

AMERICAN GERIATRICS SOCIETY

"The future we're working for at the AGS—a future when all older Americans have access to high-quality, person-centered care—begins by building the workforce to make that possible, and by ensuring that workforce can connect us to the tools and supports we need as we grow older together," observed Nancy E. Lundebjerg, MPA, CEO of the AGS. "The EMPOWER for Health Act will make that possible by supporting two training programs that are as critical to our future as they are widely supported, thanks in large part to the bipartisan efforts that will make this bill law."

ELDERCARE WORKFORCE ALLIANCE

"Our nation faces a severe and growing shortage of eldercare professionals with the skills and training to meet the unique healthcare needs of older adults," said Amy York, Executive Director of the Eldercare Workforce Alliance. "EWA supports the EMPOWER for Health Act of 2019 because it expands the only federal geriatrics training program. That's an investment in an eldercare workforce that can support well-coordinated, high-quality care for all older Americans."

NATIONAL ASSOCIATION FOR GERIATRIC EDUCATION

"NAGE is please to support the EMPOWER Act which will enable the GWEP and GACA programs to continue to train health care professionals and caregivers across the nation to care for older adults with the most effective and efficient practices. We are particularly indebted to Representative Schakowsky who is a true leader in aging and health care policy."

AMERICAN ACADEMY OF PEDIATRICS

"Across the country, there are significant shortages of pediatric subspecialists, which lead to long commutes for parents seeking care for their children and appointment wait times that can last more than three months. For a child with a complex, serious health condition, three months can seem like a lifetime. Children with complex medical conditions are among the most vulnerable; their ability to see the right doctor in a reasonable amount of time should not be determined by where they live. The EMPOWER for Health Act reauthorizes the Pediatric Subspecialty Loan Repayment Program, which is an important step toward addressing the shortage and geographic disparities that impact a child's ability to access subspecialty care. The American Academy of Pediatrics thanks Rep. Schakowsky (D-Ill.) and Rep. Mike Burgess (R-Texas) for their leadership advancing this important legislation."—American Academy of Pediatrics President Kyle Yasuda, MD, FAAP

NATIONAL ASSOCIATION FOR GERIATRIC EDUCATION, NATIONAL ASSOCIATION OF GERIATRIC EDUCATION CENTERS,

October 28, 2019.

Hon. JAN SCHAKOWSKY,
House of Representatives,
Washington, DC.

DEAR REPRESENTATIVE SCHAKOWSKY: On behalf of the HRSA Title VII and Title VIII funded Geriatrics Workforce Enhancement Programs (GWEPs) across the country, thank you for your past support of geriatric education and for introducing the EMPOWER for Health Act of 2019, which is scheduled to come to the floor of the House for consideration today. The National Association for Geriatric Education (NAGE) is pleased to offer our full support for the EMPOWER Act, which will reauthorize the GWEP and once again make the Geriatrics Academic Career Award program (GACA) a

part of the effort to prepare the geriatrics workforce for the aging of our population. We and the growing numbers of older adults, caregivers, and clinicians caring for elders are pleased that you have been able to move this bill forward and will urge the Senate to follow this lead and provide the resources to address our nation's growing demand for geriatric care.

We appreciate the many discussions that your staff facilitated with NAGE, as well as with the Eldercare Workforce Alliance, the American Geriatrics Society, and The Gerontological Society of America during the process of developing this legislation. This authorization and related funding are needed for the development of a health care workforce specifically trained to care for older adults and to support their family caregivers. The modest increase in the authorization in your bill will have an important impact on training in geriatric care. Likewise, the funds you have authorized for the GACA program complement the GWEP, and support faculty that will teach and lead geriatrics programs. The bill will also assist in ensuring that rural and underserved areas will have geriatrics education programs.

NAGE is a non-profit membership organization representing GWEP sites, Centers on Aging, and Geriatric Education Centers that provide education and training to health professionals in the areas of geriatrics and gerontology. Our mission is to help America's healthcare workforce be better prepared to render age-appropriate care to today's older Americans and those of tomorrow.

Thank you for your continued support for geriatric education programs.

Sincerely,

CATHERINE CARRICO, PhD,
President NAGE/
NAGEC; Associate
Director, Wyoming
Geriatric Workforce
Enhancement Program,
Wyoming Center on Aging; Clinical Assistant Professor,
College of Health Sciences,
University of Wyoming.

NATIONAL HISPANIC
MEDICAL ASSOCIATION,
Washington, DC, July 21, 2019.

Hon. JAN SCHAKOWSKY,
Committee on Energy & Commerce, House of Representatives, Washington, DC.

DEAR CONGRESSWOMAN SCHAKOWSKY: On behalf of the National Hispanic Medical Association (NHMA) Board of Directors, we strongly support H.R. 2781 "Educating Medical Professionals and Optimizing Workforce Efficiency and Readiness for Health (EMPOWER for Health) Act of 2019".

We support the amendment of Title VII of the Public Health Service Act to reauthorize certain programs relating to the health professions workforce from FY 2020 through FY 2024. Critical health professional development programs revolving around the underserved, Hispanic communities of this country have been a staple of our organization. The programs listed in this document are essential to furthering patient population, physician parity.

The Centers of Excellence program award recipients, who recruit, train, and retain underrepresented minority students and faculty at health professional schools, achieve the ultimate goal of producing a quality healthcare workforce whose racial and ethnic diversity is representative of the U.S. populations.

Health Professionals Training for Diversity has provided scholarships for disadvan-

tagged students, loan repayments, and fellowships regarding faculty positions. These programs have assisted students from minority and economically disadvantaged backgrounds to enter the health professions for decades by focusing on student development, retention, matriculation, and graduation.

Past health professional school, graduate medical education enjoys funds and accreditation authorized by this legislation. The Primary Care Training and Enhancement program accredits and funds residency and internship programs in the fields of family medicine, general internal medicine, and general pediatrics, and provides a need-based financial assistance.

The National Hispanic Medical Association strongly supports H.R. 2781 "Educating Medical Professionals and Optimizing Workforce Efficiency and Readiness for Health (EMPOWER for Health) Act of 2019". We are especially supportive since this bill reauthorizes the aforementioned programs and generally furthers a healthcare workforce that represents the U.S. patient population.

Sincerely,

ELENA RIOS, MD, MSPH, FACP,
President & CEO.

Ms. SCHAKOWSKY. Madam Speaker, I certainly urge all my colleagues to support the bill, and I yield back the balance of my time.

The SPEAKER pro tempore (Ms. TITUS). The question is on the motion offered by the gentlewoman from Illinois (Ms. SCHAKOWSKY) that the House suspend the rules and pass the bill, H.R. 2781, 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.

TITLE VIII NURSING WORKFORCE REAUTHORIZATION ACT OF 2019

Ms. SCHAKOWSKY. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 728) to amend title VIII of the Public Health Service Act to extend advanced education nursing grants to support clinical nurse specialist programs, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 728

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 "Title VIII Nursing Workforce Reauthorization Act of 2019".

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

- Sec. 1. Short title; table of contents.
- Sec. 2. General provisions.
- Sec. 3. Nurse practitioners, nurse midwives, nurse anesthetists, and other advanced education nurses.
- Sec. 4. Increasing nursing workforce diversity.
- Sec. 5. Strengthening capacity for basic nurse education and practice.
- Sec. 6. Student loans.
- Sec. 7. National Advisory Council on Nurse Education and Practice.
- Sec. 8. Other provisions.

SEC. 2. GENERAL PROVISIONS.

(a) APPLICATION.—Section 802(c) of the Public Health Service Act (42 U.S.C. 296a(c)) is amended by striking "shall address relevant national

nursing needs that the project will meet” and inserting “shall address relevant national nursing needs that the project will address and how the project aligns with the national nursing service goals referred to in section 806(a)”.

(b) **USE OF FUNDS.**—Section 803 of the Public Health Service Act (42 U.S.C. 296b) is amended by adding at the end the following:

“(c) **SUPPLEMENT NOT SUPPLANT.**—Funds awarded as a grant under this title for a project or activity shall be used to supplement, not supplant, the non-Federal funds that would otherwise be made available for such project or activity.”.

(c) **GENERALLY APPLICABLE PROVISIONS.**—Section 806 of the Public Health Service Act (42 U.S.C. 296e) is amended—

(1) in subsection (b), by amending paragraph (2) to read as follows:

“(2) **EVALUATIONS.**—The Secretary shall establish procedures to ensure the annual evaluation of programs and projects operated by recipients of grants under this title. Such procedures shall ensure that continued funding for such programs and projects will be conditioned upon the submission of—

“(A) data demonstrating that satisfactory progress has been made by the program or project in meeting the performance outcome standards (as described in section 802) of such program or project; and

“(B) a detailed description of activities conducted by such program or project to meet such performance outcome standards.”;

(2) in subsection (e)(2), by inserting “, and have relevant expertise and experience” after “who are not officers or employees of the Federal Government”; and

(3) by adding at the end the following:

“(i) **ANNUAL REPORT ON NURSING WORKFORCE PROGRAMS.**—Annually, the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate, and the Committee on Energy and Commerce of the House of Representatives, a report containing an assessment of the programs and activities of the Department of Health and Human Services related to enhancing the nursing workforce, including the extent to which programs and activities under this title meet identified goals and performance measures developed for the respective programs and activities.”.

SEC. 3. NURSE PRACTITIONERS, NURSE MIDWIVES, NURSE ANESTHETISTS, AND OTHER ADVANCED EDUCATION NURSES.

Section 811 of the Public Health Service Act (42 U.S.C. 296j) is amended—

(1) in subsection (b)—

(A) by striking “R.N./Master’s” and inserting “R.N./graduate”; and

(B) by inserting “clinical nurse leaders,” before “or public health nurses”;

(2) by redesignating subsections (f) and (g) as subsections (g) and (h), respectively;

(3) by inserting after subsection (e) the following new subsection:

“(f) **AUTHORIZED CLINICAL NURSE SPECIALIST PROGRAMS.**—Clinical nurse specialist programs eligible for support under this section are education programs that—

“(1) provide registered nurses with full-time clinical nurse specialist education; and

“(2) have as their objective the education of clinical nurse specialists who will upon completion of such a program be qualified to effectively provide care through the wellness and illness continuum to inpatients and outpatients experiencing acute and chronic illness.”; and

(4) by adding at the end the following:

“(i) **AUTHORIZATION OF APPROPRIATIONS.**—There are authorized to be appropriated to carry out this section \$77,585,000 for each of fiscal years 2020 through 2024.”.

SEC. 4. INCREASING NURSING WORKFORCE DIVERSITY.

Section 821 of the Public Health Service Act (42 U.S.C. 296m) is amended by adding at the end the following:

“(d) **AUTHORIZATION OF APPROPRIATIONS.**—There are authorized to be appropriated to carry out this section \$18,037,000 for each of fiscal years 2020 through 2024.”.

SEC. 5. STRENGTHENING CAPACITY FOR BASIC NURSE EDUCATION AND PRACTICE.

(a) **NURSE EDUCATION, PRACTICE, QUALITY, AND RETENTION GRANTS.**—Section 831 of the Public Health Service Act (42 U.S.C. 296p) is amended—

(1) in the section heading, by striking “AND QUALITY” and inserting “QUALITY, AND RETENTION”;

(2) in subsection (b), by amending paragraph (2) to read as follows:

“(2) providing care for underserved populations and high-risk groups, which may include the elderly, individuals with HIV/AIDS, individuals with mental health or substance use disorders, individuals who are homeless, and victims and survivors of domestic violence.”;

(3) in subsection (c), by amending paragraph (1) to read as follows:

“(1) **GRANTS FOR CAREER LADDER PROGRAMS.**—The Secretary may award grants to and enter into contracts with eligible entities for programs—

“(A) to promote career advancement for—

“(i) nursing personnel in a variety of training settings, cross training or specialty training among diverse population groups, and the advancement of individuals, including to become professional registered nurses, advanced practice registered nurses, and nurses with graduate nursing education; and

“(ii) individuals, including licensed practical nurses, licensed vocational nurses, certified nurse assistants, and diploma degree or associate degree nurses, to become baccalaureate-prepared registered nurses or nurses with graduate nursing education;

“(B) to assist individuals in obtaining education and training required to enter the nursing profession and advance within such profession, such as by providing career counseling and mentoring; and

“(C) to develop and implement internships, accredited fellowships, and accredited residency programs in collaboration with one or more accredited schools of nursing to encourage mentoring and development of specialties.”;

(4) by striking subsection (e) (relating to preference);

(5) by redesignating subsections (f) through (h) as subsections (e) and (g), respectively;

(6) in subsection (e), as so redesignated, by striking “The Secretary shall submit to the Congress before the end of each fiscal year a” and inserting “As part of the report on nursing workforce programs described in section 806(i), the Secretary shall”;

(7) by amending subsection (f), as redesignated by paragraph (5), to read as follows:

“(f) **DEFINITIONS.**—For purposes of this section:

“(1) **ELIGIBLE ENTITY.**—The term ‘eligible entity’ includes an accredited school of nursing, a health care facility, a partnership of such a school and facility, a federally qualified health center, or a nurse-managed health clinic.

“(2) **NURSE-MANAGED HEALTH CLINIC.**—The term ‘nurse-managed health clinic’ means a nurse-practice arrangement, managed by advanced practice nurses, that provides primary care or wellness services to underserved or vulnerable populations that is associated with a school, college, university or department of nursing, federally qualified health center, or independent nonprofit health or social services agency.”; and

(8) in subsection (g), as redesignated by paragraph (5), by striking “such sums as may be necessary for each of fiscal years 2010 through 2014” and inserting “\$43,590,000 for each of fiscal years 2020 through 2024”.

(b) **NURSE RETENTION GRANTS.**—Section 831A of the Public Health Service Act (42 U.S.C. 296p–1) is repealed.

SEC. 6. STUDENT LOANS.

(a) **LOAN REPAYMENT AND SCHOLARSHIP PROGRAMS.**—Section 846 of the Public Health Service Act (42 U.S.C. 297n) is amended—

(1) in subsection (b)(1), by striking “he began such practice” and inserting “the individual began such practice”;

(2) in subsection (d)(1), by striking “(for fiscal years 2003 and 2004) and may (for fiscal years thereafter)”;

(3) in subsection (h), in the matter preceding paragraph (1), by striking “Not later than” through “regarding” and inserting “The annual report on nursing workforce programs, as required by section 806(i), shall include information regarding the programs carried out under this section, including”; and

(4) in subsection (i)(1), by striking “such sums as may be necessary for each of fiscal years 2003 through 2007” and inserting “\$90,620,000 for each of fiscal years 2020 through 2024”.

(b) **NURSE FACULTY LOAN PROGRAM.**—Section 846A(f) of the Public Health Service Act (42 U.S.C. 297n–1(f)) is amended by striking “such sums as may be necessary for each of fiscal years 2010 through 2014” and inserting “\$29,640,000 for each of fiscal years 2020 through 2024”.

SEC. 7. NATIONAL ADVISORY COUNCIL ON NURSE EDUCATION AND PRACTICE.

Section 851 of the Public Health Service Act (42 U.S.C. 297t) is amended—

(1) in subsection (b)(1)(A)(iv), by striking “and nurse anesthetists” and inserting “nurse anesthetists, and clinical nurse specialists”;

(2) in subsection (d), by amending paragraph (3) to read as follows:

“(3) not later than 2 years after the date of enactment of the Title VIII Nursing Workforce Reauthorization Act of 2019, and every 2 years thereafter, prepare and submit to the Secretary, the Committee on Health, Education, Labor, and Pensions of the Senate, and the Committee on Energy and Commerce of the House of Representatives, a report describing the activities of the Council, including findings and recommendations made by the Council concerning the activities under this title.”; and

(3) in subsection (g), by striking “under this title” and inserting “for carrying out parts B, C, and D of this title”.

SEC. 8. OTHER PROVISIONS.

(a) **PUBLIC SERVICE ANNOUNCEMENTS.**—Part G of title VIII of the Public Health Service Act (42 U.S.C. 297u et seq.) is repealed.

(b) **FUNDING.**—Part I of title VIII of the Public Health Service Act (42 U.S.C. 298d) is repealed.

(c) **ELIMINATING LIMITATION ON ASSIGNMENT.**—Section 846(a) of the Public Health Service Act (42 U.S.C. 297n(a)) is amended, in the matter following paragraph (3), by striking “After fiscal year 2007,” and all that follows through the period at the end.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Illinois (Ms. SCHAKOWSKY) and the gentleman from Texas (Mr. BURGESS) each will control 20 minutes.

The Chair recognizes the gentlewoman from Illinois.

GENERAL LEAVE

Ms. SCHAKOWSKY. Madam Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and include extraneous materials on H.R. 728.

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

There was no objection.

Ms. SCHAKOWSKY. Madam Speaker, I yield 1½ minutes to the gentlewoman from Oregon (Ms. BONAMICI).

Ms. BONAMICI. Madam Speaker, I thank the gentlewoman for yielding.

I rise today in support of H.R. 728, the Title VIII Nursing Workforce Reauthorization Act and to highlight the importance of title VIII programs, a critical lifeline for America's nursing workforce and the patients they serve.

Demand for healthcare services provided by nurses continues to grow, so we must expand and support these programs to maintain a highly educated nursing workforce. Title VIII programs support more than 61,000 students in almost every State, but there are still significant nursing shortages in north-west Oregon and across the country.

Title VIII programs increase the nursing pipeline and also create a culturally diverse workforce to make sure that our increasingly diverse patient population is cared for by culturally aware providers. Title VIII programs prepare nurses to serve the most vulnerable communities and regions, such as rural areas, that are in desperate need of providers.

Title VIII programs also provide crucial support for our nursing educators, greater diversity in the nursing workforce, and more successful careers for nurses who work tirelessly on the front lines of patient care.

Our nurses are critical to the health and well-being of our communities. That is why I am honored to serve as a leader on the Nursing Caucus along with several other cosponsors of this legislation, Representatives JOYCE, DAVIS, and GABBARD.

I thank them and the Energy and Commerce Committee for their leadership on this bill. I look forward to our continued bipartisan effort in advocating for the title VIII Nursing Workforce Development programs.

Madam Speaker, I urge my colleagues to join us in supporting this legislation.

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

Madam Speaker, I support H.R. 728, the Title VIII Nursing Workforce Reauthorization Act of 2019 which was introduced by Mr. JOYCE, our Republican lead of Ohio. This bill reauthorizes the title VIII nursing workforce programs for fiscal years 2020 through 2024. Title VIII programs, in addition to the title VII physician workforce programs, have actually expired, but they have continued to receive appropriations.

According to a Health Resource and Services Administration report on nursing workforce projections in 2017, the future supply of and demand for nurses will be affected by a host of factors, including population growth, aging of the Nation's population, overall economic conditions, expanded health insurance coverage, changes in healthcare reimbursement, geographic location, and health workforce availability. The demands for RNs are projected to increase by nearly 800,000 between 2014 and 2030.

Texas is projected to face a shortage of all types of nurses by 2030. Registered nurses, nurse practitioners, cer-

tified nurse anesthetists, and certified nurse-midwives will fall short of demand year after year from now until 2030. This is an issue that we are facing across the country, and H.R. 728 can help fix that.

While our appropriations process has continued to fund these programs, without authorization there remains uncertainty regarding how much money the program will receive each year. These programs range from providing our advanced practice nurses with additional educational opportunities to increasing nursing workforce diversity.

In the midst of a nursing shortage, we must ensure that our healthcare system has the capacity to educate and retain a qualified workforce and also allows for career advancement. This bill includes grants for nurses of different levels of education to obtain further education to advance within their profession. Additionally, this legislation reauthorizes loan repayments, scholarships, and grants for education, practice, quality, and retention. These provisions are essential in educating and retaining a qualified nursing workforce.

Madam Speaker, I urge support of H.R. 728, and I reserve the balance of my time.

Ms. SCHAKOWSKY. Madam Speaker, I yield myself such time as I may consume.

I rise in great support of H.R. 728, the Nursing Workforce Reauthorization Act introduced by Representatives JOYCE, GABBARD, DAVIS, BONAMICI, MATSUI, CASTOR, MCKINLEY, and UNDERWOOD.

The title VIII nursing workforce program ensures that we have a skilled, competent, and diverse nursing workforce, and the Nursing Workforce Reauthorization Act will go a long way in strengthening these programs.

This bill provides grants to nursing schools, academic health centers, and other entities to help in training graduate-level nurse practitioners and clinical nurse specialists, certified nurse-midwives and certified registered nurse anesthetists and public health nurses. The bill also reauthorizes the successful Nursing Workforce Diversity grant program which has been shown to reduce health disparities and improve outcomes for patients.

As our population ages we are seeing a growing demand for qualified nursing. H.R. 728 helps us prepare for the future by training the next generation of nurses and nurse educators.

Madam Speaker, I urge all of my colleagues to support this bill, and I reserve the balance of my time.

□ 1815

Mr. BURGESS. Madam Speaker, I yield 4 minutes to the gentleman from Ohio (Mr. JOYCE), who is the Republican lead on this bill.

Mr. JOYCE of Ohio. Madam Speaker, I rise today in support of H.R. 728, the Title VIII Nursing Workforce Reauthorization Act of 2019.

With 4 million registered nurses nationwide, nurses are more than just the largest healthcare workforce in the United States. They are the backbone of the healthcare system.

As a proud husband of a nurse and as co-chair of the Congressional Nursing Caucus, it is easy for me to understand why nursing is the most trusted profession in America. I can personally attest to the amount of dedication nurses put into caring for their patients each and every day. The bottom line is that any challenge facing our Nation's nurses hurts the health and well-being of the American people.

Unfortunately, despite the importance of nurses to the well-being of patients, we are facing a nursing shortage that will leave far too many patients without the care that they need. The demand for nurses varies State by State, but it is estimated that the national need for nurses will increase by 28 percent by 2030. On top of that, it is reported that roughly 10,000 baby boomers turn 65 every day—10,000 every single day.

To meet this increased demand, Congress must address the issues impacting nursing recruitment, education, and retention. My bill accomplishes exactly that by reauthorizing title VIII nursing workforce development programs.

These programs are designed to address specific needs within the nursing workforce in America's patient population. Importantly, they also provide targeted support for the institutions that educate nurses for practice in rural and medically underserved communities.

By passing this legislation, Congress can ensure that those interested in pursuing a career in nursing have access to the high-quality education and training opportunities necessary to do so. By passing this legislation, Congress can make a direct investment in our Nation's health.

Before I close, I thank the American Association of Colleges of Nursing, the American Nurses Association, and my fellow co-chairs of the Congressional Nursing Caucus who have joined me in this effort: Representative TULSI GABBARD, Representative RODNEY DAVIS, and Representative SUZANNE BONAMICI.

I also thank Chairman PALLONE and Ranking Member WALDEN, as well as Subcommittee on Health Chair ESHOO and Ranking Member BURGESS, for recognizing the importance of this legislation and moving it through the Committee on Energy and Commerce.

Madam Speaker, I am grateful for the overwhelming bipartisan support this bill has received. On behalf of the Nation's nurses, I urge all of my colleagues to support its passage.

Ms. SCHAKOWSKY. Madam Speaker, I am prepared to close with this. Nurses are the backbone of our healthcare system. It looks like, in a bipartisan way, everybody loves nurses. They provide frontline care in a

variety of settings and often work to supervise and coordinate care for patients. We couldn't live without them, and so we are helping them today.

Madam Speaker, I urge the passage of this legislation with all of my colleagues, and I yield back the balance of my time.

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

Again, this is one of those bills that passed out of the Subcommittee on Health last Congress, passed on the floor of the House, and, for some reason, didn't see action over in the Senate. This year, it needs to, for all the reasons we have heard articulated here today.

I also am obligated to mention that my district in Texas is home to one of the largest and best nursing education programs in the country at Texas Woman's University.

I would also be remiss if I didn't acknowledge the work done in the last Congress by Lois Capps, who was our colleague at the time, who is no longer in Congress, but it was always her passion to see this bill passed.

Madam Speaker, I urge passage, and I yield back the balance of my time.

Ms. JOHNSON of Texas. Madam Speaker, today, I rise in support of H.R. 728, the Title VIII Nursing Workforce Reauthorization Act of 2019.

As the first registered nurse elected to Congress, I know how essential the federal nursing workforce development grant programs are to the development of the next generation of our nursing leaders. These Title VIII programs, administered through the Health Resources and Services Administration, have supported the recruitment, retention, and distribution of our nation's nursing workforce for over five decades.

Title VIII programs have supported nursing education at all levels, from entry level preparation through graduate study. They have provided support for institutions that educate nurses for practice in rural and medically underserved communities, thus representing a direct investment in our nation's health.

With the support of our House and Senate colleagues, we must continue to elevate and strengthen our nursing workforce for the wellbeing of our nation. I wholeheartedly urge my colleagues to support the Title VIII Nursing Workforce Reauthorization Act of 2019.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Illinois (Ms. SCHAKOWSKY) that the House suspend the rules and pass the bill, H.R. 728, 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.

PUBLIC DISCLOSURE OF DRUG DISCOUNTS AND REAL-TIME BENEFICIARY DRUG COST ACT

Ms. SCHAKOWSKY. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 2115) to amend title XI of

the Social Security Act to provide greater transparency of discounts provided by drug manufacturers, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2115

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 "Public Disclosure of Drug Discounts and Real-Time Beneficiary Drug Cost Act".

SEC. 2. PUBLIC DISCLOSURE OF DRUG DISCOUNTS.

Section 1150A of the Social Security Act (42 U.S.C. 1320b-23) is amended—

(1) in subsection (c), in the matter preceding paragraph (1), by inserting "(other than as permitted under subsection (e))" after "disclosed by the Secretary"; and

(2) by adding at the end the following new subsection:

"(e) PUBLIC AVAILABILITY OF CERTAIN INFORMATION.—

"(1) IN GENERAL.—In order to allow the comparison of PBMs' ability to negotiate rebates, discounts, direct and indirect remuneration fees, administrative fees, and price concessions and the amount of such rebates, discounts, direct and indirect remuneration fees, administrative fees, and price concessions that are passed through to plan sponsors, beginning January 1, 2020, the Secretary shall make available on the Internet website of the Department of Health and Human Services the information with respect to the second preceding calendar year provided to the Secretary on generic dispensing rates (as described in paragraph (1) of subsection (b)) and information provided to the Secretary under paragraphs (2) and (3) of such subsection that, as determined by the Secretary, is with respect to each PBM.

"(2) AVAILABILITY OF DATA.—In carrying out paragraph (1), the Secretary shall ensure the following:

"(A) CONFIDENTIALITY.—The information described in such paragraph is displayed in a manner that prevents the disclosure of information, with respect to an individual drug or an individual plan, on rebates, discounts, direct and indirect remuneration fees, administrative fees, and price concessions.

"(B) CLASS OF DRUG.—The information described in such paragraph is made available by class of drug, using an existing classification system, but only if the class contains such number of drugs, as specified by the Secretary (but not fewer than three drugs), to ensure confidentiality of proprietary information or other information that is prevented to be disclosed under subparagraph (A)."

SEC. 3. REQUIRING PRESCRIPTION DRUG PLAN SPONSORS TO INCLUDE REAL-TIME BENEFIT INFORMATION AS PART OF SUCH SPONSOR'S ELECTRONIC PRESCRIPTION PROGRAM UNDER THE MEDICARE PROGRAM.

Section 1860D-4(e)(2) of the Social Security Act (42 U.S.C. 1395w-104(e)(2)) is amended—

(1) in subparagraph (D), by striking "To the extent" and inserting "Except as provided in subparagraph (F), to the extent"; and

(2) by adding at the end the following new subparagraph:

"(F) REAL-TIME BENEFIT INFORMATION.—

"(i) IN GENERAL.—Not later than January 1, 2021, the program shall implement real-time benefit tools that are capable of integrating with a prescribing health care professional's electronic prescribing or electronic health record system for the transmission of for-

mulary and benefit information in real time to prescribing health care professionals. With respect to a covered part D drug, such tools shall be capable of transmitting such information specific to an individual enrolled in a prescription drug plan. Such information shall include the following:

"(I) A list of any clinically-appropriate alternatives to such drug included in the formulary of such plan.

"(II) Cost-sharing information for such drug and such alternatives, including a description of any variance in cost sharing based on the pharmacy dispensing such drug or such alternatives.

"(III) Information relating to whether such drug is included in the formulary of such plan and any prior authorization or other utilization management requirements applicable to such drug and such alternatives so included.

"(ii) ELECTRONIC TRANSMISSION.—The provisions of subclauses (I) and (II) of clause (ii) of subparagraph (E) shall apply to an electronic transmission described in clause (i) in the same manner as such provisions apply with respect to an electronic transmission described in clause (i) of such subparagraph.

"(iii) SPECIAL RULE FOR 2021.—The program shall be deemed to be in compliance with clause (i) for 2021 if the program complies with the provisions of section 423.160(b)(7) of title 42, Code of Federal Regulations (or a successor regulation), for such year.

"(iv) RULE OF CONSTRUCTION.—Nothing in this subparagraph shall be construed as to allow a real-time benefits tool to steer an individual, without the consent of the individual, to a particular pharmacy or pharmacy setting over their preferred pharmacy setting nor prohibit the designation of a preferred pharmacy under such tool."

SEC. 4. SENSE OF CONGRESS REGARDING THE NEED TO EXPAND COMMERCIALLY AVAILABLE DRUG PRICING COMPARISON PLATFORMS.

It is the sense of Congress that—

(1) commercially available drug pricing comparison platforms can, at no cost, help patients find the lowest price for their medications at their local pharmacy;

(2) such platforms should be integrated, to the maximum extent possible, in the health care delivery ecosystem; and

(3) pharmacy benefit managers should work to disclose generic and brand name drug prices to such platforms to ensure that—

(A) patients can benefit from the lowest possible price available to them; and

(B) overall drug prices can be reduced as more educated purchasing decisions are made based on price transparency.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Illinois (Ms. SCHAKOWSKY) and the gentleman from Texas (Mr. BURGESS) each will control 20 minutes.

The Chair recognizes the gentlewoman from Illinois.

GENERAL LEAVE

Ms. SCHAKOWSKY. Madam 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. 2115.

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

There was no objection.

Ms. SCHAKOWSKY. Madam Speaker, I yield 4 minutes to the gentlewoman from Virginia (Ms. SPANBERGER), an author and supporter of this bill.