Madam Speaker, I thank our two colleagues that sponsored this important bill, 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. TRONE).

Mr. TRONE. Madam Speaker, I rise today to show my support for the millions of families struggling to help their loved ones suffering through addiction.

My family fought to get help for my nephew, Ian, that he needed before he lost his life to an overdose in 2016. It was hard for us to do, even with the resources we had at our disposal.

For most families, it is nearly impossible to navigate our behavioral health system in its current form. It is a confusing system that leaves families like mine with no clue what treatment option is right for their loved one.

Now more than ever, families are on the front lines of this fight. Overdoses are on the rise across America, and COVID–19 is making matters much worse. Every single county in my district saw an increase in overdose deaths last quarter—some as much as 50 percent. And last year, more Americans died of drug overdoses than ever before—more than 70,000.

Madam Speaker, that is why I introduced the Family Support Services for Addiction Act with Congressman DAN MEUSER. This bipartisan bill provides for nonprofits working with families struggling with addiction. The bill will provide grants to reach more families, create more tailored treatments, and save more lives.

Madam Speaker, I thank Congressman MEUSER, Chairman PALLONE, Chairwoman ESHOO, and Ranking Member WALDEN for this much-needed bill. We have got to get this done. Lives are depending on it.

Madam Speaker, I urge a ''yes'' vote on this legislation.

Mr. WALDEN. Madam Speaker, I yield such time as he may consume to the gentleman from Pennsylvania (Mr. MEUSER), one of the coauthors of this very, very important and meaningful legislation, who serves Pennsylvania's Ninth Congressional District in the U.S. House.

Mr. MEUSER. Madam Speaker, it is really my honor to be here today in support with Congressman TRONE, and I thank him for his partnership and his leadership on this very important issue.

Madam Speaker, I rise today to offer support for our bill, H.R. 5572, the Family Support Services for Addiction Act, which provides a family and community-based approach to addiction treatment that works to address the deep-seated effects of the addiction crisis on so many families.

The opioid epidemic is ravaging my district and many States across America, and all of Pennsylvania is by no means an exception. In 2017, Pennsylvania experienced 5,456 drug-related overdose deaths. It has impacted virtually every family throughout the Commonwealth.

Far too many families struggling with substance use disorder feel like they have nowhere to turn for the resources and very important information.

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This bill would establish a grant program for family community organizations that provide support for families of individuals struggling with substance use disorder. These services can include information and referral sources, support groups, system navigation to assist the family in finding resources, parent training and education, specialized crisis support, and, really, much, much more, again, where they currently don't know where to turn.

As a member of the Freshman Working Group on Addiction, I am very proud to be the Republican lead on a bill that takes critical steps to help families feel empowered and equipped to support their loved ones struggling with substance use disorder.

I again want to very, very sincerely congratulate and thank Congressman DAVID TRONE for his hard work, his dedication, and his great care in helping those suffering from drug addiction.

I encourage my colleagues to support this bill, and I urge its swift passage.

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

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

Ms. ESHOO. Madam Speaker, I rise in support of H.R. 5572, the ''Family Support Services for Addiction Act of 2020.'' I'm proud to have advanced this bipartisan bill through my Health Subcommittee and I'm pleased to support it on the Floor today.

H.R. 5572, the ''Family Support Services for Addiction Act of 2020'' was introduced by Reps. DAVID TRONE (D–MD) and DANIEL MEUSER (R–PA) and provides grants to community organizations that provide support services for families and family members living with substance use disorders or addiction. When family members are empowered and supported to help their loved one struggling with substance use disorder, patients and families achieve better outcomes.

The Centers for Disease Control and Prevention estimated that more than 70,000 people died in the U.S. from an opioid overdose in 2019. These numbers are projected to be higher in 2020, in part because of the COVID pandemic. We have to do everything we can to address the substance use disorder crisis by helping patients and their families. I urge my colleagues to support 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. 5572, 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. PALLONE. Madam Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3 of House Resolution 965, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion will be postponed.

MESSAGE FROM THE SENATE

A message from the Senate by Ms. Byrd, one of its clerks, announced that the Senate has passed without amendment bills of the House of the following titles:

H.R. 1812. An act to amend title 38, United States Code, to furnish Vet Center readjustment counseling and related mental health services to certain individuals.

H.R. 2372. An act to direct the Comptroller General of the United States to conduct an assessment of all memoranda of understanding and memoranda of agreement between Under Secretary of Health and non-Department of Veterans Affairs entities relating to suicide prevention and mental health services.

H.R. 4779. An act to extend the Undertaking Spam, Spyware, And Fraud Enforcement With Enforcers beyond Borders Act of 2006, and for other purposes.

H.R. 6168. An act to increase, effective as of December 1, 2020, the rates of compensation for veterans with service-connected disabilities and the rates of dependency and indemnity compensation for the survivors of certain disabled veterans, and for other purposes.

The message also announced that the Senate has passed a bill of the following title in which the concurrence of the House is requested:

S. 2693. An act to improve oversight by the Federal Communications Commission of the wireless and broadcast emergency alert systems.

SCHOOL-BASED HEALTH CENTERS REAUTHORIZATION ACT OF 2020

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 2075) to amend the Public Health Service Act to reauthorize school-based health centers, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2075

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 Health Centers Reauthorization Act of 2020''.

SEC. 2. REAUTHORIZATION OF SCHOOL-BASED HEALTH CENTERS.

(a) ELIMINATION OF LIMITATION ON ELIGIBILITY OF HEALTH CENTERS.—

(1) REPEAL.—Section 399Z–1(f)(3) of the Public Health Service Act (42 U.S.C. 280h–5(f)(3)) is amended by striking subparagraph (B).

(2) CONFORMING CHANGE.—Section 399Z–1(f)(3) of the Public Health Service Act (42 U.S.C. 280h–5(f)(3)) is amended by striking

''LIMITATIONS'' and all that follows through ''Any provider of services'' and inserting ''LIMITATION.—Any provider of services''.

(b) AUTHORIZATION OF APPROPRIATIONS.—Section 399Z–1(l) of the Public Health Service Act (42 U.S.C. 280h–5(l)) is amended by striking ''2010 through 2014'' and inserting ''2021 through 2025''.

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. 2075.

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, I rise in support of H.R. 2075, the School-Based Health Centers Reauthorization Act, which reauthorizes school-based health centers.

These centers serve as critical access points that provide comprehensive care to children and adolescents in their school, a location that is safe, convenient, and accessible. They provide this care through partnerships with community health providers, such as federally qualified health centers, public health departments, hospitals, schools, and other community institutions.

School-based health centers serve primarily low-income and medically underserved populations of children and adolescents. These centers, Madam Speaker, are a powerful tool for achieving health equity among children and adolescents who unjustly experience disparities in health outcomes because of ethnicity, race, or family income.

While many communities struggle with ways to keep students healthy, school-based health centers are more important than ever. H.R. 2075 would reauthorize school-based health centers through fiscal year 2024, ensuring continued access to these centers for the children and families who need them most.

I want to thank Representatives SARBANES, TONKO, UPTON, and STEFANIK for their bipartisan leadership on this legislation.

I urge my colleagues to support this 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. 2075. This is the School-Based Health Centers Reauthorization Act of 2020. It was introduced by Representative SARBANES, whom I know we are going to hear from in a moment; Congressman UPTON, former chairman of the Energy and Commerce Committee; and Representatives STEFANIK and TONKO.

This bill reauthorizes the School-Based Health Centers program, which supports the provision of primary care, behavioral healthcare, dental health, counseling, nutritional education, and so many other really critical health services in our schools.

Madam Speaker, I remember back in my days in the State legislature supporting community-based, school-based healthcare because, oftentimes, this was the only place many of our children could get basic healthcare services. It is so essential.

I know, during the pandemic, we are getting reports from our doctors and others that say this loss of access to these kinds of services is taking its toll, especially in mental health services.

These health centers usually operate as a partnership between the school and a community health organization so that the services provided by the health center best meet the needs of the community and the local school district.

As I said, in the midst of the COVID–19 pandemic, the need for basic healthcare has not gone away just because students are learning from home. School-based health centers will continue to help in keeping students healthy and ready to learn, and we should reauthorize them, as we do in this act.

So I urge support of this measure, 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. SARBANES).

Mr. SARBANES. Madam Speaker, I want to thank Chairman PALLONE for his leadership of our committee with respect to all of these bills, particularly the health bills we are talking about today, and, also, Ranking Member WALDEN. As you know, many of these are bipartisan. They reflect the input and work of Members over a period of years.

I am very pleased that H.R. 2075, the School-Based Health Centers Reauthorization Act, is on the floor today. I introduced this bill with our colleagues, Representatives STEFANIK, TONKO, and UPTON. I want to thank them for their work and the bipartisan dimension of this effort.

This would reauthorize, as was indicated, Federal support for school-based health centers through 2024. These are institutions that provide critical primary and mental health services to vulnerable children and youth.

''Institutions'' may not be the best word. Teams of professionals, I think, is how you describe these school-based health centers across the country.

These health centers really marshal response to the needs of young people in schools in a way that you really can't replicate anywhere else in the community. That is why they are so vital.

They offer comprehensive healthcare to youth, delivering it in a setting where they already spend, obviously, much of their time, a captive audience, in a sense. Let's take advantage of that and provide the services that they need.

There are 80 school-based health centers in the State of Maryland—I am familiar with many of them, having visited a number—and over 2,500 of them nationwide that serve 6.3 million students. Many of these school-based health centers provide care to underserved communities. In fact, over a third of them are located in rural areas.

What the research shows us is that, when a student has access to a school-based health center, we see a decrease in negative outcomes, such as asthma morbidity and the rate of hospital admissions, while educational outcomes, such as school performance and graduation rates, increase.

Now, of course, the services that school-based health centers provide are needed more than ever, given the coronavirus pandemic. Young people are grappling with uncertainty and changes to their lives, and being able to receive care in a familiar and supportive setting is critically important.

Again, I thank my colleagues for their support of this, and I urge all of the Members to support this bill.

Mr. WALDEN. Madam Speaker, I call on my colleagues to support this important legislation, and I yield back the balance of my time.

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

Ms. JACKSON LEE. Madam Speaker, as the Founding Chair of the Congressional Children's Caucus and a senior member of the Judiciary and Homeland Security Committees, I rise in strong support of H.R. 2075, the ''School-Based Health Centers Reauthorization Act,'' which reauthorizes school-based health centers through Fiscal Year 2024 as well as make technical changes that allow more health centers, that serve medically underserved children and adolescents, to quality for funding.

First and foremost, I would like to thank Representatives SARBANES, TONKO, STEFANIK, and UPTON for their leadership on this key piece of legislation.

In 2014, the authorization for school-based health centers lapsed.

By passing H.R. 2075, Congress would rectify this issue and help deliver primary care, including dental screenings and mental health services, to millions of American students.

These health centers are a powerful tool for achieving health equity among children and adolescents who unjustly experience disparities in outcomes because of their race and family income.

Improved access to school-based health centers is tied to reducing negative health outcomes, such as asthma morbidity and the rate of hospital admissions as well as increasing positive outcomes like educational outcomes, school performance, and graduation rates.

Across the United States, there are over 2,500 school-based health centers and approximately one-third of them are in rural

areas, which traditionally suffer from limited access to care.

The coronavirus pandemic has shed a light on the current disparities riddled throughout our health care system.

As an increasing number of students go back to school, schools are on the front line in terms of managing the pandemic, and school-based health centers will be at the center of that response, making this reauthorization more essential than ever.

We must utilize this opportunity to strengthen these programs with additional federal funding.

I ask my colleagues on both sides of the aisle to come together and pass this important legislation.

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. 2075, 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.

TRIBAL HEALTH DATA IMPROVEMENT ACT OF 2020

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 7948) to amend the Public Health Service Act with respect to the collection and availability of health data with respect to Indian Tribes, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 7948

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 ''Tribal Health Data Improvement Act of 2020''.

SEC. 2. COLLECTION AND AVAILABILITY OF HEALTH DATA WITH RESPECT TO INDIAN TRIBES.

(a) DATA COLLECTION.—Section 3101(a)(1) of the Public Health Service Act (42 U.S.C. 300kk(a)(1)) is amended—

(1) by striking '', by not later than 2 years after the date of enactment of this title,''; and

(2) in subparagraph (B), by inserting ''Tribal,'' after ''State,''.

(b) DATA REPORTING AND DISSEMINATION.—Section 3101(c) of the Public Health Service Act (42 U.S.C. 300kk(c)) is amended—

(1) by amending subparagraph (F) of paragraph (1) to read as follows:

''(F) the Indian Health Service, Indian Tribes, Tribal organizations, and epidemiology centers authorized under the Indian Health Care Improvement Act;''; and

(2) in paragraph (3), by inserting ''Indian Tribes, Tribal organizations, and epidemiology centers,'' after ''Federal agencies,''.

(c) PROTECTION AND SHARING OF DATA.—Section 3101(e) of the Public Health Service Act (42 U.S.C. 300kk(e)) is amended by adding at the end the following new paragraphs:

''(3) DATA SHARING STRATEGY.—With respect to data access for Tribal epidemiology centers and Tribes, the Secretary shall create a data sharing strategy that takes into consideration recommendations by the Secretary's Tribal Advisory Committee for—

''(A) ensuring that Tribal epidemiology centers and Indian Tribes have access to the data sources necessary to accomplish their public health responsibilities; and

''(B) protecting the privacy and security of such data.

''(4) TRIBAL PUBLIC HEALTH AUTHORITY.—

''(A) AVAILABILITY.—Beginning not later than 180 days after the date of the enactment of the Tribal Health Data Improvement Act of 2020, the Secretary shall make available to the entities listed in subparagraph (B) all data that is collected pursuant to this title with respect to health care and public health surveillance programs and activities, including such programs and activities that are federally supported or conducted, so long as—

''(i) such entities request the data pursuant to statute; and

''(ii) the data is requested for use—

''(I) consistent with Federal law and obligations; and

''(II) to satisfy a particular purpose or carry out a specific function consistent with the purpose for which the data was collected.

''(B) ENTITIES.—The entities listed in this subparagraph are—

''(i) the Indian Health Service;

''(ii) Indian Tribes and Tribal organizations; and

''(iii) epidemiology centers.''.

(d) TECHNICAL UPDATES.—Section 3101 of the Public Health Service Act (42 U.S.C. 300kk) is amended—

(1) by striking subsections (g) and (h); and

(2) by redesignating subsection (i) as subsection (h).

(e) DEFINITIONS.—After executing the amendments made by subsection (d), section 3101 of the Public Health Service Act (42 U.S.C. 300kk) is amended by inserting after subsection (f) the following new subsection:

''(g) DEFINITIONS.—In this section:

''(1) The term 'epidemiology center' means an epidemiology center established under section 214 of the Indian Health Care Improvement Act, including such Tribal epidemiology centers serving Indian Tribes regionally and any Tribal epidemiology center serving Urban Indian organizations nationally.

''(2) The term 'Indian Tribe' has the meaning given to the term 'Indian tribe' in section 4 of the Indian Self-Determination and Education Assistance Act.

''(3) The term 'Tribal organization' has the meaning given to the term 'tribal organization' in section 4 of the of the Indian Self-Determination and Education Assistance Act.

''(4) The term 'Urban Indian organization' has the meaning given to that term in section 4 of the Indian Health Care Improvement Act.''.

(f) TECHNICAL CORRECTION.—Section 3101(b) of the Public Health Service Act (42 U.S.C. 300kk(b)) is amended by striking ''DATA ANALYSIS.—'' and all that follows through ''For each federally'' and inserting ''DATA ANALYSIS.—For each federally''.

SEC. 3. IMPROVING HEALTH STATISTICS REPORTING WITH RESPECT TO INDIAN TRIBES.

(a) TECHNICAL AID TO STATES AND LOCALITIES.—Section 306(d) of the Public Health Service Act (42 U.S.C. 242k(d)) is amended by inserting '', Indian Tribes, Tribal organizations, and epidemiology centers'' after ''jurisdictions''.

(b) COOPERATIVE HEALTH STATISTICS SYSTEM.—Section 306(e)(3) of the Public Health Service Act (42 U.S.C. 242k(e)(3)) is amended by inserting '', Indian Tribes, Tribal organizations, and epidemiology centers'' after ''health agencies''.

(c) FEDERAL-STATE-TRIBAL COOPERATION.—Section 306(f) of the Public Health Service Act (42 U.S.C. 242k(f)) is amended—

(1) by inserting ''the Indian Health Service,'' before ''the Departments of Commerce'';

(2) by inserting a comma after ''the Departments of Commerce and Labor'';

(3) by inserting '', Indian Tribes, Tribal organizations, and epidemiology centers'' after ''State and local health departments and agencies''; and

(4) by striking ''he shall'' and inserting ''the Secretary shall''.

(d) REGISTRATION AREA RECORDS.—Section 306(h)(1) of the Public Health Service Act (42 U.S.C. 242k(h)(1)) is amended—

(1) by striking ''in his discretion'' and inserting ''in the discretion of the Secretary''; and

(2) by striking ''Hispanics, Asian Americans, and Pacific Islanders'' and inserting ''American Indians and Alaska Natives, Hispanics, Asian Americans, and Native Hawaiian and other Pacific Islanders''.

(e) NATIONAL COMMITTEE ON VITAL AND HEALTH STATISTICS.—Section 306(k) of the Public Health Service Act (42 U.S.C. 242k(k)) is amended—

(1) in paragraph (3), by striking '', not later than 60 days after the date of the enactment of the Health Insurance Portability and Accountability Act of 1996,'' each place it appears; and

(2) in paragraph (7), by striking ''Not later than 1 year after the date of the enactment of the Health Insurance Portability and Accountability Act of 1996, and annually thereafter, the Committee shall'' and inserting ''The Committee shall, on an biennial basis,''.

(f) GRANTS FOR ASSEMBLY AND ANALYSIS OF DATA ON ETHNIC AND RACIAL POPULATIONS.—Section 306(m)(4) of the Public Health Service Act (42 U.S.C. 242k(m)(4)) is amended—

(1) in subparagraph (A)—

(A) by striking ''Subject to subparagraph (B), the'' and inserting ''The''; and

(B) by striking ''and major Hispanic subpopulation groups and American Indians'' and inserting '', major Hispanic subgroups, and American Indians and Alaska Natives''; and

(2) by amending subparagraph (B) to read as follows:

''(B) In carrying out subparagraph (A), with respect to American Indians and Alaska Natives, the Secretary shall—

''(i) consult with Indian Tribes, Tribal organizations, the Tribal Technical Advisory Group of the Centers for Medicare & Medicaid Services maintained under section 5006(e) of the American Recovery and Reinvestment Act of 2009, and the Tribal Advisory Committee established by the Centers for Disease Control and Prevention, in coordination with epidemiology centers, to develop guidelines for State and local health agencies to improve the quality and accuracy of data with respect to the birth and death records of American Indians and Alaska Natives;

''(ii) confer with Urban Indian organizations to develop guidelines for State and local health agencies to improve the quality and accuracy of data with respect to the birth and death records of American Indians and Alaska Natives;

''(iii) enter into cooperative agreements with Indian Tribes, Tribal organizations, Urban Indian organizations, and epidemiology centers to address misclassification and undersampling of American Indians and Alaska Natives with respect to—

''(I) birth and death records; and

''(II) health care and public health surveillance systems, including, but not limited to, data with respect to chronic and infectious diseases, unintentional injuries, environmental health, child and adolescent health, maternal health and mortality, foodborne and waterborne illness, reproductive health, and any other notifiable disease or condition;

''(iv) encourage States to enter into data sharing agreements with Indian Tribes, Tribal organizations, and epidemiology centers to improve the quality and accuracy of public health data; and

''(v) not later than 180 days after the date of enactment of the Tribal Health Data Improvement Act of 2020, and biennially thereafter, issue a report on the following:

''(I) Which States have data sharing agreements with Indian Tribes, Tribal organizations,