

Mrs. MCBATH. Mr. Speaker, 7 years ago, my son was violently torn from my life, a victim of gun violence, a victim of a person who had a gun who should never have received one.

Today, I join my colleagues and former Congresswoman Gabby Giffords to prevent more families from facing the horror and heartbreak wrought by gun violence.

Later today, Congressman KING and Congressman THOMPSON will introduce bipartisan legislation to ensure that no one is able to get a gun from an unlicensed sale without a background check. Background checks empower law enforcement to keep guns out of the hands of criminals and domestic abusers. Quite simply, they save lives.

I am honored to cosponsor this bipartisan legislation for my son, Jordan, and for the safety of every family in this country. I ask my fellow parents, my fellow Members, and my fellow Americans to stand with me today, in support of universal background checks. Together, we will make our communities safer.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair will remind all persons in the gallery that they are here as guests of the House and that any manifestation of approval or disapproval of proceedings is in violation of the rules of the House.

EXPRESSING GRATITUDE TO FELLOW KANSANS

(Mr. WATKINS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. WATKINS. Mr. Speaker, many Kansans have followed the path from military to political service, names like Pompeo, Roberts, Dole, and Eisenhower.

I stand on the shoulders of giants. I do so with humility and with gratitude that the people of Kansas have bestowed upon me such an honor.

To my fellow Kansans: I won't let you down.

To my colleagues: We will have our disagreements and our debates. We should. But we should also maintain civility and integrity, and we should work to make the government more efficient, more accountable, and more effective.

God bless the 116th Congress and the great people of Kansas, and may God bless the United States of America.

HARMFUL IMPACT OF THE GOVERNMENT SHUTDOWN

(Ms. PRESSLEY asked and was given permission to address the House for 1 minute.)

Ms. PRESSLEY. Mr. Speaker, I rise today in opposition to the occupant of the White House.

Mr. Trump, you took an oath, just as I did 5 days ago, to protect and defend

the Constitution and the American people. Sir, you dishonor that oath. You devalue the life of the immigrant, the worker, and the survivor. I see right through you and so do the American people. This has nothing to do with border security. Your shutdown, another Trump-generated crisis, has brought a tsunami of hurt on the American people.

Today, I rise to lift the voices of the unheard. I rise today on behalf of the families concerned about feeding their children because their WIC benefits will run dry.

I rise today in solidarity with the thousands of workers with calloused hands and broken spirits working for no pay.

I rise today in support of the survivor fleeing violent hands, seeking safety, only to find the shelter door locked because of your shutdown.

I rise today in support of the American people who believe in the promise of this Nation and ask for honest pay for an honest day's work.

Today, I rise as one and I stand as thousands.

The SPEAKER pro tempore. Members are reminded to refrain from engaging in personalities toward the President of the United States.

EXTENSION OF CHILD TAX CREDIT TO PUERTO RICO

(Miss GONZÁLEZ-COLÓN of Puerto Rico asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Miss GONZÁLEZ-COLÓN of Puerto Rico. Mr. Speaker, today I introduced the Child Tax Credit Equity for Puerto Rico Act of 2019.

Under current law, in Puerto Rico, the child tax credit only applies to families who are raising three or more children.

In comparison, families living in the mainland are able to use this credit for having even one or two children. Small families consisting of one or two children in Puerto Rico are excluded from receiving this necessary benefit.

The purpose of the child tax credit is to be a tool to help families offset the expenses of raising children and raise themselves out of poverty.

Mississippi has the highest poverty level of any State. Puerto Rico's poverty rate, now at 45 percent, is 178 percent higher than Mississippi.

According to the Census Bureau, the lowest household income of Puerto Rico is \$19,000 a year, compared to \$43,000 in the State of Mississippi and \$61,000, average, in the whole mainland.

This proposal will help Puerto Rico's economy and benefit about 355,000 families and more than 404,000 children in Puerto Rico.

I urge my colleagues to support and pass this bill, and I thank Congressmen JOSÉ SERRANO, FITZPATRICK, and DUFFY for being original cosponsors of this bill.

APPOINTMENT OF MEMBER TO UNITED STATES SEMIQUINCENTENNIAL COMMISSION

The SPEAKER pro tempore. The Chair announces the Speaker's appointment, pursuant to section 4 of the United States Semiquicentennial Commission Act of 2016 (Pub. L. 114-196), and the order of the House of January 3, 2019, of the following Member on the part of the House to the United States Semiquicentennial Commission:

Mr. EVANS, Pennsylvania

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until approximately 4 p.m. today.

Accordingly (at 2 o'clock and 10 minutes p.m.), House stood in recess.

□ 1600

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. RASKIN) at 4 p.m.

ELECTING MEMBERS TO A CERTAIN STANDING COMMITTEE OF THE HOUSE OF REPRESENTATIVES

Mr. JEFFRIES. Mr. Speaker, by direction of the Democratic Caucus, I offer a privileged resolution and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 26

Resolved, That the following named Members be, and are hereby, elected to the following standing committee of the House of Representatives:

(1) COMMITTEE ON RULES.—Ms. MATSUI and Mr. PERLMUTTER.

The resolution was agreed to.

A motion to reconsider was laid on the table.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or votes objected to under clause 6 of rule XX.

The House will resume proceedings on postponed questions at a later time.

MEDICAID EXTENDERS ACT OF 2019

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 259) to extend the Medicaid Money Follows the Person Rebalancing demonstration, to extend protection for Medicaid recipients of home and community-based services against spousal impoverishment, and for other purposes, as amended.

The Clerk read the title of the bill.
The text of the bill is as follows:

H.R. 259

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 Extenders Act of 2019”.

SEC. 2. EXTENSION OF MONEY FOLLOWS THE PERSON REBALANCING DEMONSTRATION.

(a) GENERAL FUNDING.—Section 6071(h) of the Deficit Reduction Act of 2005 (42 U.S.C. 1396a note) is amended—

(1) in paragraph (1)—

(A) in subparagraph (D), by striking “and” after the semicolon;

(B) in subparagraph (E), by striking the period at the end and inserting “; and”; and

(C) by adding at the end the following:

“(F) subject to paragraph (3), \$112,000,000 for fiscal year 2019.”;

(2) in paragraph (2)—

(A) by striking “Amounts made” and inserting “Subject to paragraph (3), amounts made”; and

(B) by striking “September 30, 2016” and inserting “September 30, 2021”; and

(3) by adding at the end the following new paragraph:

“(3) SPECIAL RULE FOR FY 2019.—Funds appropriated under paragraph (1)(F) shall be made available for grants to States only if such States have an approved MFP demonstration project under this section as of December 31, 2018.”.

(b) FUNDING FOR QUALITY ASSURANCE AND IMPROVEMENT; TECHNICAL ASSISTANCE; OVERSIGHT.—Section 6071(f) of the Deficit Reduction Act of 2005 (42 U.S.C. 1396a note) is amended by striking paragraph (2) and inserting the following:

“(2) FUNDING.—From the amounts appropriated under subsection (h)(1)(F) for fiscal year 2019, \$500,000 shall be available to the Secretary for such fiscal year to carry out this subsection.”.

(c) TECHNICAL AMENDMENT.—Section 6071(b) of the Deficit Reduction Act of 2005 (42 U.S.C. 1396a note) is amended by adding at the end the following:

“(10) SECRETARY.—The term ‘Secretary’ means the Secretary of Health and Human Services.”.

SEC. 3. EXTENSION OF PROTECTION FOR MEDICAID RECIPIENTS OF HOME AND COMMUNITY-BASED SERVICES AGAINST SPOUSAL IMPOVERISHMENT.

(a) IN GENERAL.—Section 2404 of Public Law 111-148 (42 U.S.C. 1396r-5 note) is amended by striking “the 5-year period that begins on January 1, 2014,” and inserting “the period beginning on January 1, 2014, and ending on March 31, 2019.”.

(b) RULE OF CONSTRUCTION.—

(1) PROTECTING STATE SPOUSAL INCOME AND ASSET DISREGARD FLEXIBILITY UNDER WAIVERS AND PLAN AMENDMENTS.—Nothing in section 2404 of Public Law 111-148 (42 U.S.C. 1396r-5 note) or section 1924 of the Social Security Act (42 U.S.C. 1396r-5) shall be construed as prohibiting a State from disregarding an individual’s spousal income and assets under a State waiver or plan amendment described in paragraph (2) for purposes of making determinations of eligibility for home and community-based services or home and community-based attendant services and supports under such waiver or plan amendment.

(2) STATE WAIVER OR PLAN AMENDMENT DESCRIBED.—A State waiver or plan amendment described in this paragraph is any of the following:

(A) A waiver or plan amendment to provide medical assistance for home and community-

based services under a waiver or plan amendment under subsection (c), (d), or (i) of section 1915 of the Social Security Act (42 U.S.C. 1396n) or under section 1115 of such Act (42 U.S.C. 1315).

(B) A plan amendment to provide medical assistance for home and community-based services for individuals by reason of being determined eligible under section 1902(a)(10)(C) of such Act (42 U.S.C. 1396a(a)(10)(C)) or by reason of section 1902(f) of such Act (42 U.S.C. 1396a(f)) or otherwise on the basis of a reduction of income based on costs incurred for medical or other remedial care under which the State disregarded the income and assets of the individual’s spouse in determining the initial and ongoing financial eligibility of an individual for such services in place of the spousal impoverishment provisions applied under section 1924 of such Act (42 U.S.C. 1396r-5).

(C) A plan amendment to provide medical assistance for home and community-based attendant services and supports under section 1915(k) of such Act (42 U.S.C. 1396n(k)).

SEC. 4. REDUCTION IN FMAP AFTER 2020 FOR STATES WITHOUT ASSET VERIFICATION PROGRAM.

Section 1940 of the Social Security Act (42 U.S.C. 1396w) is amended by adding at the end the following new subsection:

“(k) REDUCTION IN FMAP AFTER 2020 FOR NON-COMPLIANT STATES.—

“(1) IN GENERAL.—With respect to a calendar quarter beginning on or after January 1, 2021, the Federal medical assistance percentage otherwise determined under section 1905(b) for a non-compliant State shall be reduced—

“(A) for calendar quarters in 2021 and 2022, by 0.12 percentage points;

“(B) for calendar quarters in 2023, by 0.25 percentage points;

“(C) for calendar quarters in 2024, by 0.35 percentage points; and

“(D) for calendar quarters in 2025 and each year thereafter, by 0.5 percentage points.

“(2) NON-COMPLIANT STATE DEFINED.—For purposes of this subsection, the term ‘non-compliant State’ means a State—

“(A) that is one of the 50 States or the District of Columbia;

“(B) with respect to which the Secretary has not approved a State plan amendment submitted under subsection (a)(2); and

“(C) that is not operating, on an ongoing basis, an asset verification program in accordance with this section.”.

SEC. 5. MEDICAID IMPROVEMENT FUND.

Section 1941(b)(1) of the Social Security Act (42 U.S.C. 1396w-1(b)(1)) is amended by striking “\$31,000,000” and inserting “\$6,000,000”.

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

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and include extraneous material on H.R. 259.

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

There was no objection.

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

Mr. Speaker, I rise today to express my support for H.R. 259, the Medicaid

Extenders Act of 2019. This bill would extend for 3 months the successful Money Follows the Person demonstration and the spousal impoverishment protections for home- and community-based services recipients. These two provisions have helped tens of thousands of people remain in the community with their families and friends while receiving the healthcare and other services that they need.

The MFP demonstration helps people transition from institutional settings to community-based settings so they can live in their homes and maintain their independence, and all of this is possible because the demonstration provides them access to the services in their homes that they would otherwise receive in an institution.

This is a widely used and successful program. Currently, 43 States and the District of Columbia participate. And it has helped over 75,000 people transition from institutions to the community.

I thank my colleagues, Representative DINGELL and Representative GUTHRIE, for their bipartisan efforts to protect this important program. I urge my colleagues to support extending this program as the Energy and Commerce Committee works on a longer-term extension.

Mr. Speaker, I also support extending the protections against spousal impoverishment for beneficiaries receiving home- and community-based services. These protections ensure that people can receive the community-based services they need and that their spouse has enough income and assets to meet their living expenses. This protection expired at the end of last year, and it is vital that we act quickly to reauthorize it.

Without this protection, individuals may lose access to important services or face unnecessary institutionalization. This is a terrible choice for families to make and one that we can prevent by passing this bill. Similar to MFP, this extension will give the committee time to work on a long-term solution.

Mr. Speaker, both of these extensions were passed as part of the continuing resolution in the Senate in December. Unfortunately, since then, a fight has ensued over appropriations funding. While it is my hope that the President will drop his demand for an ineffective and unnecessary wall, I do not want these programs to be collateral damage over that debate.

Both of these programs have bipartisan support and must be extended without delay. I urge my colleagues to support H.R. 259, the Medicaid Extenders Act of 2019.

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

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

Mr. Speaker, I rise in support of the Medicaid Extenders Act of 2019, a bipartisan Medicaid package that moves forward House priorities with responsible offsets.

The Energy and Commerce Committee worked to draft this critical legislation before us today. This language passed in the House of Representatives in the last Congress as part of the IMPROVE Act, but in the other body they failed to send the bill to the President's desk. I urge my colleagues in both the House and the Senate to support this important bill.

The package extends funding for the Money Follows the Person demonstration, an effort led by Representatives BRETT GUTHRIE and DEBBIE DINGELL. This Medicaid demonstration, which was established in 2005, has enabled eligible individuals in States across the Nation to receive long-term care services in their homes or other community settings, rather than in institutions or nursing homes. Not only does this increase the comfort and the quality of life for many Medicaid beneficiaries, but it has reduced hospital readmissions and saved money within the Medicaid program.

The funding for this program has already expired, and a funding extension is already long overdue. While we would like to have extended the funding for longer, it was essential to get an extension across the floor, even if it is just for a small period of time.

A 3-month extension for the protection for Medicaid recipients of home- and community-based services against spousal impoverishment is also included. This effort was championed by Representatives FRED UPTON and DEBBIE DINGELL. Our seniors are among our most vulnerable citizens, and it is programs like this one that help protect them from financial ruin.

This program specifically protects married individuals requiring Medicaid-covered long-term services and supports to ensure that they do not have to deplete their financial resources or bankrupt themselves in order to become or remain Medicaid eligible to receive such services.

In an effort to be fiscally responsible, this legislation includes several offsets that make this package on net a saver.

One of those offsets will require States to come into compliance with the Supplemental Appropriations Act of 2008 regarding Medicaid asset verification programs. This 2008 law required States to implement asset verification programs in order to determine or re-determine eligibility, and the Affordable Care Act required such programs to be filed electronically.

Currently, only 33 States have operational programs. This provision will bring the remaining States up to speed by levying a penalty on States that do not have a program in place by 2020. This package contains must-pass provisions that the Energy and Commerce Committee has long fought to pass. The provisions included in this legislation will improve access for Medicaid beneficiaries, which is laudable and an important goal. Not only are these provisions imperative, but they are responsibly offset.

I particularly thank the Energy and Commerce Committee staffer, Caleb Graff, who has spent countless hours negotiating and getting this package to the floor. I support this legislation and urge Members of the House and Senate to do so as well.

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

Mr. PALLONE. Mr. Speaker, I yield as much time as she may consume to the gentlewoman from Michigan (Mrs. DINGELL).

Mrs. DINGELL. Mr. Speaker, I thank the chairman for the recognition and yielding me this time.

Mr. Speaker, I rise in support of H.R. 259, the Medicaid Extenders Act. Our long-term care system is broken. Like millions of Americans, I, too, am a primary caretaker for my husband, and I meet people every single day. I often say taking John to the doctor is like attending a town hall meeting. While we continue to work towards a much needed overhaul of our long-term care financing, we also need to build on and protect existing programs.

The Medicaid Extenders Act includes a 3-month extension of the highly successful Money Follows the Person program. This program provides grants to States to help individuals voluntarily transition from an institutional setting to a community care setting. Money Follows the Person is a win for both the beneficiaries and the taxpayers because the program has demonstrated significant savings over the years while bringing a real-time benefit to people's lives.

The Medicaid Extenders Act also extends spousal impoverishment protections for seniors in Medicaid. These important protections ensure that individuals are not forced to spend down all of their resources, and too many go bankrupt, just to get the care that they need.

However, this bill is just a partial victory. I do hope the House will pass it. Both programs are extended for only 3 months. While this is enough to keep these important programs alive for the moment, we must pass long-term extensions of both programs as quickly as possible.

I will soon be introducing bipartisan legislation to do just that, and I look forward to working with all of my colleagues this year on long-term extensions of these critical programs. I urge my colleagues to join me in supporting H.R. 259.

Mr. BURGESS. Mr. Speaker, I yield 2 minutes to the gentleman from Kentucky (Mr. GUTHRIE), the primary sponsor of this bill.

Mr. GUTHRIE. Mr. Speaker, I thank the gentleman for yielding.

Mr. Speaker, I rise today in support of the Medicaid Extenders Act of 2019. The Medicaid Extenders Act of 2019 includes legislation that I worked on, the EMPOWER Care Act, which will extend the vital Money Follows the Person program.

The Money Follows the Person program allows certain Medicaid bene-

ficiaries, such as the elderly or individuals with disabilities, to transition from healthcare facilities to receiving care in their own homes or communities, if they choose to do so. This program empowers patients to choose the care that makes the most sense for them while saving taxpayers money.

Kentucky Transitions, which operates the Money Follows the Person in my home State, has helped hundreds of Kentuckians transition to receiving care in their homes or their communities.

I thank Congresswoman DEBBIE DINGELL for working so hard on this legislation and working together on this bipartisan piece of legislation. I thank the chairman's kind words as he was talking about this legislation. I encourage my colleagues to vote for this bill.

Mr. BURGESS. Mr. Speaker, we have no further speakers. We did pass this bill in this House in December. I urge all Members to support the bill as it goes forward today.

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

Mr. PALLONE. Mr. Speaker, I would also ask that we support this bill on a bipartisan basis without delay.

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

Ms. JACKSON LEE. Mr. Speaker, I rise in support of H.R. 259, the "Medicaid Extenders Act of 2019" that extends the "Medicaid Money Follows the Person" rebalancing demonstration project.

The "Medicaid Money Follows the Person" demonstration project supports reintegration of persons with special needs into their communities.

Since its creation in 1965, Medicaid has been the largest source of medical and health-related services for Americans with a low income and limited resources.

Over 75,151 people with chronic conditions and disabilities have transitioned from institutions back into the community through "Money Follows the Person" programs as of December 2016.

My home state of Texas was among the first 30 states chosen to participate in the "Money Follows the Person" demonstration in 2007.

The "Money Follows the Person" demonstration project has helped more than 10,000 individuals transition from institutional to community-based services in the state of Texas.

In the 18th Congressional District of Texas there are 162 nursing homes and out of 162 nursing homes only 67 nursing homes accept Medicaid.

43 percent of seniors in Houston, Texas earn less than \$30,000 per year.

Texas has the second largest number of individuals with disabilities of all the states and the percentage of individuals with disabilities in the state of Texas is 11.7 percent.

In the fiscal year of 2016, Health and Human Services has budgeted over \$16 million in federal funding to help individuals transition out of nursing facilities, State Supported Living Centers, Intermediate Care Facilities for Individuals with Intellectual Disabilities and other institutions.

The “Money Follows the Person” demonstration project has helped states and the federal government save money. From 2008 to 2013, it generated \$978 million in reduced Medicare and Medicaid costs after the first year of transitioning participants to home- and community-based care.

For these reasons, I ask my colleagues to join me in supporting H.R. 259.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 259, 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.

PANDEMIC AND ALL-HAZARDS PREPAREDNESS AND ADVANCING INNOVATION ACT OF 2019

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 269) to reauthorize certain programs under the Public Health Service Act and the Federal Food, Drug, and Cosmetic Act with respect to public health security and all-hazards preparedness and response, to clarify the regulatory framework with respect to certain nonprescription drugs that are marketed without an approved drug application, and for other purposes.

The Clerk read the title of the bill. The text of the bill is as follows:

H.R. 269

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the “Pandemic and All-Hazards Preparedness and Advancing Innovation Act of 2019”.

(b) TABLE OF CONTENTS.—The table of contents for this Act is as follows:

Sec. 1. Short title; table of contents.

DIVISION A—PANDEMIC AND ALL-HAZARDS PREPAREDNESS AND ADVANCING INNOVATION

Sec. 100. References in division.

TITLE I—STRENGTHENING THE NATIONAL HEALTH SECURITY STRATEGY

Sec. 101. National Health Security Strategy.

TITLE II—IMPROVING PREPAREDNESS AND RESPONSE

Sec. 201. Improving benchmarks and standards for preparedness and response.

Sec. 202. Amendments to preparedness and response programs.

Sec. 203. Regional health care emergency preparedness and response systems.

Sec. 204. Military and civilian partnership for trauma readiness.

Sec. 205. Public health and health care system situational awareness and biosurveillance capabilities.

Sec. 206. Strengthening and supporting the public health emergency rapid response fund.

Sec. 207. Improving all-hazards preparedness and response by public health emergency volunteers.

Sec. 208. Clarifying State liability law for volunteer health care professionals.

Sec. 209. Report on adequate national blood supply.

Sec. 210. Report on the public health preparedness and response capabilities and capacities of hospitals, long-term care facilities, and other health care facilities.

TITLE III—REACHING ALL COMMUNITIES

Sec. 301. Strengthening and assessing the emergency response workforce.

Sec. 302. Health system infrastructure to improve preparedness and response.

Sec. 303. Considerations for at-risk individuals.

Sec. 304. Improving emergency preparedness and response considerations for children.

Sec. 305. National advisory committees on disasters.

Sec. 306. Guidance for participation in exercises and drills.

TITLE IV—PRIORITYZING A THREAT-BASED APPROACH

Sec. 401. Assistant Secretary for Preparedness and Response.

Sec. 402. Public Health Emergency Medical Countermeasures Enterprise.

Sec. 403. Strategic National Stockpile.

Sec. 404. Preparing for pandemic influenza, antimicrobial resistance, and other significant threats.

Sec. 405. Reporting on the Federal Select Agent Program.

TITLE V—INCREASING COMMUNICATION IN MEDICAL COUNTERMEASURE ADVANCED RESEARCH AND DEVELOPMENT

Sec. 501. Medical countermeasure budget plan.

Sec. 502. Material threat and medical countermeasure notifications.

Sec. 503. Availability of regulatory management plans.

Sec. 504. The Biomedical Advanced Research and Development Authority and the BioShield Special Reserve Fund.

Sec. 505. Additional strategies for combating antibiotic resistance.

TITLE VI—ADVANCING TECHNOLOGIES FOR MEDICAL COUNTERMEASURES

Sec. 601. Administration of countermeasures.

Sec. 602. Updating definitions of other transactions.

Sec. 603. Medical countermeasure master files.

Sec. 604. Animal rule report.

Sec. 605. Review of the benefits of genomic engineering technologies and their potential role in national security.

Sec. 606. Report on vaccines development.

Sec. 607. Strengthening mosquito abatement for safety and health.

TITLE VII—MISCELLANEOUS PROVISIONS

Sec. 701. Reauthorizations and extensions.

Sec. 702. Location of materials in the stockpile.

Sec. 703. Cybersecurity.

Sec. 704. Strategy and report.

Sec. 705. Technical amendments.

DIVISION B—OVER-THE-COUNTER MONOGRAPH SAFETY, INNOVATION, AND REFORM

Sec. 1000. Short title; references in division.

TITLE I—OTC DRUG REVIEW

Sec. 1001. Regulation of certain nonprescription drugs that are marketed without an approved drug application.

Sec. 1002. Misbranding.

Sec. 1003. Drugs excluded from the over-the-counter drug review.

Sec. 1004. Treatment of Sunscreen Innovation Act.

Sec. 1005. Annual update to Congress on appropriate pediatric indication for certain OTC cough and cold drugs.

Sec. 1006. Technical corrections.

TITLE II—USER FEES

Sec. 2001. Short title; finding.

Sec. 2002. Fees relating to over-the-counter drugs.

DIVISION A—PANDEMIC AND ALL-HAZARDS PREPAREDNESS AND ADVANCING INNOVATION

SEC. 100. REFERENCES IN DIVISION.

Except as otherwise specified—

(1) amendments made by this division to a section or other provision of law are amendments to such section or other provision of the Public Health Service Act (42 U.S.C. 201 et seq.); and

(2) any reference to “this Act” contained in this division shall be treated as referring only to the provisions of this division.

TITLE I—STRENGTHENING THE NATIONAL HEALTH SECURITY STRATEGY

SEC. 101. NATIONAL HEALTH SECURITY STRATEGY.

Section 2802 (42 U.S.C. 300hh-1) is amended—

(1) in subsection (a)—

(A) in paragraph (1)—

(i) by striking “2014” and inserting “2018”; and

(ii) by striking the second sentence and inserting the following: “Such National Health Security Strategy shall describe potential emergency health security threats and identify the process for achieving the preparedness goals described in subsection (b) to be prepared to identify and respond to such threats and shall be consistent with the national preparedness goal (as described in section 504(a)(19) of the Homeland Security Act of 2002), the National Incident Management System (as defined in section 501(7) of such Act), and the National Response Plan developed pursuant to section 504 of such Act, or any successor plan.”;

(B) in paragraph (2), by inserting before the period at the end of the second sentence the following: “, and an analysis of any changes to the evidence-based benchmarks and objective standards under sections 319C-1 and 319C-2”; and

(C) in paragraph (3)—

(i) by striking “2009” and inserting “2022”;

(ii) by inserting “(including gaps in the environmental health and animal health workforces, as applicable), describing the status of such workforce” after “gaps in such workforce”;

(iii) by striking “and identifying strategies” and inserting “identifying strategies”; and

(iv) by inserting before the period at the end “, and identifying current capabilities to meet the requirements of section 2803”; and

(2) in subsection (b)—

(A) in paragraph (2)—

(i) in subparagraph (A), by striking “and investigation” and inserting “investigation, and related information technology activities”;

(ii) in subparagraph (B), by striking “and decontamination” and inserting “decontamination, relevant health care services and supplies, and transportation and disposal of medical waste”; and

(iii) by adding at the end the following:

“(E) Response to environmental hazards.”;

(B) in paragraph (3)—

(i) in the matter preceding subparagraph (A), by striking “including mental health”