

Mr. Speaker, I encourage my colleagues to vote “yes” on this very important bill, and I yield back the balance of my time.

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

Mr. Speaker, I thank my friend from New Jersey for bringing this forward and working hard for this. He has seen what happens to firefighters in his community from 9/11 and on, and it is really important work that our firefighters do.

As he said, there is a group from Kentucky in town today with whom we had a chance to talk. They are the heroes who go into burning buildings to save our families and all the other things they do for us.

Mr. Speaker, I strongly urge my colleagues to support H.R. 3821, 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. 3821.

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.

#### 9-8-8 LIFELINE CYBERSECURITY RESPONSIBILITY ACT

Mr. GUTHRIE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 498) to amend title V of the Public Health Service Act to secure the suicide prevention lifeline from cybersecurity incidents, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 498

*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 “9-8-8 Lifeline Cybersecurity Responsibility Act”.

##### SEC. 2. PROTECTING SUICIDE PREVENTION LIFELINE FROM CYBERSECURITY INCIDENTS.

(a) NATIONAL SUICIDE PREVENTION LIFELINE PROGRAM.—Section 520E-3(b) of the Public Health Service Act (42 U.S.C. 290bb-36c(b)) is amended—

(1) in paragraph (4), by striking “and” at the end;

(2) in paragraph (5), by striking the period at the end and inserting “; and”; and

(3) by adding at the end the following:

“(6) taking such steps as may be necessary to ensure the suicide prevention hotline is protected from cybersecurity incidents and to eliminate known cybersecurity vulnerabilities of such hotline.”.

(b) REPORTING.—Section 520E-3 of the Public Health Service Act (42 U.S.C. 290bb-36c) is amended—

(1) by redesignating subsection (f) as subsection (g); and

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

“(f) CYBERSECURITY REPORTING.—

“(1) NOTIFICATION.—

“(A) IN GENERAL.—The program’s network administrator receiving Federal funding pursuant to subsection (a) shall report to the Assistant Secretary, in a manner that protects personal privacy, consistent with applicable Federal and State privacy laws—

“(i) any identified cybersecurity vulnerability to the program within a reasonable amount of time after identification of such a vulnerability; and

“(ii) any identified cybersecurity incident to the program within a reasonable amount of time after identification of such an incident.

“(B) LOCAL AND REGIONAL CRISIS CENTERS.—Local and regional crisis centers participating in the program shall report to the program’s network administrator receiving Federal funding pursuant to subsection (a), in a manner that protects personal privacy, consistent with applicable Federal and State privacy laws—

“(i) any identified cybersecurity vulnerability to the program within a reasonable amount of time after identification of such a vulnerability; and

“(ii) any identified cybersecurity incident to the program within a reasonable amount of time after identification of such an incident.

“(2) NOTIFICATION.—If the program’s network administrator receiving funding pursuant to subsection (a) discovers, or is informed by a local or regional crisis center pursuant to paragraph (1)(B) of, a cybersecurity vulnerability or incident, within a reasonable amount of time after such discovery or receipt of information, such entity shall report the vulnerability or incident to the Assistant Secretary.

“(3) CLARIFICATION.—

“(A) OVERSIGHT.—

“(i) LOCAL AND REGIONAL CRISIS CENTER.—Except as provided in clause (ii), local and regional crisis centers participating in the program shall oversee all technology each center employs in the provision of services as a participant in the program.

“(ii) NETWORK ADMINISTRATOR.—The program’s network administrator receiving Federal funding pursuant to subsection (a) shall oversee the technology each crisis center employs in the provision of services as a participant in the program if such oversight responsibilities are established in the applicable network participation agreement.

“(B) SUPPLEMENT, NOT SUPPLANT.—The cybersecurity incident reporting requirements under this subsection shall supplement, and not supplant, cybersecurity incident reporting requirements under other provisions of applicable Federal law that are in effect on the date of the enactment of the 9-8-8 Lifeline Cybersecurity Responsibility Act.”.

(c) STUDY.—Not later than 180 days after the date of the enactment of this Act, the Comptroller General of the United States shall—

(1) conduct and complete a study that evaluates cybersecurity risks and vulnerabilities associated with the 9-8-8 National Suicide Prevention Lifeline; and

(2) submit a report of the findings of such study to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate.

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.

##### GENERAL LEAVE

Mr. GUTHRIE. 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 Kentucky?

There was no objection.

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

Mr. Speaker, I rise in support of H.R. 498, the 9-8-8 Lifeline Cybersecurity Responsibility Act, led by Mr. OBERNOLTE.

In 2021, more than 48,000 people died by suicide in the United States. That equates to 132 people every day. These are our family members, our neighbors, and our friends. This number is staggering, and unfortunately, suicide deaths are continuing to rise. People need hope and healing.

The 988 Suicide & Crisis Lifeline is a national network of local crisis centers used to support people in suicidal crisis or emotional distress. This has proven to be a vital resource, especially during the COVID-19 pandemic when government-imposed lockdowns led to increased social isolation and loneliness.

The lifeline suffered a cybersecurity attack in December 2022 and was proactively taken offline for several hours. It is unknown how many individuals were hurt by the outage, but we do know that individuals in emotional distress or suicide crisis were unable to utilize the lifeline for hours.

H.R. 498 would improve the lifeline’s cybersecurity protections by requiring coordination between SAMHSA and the chief information security officer within HHS.

Additionally, this bill would require the lifeline administrator and local call centers to report any cybersecurity incidents and vulnerabilities to SAMHSA as soon as they are identified. My hope is that this bill would help prevent future cyberattacks and disruption of services so individuals in crisis can access this resource and get the help they need.

Mr. Speaker, I urge my colleagues to support the 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 today in support of H.R. 498, the 9-8-8 Lifeline Cybersecurity Responsibility Act, sponsored by my colleagues, Representatives Cárdenas and OBERNOLTE.

On July 16, 2022, the 988 lifeline became available to all landline and cell phone users to access a network of over 200 local- and State-funded crisis centers. The suicide and crisis lifeline is there for anyone who is struggling with anxiety, depression, or suicidal ideation.

Since its launch, according to data from the Kaiser Family Foundation,

the 988 lifeline has received almost 5 million contacts. Nearly 1 million are from the Veterans Crisis Line, a designated part of 988. The others have consisted of 2.6 million calls, almost three-quarters of a million chats, and more than 600,000 texts.

In December 2022, the 988 lifeline experienced a cybersecurity breach, which resulted in a daylong outage across the country. This lifeline is imperative to suicide prevention and utilized by constituents in every one of our districts.

The legislation on the floor today would require better coordination and reporting on potential cybersecurity vulnerabilities within the 988 lifeline with the goal of preventing future cyberattacks and disruption of services. The bill would require coordination between the lifeline and the chief information security officer at the Department of Health and Human Services to prevent cybersecurity attacks. The suicide hotline's regional and local network administrators would also be required to notify the government of cybersecurity vulnerabilities and incidents. Finally, the Government Accountability Office would be required to conduct a study evaluating cybersecurity risks and vulnerabilities in the 988 lifeline system.

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

Mr. GUTHRIE. Mr. Speaker, I yield 3 minutes to the gentleman from California (Mr. OBERNOLTE), who is a leader of cybersecurity in this Congress and a member of the Energy and Commerce Committee.

Mr. OBERNOLTE. Mr. Speaker, I thank the gentleman from Kentucky, my friend and colleague, for the opportunity to present my bill, H.R. 498, the 9-8-8 Lifeline Cybersecurity Responsibility Act.

Mr. Speaker, according to the CDC, in 2022, nearly 50,000 Americans took their own lives. This is a shocking and, frankly, shameful commentary on the state of mental health in this country. Mr. Speaker, that amounts to over 100 suicides a day.

In response to this growing crisis, in 2005, Congress authorized the 988 lifeline. 988 is a 24-hour, 7-day-a-week hotline that anyone with suicidal thoughts can call to be connected to counseling and resources.

In the first year of operation, the 988 lifeline received nearly 50,000 calls, and it has continued to grow in the years since then. It has undoubtedly saved thousands of American lives.

Unfortunately, 14 months ago, the 988 lifeline was taken down by a cyberattack on its systems operator.

Mr. Speaker, every minute that lifeline is offline is the potential for the loss of American lives because those resources are not available to them. This bill is an attempt to solve that problem.

H.R. 498 would require 988 systems operators to report cybersecurity vul-

nerabilities and would require the Department of Health and Human Services to coordinate in addressing those vulnerabilities.

The bill would also require the Comptroller General to create a study of the cybersecurity vulnerabilities on the hotline and the ways that those vulnerabilities can be addressed.

Mr. Speaker, the 988 lifeline is a vital resource for Americans who might be having suicidal thoughts or contemplating the irrevocable act of taking their own lives. This bill is a small step in making sure that that lifeline remains available to the Americans who are depending on it.

Mr. Speaker, I thank the gentleman from Kentucky for bringing this bill forward to the floor, and I respectfully urge my colleagues to vote "yes" and pass this bill to the Senate.

Ms. SCHRIER. Mr. Speaker, I yield such time as he may consume to the gentleman from the State of California (Mr. CÁRDENAS) to discuss this bill.

Mr. CÁRDENAS. Mr. Speaker, I thank the gentlewoman for yielding.

Mr. Speaker, I rise today—actually, I ran over here—as a proud partner with my colleague, Representative OBERNOLTE, to support the passage of the 9-8-8 Lifeline Cybersecurity Responsibility Act, which would help to protect the 988 lifeline from any future cyber interference.

Unfortunately, suicide is the second leading cause of death among our young people in America. Prior to the COVID-19 pandemic, it was the 10th leading cause of death in our Nation. We need to treat this as the legitimate health crisis that it is.

This is one of the reasons why I believe there is so much promise in the 988 Suicide & Crisis Lifeline. Not only does the three-digit calling code provide a 24/7 lifeline to individuals in crisis from anywhere in the United States, but it also represents a change in the way we think and respond to mental illness as something that warrants help and support, just like other kinds of health conditions.

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Mr. Speaker, 988, in its fullest form, is not just a number, but a connection to a full mental health crisis response.

Since I know that I have limited time, there is much more to be said, but let me tell my colleagues: This is a perfect example why the people of America send us to Washington, D.C.—to come together, to recognize what we need to fix, and to come together as Republicans and Democrats from both sides of the aisle to work together to create one of the best systems this country and this world will ever know.

Mr. Speaker, 911 is something that any American can take for granted, because we created that almost 70 years ago, where people will call 911, and they know somebody is going to come and save a life.

So 988 is exactly what we need to do for the American people. That is why I

am so proud to work with my colleague, Congressman OBERNOLTE, to make sure that we move this forward and put our children, our country, our families, and our communities in a better place in any moment of a mental health crisis.

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

Mr. Speaker, I have visited the 988 center in my area and seen the dedication of the providers, and we need to make sure that we protect this lifeline from cybersecurity risks.

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

Mr. GUTHRIE. Mr. Speaker, this is an important bill. We have our two good friends from California working together across the aisle in a bipartisan way in the Energy and Commerce Committee. This is an important bill to move forward.

Mr. Speaker, in closing, I urge my colleagues to support it, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. MEUSER). 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. 498, 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 PRIMARY CARE IMPROVEMENT ACT

Mr. GUTHRIE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3836) to facilitate direct primary care arrangements under Medicaid, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3836

*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 "Medicaid Primary Care Improvement Act".*

#### SEC. 2. CLARIFYING THAT CERTAIN PAYMENT ARRANGEMENTS ARE ALLOWABLE UNDER THE MEDICAID PROGRAM.

(a) **RULE OF CONSTRUCTION.**—Nothing in title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) shall be construed as prohibiting a State, under its State plan (or waiver of such plan) under such title (including through a medicaid managed care organization (as defined in section 1903(m)(1)(A) of such Act)), from providing medical assistance consisting of primary care services through a direct primary care arrangement with a health care provider, including as part of a value-based care arrangement established by the State. For purposes of the preceding sentence, the term "direct primary care arrangement" means, with respect to any individual, an arrangement under which such individual is provided medical assistance consisting solely of primary care services provided by primary care practitioners, if the sole compensation for such care is a fixed periodic fee.

(b) **GUIDANCE.**—Not later than 1 year after the date of the enactment of this Act, the Secretary of Health and Human Services shall—