

first responders who lost their lives while monitoring the events, offering deepest condolences to the families and friends of those individuals who were killed and deepest sympathies and support to those individuals who were injured by the violence, expressing support for the Charlottesville community, rejecting White nationalists, White supremacists, the Ku Klux Klan, neo-Nazis, and other hate groups, and urging the President and the President's Cabinet to use all available resources to address the threats posed by those groups, and ask for its immediate consideration in the House.

The Clerk read the title of the joint resolution.

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

There was no objection.

The text of the joint resolution is as follows:

S.J. RES. 49

Whereas, on the night of Friday, August 11, 2017, a day before a White nationalist demonstration was scheduled to occur in Charlottesville, Virginia, hundreds of torch-bearing White nationalists, White supremacists, Klansmen, and neo-Nazis chanted racist, anti-Semitic, and anti-immigrant slogans and violently engaged with counter-demonstrators on and around the grounds of the University of Virginia in Charlottesville;

Whereas, on Saturday, August 12, 2017, ahead of the scheduled start time of the planned march, protestors and counter-demonstrators gathered at Emancipation Park in Charlottesville;

Whereas the extremist demonstration turned violent, culminating in the death of peaceful counter-demonstrator Heather Heyer and injuries to 19 other individuals after a neo-Nazi sympathizer allegedly drove a vehicle into a crowd, an act that resulted in a charge of second degree murder, 3 counts of malicious wounding, and 1 count of hit and run;

Whereas 2 Virginia State Police officers, Lieutenant H. Jay Cullen and Trooper Pilot Berke M.M. Bates, died in a helicopter crash as they patrolled the events occurring below them;

Whereas the Charlottesville community is engaged in a healing process following this horrific and violent display of bigotry; and

Whereas White nationalists, White supremacists, the Ku Klux Klan, neo-Nazis, and other hate groups reportedly are organizing similar events in other cities in the United States and communities everywhere are concerned about the growing and open display of hate and violence being perpetrated by those groups: Now, therefore, be it

Resolved by the Senate and House of Representatives of the United States of America in Congress assembled, That Congress—

(1) condemns the racist violence and domestic terrorist attack that took place between August 11 and August 12, 2017, in Charlottesville, Virginia;

(2) recognizes—

(A) Heather Heyer, who was killed, and 19 other individuals who were injured in the reported domestic terrorist attack; and

(B) several other individuals who were injured in separate attacks while standing up to hate and intolerance;

(3) recognizes the public service and heroism of Virginia State Police officers Lieutenant H. Jay Cullen and Trooper Pilot Berke M.M. Bates, who lost their lives while responding to the events from the air;

(4) offers—

(A) condolences to the families and friends of Heather Heyer, Lieutenant H. Jay Cullen, and Trooper Pilot Berke M.M. Bates; and

(B) sympathy and support to those individuals who are recovering from injuries sustained during the attacks;

(5) expresses support for the Charlottesville community as the community heals following this demonstration of violent bigotry;

(6) rejects White nationalism, White supremacy, and neo-Nazism as hateful expressions of intolerance that are contradictory to the values that define the people of the United States; and

(7) urges—

(A) the President and his administration to—

(i) speak out against hate groups that espouse racism, extremism, xenophobia, anti-Semitism, and White supremacy; and

(ii) use all resources available to the President and the President's Cabinet to address the growing prevalence of those hate groups in the United States; and

(B) the Attorney General to work with—

(i) the Secretary of Homeland Security to investigate thoroughly all acts of violence, intimidation, and domestic terrorism by White supremacists, White nationalists, neo-Nazis, the Ku Klux Klan, and associated groups in order to determine if any criminal laws have been violated and to prevent those groups from fomenting and facilitating additional violence; and

(ii) the heads of other Federal agencies to improve the reporting of hate crimes and to emphasize the importance of the collection, and the reporting to the Federal Bureau of Investigation, of hate crime data by State and local agencies.

The joint resolution was ordered to be read a third time, was read the third time, and passed, and a motion to reconsider was laid on the table.

DEPARTMENT OF THE INTERIOR, ENVIRONMENT, AND RELATED AGENCIES APPROPRIATIONS ACT, 2018.

The SPEAKER pro tempore (Mr. MITCHELL). Pursuant to House Resolution 504 and rule XVIII, the Chair declares the House in the Committee of the Whole House on the state of the Union for the further consideration of the bill, H.R. 3354.

Will the gentleman from Illinois (Mr. RODNEY DAVIS) kindly resume the chair.

□ 1856

IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the state of the Union for the further consideration of the bill (H.R. 3354) making appropriations for the Department of the Interior, environment, and related agencies for the fiscal year ending September 30, 2018, and for other purposes, with Mr. RODNEY DAVIS of Illinois (Acting Chair) in the chair.

The Clerk read the title of the bill.

The Acting CHAIR. When the Committee of the Whole rose earlier today, a request for a recorded vote on amendment No. 154 printed in House Report 115-297 offered by the gentlewoman from Massachusetts (Ms. CLARK) had been postponed.

AMENDMENT NO. 155 OFFERED BY MR. MURPHY OF PENNSYLVANIA

The Acting CHAIR. It is now in order to consider amendment No. 155 printed in House Report 115-297.

Mr. MURPHY of Pennsylvania. Mr. Chair, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 752, line 19, strike “\$15,000,000” and insert “\$20,000,000”.

The Acting CHAIR. Pursuant to House Resolution 504, the gentleman from Pennsylvania (Mr. MURPHY) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Pennsylvania.

Mr. MURPHY of Pennsylvania. Mr. Chair, I want to speak on this amendment, which provides some additional funding for assisted outpatient treatment.

The underlying bill has in it \$15 million, and we are asking for it to be raised to \$20 million. First of all, I want to say where the money is coming from. This is within the budget of SAMHSA. This is not new spending. It is not additional spending. But over my years of investigating mental health in the United States and the conditions, and then led to my introduction of the Helping Families in Mental Health Crisis Act, which, by the way, this House passed 442-2, this level of funding was authorized in the bill. It is already authorized there. It is to come from the SAMHSA account, not new spending.

Let me describe what assisted outpatient treatment is. Understanding that there are about 60 million Americans with mental illness, and 10 million have severe mental illness, it is important to note that our prisons are filled with people who have mental illness. On some level, 60 to 80 percent of people in jail have a mental illness. That is no place to be treating someone. But, unfortunately, they may have a crime they committed, and in many cases it could simply be vagrancy, it could be other issues, too, where they may have become violent, they may have had other problems associated with that, but a person with mental illness is 10 times more likely to be in prison than to be in a hospital bed.

We don't have enough hospital beds. Ninety percent of the psychiatric hospital beds in this country have been closed down since the 1950s. Now we need 100,000 more, but instead what we do as a society, we throw them in prison.

A few years ago, when New York passed Kendra's Law, when a young woman was killed by a mentally ill person, they realized that had he been in treatment, it likely never would have happened.

□ 1900

So rather than having someone, if we can't put them in a hospital, can't get

them treatment, the idea of assisted outpatient treatment is, when a patient can be stabilized by remaining on their medication, by having their counseling, perhaps supportive housing, supportive education, supportive employment, their life can turn around.

So what happens is, a court, a judge, protecting this person's own rights, civil rights on every level, will say to this person: I am not going to involuntarily commit you to a hospital. Your crime doesn't rise to the level—it is not a felony or something like that—it doesn't rise to the level of prison, but what they say is: We are going to require, however, that you stay in treatment, require that you take your medication, that you stay in counseling, and you do other things as prescribed by the court.

Now, most States allow this, but here is the problem: in many counties in America, they don't have the ability to pay the administrative costs to handle this. So this amendment provides a mechanism whereby people can do this.

So understand, the assisted outpatient treatment is a civil-legal procedure whereby a judge can order an individual with a serious mental illness to follow a court ordered treatment plan in the community.

Here is another thing about this: Does it work? And the answer is yes. In a Duke University study of the New York AOT program, it said 90 percent of the people said that AOT made them more likely to keep appointments or to take medication; 88 percent said they and their case manager agreed on what is important for them to work on; 87 percent of them said they were competent in their case manager's ability to help them; 87 percent had fewer incarcerations; 83 percent had fewer experienced arrests—and the point is, they had an increased number of arrests prior to being in AOT, and then afterwards it declined precipitously.

Eighty-one percent said AOT helped them get and to stay well; 77 percent fewer experienced psychiatric hospitalizations; 75 percent reported that AOT helped them gain control of their life; 74 percent fewer experienced homelessness; 55 percent fewer experienced suicide attempts or physical harm to themselves; 49 percent fewer abused alcohol; 48 percent fewer abused drugs; 47 percent fewer physically harmed others; 46 percent fewer damaged and destroyed property; and costs were cut in half.

This small amount of money—and believe me, it would cost perhaps 10 or 20 times more to really do this thoroughly—is there to help people in mental health crisis. We could either continue to throw people in jail, continue to see crimes happen—and by the way, when a mentally ill person is in prison, 80 percent of them get no treatment. We put them back on the streets and the problems occur again.

The House passed this. It came out of committee unanimously. We need to do this for America. We don't want to

read more statistics on a mentally ill person who harmed someone, primarily because they were not in treatment.

This is our opportunity to save lives. This is our opportunity to do something about this. And I do ask that the House pass this small amendment out of an existing budget, no new spending, to provide an additional \$5 million for assisted outpatient treatment.

Madam Chair, I reserve the balance of my time.

Mr. COLE. Madam Chair, I claim the time in opposition.

The Acting CHAIR (Ms. FOXX). The gentleman from Oklahoma is recognized for 5 minutes.

Mr. COLE. Madam Chair, I thank the gentlewoman and want to begin by acknowledging that my very good friend is the recognized expert in this House on all matters related to mental health and has probably done more on behalf of this cause than anybody in this Chamber in very many years. So it is with great reluctance that I opposed this particular amendment, earlier, when we actually accepted.

But the amendment increases funding for programs currently funded at \$15 million, the same as last year. As my friend knows, our committee actually received an allocation that was lower than last year, and we had limited resources to provide increases.

But in recognition of the importance of the Assisted Outpatient Treatment Program, my committee maintained funding for the program at its current levels.

I want to assure my friend, I intend to work with him during the process as we negotiate with the Senate. I would expect we probably will have a different allocation. We may be able to revisit this issue, and I would hope that we can, and certainly will, work with my friend.

But at this time, I simply must oppose the amendment so we can stay within our current allocation.

Madam Chair, I yield 2½ minutes to the gentlewoman from California (Ms. LEE).

Ms. LEE. Madam Chair, before I discuss this amendment, I would just like to take a minute to offer my and all of our condolences to honor the memory of Congresswoman DELAULO's dear mother, Luisa DeLauro, who passed away at the age of 103 this weekend. As Congresswoman DELAULO always said, her mother was a fearless champion for women's equality, and I hope that tonight we can really think about Congresswoman DELAULO, her family, and her mother, and offer our sincere condolences to her.

Madam Chair, I rise in opposition to this amendment which would shift an additional \$5 million away from SAMHSA's existing mental health programs. In the bill under consideration today, SAMHSA's mental health programs, they are already cut by \$231 million. That is a 20 percent cut.

Unfortunately, this amendment would further reduce funding for crit-

ical SAMHSA programs such as Mental Health First Aid, Suicide Prevention, and the National Child Traumatic Stress Network. We need to be increasing support for mental health services, not robbing Peter to pay Paul by shifting funds from one program to another.

Now, by profession, I am a psychiatric social worker, and I founded a community mental health center. Believe me, I personally know the impact and the need, the unmet need, for additional funding for mental health services.

As my colleagues and I have noted, the allocations approved by the committee are approximately \$5 billion below the nondefense level allowed under the Budget Control Act. That is \$5 billion down.

We have the resources available, yet the majority refuses to allocate them to support critical programs such as mental health and substance abuse services. This bill is \$5 billion below the fiscal 2017 funding level.

That is why Members are being forced to rob critical programs to transfer funding to other programs. We need to negotiate a bipartisan budget deal that lifts the sequestration caps and provides significant funding for mental health and substance abuse programs for individuals who need them.

Madam Chair, I urge my colleagues to oppose this amendment.

Mr. MURPHY of Pennsylvania. Madam Chair, I reserve the balance of my time.

Ms. EDDIE BERNICE JOHNSON of Texas. Madam Chair, as the designee of Ranking Member LOWEY, I move to strike the last word.

The Acting CHAIR. The gentlewoman is recognized for 5 minutes.

Ms. EDDIE BERNICE JOHNSON of Texas. Madam Chair, I rise today in support of amendment 155, the assisted outpatient treatment, \$5 million increase; \$20 million total.

As the original cosponsor of H.R. 2646, the Helping Families in Mental Health Crisis Act of 2016, I recognize the importance of funding for outpatient treatment.

As a former chief psychiatric nurse at the VA hospital in Dallas, Texas, I have witnessed the unintended consequences of the deinstitutionalization process. Many of my own patients, diagnosed with severe mental illnesses, were discharged with 30 days of prescription medicines and did not have stable housing.

Once they ran out of their prescriptions, their condition worsened, they suffered psychotic breaks, and they became homeless or incarcerated. Individuals with untreated psychiatric illness now make up one-third of the Nation's estimated homeless population. That totals 600,000.

In Texas, there are 35,000 incarcerated individuals with a severe mental illness, but only 4,500 psychiatric beds are available in all of the Texas hospitals combined.

This amendment increases court-ordered assisted outpatient treatment by

\$5 million to meet the fully authorized amount of \$20 million in support of the severely mentally ill, thereby allowing them to get treatment in the community without incarceration or hospitalization.

This outpatient treatment reduces incarceration, homelessness, and emergency room visits by upwards of 70 percent.

I urge support of this amendment. This country has neglected the mentally ill, and this country is suffering because of it. We have got to recognize the need, and I urge everyone to support this amendment.

Madam Chair, I yield back the balance of my time.

Mr. MURPHY of Pennsylvania. Madam Chair, I just want to say, investing in the AOT program, Congress says it is worth it to ensure the most vulnerable among us have the treatment they need, instead of being in ERs, or jails.

This pilot is extremely important. It saves money. It saves lives. And for Members to reflect back on this, I hope they would rather say: I helped fund a program known to save lives. SAMHSA has been reported many times by the GAO to waste a lot of money. This saves lives, and I urge people to vote for this amendment.

Madam Chair, I yield back the balance of my time.

Mr. COLE. Madam Chair, I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentleman from Pennsylvania (Mr. MURPHY).

The question was taken; and the Acting Chair announced that the yeas appeared to have it.

Mr. MURPHY of Pennsylvania. Madam Chair, I demand a recorded vote.

The Acting CHAIR. Pursuant to clause 6 of rule XVIII, further proceedings on the amendment offered by the gentleman from Pennsylvania will be postponed.

AMENDMENT NO. 156 OFFERED BY MR. KELLY OF PENNSYLVANIA

The Acting CHAIR. It is now in order to consider amendment No. 156 printed in House Report 115-297.

Mr. KELLY of Pennsylvania. Madam Chair, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 763, line 3, after the first dollar amount, insert “(reduced by \$5,000,000) (increased by \$5,000,000)”.

The Acting CHAIR. Pursuant to House Resolution 504, the gentleman from Pennsylvania (Mr. KELLY) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Pennsylvania.

Mr. KELLY of Pennsylvania. Madam Chair, I rise in support of my amendment No. 156.

Over the past 25 years, infant adoptions have decreased, and only about 1 percent of pregnant women choose adoption. While there are approximately 2 million couples waiting to adopt in the United States, there were only 18,329 domestic infant adoptions in 2014.

Unfortunately, too many women who have encountered unplanned pregnancies report not receiving adequate information about adoption. Everyone facing an unplanned pregnancy should have access to timely, accurate, and noncoercive information about adoption that helps them make their own fully informed decision.

In 2000, Congress authorized the Infant Adoption Awareness Training Program. This program awards grants to adoption organizations to train healthcare workers who offer health services to expectant mothers and are trained to provide adoption information and referral.

In the year 2000, the program annually delivered training to an estimated 10,000 healthcare workers nationwide. This program was phased out in 2010.

This bill funds adoption awareness programs at \$39.1 million. My amendment designates \$5 million of that funding to restart the Infant Adoption Awareness Training Program with the goal of ensuring that expectant mothers have access to timely, accurate information about adoptions.

I also support the administration's effort to fund activities to improve hospital-based adoption support services for our expectant mothers. I urge them to continue this hospital-based program to ensure that mothers who wish to make an adoption have access to comprehensive support throughout the entire adoption process.

Adoption is a bipartisan issue, and it is vital that individuals who are providing health services to expectant mothers are trained to properly provide adoption information and referral.

Madam Chair, I urge adoption of this amendment.

Mr. COLE. Will the gentleman yield?

Mr. KELLY of Pennsylvania. I yield to the gentleman from Oklahoma.

Mr. COLE. Madam Chair, I don't rise to oppose. I just wanted to commend my friend for bringing this issue and highlighting it. We think it is very important.

We wanted to note that we support what he is trying to do. We certainly accept the amendment, and we look forward to working with him through the process to help achieve the objectives that he stated.

Mr. KELLY of Pennsylvania. I reserve the balance of my time.

□ 1915

Ms. LEE. Madam Chair, I claim the time in opposition to this amendment.

The Acting CHAIR. The gentlewoman from California is recognized for 5 minutes.

Ms. LEE. Madam Chair, this amendment cuts \$5 million from the account

that funds, mind you, Head Start, Runaway and Homeless Youth grants, and the Community Services Block Grant, among other critical programs, and uses it to provide \$5 million in new funding for the Infant Adoption Awareness Training program. Now, this program did not receive funding in fiscal year '17.

Women should have access to all options when considering the impacts of an unintended pregnancy, of which one is adoption. But we should not ignore the irreplaceable role of preventing unintended pregnancy by providing education and health services.

The underlying bill limits women's access to care by prohibiting funding to the Title X Family Planning program, a program specifically created to ensure women have access to high-quality family planning services to prevent unintended pregnancies and access reproductive care services. By denying women access to comprehensive family planning and preventative health services, the bill would have a devastating impact on women and families, especially low-income women and women in rural communities.

In 2014, Title X Family Planning centers helped women avert 904,000—that is 904,000—unintended pregnancies. Without the services provided by these Title X clinics, the rates of unintended pregnancy in the United States, unplanned birth and abortion, each would have been 33 percent higher, and the teen pregnancy rate would have been 30 percent higher.

In addition, Title X providers are required to offer pregnant women the opportunity to provide information and counseling regarding all of their options—all of their options—in a neutral, nondirective, and factual manner, including adoption. For some women, adoption services and counseling may be the best option. But we must ensure that every woman has access to all options and is allowed to make the choice that is best for her and her family.

Unfortunately, this bill represents yet another missed opportunity to get serious about reproductive health and preventing unintended pregnancy in this country. This amendment uses funding from other programs in the Children and Families Services account that are critical to the well-being of children, women, and families as an offset for this new program. Funding for Head Start, the Domestic Violence Hotline, programs that help serve and protect runaway and homeless youth, among others, are at risk.

Madam Chair, I oppose the amendment, and I reserve the balance of my time.

Mr. KELLY of Pennsylvania. Mr. Chairman, I thank the gentlewoman. I do share her concern. That is why we are asking for \$5 million of the \$39.1 million be used to give expectant mothers the opportunity to learn fully and make a decision based on what they want to do. It is about education. It is about making them fully aware.

But this is about adoption. This is not about anything else. This is not about taking anything away from anybody. This is about giving them the opportunity to understand the options that they do have in an unplanned pregnancy.

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

Ms. LEE. Mr. Chair, as I close, while this amendment focuses on adoption services, we cannot ignore what is missing from this bill and from this process, and that is an opportunity to vote on the amendment to fund Title X Family Planning. We must restore funding for family planning services; invest in a comprehensive approach that prioritizes health promotion, education, services, and care; and an approach that includes sex education programs, better access to birth control, and reproductive health services.

I am extremely concerned about the cut that this amendment imposes on the Children and Families account at HHS. I oppose this amendment. This is cutting funds from Head Start, Runaway and Homeless Youth grants, and the Community Services Block Grant, among other critical programs.

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

Mr. KELLY of Pennsylvania. Mr. Chairman, I appreciate the gentlewoman's comments. What this is really about is 2 million couples willing to adopt children in the United States. It is hard for me to stand here today and say that it would be a much different world if people were really given the opportunity to understand what their options are and be able to fulfill the wishes of over 2 million couples in the United States who are looking to adopt a child. I think that is incredibly important, and I don't understand why we couldn't look at something like that and say this is about adoption. That is all it is about.

Now, this is fully endorsed, by the way, by the National Council for Adoption.

At this time, I would also offer my condolences to Ms. DELAURO for the loss of her mother. She is a fine lady, and I am sure that, no matter what, she will look back on the years she spent with her mother and cherish every one of those.

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

The Acting CHAIR (Mr. MITCHELL). The question is on the amendment offered by the gentleman from Pennsylvania (Mr. KELLY).

The amendment was agreed to.

Mr. COLE. Mr. Chairman, I move that the Committee do now rise.

The motion was agreed to.

Accordingly, the Committee rose; and the Speaker pro tempore (Mr. SIMPSON) having assumed the chair, Mr. MITCHELL, Acting Chair of the Committee of the Whole House on the state of the Union, reported that that Committee, having had under consideration the bill (H.R. 3354) making appro-

priations for the Department of the Interior, environment, and related agencies for the fiscal year ending September 30, 2018, and for other purposes, had come to no resolution thereon.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 3697, CRIMINAL ALIEN GANG MEMBER REMOVAL ACT, AND PROVIDING FOR PROCEEDINGS DURING THE PERIOD FROM SEPTEMBER 15, 2017, THROUGH SEPTEMBER 22, 2017

Mr. COLLINS of Georgia, from the Committee on Rules, submitted a privileged report (Rept. No. 115-307) on the resolution (H. Res. 513) providing for consideration of the bill (H.R. 3697) to amend the Immigration and Nationality Act with respect to aliens associated with criminal gangs, and for other purposes, and providing for proceedings during the period from September 15, 2017, through September 22, 2017, which was referred to the House Calendar and ordered to be printed.

DEPARTMENT OF THE INTERIOR, ENVIRONMENT, AND RELATED AGENCIES APPROPRIATIONS ACT, 2018

The SPEAKER pro tempore. Pursuant to House Resolution 504 and rule XVIII, the Chair declares the House in the Committee of the Whole House on the state of the Union for the further consideration of the bill, H.R. 3354.

Will the gentleman from Michigan (Mr. MITCHELL) kindly resume the chair.

□ 1922

IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the state of the Union for the further consideration of the bill (H.R. 3354) making appropriations for the Department of the Interior, environment, and related agencies for the fiscal year ending September 30, 2018, and for other purposes, with Mr. MITCHELL (Acting Chair) in the chair.

The Clerk read the title of the bill.

The Acting CHAIR. When the Committee of the Whole rose earlier today, amendment No. 156 printed in House Report 155-297, offered by the gentleman from Pennsylvania (Mr. KELLY) had been disposed of.

AMENDMENT NO. 158 OFFERED BY MS. BONAMICI

The Acting CHAIR. It is now in order to consider amendment No. 158 printed in House Report 115-297.

Ms. BONAMICI. Mr. Chairman, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 767, line 24, insert "(increased by \$51,000,000)" after the dollar amount.

Page 770, line 18, insert "(reduced by \$64,000,000)" after the 1st dollar amount.

The Acting CHAIR. Pursuant to House Resolution 504, the gentlewoman

from Oregon (Ms. BONAMICI) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentlewoman from Oregon.

Ms. BONAMICI. Mr. Chairman, I rise today to offer an amendment to increase funding for senior nutrition programs under title III of the Older Americans Act. My amendment funds these programs at levels authorized by the House just last year.

We are in the middle of an unprecedented demographic shift as this country ages. The population of older adults is growing faster than at any point in history. As we grow older, we all want people across the country to be able to age with dignity, health, and independence in their own homes and communities for as long as possible.

For more than 50 years, the Older Americans Act has supported community-based providers that reach more than 11 million seniors and caregivers annually in each and every one of our districts providing person-centered assistance to help people age in place. These critical OAA services include home-delivered and congregate meals to make sure that older adults are getting the nutrition needed to keep them healthy and engaged, which reduces the risk of falls, depression, and other negative outcomes.

Just a few weeks ago, I had the pleasure of joining dedicated volunteers to deliver Meals on Wheels to seniors in northwest Oregon. I highly recommend this to my colleagues. You can see firsthand the value of these programs and how important these meals and visits are to our constituents who rely on them.

The Older Americans Act also covers transportation to get older adults to the doctor, the grocery store, or even to a local senior center to engage with friends and avoid isolation. The OAA funds critical disaster assistance response efforts for seniors and communities like those just devastated by Hurricanes Harvey and Irma.

Unfortunately, funding for the Older Americans Act has drastically lagged behind the growth in the older adult population, the increasing need for services, and the rising cost of delivering these supports. This stagnant and, in some areas, eroding Federal investment in OAA programs costs us more in the long term. When seniors can't stay healthy at home, they end up in hospitals paid for by Medicare or in institutional long-term care, often funded by Medicaid. Both are far more expensive than adequate investments in the Older Americans Act to keep seniors healthy at home for as long as possible.

Support for the Older American Act is strongly bipartisan. Last year, Congress voted without opposition to reauthorize the Older Americans Act, a bill that included modest increases in authorized funding levels.

Unfortunately, annual appropriations still fall woefully short of these