

of June 10, 1999, in Kosovo, has not been resolved. In addition, Executive Order 13219 was amended by Executive Order 13304 of May 28, 2003, to take additional steps with respect to acts obstructing implementation of the Ohrid Framework Agreement of 2001 relating to the former Republic of Macedonia (what is now the Republic of North Macedonia).

The acts of extremist violence and obstructionist activity outlined in these Executive Orders are hostile to United States interests and continue to pose an unusual and extraordinary threat to the national security and foreign policy of the United States. For this reason, I have determined that it is necessary to continue the national emergency with respect to the Western Balkans.

DONALD J. TRUMP.
THE WHITE HOUSE, June 18, 2019.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until approximately 2:45 p.m. today.

Accordingly (at 2 o'clock and 16 minutes p.m.), the House stood in recess.

□ 1445

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. CLAY) at 2 o'clock and 45 minutes p.m.

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 the motion to suspend the rules on which a recorded vote or the yeas and nays are ordered, or if the vote is objected to under clause 6 of rule XX.

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

EMPOWERING BENEFICIARIES, ENSURING ACCESS, AND STRENGTHENING ACCOUNTABILITY ACT OF 2019

Mrs. DINGELL. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3253) to provide for certain extensions with respect to the Medicaid program under title XIX of the Social Security Act, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3253

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 “Empowering Beneficiaries, Ensuring

Access, and Strengthening Accountability Act of 2019”.

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

Sec. 1. Short title; Table of contents.

Sec. 2. Extension of Money Follows the Person Rebalancing Demonstration.

Sec. 3. Clarifying authority of State Medicaid fraud and abuse control units to investigate and prosecute cases of Medicaid patient abuse and neglect in any setting.

Sec. 4. Extension of protection for Medicaid recipients of home and community-based services against spousal impoverishment.

Sec. 5. Extension of the Community Mental Health Services Demonstration Program.

Sec. 6. Preventing inappropriately low rebates under Medicaid drug rebate program.

Sec. 7. Medicaid Improvement Fund.

Sec. 8. Determination of budgetary effects.

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

(a) IN GENERAL.—

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

(A) in paragraph (1)—

(i) in subparagraph (E), by striking “and” at the end;

(ii) in subparagraph (F)—

(I) by striking “subject to paragraph (3), 132,000,000” and inserting “\$132,000,000”; and
(II) by striking the period at the end and inserting a semicolon; and

(iii) by adding at the end the following new subparagraphs:

“(G) \$417,000,000 for fiscal year 2020;

“(H) \$450,000,000 for each of fiscal years 2021 through 2023; and

“(I) \$225,000,000 for fiscal year 2024.”;

(B) in paragraph (2)—

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

(ii) by striking “2021” and inserting “2024”; and

(C) by striking paragraph (3).

(2) RESEARCH AND EVALUATION.—Section 6071(g) of the Deficit Reduction Act of 2005 (42 U.S.C. 1396a note) is amended—

(A) in paragraph (2), by striking “2016” and inserting “2024”; and

(B) in paragraph (3), by inserting “and for each of fiscal years 2019 through 2024,” after “2016.”.

(b) CHANGES TO INSTITUTIONAL RESIDENCY PERIOD REQUIREMENT.—

(1) IN GENERAL.—Section 6071(b)(2) of the Deficit Reduction Act of 2005 (42 U.S.C. 1396a note) is amended—

(A) in subparagraph (A)(i), by striking “90” and inserting “60”; and

(B) by striking the flush sentence after subparagraph (B).

(2) EFFECTIVE DATE.—The amendments made by paragraph (1) shall take effect on the date that is 30 days after the date of the enactment of this Act.

(c) UPDATES TO STATE APPLICATION REQUIREMENTS.—Section 6071(c) of the Deficit Reduction Act of 2005 (42 U.S.C. 1396a note) is amended—

(1) in paragraph (3), by striking “, which shall include” and all that follows through “2007”;

(2) in paragraph (7)—

(A) in the paragraph heading, by striking “REBALANCING” and inserting “EXPENDITURES”;

(B) in subparagraph (A), by adding “and” at the end; and

(C) in subparagraph (B)—

(i) in clause (i), by striking “and” at the end;

(ii) in clause (ii), by striking the period at the end and inserting a semicolon; and

(iii) by adding at the end the following:

“(iii) include a work plan that describes for each Federal fiscal year that occurs during the proposed MFP demonstration project—

“(I) the use of grant funds for each proposed initiative that is designed to accomplish the objective described in subsection (a)(1), including a funding source for each activity that is part of each such proposed initiative;

“(II) an evaluation plan that identifies expected results for each such proposed initiative; and

“(III) a sustainability plan for components of such proposed initiatives that are intended to improve transitions, which shall be updated with actual expenditure information for each Federal fiscal year that occurs during the MFP demonstration project; and

“(iv) contain assurances that grant funds used to accomplish the objective described in subsection (a)(1) shall be obligated not later than 24 months after the date on which the funds are awarded and shall be expended not later than 60 months after the date on which the funds are awarded (unless the Secretary approves a waiver of either such requirement).”;

(3) in paragraph (13)—

(A) in subparagraph (A), by striking “; and” and inserting “, and in such manner as will meet the reporting requirements set forth for the Transformed Medicaid Statistical Management Information System (T-MSIS).”;

(B) by redesignating subparagraph (B) as subparagraph (D); and

(C) by inserting after subparagraph (A) the following:

“(B) the State shall report on a quarterly basis on the use of grant funds by distinct activity, as described in the approved work plan, and by specific population as targeted by the State;

“(C) if the State fails to report the information required under subparagraph (B), fails to report such information on a quarterly basis, or fails to make progress under the approved work plan, the State shall implement a corrective action plan and any lack of progress under the approved work plan may result in withholding of grant funds made available to the State; and”.

(d) 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) for each of fiscal years 2019 through 2024, \$1,000,000 shall be available to the Secretary for each such fiscal year to carry out this subsection.”.

(e) BEST PRACTICES EVALUATION.—Section 6071 of the Deficit Reduction Act of 2005 (42 U.S.C. 1396a note) is amended by adding at the end the following:

“(i) BEST PRACTICES.—

“(1) REPORT.—The Secretary, directly or through grant or contract, shall submit a report to the President and Congress not later than September 30, 2020, that contains findings and conclusions on best practices from the State MFP demonstration projects carried out with grants made under this section. The report shall include information and analyses with respect to the following:

“(A) The most effective State strategies for transitioning beneficiaries from institutional to qualified community settings carried out under the State MFP demonstration projects and how such strategies may vary

for different types of beneficiaries, such as beneficiaries who are aged, physically disabled, intellectually or developmentally disabled, or individuals with serious mental illnesses, and other targeted waiver beneficiary populations.

“(B) The most common and the most effective State uses of grant funds carried out under the State MFP demonstration projects for transitioning beneficiaries from institutional to qualified community settings and improving health outcomes, including differentiating funding for current initiatives that are designed for such purpose and funding for proposed initiatives that are designed for such purpose.

“(C) The most effective State approaches carried out under State MFP demonstration projects for improving person-centered care and planning.

“(D) Identification of program, financing, and other flexibilities available under the State MFP demonstration projects, that are not available under the traditional Medicaid program, and which directly contributed to successful transitions and improved health outcomes under the State MFP demonstration projects.

“(E) State strategies and financing mechanisms for effective coordination of housing financed or supported under State MFP demonstration projects with local housing authorities and other resources.

“(F) Effective State approaches for delivering Money Follows the Person transition services through managed care entities.

“(G) Other best practices and effective transition strategies demonstrated by States with approved MFP demonstration projects, as determined by the Secretary.

“(H) Identification and analyses of opportunities and challenges to integrating effective Money Follows the Person practices and State strategies into the traditional Medicaid program.

“(2) COLLABORATION.—In preparing the report required under this subsection, the Secretary shall collect and incorporate information from States with approved MFP demonstration projects and beneficiaries participating in such projects, and providers participating in such projects.

“(3) FUNDING.—From the amounts appropriated under subsection (h)(1) for each of fiscal years 2020 and 2021, not more than \$300,000 shall be available to the Secretary for each such fiscal year to carry out this subsection.”.

(f) MACPAC REPORT ON QUALIFIED SETTINGS CRITERIA.—Section 6071 of the Deficit Reduction Act of 2005 (42 U.S.C. 1396a note), as amended by subsection (e), is further amended by adding at the end the following:

“(j) MACPAC REPORT.—Prior to the final implementation date established by the Secretary for the criteria established for home and community-based settings in section 441.301(c)(4) of title 42, Code of Federal Regulations, as part of final implementation of the Home and Community Based Services (HCBS) Final Rule published on January 16, 2014 (79 Fed. Reg. 2947) (referred to in this subsection as the ‘HCBS final rule’), the Medicaid and CHIP Payment and Access Commission (MACPAC) shall submit to Congress a report that—

“(1) identifies the types of home and community-based settings and associated services that are available to eligible individuals in both the MFP demonstration program and sites in compliance with the HCBS final rule; and

“(2) if determined appropriate by the Commission, recommends policies to align the criteria for a qualified residence under subsection (b)(6) (as in effect on October 1, 2017) with the criteria in the HCBS final rule.”.

(g) APPLICATION TO CURRENT PROJECTS.—Not later than 1 year after the date of the enactment of this Act, any State with an approved MFP demonstration project under section 6071 of the Deficit Reduction Act of 2005 (42 U.S.C. 1396a note) on the date of the enactment of this Act shall submit a revised application to the Secretary that contains the same information and assurances as are required for any new State applicant under the amendments made by this section.

SEC. 3. CLARIFYING AUTHORITY OF STATE MEDICAID FRAUD AND ABUSE CONTROL UNITS TO INVESTIGATE AND PROSECUTE CASES OF MEDICAID PATIENT ABUSE AND NEGLECT IN ANY SETTING.

(a) IN GENERAL.—Section 1903(q)(4)(A)(ii) of the Social Security Act (42 U.S.C. 1396b(q)(4)(A)(ii)) is amended by inserting after “patients residing in board and care facilities” the following: “and of patients (who are receiving medical assistance under the State plan under this title) in a noninstitutional or other setting”.

(b) AVAILABILITY OF FUNDING.—Section 1903(a)(6) of the Social Security Act (42 U.S.C. 1396b(a)(6)) is amended, in the matter following subparagraph (B), by striking “(as found necessary by the Secretary for the elimination of fraud in the provision and administration of medical assistance provided under the State plan)”.

SEC. 4. 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 “September 30, 2019” and inserting “March 31, 2024”.

(b) RULE OF CONSTRUCTION.—Nothing in section 2404 of Public Law 111–148 (42 U.S.C. 1396r–5 note), section 1924 of the Social Security Act (42 U.S.C. 1396r–5), or section 1902(a)(17) of such Act (42 U.S.C. 1396a(a)(17)) shall be construed as prohibiting a State from applying an income or resource disregard authorized under section 1902(r)(2) of such Act (42 U.S.C. 1396a(r)(2))—

(1) to the income or resources of individuals described in section 1902(a)(10)(A)(ii)(VI) of such Act (42 U.S.C. 1396a(a)(10)(A)(ii)(VI)) (including a disregard of the income or resources of such individual’s spouse); or

(2) on the basis of an individual’s need for home and community-based services authorized under subsection (c), (d), (i), or (k) of section 1915 of such Act (42 U.S.C. 1396n) or under section 1115 of such Act (42 U.S.C. 1315).

SEC. 5. EXTENSION OF THE COMMUNITY MENTAL HEALTH SERVICES DEMONSTRATION PROGRAM.

Section 223(d) of the Protecting Access to Medicare Act of 2014 (42 U.S.C. 1396a note) is amended—

(1) in paragraph (3), by striking “June 30, 2019” and inserting “December 31, 2021”; and

(2) in paragraph (7)(B), by striking “December 31, 2021” and inserting “June 30, 2021”.

SEC. 6. PREVENTING INAPPROPRIATELY LOW REBATES UNDER MEDICAID DRUG REBATE PROGRAM.

(a) PROHIBITING MANUFACTURERS FROM BLENDING AVERAGE MANUFACTURER PRICE OF BRAND DRUG AND ANY AUTHORIZED GENERIC OF SUCH DRUG.—Section 1927(k)(1)(C) of the Social Security Act (42 U.S.C. 1396r–8(k)(1)(C)) is amended—

(1) in the subparagraph heading, by striking “INCLUSION” and inserting “EXCLUSION”; and

(2) by striking “a new drug application” and inserting “the manufacturer’s new drug application”; and

(3) by striking “inclusive” and inserting “exclusive”.

(b) ELIMINATING MANUFACTURERS FROM DEFINITION OF WHOLESALER.—Section 1927(k)(1) of the Social Security Act (42 U.S.C. 1396r–8(k)(1)) is amended—

(1) by striking “manufacturers,”; and

(2) by striking “manufacturer’s and”.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply with respect to covered outpatient drugs dispensed on or after January 1, 2020.

SEC. 7. MEDICAID IMPROVEMENT FUND.

Section 1941(b)(1) of the Social Security Act (42 U.S.C. 1396w–1(b)(1)) is amended by striking “\$6,000,000” and inserting “\$45,500,000”.

SEC. 8. DETERMINATION OF BUDGETARY EFFECTS.

The budgetary effects of this Act, for the purpose of complying with the Statutory Pay-As-You-Go Act of 2010, shall be determined by reference to the latest statement titled “Budgetary Effects of PAYGO Legislation” for this Act, submitted for printing in the Congressional Record by the Chairman of the House Budget Committee, provided that such statement has been submitted prior to the vote on passage.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Michigan (Mrs. DINGELL) and the gentleman from Kentucky (Mr. GUTHRIE) each will control 20 minutes.

The Chair recognizes the gentlewoman from Michigan.

GENERAL LEAVE

Mrs. DINGELL. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 3253.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Michigan?

There was no objection.

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

Mr. Speaker, I rise today in support of H.R. 3253, the Empowering Beneficiaries, Ensuring Access, and Strengthening Accountability Act of 2019.

This Saturday, June 22, marks the 20th anniversary of the landmark Supreme Court decision in *Olmstead*, which held that people with disabilities must receive services in the most community-integrated setting possible. It is fitting that, today, the House of Representatives will pass legislation that helps advance the promise of *Olmstead* by ensuring that there are programs in place to help people transition to and live in the community with their families and friends, while keeping them safe from abuse and neglect.

It also ensures people will continue to be able to receive mental health and substance use disorder treatment when they need it the most, and, finally, it makes commonsense improvements to ensure that drug companies pay their fair share in rebates to the Medicaid program.

I am proud to say that this bill provides much-needed funding to support the highly successful Money Follows the Person program, while making important program improvements that will help the program better serve the people it is intended to help.

Money Follows the Person helps ensure that seniors and people with disabilities are able to live in their homes and in their communities. It provides States with vital funding and supports to ensure that they continue to help people move out of institutions.

Earlier this year, I held a roundtable discussion in my district with patients, providers, and advocates to talk about the challenges we face in providing long-term care in this country. Every participant supported reauthorizing Money Follows the Person because it makes it easier for people to get care in the setting of their choice. By passing this bill today, we are giving hope to those who need it.

I want to thank my friend and colleague, Representative GUTHRIE, for his commitment to this program and his leadership on this issue. It has been an honor to work with him on it.

Next, this legislation ensures that partners of people receiving home and community-based services will have the resources they need to meet their living expenses. Without this important protection, married beneficiaries would face the awful choice between impoverishing the spouse or entering an institution. I am proud that we will be able to further extend this protection.

I also want to thank my friend on the other side of the aisle, my fellow Michigander, FRED UPTON, for his continued leadership and support on this issue.

H.R. 3253 also ensures that people receiving home and community-based services receive the same protections from abuse and neglect as people in nursing facilities. By allowing Medicaid Fraud Control Units to investigate home and community-based services providers as well as nursing facilities, this bill extends an important protection to some of our most vulnerable populations.

This bipartisan bill would not have been possible without the leadership of Representatives WELCH and WALBERG, and I want to thank them for their hard work to protect Medicaid beneficiaries from abuse.

This bill also extends the promising Excellence in Mental Health demonstration for an additional 2 years. As we continue to struggle through the opioid epidemic, this program ensures that people with substance use disorder and mental health issues can receive critical treatment when they need it the most. The early results of the demonstration have been promising, and this extension will allow States to build on that success.

I want to thank Representatives MATSUI and MULLIN for their ongoing support of this program.

Finally, this legislation adopts a commonsense proposal to ensure drug companies pay their fair share in Medicaid rebates. It will help provide additional funds to State Medicaid programs that are struggling to pay for increasingly expensive prescription drugs.

I want to thank Representatives KENNEDY and JASON SMITH for their leadership on this issue.

I urge my colleagues to support the passage of H.R. 3253, and I reserve the balance of my time.

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

Mr. Speaker, I rise today in support of H.R. 3253, the Empowering Beneficiaries, Ensuring Access, and Strengthening Accountability Act of 2019.

This legislation will extend the Money Follows the Person program through 2024. This important program provides resources to State Medicaid programs to help individuals with chronic conditions and disabilities transition from institutions back into local communities if they choose to do so.

Money Follows the Person offers a choice for individuals who often have very limited options. This program allows the person to choose where they would like to receive their care.

This legislation will also extend the Spousal Impoverishment program through 2024.

H.R. 3253 will also extend the Excellence in Mental Health demonstration for 2 years. The Excellence Act is designed to increase Americans' access to community health in substance use treatment services.

In addition, this bill will clarify the authority of State Medicaid fraud and abuse control units. This clarification will give these important units the authority to investigate and prosecute abuse and neglect of Medicaid beneficiaries in noninstitutional settings, as well as broaden the permissible use of Federal Medicaid fraud and abuse control units to screen complaints or reports alleging potential abuse or neglect of Medicaid beneficiaries.

I have enjoyed working with my colleague from Michigan, my friend, Mrs. DINGELL, and the hard work that she has put into this program, both this Congress and the previous Congress, to move this forward.

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

Mrs. DINGELL. Mr. Speaker, I yield 2 minutes to the gentlewoman from California (Ms. MATSUI).

Ms. MATSUI. Mr. Speaker, I rise in support of the Empowering Beneficiaries, Ensuring Access, and Strengthening Accountability Act of 2019 and its provisions extending critical access to mental health and addiction treatment.

Let's be clear: One in five Americans live with a mental illness. Nearly all of us have a friend, a family member, or neighbor who has been diagnosed. Mental health touches all our lives in some way.

When we passed the Excellence in Mental Health Act in 2014, we made an investment in behavioral health that expanded access to necessary treatment. Eight States established community-based clinics providing 24-hour

crisis care, better coordinating physical, mental, and substance abuse treatment. This provided much-needed support to patients and their families.

In combating opioid addiction, Certified Community Behavioral Health Centers are already making a difference. In the first year of implementation, these clinics served nearly 400,000 patients with serious mental health and addiction disorders, providing 80,000 individuals with lifesaving treatment for the first time.

Headline after headline tells us we need to preserve and, importantly, expand access to programs like this. While the bill before us will extend funding to programs in eight existing States for the next 2½ years, our work here is far from done.

People are struggling with the stigma of mental illness and substance use disorder across the country. Every American should have access to the same top-notch care as patients in the pilot programs. That is why I will continue to be a fierce advocate for expansion of the Certified Community Behavioral Health Centers program. I look forward to continue working with my colleagues so that we can create new opportunities to expand access to mental healthcare and conquer the addiction crisis that has harmed far too many families.

Mr. GUTHRIE. Mr. Speaker, I yield 3 minutes to the gentleman from Michigan (Mr. WALBERG).

Mr. WALBERG. Mr. Speaker, I rise today in support of H.R. 3253, which takes several important steps to strengthen the Medicaid program; and I thank my friends and colleagues, Representatives DINGELL and GUTHRIE, for this legislation.

I am especially pleased that the bill includes a piece of bipartisan legislation I authored, along with my colleague from Vermont, Congressman WELCH.

Our legislation broadens the authority of Medicaid Fraud Control Units to better protect the most vulnerable and bring bad actors to justice.

Medicaid Fraud Control Units are charged with investigating and prosecuting State Medicaid provider fraud and resident abuse complaints in Medicaid-funded healthcare facilities. Nationally, these units contributed to 2,500 convictions and \$1.8 billion in recovered funds in 2017 alone. They are a vital instrument of justice for protecting Medicaid beneficiaries from abuse.

However, current law prevents these units from investigating cases of patient abuse in noninstitutional settings, such as home-based care. It doesn't make sense.

Our committee has heard from States that have had to turn a blind eye to cases of abuse simply because the abuse occurred in a noninstitutional setting. This arbitrary restriction simply does not make sense.

There has been substantial growth in home and community-based services

since the initial statute was enacted decades ago. It is time that we update the law so we are not needlessly tying the hands of those who are charged with protecting the most vulnerable. Our legislation will empower attorneys general to expand the scope of their States' fraud units so they can combat patient abuse wherever it might occur.

This reform has broad bipartisan support from AGs in red States and blue States. It is just common sense, and it will help better serve those in need.

Once again, I thank my colleagues on the great Energy and Commerce Committee for their bipartisan collaboration. I encourage passage of H.R. 3253.

Mrs. DINGELL. Mr. Speaker, I yield 2 minutes to the gentlewoman from Texas (Ms. JACKSON LEE).

Ms. JACKSON LEE. Mr. Speaker, I rise to enthusiastically support H.R. 3253 and to particularly congratulate, for their leadership, Congresswoman DINGELL and Congressman GUTHRIE and indicate that the underlying reason for my enthusiastic support is what I believe every Member knows, and that is the frail among us are the most vulnerable. Those individuals may be our seniors, as I am dealing with a person who is seeking to get outpatient rehabilitation, and they need extra support in getting that care.

In this instance, the extension of 4½ years to be able to have the protection of the legislation that deals with abuse in Medicaid home and community-based services is vital because the person receiving the services is least able to speak about the abuse.

□ 1500

I believe the extension will help in determining the level of abuse and also remedies for such abuse.

It is clear that if someone is in Medicaid home-based programs, they are as equally in need as those who are in institutionalized programs.

Mr. Speaker, I congratulate the Congresswoman. I would say that in impoverished communities and communities of color, the Medicaid-based program is the basis of their healthcare, and they are the most vulnerable.

Mr. Speaker, I support H.R. 3253, the Empowering Beneficiaries, Ensuring Access, and Strengthening Accountability Act of 2019, for its very vital and important element of extending this review for 4.5 years.

We have to get it right. We have to protect these people. We have to give them the quality of life that they deserve. "Abuse" should not be in their vocabulary.

Mr. Speaker, I support this legislation.

Mr. GUTHRIE. Mr. Speaker, I yield 3 minutes to the gentleman from Oregon (Mr. WALDEN), the Republican leader of the Energy and Commerce Committee and my good friend.

Mr. WALDEN. Mr. Speaker, I, too, rise today in strong support of this bipartisan bill that extends several key Medicaid programs, H.R. 3253, the Em-

powering Beneficiaries, Ensuring Access, and Strengthening Accountability Act of 2019.

Mr. Speaker, this is a bill that strengthens the healthcare safety net for our communities and provides long-term certainty for patients.

Mr. Speaker, I thank my colleague, Chairman FRANK PALLONE of the Energy and Commerce Committee, for his partnership and willingness to work in good faith on both sides of the aisle to get this done.

We passed a short-term extension of these programs back in March, Mr. Speaker, to ensure that patients were still protected as we ironed out the details. Today, we are delivering the long-term deal that I know we all wanted all along.

A big priority of mine in this package is the 2-year extension of the Excellence in Mental Health demonstration program at CMS. Eight States, including my home State of Oregon, are currently participating in this pilot program, which is designed to increase access to mental health and substance use treatment services.

Mr. Speaker, I include in the RECORD a letter from the Oregon AFSCME Council 75.

OREGON AFSCME COUNCIL 75,
June 18, 2019.

MEMBERS OF THE OREGON DELEGATION,
House of Representatives,
Washington, DC.

DEAR REPRESENTATIVES: On behalf of the more than 25,000 Oregon AFSCME Council 75 members, we ask you to approve the Empowering Beneficiaries, Ensuring Access, and Strengthening Accountability Act of 2019 (H.R. 3253) when the House of Representatives considers the bill this week.

We strongly support H.R. 3253 because it extends the Certified Community Behavioral Health Clinics (CCBHC) program through December 2021. On June 30, the CCBHCs in our state, along with those in Minnesota, Missouri, Nevada, New Jersey, New York, Oklahoma, and Pennsylvania, face extreme financial threat. We appreciate that Representative Walden, in his capacity as Ranking Member of the House Energy and Commerce Committee, worked in bipartisan effort to avert the March 30 fiscal cliff in Oregon and Oklahoma and is an original co-sponsor for H.R. 3253.

At Cascadia Behavioral Health in Portland Oregon, AFSCME Council 75 members who are therapists, care coordinators, crisis counselors, residential counselors, support staff and other workers, deliver whole health care—integrated mental health and addiction services, primary care and housing—through the CCBHC program. These health care workers never stop working to help those who want to get healthy and recover. It is not just a job; it is a calling.

That core commitment to helping people heal is why Alexandra Birch, a Qualified Mental Health Associate, cares deeply about the CCBHC program. It has helped innovate and improve the delivery of care. She was hired in 2017 as a Care Coordinator at Cascadia because of an investment Congress provided to the CCBHC program. In that role she is the glue that connects primary care with behavioral health care and makes sure care is focused on the whole patient.

In her work, Ms. Birch treats clients with anxiety and very high blood pressure but who do not have an established doctor; she is

able to connect them to a doctor. She cares for clients on certain anti-depressants that experienced weight gain as a result, which put them at higher risk of developing diabetes. Because of the investment Congress provided in establishing CCBHCs, Ms. Birch can direct those clients to inhouse primary care to monitor and prevent diabetes.

For practitioners like Ms. Birch, Cascadia's capacity to bring primary care into the outpatient behavioral health care clinics is a game-changer. It enhances their delivery of services and outcomes for their clients. From the frontline perspective, the integration of behavioral health and primary care in a CCBHC removes logistical and other obstacles to consultation between providers. These consultations translate into improved identification of the best route of care for a client with complex physical and mental conditions with the result of getting a client on the road to wellness much quicker.

Cascadia's capacity to sustain and expand this level of high-quality coordinated care to a vulnerable population depends on the dedication and skills of workers like Ms. Birch and congressional action to continue investing in the CCBHC fiscal model that covers 100 percent of costs.

With the fiscal investment in CCBHCs, Congress allows Cascadia staff to reach into the community to expand access to behavioral health services for individuals with serious mental illnesses. Cascadia works with Portland's 24-hour mental health crisis emergency room, Unity Center Behavioral Health. Cascadia staff establish crisis patients with Cascadia primary care providers immediately after Unity hospital care. This enables patients to continue medications that ensure mental stability until they have fully connected with Cascadia's mental health providers.

We urge you to pass H.R. 3253 and extend the CCBHC program. It would be tragic to lose this funding that has sustained and expanded vital behavioral and medical services to our community.

Sincerely,

STACY CHAMBERLIN,
Executive Director.

Mr. WALDEN. Mr. Speaker, this is really important legislation.

Last year, my legislation, the SUPPORT for Patients and Communities Act, our opioids legislation, the most comprehensive bill to address a single drug crisis in our Nation's history, was signed into law. Our committee has made major strides in addressing the substance use disorder crisis that is plaguing our communities.

The Excellence in Mental Health demonstration continues that good work by increasing Medicaid reimbursement for community-based mental health and addiction treatment services. This 2-year extension for the participating States will give us time for a full evaluation to determine the effectiveness of the program and whether it should be expanded.

Also included in this bill is an extension for the Money Follows the Person program through fiscal year 2024. This provides resources to State Medicaid programs to help individuals with chronic conditions and disabilities transition back into their communities.

We also secured an extension of what is known as the spousal impoverishment provisions in Medicaid. To be

clear, this bill actually helps keep spouses of elderly patients from impoverishment and out of costly nursing home settings. For spouses of patients receiving home or community-based care, the bill will protect them from impractical reductions in their income or resources and ensures that they can live out their lives with independence and dignity.

Finally, we clarified the authority of State Medicaid fraud and abuse control units that investigate and prosecute abuse and neglect of Medicaid beneficiaries. This is simply good government. It is good government oversight, and it protects patients who are some of America's most vulnerable.

In closing, Mr. Speaker, I thank my good friends on the Energy and Commerce Committee for their work on the bill: Dr. BURGESS, Mr. GUTHRIE, Mr. UPTON, Mr. WALBERG, and their counterparts on the Democratic side, Ms. ESHOO, Mrs. DINGELL, Ms. MATSUI, Mr. WELCH, and, of course, Chairman PALLONE.

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

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

Mr. Speaker, in closing, I thank Chairman PALLONE, Republican leader WALDEN, and the Energy and Commerce Committee staff for their hard work to help this bipartisan package come together.

Mr. Speaker, I also thank my colleague, Congresswoman DEBBIE DINGELL, for working with me on extending Medicaid Follows the Person. I also thank my colleagues, Representative MATSUI, Representative ESHOO, Representative WELCH, and Representative WALBERG, for their hard work on this package.

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

Mrs. DINGELL. Mr. Speaker, in closing, I want to echo the words of my colleague, Mr. GUTHRIE, and thank all of those who helped bring this bill to the floor today. I give particular thanks to Chairman PALLONE and Ranking Member WALDEN for their leadership.

Mr. Speaker, I urge all Members to support H.R. 3253.

As a caregiver, I have met so many people in the last few years who are desperate and scared and who need us to care. This bill does that. I hope the House today will show this country we can act bipartisanship, giving hope.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Michigan (Mrs. DINGELL) that the House suspend the rules and pass the bill, H.R. 3253, as amended.

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. BROOKS of Alabama. 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.

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2020

The SPEAKER pro tempore. Pursuant to House Resolution 436 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. 2740.

Will the gentlewoman from North Carolina (Ms. ADAMS) kindly take the chair.

□ 1509

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. 2740) making appropriations for the Departments of Labor, Health and Human Services, and Education, and related agencies for the fiscal year ending September 30, 2020, and for other purposes, with Ms. ADAMS (Acting Chair) in the chair.

The Clerk read the title of the bill.

The Acting CHAIR. When the Committee of the Whole rose on Thursday, June 13, 2019, amendment No. 5 printed in part A of House Report 116-111 offered by the gentleman from California (Mr. ROUDA) had been disposed of.

AMENDMENTS EN BLOC NO. 2 OFFERED BY MR. VISCLOSKY OF INDIANA

Mr. VISCLOSKY. Madam Chair, pursuant to section 3 of House Resolution 436, as the designee of the gentlewoman from New York (Mrs. LOWEY), I offer amendments en bloc, which are at the desk.

The Acting CHAIR. The Clerk will designate the amendments en bloc.

Amendments en bloc No. 2 consisting of amendment Nos. 6, 7, 9, 10, 11, 12, 14, 16, 17, 18, 20, 22, 23, 26, 27, 28, 30, 31, 32, 35, 37, 42, 46, 48, 49, 52, 53, 54, 55, 56, 57, 58, and 62 printed in part A of House Report 116-111, offered by Mr. VISCLOSKY of Indiana:

AMENDMENT NO. 6 OFFERED BY MR. STEWART OF UTAH

Page 223, line 22, after the dollar amount, insert “(increased by \$200,000)”.

Page 223, line 22, after the dollar amount, insert “(decreased by \$200,000)”.

AMENDMENT NO. 7 OFFERED BY MR. YOUNG OF ALASKA

Page 223, line 4, after the dollar amount, insert “(increased by \$8,500,000)”.

Page 223, line 22, after the dollar amount, insert “(reduced by \$8,500,000)”.

AMENDMENT NO. 9 OFFERED BY MR. SMITH OF NEW JERSEY

Page 223, line 22, after the first dollar amount, insert “(reduced by \$2,000,000)”.

Page 248, line 18, after the dollar amount, insert “(increased by \$2,000,000)”.

Page 249, line 1, after the first dollar amount, insert “(increased by \$2,000,000)”.

AMENDMENT NO. 10 OFFERED BY MS. ESHOO OF CALIFORNIA

Page 247, line 6, after the dollar amount, insert “(reduced by \$9,500,000)”.

Page 247, line 6, after the dollar amount, insert “(increased by \$9,500,000)”.

AMENDMENT NO. 11 OFFERED BY MS. ESHOO OF CALIFORNIA

Page 223, line 22, after the first dollar amount, insert “(reduced by \$2,000,000)”.

Page 248, line 18, after the first dollar amount, insert “(increased by \$2,000,000)”.

Page 249, line 1, after the first dollar amount, insert “(increased by \$2,000,000)”.

AMENDMENT NO. 12 OFFERED BY MS. JACKSON LEE OF TEXAS

Page 217, line 19, after the dollar amount, insert “(increased by \$2,000,000) (reduced by \$2,000,000)”.

AMENDMENT NO. 14 OFFERED BY MR. LANGEVIN OF RHODE ISLAND

Page 247, line 17, after the dollar amount, insert “(reduced by \$10,000,000)”.

Page 248, line 18, after the dollar amount, insert “(increased by \$10,000,000)”.

Page 249, line 1, after the dollar amount, insert “(increased by \$10,000,000)”.

Page 249, line 12, after the dollar amount, insert “(increased by \$10,000,000)”.

AMENDMENT NO. 16 OFFERED BY MR. GRAVES OF MISSOURI

Page 223, line 22, after the dollar amount, insert “(increased by \$5,000,000) (reduced by \$5,000,000)”.

AMENDMENT NO. 17 OFFERED BY MS. MOORE OF WISCONSIN

Page 228, line 13, after the dollar amount, insert “(reduced by \$2,500,000)”.

Page 228, line 13, after the dollar amount, insert “(increased by \$2,500,000)”.

AMENDMENT NO. 18 OFFERED BY MR. WILSON OF SOUTH CAROLINA

Page 246, line 11, after the dollar amount, insert “(increased by \$4,800,000)”.

Page 247, line 17, after the dollar amount, insert “(reduced by \$4,800,000)”.

AMENDMENT NO. 20 OFFERED BY MR. WALBERG OF MICHIGAN

At the end of division C (before the short title), insert the following:

SEC. ____ None of the funds made available by this Act may be made available to the Taliban.

AMENDMENT NO. 22 OFFERED BY MR. SCHWEIKERT OF ARIZONA

Page 246, line 11, after the dollar amount, insert “(reduced by \$1,000,000)”.

Page 247, line 17, after the dollar amount, insert “(increased by \$1,000,000)”.

AMENDMENT NO. 23 OFFERED BY MR. CARSON OF INDIANA

Page 247, line 17, after the dollar amount, insert “(reduced by \$4,000,000)”.

Page 247, line 17, after the dollar amount, insert “(increased by \$4,000,000)”.

AMENDMENT NO. 26 OFFERED BY MR. BARR OF KENTUCKY

Page 222, line 6, after the dollar amount, insert “(increased by \$2,000,000)”.

Page 223, line 22, after the dollar amount, insert “(reduced by \$6,000,000)”.

Page 226, line 4, after the dollar amount, insert “(increased by \$2,000,000)”.

Page 227, line 21, after the dollar amount, insert “(increased by \$2,000,000)”.

AMENDMENT NO. 27 OFFERED BY MR. CICILLINE OF RHODE ISLAND

Page 223, line 14, after the dollar amount, insert “(reduced by \$1,500,000)”.

Page 247, line 17, after the dollar amount, insert “(increased by \$1,500,000)”.