

This disease impacts not only those who have it but also the millions of caregivers responsible for the well-being of those who have Alzheimer's. These are often family members or close friends who have to make sacrifices in their own lives to care for others.

This legislation will make great strides in better understanding the cognitive decline associated with the disease, the impact on caregivers, and how we can continue to fight for a cure.

I am a proud cosponsor of H.R. 4256, the companion bill in the House that was introduced by my good friend and colleague, Mr. GUTHRIE of Kentucky.

I also want to thank those across the country who have continued to be tireless advocates on this issue, including Ms. Donna Camacho who has been a leader on this issue in my district. I can't overstate my appreciation for all of the hard work and dedication that so many people have poured into passing this legislation.

Today, with this passage, we can help bring about hope in the future for those who are victims of this disease, like my legislative director's grandmother, Lisa Verlsteffen, a courageous woman who lived a long and happy life, but who eventually succumbed to the effects of Alzheimer's after a long and hard fight.

While today's work isn't the final solution, it brings us one step closer in the fight to eradicate this disease. I urge my colleagues to support this legislation and vote "yes" on its passage.

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

Mr. Speaker, I strongly urge passage of this legislation. The BOLD Act is another bit of foundation that we have done to move forward and conquer Alzheimer's and related dementias.

Those of us who function in government understand full well that our Federal, State, and local budgets have been impacted severely by Alzheimer's disease, but, most importantly, families have been burdened by this disease. So it is so important for us to move forward with this legislation that provides, again, hope to those families and individuals living with Alzheimer's disease.

Mr. Speaker, I ask for support of the legislation, and I yield back the balance of my time.

Mr. WALDEN. Mr. Speaker, I, too, join my friend and colleague from New York and our friends across the building in the Senate in support of the BOLD Act, S. 2076.

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

The SPEAKER pro tempore (Mr. CARTER of Georgia). The question is on the motion offered by the gentleman from Oregon (Mr. WALDEN) that the House suspend the rules and pass the bill, S. 2076.

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. WALDEN. 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.

## STATE OFFICES OF RURAL HEALTH REAUTHORIZATION ACT OF 2018

Mr. WALDEN. Mr. Speaker, I move to suspend the rules and pass the bill (S. 2278) to amend the Public Health Service Act to provide grants to improve health care in rural areas.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 2278

*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 "State Offices of Rural Health Reauthorization Act of 2018".

### SEC. 2. STATE OFFICES OF RURAL HEALTH.

Section 338J of the Public Health Service Act (42 U.S.C. 254r) is amended to read as follows:

#### "SEC. 338J. GRANTS TO STATE OFFICES OF RURAL HEALTH.

"(a) IN GENERAL.—The Secretary, acting through the Director of the Federal Office of Rural Health Policy (established under section 711 of the Social Security Act), shall make grants to each State Office of Rural Health for the purpose of improving health care in rural areas.

"(b) REQUIREMENT OF MATCHING FUNDS.—

"(1) IN GENERAL.—Subject to paragraph (2), the Secretary may not make a grant under subsection (a) unless the State office of rural health involved agrees, with respect to the costs to be incurred in carrying out the purpose described in such subsection, to provide non-Federal contributions toward such costs in an amount equal to \$3 for each \$1 of Federal funds provided in the grant.

"(2) WAIVER OR REDUCTION.—The Secretary may waive or reduce the non-Federal contribution if the Secretary determines that requiring matching funds would limit the State office of rural health's ability to carry out the purpose described in subsection (a).

"(3) DETERMINATION OF AMOUNT OF NON-FEDERAL CONTRIBUTION.—Non-Federal contributions required in paragraph (1) may be in cash or in kind, fairly evaluated, including plant, equipment, or services. Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, may not be included in determining the amount of such non-Federal contributions.

"(c) CERTAIN REQUIRED ACTIVITIES.—Recipients of a grant under subsection (a) shall use the grant funds for purposes of—

"(1) maintaining within the State office of rural health a clearinghouse for collecting and disseminating information on—

"(A) rural health care issues;

"(B) research findings relating to rural health care; and

"(C) innovative approaches to the delivery of health care in rural areas;

"(2) coordinating the activities carried out in the State that relate to rural health care, including providing coordination for the purpose of avoiding redundancy in such activities; and

"(3) identifying Federal and State programs regarding rural health, and providing

technical assistance to public and nonprofit private entities regarding participation in such programs.

"(d) REQUIREMENT REGARDING ANNUAL BUDGET FOR OFFICE.—The Secretary may not make a grant under subsection (a) unless the State involved agrees that, for any fiscal year for which the State office of rural health receives such a grant, the office operated pursuant to subsection (a) of this section will be provided with an annual budget of not less than \$150,000.

"(e) CERTAIN USES OF FUNDS.—

"(1) RESTRICTIONS.—The Secretary may not make a grant under subsection (a) unless the State office of rural health involved agrees that the grant will not be expended—

"(A) to provide health care (including providing cash payments regarding such care);

"(B) to conduct activities for which Federal funds are expended—

"(i) within the State to provide technical and other nonfinancial assistance under section 330A(f);

"(ii) under a memorandum of agreement entered into with the State office of rural health under section 330A(h); or

"(iii) under a grant under section 338I;

"(C) to purchase medical equipment, to purchase ambulances, aircraft, or other vehicles, or to purchase major communications equipment;

"(D) to purchase or improve real property; or

"(E) to carry out any activity regarding a certificate of need.

"(2) AUTHORITIES.—Activities for which a State office of rural health may expend a grant under subsection (a) include—

"(A) paying the costs of maintaining an office of rural health for purposes of subsection (a);

"(B) subject to paragraph (1)(B)(iii), paying the costs of any activity carried out with respect to recruiting and retaining health professionals to serve in rural areas of the State; and

"(C) providing grants and contracts to public and nonprofit private entities to carry out activities authorized in this section.

"(3) LIMIT ON INDIRECT COSTS.—The Secretary may impose a limit of no more than 15 percent on indirect costs claimed by the recipient of the grant.

"(f) REPORTS.—The Secretary may not make a grant under subsection (a) unless the State office of rural health involved agrees—

"(1) to submit to the Secretary reports or performance data containing such information as the Secretary may require regarding activities carried out under this section; and

"(2) to submit such a report or performance data not later than September 30 of each fiscal year immediately following any fiscal year for which the State office of rural health has received such a grant.

"(g) REQUIREMENT OF APPLICATION.—The Secretary may not make a grant under subsection (a) unless an application for the grant is submitted to the Secretary and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out such subsection.

"(h) NONCOMPLIANCE.—The Secretary may not make payments under subsection (a) to a State office of rural health for any fiscal year subsequent to the first fiscal year of such payments unless the Secretary determines that, for the immediately preceding fiscal year, the State office of rural health has complied with each of the agreements made by the State office of rural health under this section.

"(i) AUTHORIZATION OF APPROPRIATIONS.—

“(1) IN GENERAL.—For the purpose of making grants under subsection (a), there are authorized to be appropriated \$12,500,000 for each of fiscal years 2018 through 2022.

“(2) AVAILABILITY.—Amounts appropriated under paragraph (1) shall remain available until expended.”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Oregon (Mr. WALDEN) and the gentleman from New York (Mr. TONKO) each will control 20 minutes.

The Chair recognizes the gentleman from Oregon.

#### GENERAL LEAVE

Mr. WALDEN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and insert extraneous materials in the RECORD on the bill.

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

There was no objection.

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

Mr. Speaker, I rise today in support of S. 2278, the State Offices of Rural Health Reauthorization Act led by Senator PAT ROBERTS and by my Energy and Commerce Committee colleagues Representative MARKWAYNE MULLIN of Oklahoma and my fellow Oregonian, KURT SCHRADER, here in the House.

This important legislation reauthorizes and enhances Federal grants to States for improving healthcare in rural areas through the operation of State Offices of Rural Health.

Now, in my home State of Oregon, the Oregon Office of Rural Health has been the coordinating body for frontier health since the 1970s. This office partners with the Oregon Health & Sciences University to improve the delivery of statewide resources to rural areas, such as the Second District.

Telehealth, rotational programs for medical students in rural communities, and recruitment of healthcare providers are just a few examples of the Oregon Office of Rural Health's work to help patients in Oregon's rural areas.

I am proud of the great work that they do, and this bill will enhance their ability and those of all State Rural Health Offices to equip communities with the tools they need to strengthen the delivery of healthcare in rural and underserved areas.

So, Mr. Speaker, I strongly support passage of this legislation. I urge my colleagues to vote “yes,” and I reserve the balance of my time.

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

Mr. Speaker, I rise in support of S. 2278, the State Offices of Rural Health Reauthorization Act of 2018. I thank Chair WALDEN and incoming Chair PALLONE, along with Congressman SCHRADER and Congressman MULLIN, for their work on this important legislation.

This legislation would reauthorize the Federal grant program that sup-

ports Offices of Rural Health in each State, including the Charles D. Cook Office of Rural Health with the New York State Department of Health for the first time.

These offices assist States in strengthening rural health delivery systems and improving access to quality services in rural areas. This work is particularly important because patients and providers in rural communities can face obstacles that can result in reduced access to care, increase health disparities, and inhibit individuals from experiencing optimal health.

To ensure that States can continue to meet the requirements of this grant program, this reauthorization legislation provides new flexibility for State offices to meet their Federal match requirements, as well as to request a waiver that would allow the State office to continue to receive Federal funding if an office faces an extreme hardship in meeting that requirement.

Mr. Speaker, I urge my colleagues to support S. 2278, and I reserve the balance of my time.

Mr. WALDEN. Mr. Speaker, I yield 3 minutes to the gentleman from Oklahoma (Mr. MULLIN), who is a cosponsor of this very important legislation.

Mr. MULLIN. Mr. Speaker, I rise today in favor of my bill, the State Offices of Rural Health Reauthorization Act of 2018.

There is a healthcare crisis right now going on in rural America. Rural hospitals are closing their doors at an alarming rate. Eighty-five rural hospitals have closed since 2010, and 673 are vulnerable to close at any time. More closures are coming, and Congress needs to start making changes to ensure that rural Americans have the healthcare they need.

My bill, the State Offices of Rural Health Reauthorization Act, will help Oklahoma's rural hospitals keep their doors open by reauthorizing the Oklahoma Office of Rural Health. This office provides a valuable resource to the hospitals of Oklahoma by helping hospitals explore innovative and collaborative ideas that can lead to improvements and savings.

Mr. Speaker, I would be remiss not to mention that awesome sweater-vest that you are wearing. So in the spirit of Christmas, I believe you just pull that off.

Mr. TONKO. Mr. Speaker, I yield such time as he may consume to the gentleman from Oregon (Mr. SCHRADER), who represents Oregon's Fifth Congressional District.

Mr. SCHRADER. Mr. Speaker, today I rise in support of the State Offices of Rural Health Reauthorization Act.

Since 1979, as alluded to before, Oregon's Office of Rural Health has provided services critical to the folks in the rural portion of my State. Thirty-six percent of Oregonians live in rural communities, and as we know, these communities often face challenges not experienced in urban or suburban settings.

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People in rural areas might have long distances to travel over mountainous terrain just to see their doctor, or they might have issues even finding a primary care provider or specialist who can help them where and when they need it. That is why we need the Offices of Rural Health and why the House should pass this bill today.

Oregonians have come to rely on the services and expertise of the Oregon Office of Rural Health to help build up the healthcare in rural areas so folks in these communities know they will be able to see a doctor, nurse practitioner, or other healthcare professional.

The Office of Rural Health has worked with small hospitals and EMS providers to ensure that patients are safe, the ethics are up to code, and they can work through the often challenging patchwork of programs and regulation.

My State's Office of Rural Health has also been instrumental in providing the data and policy expertise we have needed to ensure that all Oregonians receive the care that the Affordable Care Act and Oregon's healthcare transformation projects have promised.

Everyone, including folks in our rural areas, should have access to quality healthcare. This bill provides the Federal support and resources necessary to ensure that all 50 States' Offices of Rural Health can be there for the patients who need them.

I am proud to have led on this bill in the House with my good friend, MARKWAYNE MULLIN. I am grateful to Chairman WALDEN and Ranking Member PALLONE for getting this to the floor before the end of a very interesting session. I thank them for their leadership on this issue and urge support for this bill.

Mr. WALDEN. Mr. Speaker, I yield 3 minutes to the gentleman from Texas (Mr. BURGESS), the chairman of the Subcommittee on Health.

Mr. BURGESS. Mr. Speaker, I also want to rise in support of S. 2278, the State Offices of Rural Health Reauthorization Act of 2018.

This bill, which was introduced by Senators PAT ROBERTS and HEIDI HEITKAMP, reauthorizes grants to State Offices of Rural Health.

I also need to thank our House champion of this effort, Representative MARKWAYNE MULLIN, a valuable member of the Health Subcommittee.

This legislation already passed the Senate, and today we have the opportunity to pass it on the floor of the House and send it down to the President for his signature.

The majority of counties in the United States are rural. While urban and suburban counties are growing in population, certainly in my own community back in the 26th District of Texas, we have a significant percentage of the population living in rural areas.

Citizens of rural America reap many benefits of their communities, but they

are also faced with unique challenges, particularly when it comes to healthcare. S. 2278 will enable States to maintain and improve upon healthcare in rural areas by reauthorizing grants to State Offices of Rural Health.

Grantees will be required to maintain a clearinghouse for collecting and disseminating information on rural healthcare issues, research related to rural healthcare, as well as innovative approaches to rural healthcare delivery. The grantees will also be tasked with identifying both Federal and State programs to address rural health and to provide technical assistance to public and nonprofit private entities regarding participation in these programs.

State Offices of Rural Health provide much value to the 57 million Americans that live in these areas around the country. Many of us represent towns and counties that are largely dependent upon the strength of rural Members of Congress. For these reasons, I ask Members to join me in supporting S. 2278.

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

Mr. Speaker, I rise in support, again, of the legislation before us.

I want to commend Congressmen SCHRADER and MULLIN for their great work on this important legislation. It shows great sensitivity to the healthcare needs of rural America and to the corresponding health delivery systems. For that reason alone, this is worthy of our unanimous support.

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

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

Mr. Speaker, I, too, want to thank Members on both sides of the aisle, my colleagues who have worked so hard on this legislation, and, frankly, our friends in the Senate, as well, who worked with us on this. We are glad to bring this to a conclusion and another very important healthcare bill will make its way to the President's desk.

Mr. Speaker, I ask my colleagues to support this legislation, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Oregon (Mr. WALDEN) that the House suspend the rules and pass the bill, S. 2278.

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. WALDEN. 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.

#### WATER INFRASTRUCTURE IMPROVEMENT ACT

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

(H.R. 7279) to amend the Federal Water Pollution Control Act to provide for an integrated planning process, to promote green infrastructure, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 7279

*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 “Water Infrastructure Improvement Act”.

#### SEC. 2. DEFINITIONS.

In this Act:

(1) ADMINISTRATOR.—The term “Administrator” means the Administrator of the Environmental Protection Agency.

(2) MUNICIPALITY.—The term “municipality” has the meaning given that term in section 502 of the Federal Water Pollution Control Act (33 U.S.C. 1362).

#### SEC. 3. INTEGRATED PLANS.

(a) INTEGRATED PLANS.—Section 402 of the Federal Water Pollution Control Act (33 U.S.C. 1342) is amended by adding at the end the following:

“(s) INTEGRATED PLANS.—

“(1) DEFINITION OF INTEGRATED PLAN.—In this subsection, the term ‘integrated plan’ means a plan developed in accordance with the Integrated Municipal Stormwater and Wastewater Planning Approach Framework, issued by the Environmental Protection Agency and dated June 5, 2012.

“(2) IN GENERAL.—The Administrator (or a State, in the case of a permit program approved by the Administrator) shall inform municipalities of the opportunity to develop an integrated plan that may be incorporated into a permit under this section.

“(3) SCOPE.—

“(A) SCOPE OF PERMIT INCORPORATING INTEGRATED PLAN.—A permit issued under this section that incorporates an integrated plan may integrate all requirements under this Act addressed in the integrated plan, including requirements relating to—

“(i) a combined sewer overflow;

“(ii) a capacity, management, operation, and maintenance program for sanitary sewer collection systems;

“(iii) a municipal stormwater discharge;

“(iv) a municipal wastewater discharge; and

“(v) a water quality-based effluent limitation to implement an applicable wastewater allocation in a total maximum daily load;

“(B) INCLUSIONS IN INTEGRATED PLAN.—An integrated plan incorporated into a permit issued under this section may include the implementation of—

“(i) projects, including innovative projects, to reclaim, recycle, or reuse water; and

“(ii) green infrastructure.

“(4) COMPLIANCE SCHEDULES.—

“(A) IN GENERAL.—A permit issued under this section that incorporates an integrated plan may include a schedule of compliance, under which actions taken to meet any applicable water quality-based effluent limitation may be implemented over more than 1 permit term if the schedule of compliance—

“(i) is authorized by State water quality standards; and

“(ii) meets the requirements of section 122.47 of title 40, Code of Federal Regulations (as in effect on the date of enactment of this subsection).

“(B) TIME FOR COMPLIANCE.—For purposes of subparagraph (A)(ii), the requirement of section 122.47 of title 40, Code of Federal Regulations, for compliance by an applicable statutory deadline under this Act does not prohibit implementation of an applicable

water quality-based effluent limitation over more than 1 permit term.

“(C) REVIEW.—A schedule of compliance incorporated into a permit issued under this section may be reviewed at the time the permit is renewed to determine whether the schedule should be modified.

“(5) EXISTING AUTHORITIES RETAINED.—

“(A) APPLICABLE STANDARDS.—Nothing in this subsection modifies any obligation to comply with applicable technology and water quality-based effluent limitations under this Act.

“(B) FLEXIBILITY.—Nothing in this subsection reduces or eliminates any flexibility available under this Act, including the authority of a State to revise a water quality standard after a use attainability analysis under section 131.10(g) of title 40, Code of Federal Regulations (or a successor regulation), subject to the approval of the Administrator under section 303(c).

“(6) CLARIFICATION OF STATE AUTHORITY.—

“(A) IN GENERAL.—Nothing in section 301(b)(1)(C) precludes a State from authorizing in the water quality standards of the State the issuance of a schedule of compliance to meet water quality-based effluent limitations in permits that incorporate provisions of an integrated plan.

“(B) TRANSITION RULE.—In any case in which a discharge is subject to a judicial order or consent decree, as of the date of enactment of this subsection, resolving an enforcement action under this Act, any schedule of compliance issued pursuant to an authorization in a State water quality standard may not revise a schedule of compliance in that order or decree to be less stringent, unless the order or decree is modified by agreement of the parties and the court.”.

(b) IMPLEMENTATION OF INTEGRATED PLANS THROUGH ENFORCEMENT TOOLS.—Section 309 of the Federal Water Pollution Control Act (33 U.S.C. 1319) is amended by adding at the end the following:

“(h) IMPLEMENTATION OF INTEGRATED PLANS.—

“(1) IN GENERAL.—In conjunction with an enforcement action under subsection (a) or (b) relating to municipal discharges, the Administrator shall inform a municipality of the opportunity to develop an integrated plan, as defined in section 402(s).

“(2) MODIFICATION.—Any municipality under an administrative order under subsection (a) or settlement agreement (including a judicial consent decree) under subsection (b) that has developed an integrated plan consistent with section 402(s) may request a modification of the administrative order or settlement agreement based on that integrated plan.”.

(c) REPORT TO CONGRESS.—Not later than 2 years after the date of enactment of this Act, the Administrator shall submit to the Committee on Environment and Public Works of the Senate and the Committee on Transportation and Infrastructure of the House of Representatives, and make publicly available, a report on each integrated plan developed and implemented through a permit, order, or judicial consent decree pursuant to the Federal Water Pollution Control Act since the date of publication of the “Integrated Municipal Stormwater and Wastewater Planning Approach Framework” issued by the Environmental Protection Agency and dated June 5, 2012, including a description of the control measures, levels of control, estimated costs, and compliance schedules for the requirements implemented through such an integrated plan.

#### SEC. 4. MUNICIPAL OMBUDSMAN.

(a) ESTABLISHMENT.—There is established within the Office of the Administrator an Office of the Municipal Ombudsman, to be headed by a Municipal Ombudsman.