

improve the collection of more granular information on communities disproportionately impacted by cardiovascular disease, such as South Asian communities. It would be nice if we had that bill moving through, because that, I think, would provide the ability for CDC to get the data that this bill before us today requires.

So I appreciate the gentlewoman from Washington for bringing needed attention to this issue. I would like to thank the majority for working with us to get this bill to a better place. While we agree with the administration's concerns, we also think the bill is a good first step in raising awareness about this important public health issue.

Madam Speaker, I reserve the balance of my time.

Mr. PALLONE. Madam Speaker, I yield such time as she may consume to the gentlewoman from Washington (Ms. JAYAPAL), who is the sponsor of the bill.

Ms. JAYAPAL. Madam Speaker, I thank the chairman for his leadership and the ranking member for his excellent comments.

I understand the concerns, and I would just say that, as the first South Asian-American woman ever elected to the U.S. House of Representatives, I am so proud to see this important bill come to the floor, and I want to thank my colleague, Representative JOE WILSON, for his help and support of this important bipartisan bill.

South Asians are the second fastest growing minority group in the United States, and yet this group is four times more at risk of developing heart disease than the general population and has the highest prevalence of type 2 diabetes.

The research and understanding of why we are so prone to heart disease is limited, while the devastating impact on our families is only increasing. In fact, the story of this bill, as much legislation happens, began when my former deputy chief of staff, Ven Neralla, unexpectedly lost his mother to heart disease. Wanting to understand why this happened, we found that this was not just an isolated incident, but an alarming trend that had received far too little attention.

The South Asian Heart Health bill will fund the creation of culturally appropriate materials, engagement with community groups working to promote South Asian heart health, and create an information clearinghouse about South Asian heart health. The bill also funds grants for the CDC and NIH to conduct research on the impact of heart disease on South Asians in the United States.

The bill has been endorsed by an incredible number of medical organizations, including the American College of Cardiology, the American Heart Association, WomenHeart, the South Asian Public Health Association, and many, many more.

COVID-19 has taught us the value of preventing underlying health condi-

tions and addressing health inequities afflicting communities of color. The South Asian Heart Health bill is a significant step in raising the alarm, reversing the trend of heart disease in our communities, and saying to South Asian-American communities across the country: We see you here in Congress, and we are ready to help.

Mr. WALDEN. Madam Speaker, I have no additional speakers on my side of the aisle, and I yield back the balance of my time.

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

Mr. LEVIN of Michigan. Madam Speaker, I rise in strong support of the South Asian Heart Health Awareness and Research Act.

This bipartisan measure will raise awareness in the South Asian community about alarming increases in heart disease and invest in ways to reverse this trend.

South Asians in the United States are those who immigrated or whose families immigrated from countries including India, Pakistan, Bangladesh, Sri Lanka, and Nepal. South Asians represent the sixth largest and fastest-growing ethnic group in our nation.

Despite a traditional diet high in lentils, vegetables, grains and spices, heart disease is on the rise in these communities. A Stanford study found that South Asians' risk of having a heart attack before 50 is four times greater than the general population's.

South Asians also have the highest prevalence of Type 2 diabetes. As diabetes is one of the most serious drivers of heart disease, stats underscore the urgent need for action.

The tools and research this bill promotes will give us the insight needed to save lives not just in the South Asian community, but the greater public, too.

I thank Congresswoman JAYAPAL for her vision in developing this bill and urge my colleagues to support it.

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. 3131, 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.

SCHOOL-BASED ALLERGIES AND ASTHMA MANAGEMENT PROGRAM ACT

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 2468) to amend the Public Health Service Act to increase the preference given, in awarding certain allergies and asthma-related grants, to States that require certain public schools to have allergies and asthma management 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. 2468

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 "School-Based Allergies and Asthma Management Program Act".

SEC. 2. ADDITIONAL PREFERENCE TO CERTAIN STATES THAT REQUIRE CERTAIN PUBLIC SCHOOLS TO HAVE ALLERGIES AND ASTHMA MANAGEMENT PROGRAMS.

Section 399L(d) of the Public Health Service Act (42 U.S.C. 280g(d)) is amended—

(1) in paragraph (1)(F)—

(A) by redesignating clauses (i), (ii), and (iii) as subclauses (I), (II), and (III), respectively, and moving each of such subclauses (as so redesignated) 2 ems to the right;

(B) by striking "EPINEPHRINE.—In determining" and inserting "EPINEPHRINE OR SCHOOL COMPREHENSIVE ALLERGIES AND ASTHMA MANAGEMENT PROGRAM.—"

"(i) IN GENERAL.—In determining";

(C) by striking "in the State—" and inserting "in the State satisfy the criteria described in clause (ii) or clause (iii)."

"(ii) CRITERIA FOR SCHOOL PERSONNEL ADMINISTRATION OF EPINEPHRINE.—For purposes of clause (i), the criteria described in this clause, with respect to each public elementary school and secondary school in the State, are that each such school—"; and

(D) by adding at the end the following new clause:

"(iii) CRITERIA FOR SCHOOL COMPREHENSIVE ALLERGIES AND ASTHMA MANAGEMENT PROGRAM.—For purposes of clause (i), the criteria described in this clause, with respect to each public elementary school and secondary school in the State, are that each such school—

"(I) has in place a plan for having on the premises of the school during all operating hours of the school a school nurse or one or more other individuals who are designated by the principal (or other appropriate administrative staff) of the school to direct and apply the program described in subclause (II) on a voluntary basis outside their scope of employment; and

"(II) has in place, under the direction of a school nurse or other individual designated under subclause (I), a comprehensive school-based allergies and asthma management program that includes—

"(aa) a method to identify all students of such school with a diagnosis of allergies and asthma;

"(bb) an individual student allergies and asthma action plan for each student of such school with a diagnosis of allergies and asthma;

"(cc) allergies and asthma education for school staff who are directly responsible for students who have been identified as having allergies or asthma, such as education regarding basics, management, trigger management, and comprehensive emergency responses with respect to allergies and asthma;

"(dd) efforts to reduce the presence of environmental triggers of allergies and asthma; and

"(ee) a system to support students with a diagnosis of allergies or asthma through coordination with family members of such students, primary care providers of such students, primary asthma or allergy care providers of such students, and others as necessary."; and

(2) in paragraph (3)(E)—

(A) in the matter preceding clause (i), by inserting "such as the school nurse" after "individual"; and

(B) in clause (i), by inserting "school nurse or" before "principal".

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

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. 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. 2468.

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

There was no objection.

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

Madam Speaker, more than 8 percent of children in the U.S. under the age of 18 live with asthma. For these children and children with respiratory issues caused by asthma, access to appropriate treatment and trained personnel can mean the difference between life and death in emergency situations.

In 2004, Congress authorized children's asthma treatment grants to expand access to medical care for children who live in areas with a prevalence of asthma. Today, CDC provides financial assistance to health departments in 24 States and Puerto Rico to ensure that guidelines-based medical management and pharmacotherapy for those with asthma are both available and accessible. The CDC also offers funding to State programs and national organizations promoting asthma quality measures and informing policymakers about the burden of asthma.

H.R. 2468, the School-Based Allergies and Management Program Act, takes the most recent data and builds on this program to make it work best for kids and schools today. To achieve this, preference will be given for certain grants to States that require schools to have a school-based allergies and asthma program, as well as the presence of a school nurse or other trained personnel who can support students and staff treat those with allergies and asthma.

Helping States and schools to better support students and families treat asthma and allergies is critical to the health and well-being of our students, and this bill will go a long way towards achieving this goal.

Madam Speaker, I want to thank Majority Leader HOYER for his leadership on this bill as well as our colleague, Representative ROE. I urge my colleagues to support the bill, and I reserve the balance of my time.

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

Madam Speaker, I rise today in support of H.R. 2468, the School-Based Allergies and Asthma Management Program Act, introduced by Representatives ROE and HOYER.

This important legislation would direct the Secretary of Health and Human Services, in making asthma-related grants, to give preference to States that require schools to implement policies that improve the care of children with allergies and asthma. These policies include having plans in place for managing students with allergies and asthma and having at least one person trained to administer rescue medication on the premises during operating hours.

By incentivizing States to have comprehensive school-based asthma and allergy management programs in place, this bill will help ensure that school nurses, staff, and administrators are prepared to help students with allergies and asthma excel at school in a safe environment.

I want to thank Dr. ROE and Leader HOYER, who have championed the cause of ensuring children at school have access to needed medicines for many, many years.

I also want to thank Dr. ROE for his years of service to this institution. Like some of the rest of us, he, too, will be retiring at the end of this year. As a veteran, as a doctor, and as a leader—and, by the way, as a great musician, not that he will be able to perform that here on the House floor—he has done so much for veterans, for improving healthcare, and for the people of the district he represents. He has left his mark, and he doesn't have to worry about whether he made a difference, because he has.

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

Mr. PALLONE. Madam Speaker, I yield such time as he may consume to the gentleman from Maryland (Mr. HOYER), who is our majority leader.

Mr. HOYER. Madam Speaker, I thank my friend, the chairman of the Energy and Commerce Committee, and Mr. WALDEN, the ranking member of the Energy and Commerce Committee, for bringing this bill to the floor.

But, most of all, I want to thank my friend, Dr. PHIL ROE from Tennessee. He is a medical doctor. He and I, as Mr. WALDEN pointed out, for many, many years have been focused on making sure that those children with asthma are safer in the school than they otherwise would be if the schools were not prepared to deal with an asthmatic or allergic attack. I want to thank Dr. ROE, who has been such a steadfast ally and partner in this effort.

I am hopeful that this bill will go to the Senate, and when we come back in the lameduck, hopefully, we will pass this and we will have another bipartisan bill that will help children and the school systems of America.

I am proud to be joined by Dr. ROE. It is emblematic of when you have a problem that is needed to be solved, Madam Speaker; it is not a partisan problem. These are not partisan issues. These are issues that kids have, families have, and schools have.

We stood together on this floor 7 years ago when the House passed our School Access to Emergency Epinephrine Act. President Obama signed that bipartisan bill into law in November 2013. It encouraged States to adopt policies that require schools to stock emergency epinephrine and train staff how to use it in case a student experiences a severe allergy or asthma attack. Those attacks can result in death.

This is not just an inconvenience; this is just not an illness; it is a mortal

challenge, and I am proud that we got that bill done together and we do again, today, the same.

This new bipartisan legislation would build on that earlier success, as the ranking member and chairman of have all explained, by providing additional incentives for States to ensure that American schools create asthma management plans for students who need them.

This is not a difficult task, I might say, and it is not an expensive task, but it has a lifesaving result.

I know all too well how terrifying severe childhood asthma can be. I was diagnosed with asthma at age 4 when I went to the hospital in Mexia, Texas. My father was stationed at a POW camp in Mexia, Texas, not too far from Galveston. So I know the consequences of asthma.

In addition to that, my granddaughter has experienced severe food allergies, a peanut allergy which is so much more evident today than it was, for whatever reason, and is life threatening. I have been with my granddaughter twice in the emergency room. Luckily, she got there in time so that her life was not in danger, but had she not gotten there in a timely fashion, it would have been.

Like many families, we constantly have to be vigilant and always keep asthma inhalers present. My granddaughter always keeps an EpiPen with her. She is 18 years of age, and she does not go anywhere without an EpiPen.

Very frankly, my daughter, her mother, every school that she went to, counseled with the principal, with the teacher, and with the school personnel to let them know, A, that Alexa had that challenge and, B, how to help her deal with it.

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Having a plan to manage asthma and peanut allergies makes a critical difference. This legislation will help reduce school absenteeism, for which asthma is one of the leading causes. I know that because as an elementary school and junior high school student, I lost significant time because of asthma.

Madam Speaker, again, I thank Dr. ROE for his leadership on this issue and for working with me on these bills over the years. He is retiring at the end of this Congress, and I will certainly miss working with him. We will miss his expertise here in the Congress of the United States, and I know the Committee on Energy and Commerce will miss his advice and counsel as well. I believe that legislation like this and the law we enacted in 2013 will be a fitting part of his legacy of public service.

Madam Speaker, I hope that all of our colleagues will join us in supporting this legislation and in thanking Dr. ROE for his efforts to ensure that protecting our Nation's children against asthma consequences remains a truly bipartisan effort.

Mr. WALDEN. Madam Speaker, I thank the majority leader for his comments in support and authorship of this

legislation. Our son battled childhood asthma. It is a really scary thing as a parent to watch a child deal with an asthma attack.

Madam Speaker, I yield such time as he may consume to the gentleman from Tennessee (Mr. DAVID P. ROE), the champion of this legislation, the great champion for a positive public health outcome for all of us, especially for our veterans.

Mr. DAVID P. ROE of Tennessee. Madam Speaker, today, I rise in support of H.R. 2468, the School-Based Allergies and Asthma Management Program Act, a bill I have been proud to work on with my friend, Leader HOYER, that will help students with asthma excel in an asthma-friendly learning environment.

Madam Speaker, I will say that I had the privilege of visiting Mr. WALDEN's district a few years ago when we were working on the VA MISSION Act, and he explained to me that his congressional district had more square miles than the State of Tennessee. I didn't believe that, but it happens to be true. It has more square miles. And that one statement really helped me in composing that bill.

I also thank Leader HOYER—when he mentioned that in 2013, we didn't know each other very well then, but we got to know each other. And that bill, the EpiPen bill it is called, passed. And in my own community, just a community about 20 miles north of me, not 2, 3 years ago, a middle school student, who didn't know she had allergies, had anaphylaxis, and because the EpiPen was available, because of Mr. HOYER's work and others, that child survived.

I also thank Mr. PALLONE and Mr. WALDEN. Remember the incredible arguments we had about the cost of the EpiPen? I travel with one all the time because I am more concerned about an allergy of some kind when I travel. They always ask on airplanes: "Is there a doctor here?" I am always with one. And you all helped push the price of that down—your work on that did—from \$600, which was absurd for an EpiPen.

And you know, Mr. HOYER, with your daughter, I don't care how much money you have, that is a lot of money to pay. And you have to have two of them, not one. So that price has dropped dramatically because I think a lot of the work this Congress has done.

Last week marked the beginning of fall, as we all know. And for many of us, the cooler weather means the return to football and a new school year—different school year, but back. For millions of other Americans living with asthma, seasonal allergies, and other respiratory diseases, these changes of temperature mean difficulty breathing.

There are roughly 6 million school-aged children in the U.S. currently living with asthma. This is one of the leading causes of absenteeism. In fact, according to the National Asthma Education and Prevention Program, par-

ents have reported that students collectively miss 14 million days of school every year due to asthma alone. While asthma poses serious health risks, it can be effectively managed with proper education, planning, and treatment, and does not have to negatively impact a child's access to education.

The Department of Education and the Department of Health and Human Services both recommend that schools have comprehensive management programs in place to support children with lower airway disorders like asthma and keep these disorders under control while they are at school. Unfortunately, most schools do not have such programs in place. And that is why our bill, the School-Based Allergies and Asthma Management Program uses a proven model to encourage States to ensure schools are prepared to help children suffering from asthma.

The two most important strategies for preparing schools are implementing management plans and ensuring that school staff members are prepared to assist children experiencing an attack. Our bill encourages States to do just that. This type of preparation and management in schools will not only improve a child's health but also ensure that students are able to focus on learning. No student should be at risk in a school because of a failure for them to manage a respiratory disorder. The good news is that together, we can fix this.

The start of the new school year serves as a valuable reminder of the work that still needs to be done, and I look forward to passing this bipartisan legislation today and getting it one step closer to the President's desk so that students with asthma and allergies can focus on their education.

Madam Speaker, I thank my colleagues on both sides of the aisle for their very, very kind comments, and I encourage support of this bill.

Mr. PALLONE. Madam Speaker, I have no additional speakers, and I reserve the balance of my time.

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

Mr. PALLONE. Madam Speaker, I urge support of this legislation, and I yield back the balance of my time.

Ms. JACKSON LEE. Madam Speaker, I rise in support of H.R. 2468, the "School-Based Allergies and Asthma Management Program Act," which would provide important guidance to schools on how to support students who have asthma.

Across the United States nearly 25 million people have been diagnosed with asthma, including almost 7 million children.

Childhood asthma is a common, chronic pediatric condition, affecting 6.3 million children. Morbidity from childhood asthma adversely affects school performance, with 1 in 2 children reporting school absences due to asthma each year.

These asthma related absences influence academic achievement, leading to decreased levels of reading proficiency and increased risk of learning disabilities.

Improving health and school-related outcomes for children with asthma requires the use of school-based partnerships that focus on integrated care coordination amongst families, clinicians, and school nurses.

The best defense to asthma attacks is immediate treatment as soon as symptoms present themselves.

Instead of contributing to the nearly 2 million asthma-related emergency room visits each year, this bill would provide schools with the necessary guidance on how to treat asthma attacks and support lung health of student while in school and at home.

Improving health and school-related outcomes for children with asthma requires the use of school-based partnerships that focus on integrated care coordination amongst families, clinicians and school nurses.

Every day in America 30,000 Americans have an asthma attack, and 11 are killed by them.

The School-based Asthma Management Program as outlined by H.R. 2468, is supported by the American Academy of Allergy, Asthma & Immunology.

For asthma care, the School-based Asthma Management Program has four components to integrate schools, and specifically school nurses, within the asthma care team.

First, the creation of a Circle of Support amongst the families, clinicians and schools' nurses are centered around the child with asthma.

Second, the creation and transmission of Asthma Management Plans to schools, which includes an Asthma Emergency Treatment Plan for emergency management of asthma symptoms and an individualized Asthma Action Plan for each child with asthma.

Third, the development of a comprehensive Asthma Education Plan for school personnel.

Finally, a comprehensive Environmental Asthma Plan to assess and remediate asthma triggers at home and in school.

This bill is supported by the American Academy of Allergy, Asthma and Immunology (AAAAI) and the National Association of School Nurses (NASN).

I ask my colleagues to join me in supporting this bill.

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. 2468, 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.

FAMILY SUPPORT SERVICES FOR ADDICTION ACT OF 2020

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 5572) to establish a grant program for family community organizations that provide support for individuals struggling with substance use disorder and their families, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5572

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