

(3) INDIAN TRIBE; TRIBAL ORGANIZATION.—The terms “Indian Tribe” and “Tribal organization” have the meanings given such terms in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304).

(4) PROTECTION AND ADVOCACY SYSTEMS.—The term “protection and advocacy system” means a system established by a State or Indian Tribe under section 143 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15043).

(5) STATE.—The term “State” means each of the several States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands.

(6) YOUTH.—The term “youth” means an individual who has not attained the age of 22.

(7) YOUTH RESIDENTIAL PROGRAM.—

(A) IN GENERAL.—The term “youth residential program” means each location of a facility or program operated by a public or pri-

vate entity that, with respect to one or more youth who are unrelated to the owner or operator of the facility or program—

(i) provides a residential environment, such as—

(I) a program with a wilderness or outdoor experience, expedition, or intervention;

(II) a boot camp experience or other experience designed to simulate characteristics of basic military training or correctional regimes;

(III) an education or therapeutic boarding school;

(IV) a behavioral modification program;

(V) a residential treatment center or facility;

(VI) a qualified residential treatment program (as defined in section 472(k)(4) of the Social Security Act (42 U.S.C. 672(k)(4)));

(VII) a psychiatric residential treatment program that meets the requirements of subpart D of part 441 of title 42, Code of Federal Regulations (or any successor regulations);

(VIII) a group home serving children and youth placed by any placing authority;

(IX) an intermediate care facility for individuals with intellectual disabilities; or

(X) any residential program that is utilized as an alternative to incarceration for justice involved youth, adjudicated youth, or youth deemed delinquent; and

(ii) serves youth who have a history or diagnosis of—

(I) an emotional, behavioral, or mental health disorder;

(II) a substance misuse or use disorder, including alcohol misuse or use disorders; or

(III) an intellectual, developmental, physical, or sensory disability.

(B) EXCLUSION.—The term “youth residential program” does not include—

(i) a hospital licensed by a State; or

(ii) a foster family home that—

(I) provides 24-hour substitute care for children placed away from their parents or guardians and for whom the State child welfare services agency has placement and care responsibility; and

(II) is licensed and regulated by the State as a foster family home.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Kentucky (Mr. GUTHRIE) and the gentlewoman from Washington (Ms. SCHRIER) each will control 20 minutes. The Chair recognizes the gentleman from Kentucky.

Mr. GUTHRIE. I yield myself such time as I may consume.

Mr. Speaker, I rise in support of S. 1351, the Stop Institutional Child Abuse Act.

In 2022, there were approximately 34,000 children and adolescents placed in these youth residential treatment programs. These programs play a pivotal role in helping young people navigate mental health and behavioral health challenges. Unfortunately, there have been many instances of youth being mistreated in certain residential treatment programs. This is unacceptable.

S. 1351 will require the National Academies of Sciences, Engineering, and Medicine to conduct a study examining the state of youth residential programs. It also requires recommendations on how to improve oversight, disseminate education and training resources, and enhance interagency coordination, among others.

Every residential treatment program should be a secure place for children to

heal. Parents and guardians deserve transparency.

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

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

Mr. Speaker, I rise in support of S. 1351, the Stop Institutional Child Abuse Act. This legislation, sponsored by Representatives KHANNA and CARTER in the House, would direct the National Academies of Sciences, Engineering, and Medicine to conduct a study on youth residential treatment programs.

These programs offer a variety of services to adolescents, teens, and young adults with emotional, mental health, or substance use disorder needs.

Residential treatment can play a pivotal role in helping young people navigate serious behavioral and emotional challenges, but too often these programs only harm these children, subjecting them to abuse and neglect.

Young people deserve to be safe and properly cared for and to receive treatment in the least restrictive environment that meets their needs.

Youth residential treatment programs need proper oversight to ensure that young people are protected against abuse and neglect. This legislation would provide greater transparency around the prevalence of abuse in youth residential treatment programs, as well as recommendations to improve the implementation of best practices regarding the health and the safety of young people in these systems.

In carrying out the study, this legislation would require the National Academies of Science, Engineering, and Medicine to consult with a wide range of stakeholders. This would include health professionals, individuals who have lived in youth residential programs, parents, child abuse experts, program administrators, and State and Federal agencies, among others.

I hope my colleagues will join me in this effort to strengthen accountability and transparency in youth residential treatment programs.

Mr. Speaker, I encourage all of my colleagues to vote "yes" on S. 1351, and I reserve the balance of my time.

Mr. GUTHRIE. Mr. Speaker, I yield 5 minutes to the gentleman from Georgia (Mr. CARTER), my good friend.

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

Mr. Speaker, I rise today in strong support of the Stop Institutional Child Abuse Act, which I am proud to lead with Senator MERKLEY and Representative KHANNA.

Before I begin, I will start by thanking Paris Hilton for her hard work, her bravery, and her vulnerability in sharing her story about abuse at the hands of a youth residential treatment facility. This truly was a courageous act on her part.

Mr. Speaker, Paris is already making a difference, and I applaud her for

using her voice to advance such a critical cause.

When Paris first met with me last Congress and shared her story about being in institutional care as a child, I will be quite honest, I was horrified. I believe the words out of my mouth were: This sounds like it is being run by the cartel.

□ 1745

Let me tell you, everything that I have heard since that meeting—from policy experts, advocates, and survivors—has confirmed this terrifying truth. One child, just one child experiencing abuse, is too many.

Thousands of children are being funneled into seemingly safe institutional care facilities only to be dehumanized and abused in a crisis, one that I am so glad there is bipartisan and bicameral support to address.

There are as many as 200,000 minors in youth residential programs or facilities across the country. At their best, youth residential programs provide counseling, treatment, and care for struggling teens and children. At their worst, they subject innocent children to physical, emotional, and sexual abuse, which has led to hospitalizations, prolonged trauma, and even death.

Disgustingly, far too many of these centers are operating at their worst.

The Stop Institutional Child Abuse Act, which I am proud to be the Republican lead of in the House of Representatives, would increase transparency and accountability for these programs so that parents and children alike have an accurate understanding of the practices, goals, and ethics of these centers.

It will also help to establish best practices for health, safety, care, and treatment so that there is a Federal standard for how institutionalized youth are treated. This will also give parents the information they need to make an informed decision about whether institutional care is the best option for their child.

Mr. Speaker, I am not trying to intervene on State rights here. Yes, they are regulated by the States, and I want to be clear to my colleagues that the States will continue to regulate them. This simply calls for more transparency, responsibility, and accountability. It gives parents the opportunity to see if these centers truly are using seclusion or physical restraints. It does not intend to interfere with the States regulating these facilities.

As you know, I am a healthcare professional, and we abide by the Hippocratic oath, do no harm. It is time institutional care facilities were held to that same standard.

There are a lot of good facilities out there, there is no question about that, but there are some bad ones. That is what we are trying to identify here. Every profession has bad actors.

I am a pharmacist, the second most well-respected profession in America. We have bad actors, just like every pro-

fession does. That is what we are trying to identify here.

It is time that institutional care facilities were held to the same standards of the Hippocratic oath, do no harm.

This bill has already passed the Senate, and I thank Speaker JOHNSON, Leader SCALISE, and many others for bringing this bill before the House here today. We have the votes, and it is time to get this done.

Who would vote against this? We all want our children safe. This is simply calling for more accountability and more transparency. This is simply calling for best practices. This is an attempt to identify bad actors.

The children in these facilities can't wait another Congress for change. Sunlight is the best disinfectant there is, and we are going to light the institutional care industry up with transparency and oversight because our children deserve it.

I commend Senator MERKLEY and Representative KHANNA for working on this issue, and I urge my colleagues to support this bill.

Ms. SCHRIER. Mr. Speaker, I yield 5 minutes to the gentleman from California (Mr. KHANNA), to whom I am so grateful for sponsoring this legislation with Mr. CARTER.

Mr. KHANNA. Mr. Speaker, I thank Representative SCHRIER for her leadership, Representative CARTER for working across the aisle, and the leadership for bringing this bill on the floor for a vote.

I join Representative CARTER in thanking Paris Hilton and her husband, Carter, both up in the gallery as we speak. They really helped drive this and start this.

I had coffee with Carter 4 years ago, and we were talking about technology in my district. At the end of it, he says, "By the way, I am married to Paris Hilton," like you just drop that at the end of a conversation.

I said: Paris Hilton. Okay. That is interesting.

Then he said: There is this issue I want to talk about.

I thought: Here we go. Here is some celebrity issue, and the person will fly in, do PR, and leave.

I said: Carter, what is it?

He talked about the institutional facilities, these congregate care facilities and the thousands of American kids who go there hoping to get assistance, hoping to get support, and instead face sexual abuse, horrific discipline, conditions where they aren't given enough food.

He said: You know, Paris went through that.

I was immediately struck by his vulnerability in sharing that. Then I met Paris, I met her mother, and I saw the emotion that she had. I also met so many survivors who told their stories. Representative CARTER knows this. Paris and Carter, her husband, and these survivors came to our offices again and again for years because they

wanted to do something with these experiences to make it better for America's children.

We are often so polarized in this Chamber. We disagree sometimes on, it seems like, everything. As we approach Christmas and approach these holidays, I think we can feel good that when it comes to America's children, we put them first. We did something right. We did something to help the American people, and we did that because of the commitment and leadership that Paris and so many survivors have shown.

I feel good today about being a Member of Congress, working with Representative CARTER, and proud of being part of this institution. I appreciate the leadership for allowing this bill to come. I hope it will pass unanimously.

Mr. GUTHRIE. Mr. Speaker, I have no further speakers, and I am prepared to close. I reserve the balance of my time.

The SPEAKER pro tempore. The Chair reminds Members that the rules do not allow references to persons in the gallery.

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

As a pediatrician, I reiterate my support for S. 1351, the Stop Institutional Child Abuse Act.

This is so important, as we have already heard through these stories, and we want to make sure that when our adolescents and young adults are sent off for care, they receive the best care and not abuse.

Mr. Speaker, I encourage my colleagues to vote for this bill, and I yield back the balance of my time.

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

Mr. Speaker, I want to close by saying that there has been quite a bit of hard work put into this bill and quite a bit of persistence. Without referring to anybody in the gallery, I know there are people here who have worked really, really hard to get to where we are now.

Mr. Speaker, I support this bill, and I encourage all of my colleagues to vote "yes." I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Kentucky (Mr. GUTHRIE) that the House suspend the rules and pass the bill, S. 1351.

The question was taken.

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

Mr. GUTHRIE. 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.

9/11 MEMORIAL AND MUSEUM ACT

Mr. WESTERMAN. Mr. Speaker, I move to suspend the rules and pass the

bill (H.R. 5401) to provide a one-time grant for the operation, security, and maintenance of the National September 11 Memorial & Museum at the World Trade Center to commemorate the events, and honor the victims, of the terrorist attacks of September 11, 2001, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5401

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 "9/11 Memorial and Museum Act".

SEC. 2. DEFINITIONS.

In this Act:

(1) **NATIONAL SEPTEMBER 11 MEMORIAL & MUSEUM.**—The term "National September 11 Memorial & Museum" means the National September 11 Memorial & Museum at the World Trade Center Foundation, Inc., established to commemorate the events of, and honor the victims of, the terrorist attacks on the World Trade Center on September 11, 2001, at the site of such attacks.

(2) **ELIGIBLE ENTITY.**—The term "eligible entity" means the official organization, as in existence on the date of enactment of this Act, that—

(A) operates the National September 11 Memorial & Museum; and

(B) is an organization described in section 501(c)(3) of the Internal Revenue Code of 1986 and exempt from taxation under section 501(a) of such Code.

(3) **SECRETARY.**—The term "Secretary" means the Secretary of Homeland Security.

SEC. 3. ONE-TIME GRANT FOR NATIONAL SEPTEMBER 11 MEMORIAL & MUSEUM.

(a) **IN GENERAL.**—Subject to the availability of appropriations made in advance for such purpose to the Office of the Secretary and Executive Management of the Department of Homeland Security, the Secretary shall award to the eligible entity a grant in an amount determined by the Secretary subject to subsection (c), to be used by such entity solely for the purposes described in subsection (b), if upon review of the application submitted pursuant to subsection (d), the Secretary makes a determination pursuant to subsection (e) that such entity satisfies the criteria required under subsection (f).

(b) **PURPOSE.**—The one-time grant awarded under subsection (a) shall be used by the eligible entity for the operation, security, and maintenance of the National September 11 Memorial & Museum.

(c) **GRANT AMOUNT.**—The one-time grant under this section may not be for less than \$5,000,000 or more than \$10,000,000.

(d) **APPLICATION.**—To be considered for an award of the one-time grant under this section, the eligible entity shall submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

(e) **REVIEW; DEADLINE FOR AWARD.**—If the Secretary, after review of the application from the eligible entity, determines that the eligible entity satisfies the criteria under subsection (f), the Secretary shall award the one-time grant to the eligible entity, not later than 90 days after the date of receipt by the Secretary of the completed application submitted by such entity.

(f) **CRITERIA.**—In determining the amount of the one-time grant consistent with subsection (c), the Secretary shall consider the following:

(1) The needs of the eligible entity, and ability and commitment of such eligible entity to use grant funds, with respect to ensuring the security and safety of visitors at the National September 11 Memorial & Museum.

(2) The number of visitors to the National September 11 Memorial & Museum who would benefit.

(3) The ability and commitment of the eligible entity to use grant funds to—

(A) preserve the facilities and grounds of the National September 11 Memorial & Museum; and

(B) educate future generations.

(4) The ability and commitment of the eligible entity to use grant funds to increase the numbers of economically disadvantaged visitors to the National September 11 Memorial & Museum.

(g) **CONDITION ON RECEIPT OF GRANT.**—As a condition on receipt of a grant under this section, the eligible entity shall—

(1) provide for—

(A) free admission to all facilities and museums associated with the National September 11 Memorial & Museum for active and retired members of the Armed Forces, individuals who were registered first responders to the attacks of September 11, 2001, and family members of victims of such attacks; and

(B) dedicated free admission hours for the general public at least once a week; and

(2) allow for annual Federal audits of the financial statements of such entity, including revenues associated with ticket sales, charitable donations, grants, and all expenditures on salaries and operations, which shall be subject to review by the Secretary and made available to the public.

(h) **REPORTS.**—Not later than 90 days after the end of each fiscal year for which the recipient obligates or expends funds made available to the recipient pursuant to this section, the recipient shall submit to the Committees on Natural Resources and Homeland Security of the House of Representatives and the Committees on Energy and Natural Resources and Homeland Security and Governmental Affairs of the Senate a report that includes, for the fiscal year covered by the report, each of the following:

(1) Information relating to the amount of grant funds obligated or expended for the preceding fiscal year.

(2) Information relating to any purposes for which such funds were obligated or expended.

(3) Any other information the Secretary may require to effectively administer the one-time grant program under this section, as determined by the Secretary, if not later than the last day of the fiscal year the Secretary notified such entity of such requested information.

(i) **NO ADDITIONAL FUNDS AUTHORIZED.**—No additional funds are authorized to carry out the requirements of this section, and the activities authorized by this section are subject to the availability of appropriations made in advance for such purposes.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Arkansas (Mr. WESTERMAN) and the gentleman from California (Mr. HUFFMAN) each will control 20 minutes.

The Chair recognizes the gentleman from Arkansas.

GENERAL LEAVE

Mr. WESTERMAN. 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 H.R. 5401, the bill now under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Arkansas?

There was no objection.

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

Mr. Speaker, I rise in strong support of Representative D'ESPOSITO's bipartisan bill, the 9/11 Memorial and Museum Act.