(2) in paragraph (87), by striking the period at the end and inserting ''; and''; and

(3) by inserting after paragraph (87) the following new paragraph:

''(88) beginning January 1, 2026, provide for a process to regularly obtain address information for individuals enrolled under such plan (or a waiver of such plan) from reliable data sources (as described in section 435.919(f)(1)(iii) of title 42, Code of Federal Regulations (or a successor regulation)) and act on any changes to such an address based on such information in accordance with such section (or successor regulation), except that this paragraph shall only apply in the case of the 50 States and the District of Columbia.''.

(b) APPLICATION TO CHIP.—Section 2107(e)(1) of the Social Security Act (42 U.S.C. 1397gg(e)(1)) is amended—

(1) by redesignating subparagraphs (H) through (U) as subparagraphs (I) through (V), respectively; and

(2) by inserting after subparagraph (G) the following new subparagraph:

''(H) Section 1902(a)(88) (relating to regularly obtaining address information for enrollees).''.

(c) ENSURING TRANSMISSION OF ADDRESS INFORMATION FROM MANAGED CARE ORGANIZATIONS.—Section 1932 of the Social Security Act (42 U.S.C. 1396u–2) is amended by adding at the end the following new subsection:

''(j) TRANSMISSION OF ADDRESS INFORMATION.—Beginning January 1, 2026, each contract under a State plan with a managed care entity under section 1903(m) shall provide that the entity transmits to the State any address information for an individual enrolled with the entity that is provided to such entity directly from, or verified by such entity directly with, such individual.''.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Iowa (Mrs. MILLER-MEEKS) and the gentleman from New Jersey (Mr. PALLONE) each will control 20 minutes.

The Chair recognizes the gentlewoman from Iowa.

GENERAL LEAVE

Mrs. MILLER-MEEKS. 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 in the RECORD on the bill.

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

There was no objection.

Mrs. MILLER-MEEKS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in strong support of H.R. 8111, the Medicaid Program Improvement Act.

Mr. Speaker, this bill represents a significant step forward in how we manage and improve the Medicaid program. Every day, Medicaid serves millions of Americans, providing critical healthcare services. However, an often overlooked aspect of this vital program is the accuracy and reliability of address information for our beneficiaries.

Inaccurate or outdated addresses can lead to beneficiaries being enrolled in multiple State Medicaid programs, jeopardizing program integrity. The Medicaid Program Improvement Act addresses this issue head on. By amending title XIX of the Social Security Act, we will ensure that Medicaid programs have a robust and regular process for verifying and updating address information.

Starting January 1, 2026, State Medicaid programs will utilize reliable data sources to keep address information current, which will be crucial in ensuring that individuals receive the care they need, but are also eligible without unnecessary interruptions.

Additionally, my bill extends these requirements to the Children's Health Insurance Program, CHIP, and mandates that managed care organizations transmit accurate address information to States.

This comprehensive approach guarantees that all aspects of our Medicaid and CHIP systems work in concert to deliver seamless, effective care. Let's take this important step together and ensure that State Medicaid systems function reliably and effectively as much as they can.

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

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

Mr. Speaker, I rise today in support of H.R. 8111, which is sponsored by the gentlewoman from Iowa (Mrs. MILLER-MEEKS), as well as the gentleman from Pennsylvania (Mr. CARTWRIGHT).

Mr. Speaker, this bipartisan bill would require State Medicaid agencies to regularly obtain updated beneficiary address information from reliable sources, including Medicaid managed care plans. This requirement helps to accomplish two things.

First, when the time comes for a State Medicaid agency to renew a person's Medicaid eligibility, it is critical that the State has the most up-to-date address information. Too often, people lose Medicaid coverage for administrative reasons. Some people just don't return the paperwork for this reason, for example.

Some people simply never receive the notice that the State has sent to them indicating it was time to renew their healthcare coverage for Medicaid. Collecting and using updated address information from reliable sources helps States to reach people and renew their coverage.

The second thing is having updated address information helps States identify when an individual may have moved out of State, and this information could help States ensure payments are not made for beneficiaries who are no longer residents of the State.

Mr. Speaker, this is a straightforward policy that helps to address practical challenges for people and for State Medicaid agencies, and I urge my colleagues to vote ''yes'' on H.R. 8111.

Mr. Speaker, I have no additional speakers. In closing, I would simply ask that Members vote for this bill on a bipartisan basis. It is important for Medicaid recipients.

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

Mrs. MILLER-MEEKS. Mr. Speaker, in closing, I encourage a ''yes'' vote on this bill, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. WEBER of Texas). The question is on the motion offered by the gentlewoman from Iowa (Mrs. MILLER-MEEKS) that the House suspend the rules and pass the bill, H.R. 8111, 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.

ACCELERATING KID ACCESS TO CARE ACT

Mrs. MILLER-MEEKS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4758) to amend title XIX of the Social Security Act to streamline enrollment under the Medicaid program of certain providers across State lines, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4758

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 ''Accelerating Kids' Access to Care Act''.

SEC. 2. STREAMLINED ENROLLMENT PROCESS FOR ELIGIBLE OUT-OF-STATE PROVIDERS UNDER MEDICAID AND CHIP.

(a) IN GENERAL.—Section 1902(kk) of the Social Security Act (42 U.S.C. 1396a(kk)) is amended by adding at the end the following new paragraph:

''(10) STREAMLINED ENROLLMENT PROCESS FOR ELIGIBLE OUT-OF-STATE PROVIDERS.—

''(A) IN GENERAL.—The State—

''(i) adopts and implements a process to allow an eligible out-of-State provider to enroll under the State plan (or a waiver of such plan) to furnish items and services to, or order, prescribe, refer, or certify eligibility for items and services for, qualifying individuals without the imposition of screening or enrollment requirements in addition to those imposed by the State in which the eligible out-of-State provider is located; and

''(ii) provides that an eligible out-of-State provider that enrolls as a participating provider in the State plan (or a waiver of such plan) through such process shall be so enrolled for a 5-year period, unless the provider is terminated or excluded from participation during such period.

''(B) DEFINITIONS.—In this paragraph:

''(i) ELIGIBLE OUT-OF-STATE PROVIDER.—The term 'eligible out-of-State provider' means, with respect to a State, a provider—

''(I) that is located in any other State;

''(II) that—

''(aa) was determined by the Secretary to have a limited risk of fraud, waste, and abuse for purposes of determining the level of screening to be conducted under section 1866(j)(2), has been so screened under such section 1866(j)(2), and is enrolled in the Medicare program under title XVIII; or

''(bb) was determined by the State agency administering or supervising the administration of the State plan (or a waiver of such plan) of such other State to have a limited risk of fraud, waste, and abuse for purposes of determining the level of screening to be conducted under paragraph (1) of this subsection, has been so screened under such

paragraph (1), and is enrolled under such State plan (or a waiver of such plan); and

''(III) that has not been—

''(aa) excluded from participation in any Federal health care program pursuant to section 1128 or 1128A;

''(bb) excluded from participation in the State plan (or a waiver of such plan) pursuant to part 1002 of title 42, Code of Federal Regulations (or any successor regulation), or State law; or

''(cc) terminated from participating in a Federal health care program or the State plan (or a waiver of such plan) for a reason described in paragraph (8)(A).

''(ii) QUALIFYING INDIVIDUAL.—The term 'qualifying individual' means an individual under 21 years of age who is enrolled under the State plan (or waiver of such plan).

''(iii) STATE.—The term 'State' means 1 of the 50 States or the District of Columbia.''.

(b) CONFORMING AMENDMENTS.—

(1) Section 1902(a)(77) of the Social Security Act (42 U.S.C. 1396a(a)(77)) is amended by inserting ''enrollment,'' after ''screening,''.

(2) The subsection heading for section 1902(kk) of such Act (42 U.S.C. 1396a(kk)) is amended by inserting ''ENROLLMENT,'' after ''SCREENING,''.

(3) Section 2107(e)(1)(G) of such Act (42 U.S.C. 1397gg(e)(1)(G)) is amended by inserting ''enrollment,'' after ''screening,''.

(c) EFFECTIVE DATE.—The amendments made by this section shall take effect on the date that is 3 years after the date of enactment of this section.

SEC. 3. PREVENTING THE USE OF ABUSIVE SPREAD PRICING IN MEDICAID.

(a) IN GENERAL.—Section 1927 of the Social Security Act (42 U.S.C. 1396r–8) is amended—

(1) in subsection (e), by adding at the end the following new paragraph:

''(6) TRANSPARENT PRESCRIPTION DRUG PASS-THROUGH PRICING REQUIRED.—

''(A) IN GENERAL.—A contract between the State and a pharmacy benefit manager (referred to in this paragraph as a 'PBM'), or a contract between the State and a managed care entity or other specified entity (as such terms are defined in section 1903(m)(9)(D) and collectively referred to in this paragraph as the 'entity') that includes provisions making the entity responsible for coverage of covered outpatient drugs dispensed to individuals enrolled with the entity, shall require that payment for such drugs and related administrative services (as applicable), including payments made by a PBM on behalf of the State or entity, is based on a transparent prescription drug pass-through pricing model under which—

''(i) any payment made by the entity or the PBM (as applicable) for such a drug—

''(I) is limited to—

''(aa) ingredient cost; and

''(bb) a professional dispensing fee that is not less than the professional dispensing fee that the State would pay if the State were making the payment directly in accordance with the State plan;

''(II) is passed through in its entirety (except as reduced under Federal or State laws and regulations in response to instances of waste, fraud, or abuse) by the entity or PBM to the pharmacy or provider that dispenses the drug; and

''(III) is made in a manner that is consistent with sections 447.502, 447.512, 447.514, and 447.518 of title 42, Code of Federal Regulations (or any successor regulation) as if such requirements applied directly to the entity or the PBM, except that any payment by the entity or the PBM for the ingredient cost of such drug purchased by a covered entity (as defined in subsection (a)(5)(B)) may exceed the actual acquisition cost (as defined in 447.502 of title 42, Code of Federal Regulations, or any successor regulation) for such drug if—

''(aa) such drug was subject to an agreement under section 340B of the Public Health Service Act;

''(bb) such payment for the ingredient cost of such drug does not exceed the maximum payment that would have been made by the entity or the PBM for the ingredient cost of such drug if such drug had not been purchased by such covered entity; and

''(cc) such covered entity reports to the Secretary (in a form and manner specified by the Secretary), on an annual basis and with respect to payments for the ingredient costs of such drugs so purchased by such covered entity that are in excess of the actual acquisition costs for such drugs, the aggregate amount of such excess;

''(ii) payment to the entity or the PBM (as applicable) for administrative services performed by the entity or PBM is limited to an administrative fee that reflects the fair market value (as defined by the Secretary) of such services;

''(iii) the entity or the PBM (as applicable) makes available to the State, and the Secretary upon request in a form and manner specified by the Secretary, all costs and payments related to covered outpatient drugs and accompanying administrative services (as described in clause (ii)) incurred, received, or made by the entity or the PBM, broken down (as specified by the Secretary), to the extent such costs and payments are attributable to an individual covered outpatient drug, by each such drug, including any ingredient costs, professional dispensing fees, administrative fees (as described in clause (ii)), post-sale and post-invoice fees, discounts, or related adjustments such as direct and indirect remuneration fees, and any and all other remuneration; and

''(iv) any form of spread pricing whereby any amount charged or claimed by the entity or the PBM (as applicable) that exceeds the amount paid to the pharmacies or providers on behalf of the State or entity, including any post-sale or post-invoice fees, discounts, or related adjustments such as direct and indirect remuneration fees or assessments (after allowing for an administrative fee as described in clause (ii)) is not allowable for purposes of claiming Federal matching payments under this title.

''(B) MAKING CERTAIN INFORMATION AVAILABLE.—The Secretary shall publish, not less frequently than on an annual basis, information received by the Secretary pursuant to subparagraph (A)(i)(III)(cc). Such information shall be so published in an electronic and searchable format, such as through the 340B Office of Pharmacy Affairs Information System (or a successor system).''; and

(2) in subsection (k), by adding at the end the following new paragraph:

''(12) PHARMACY BENEFIT MANAGER.—The term 'pharmacy benefit manager' means any person or entity that, either directly or through an intermediary, acts as a price negotiator or group purchaser on behalf of a State, managed care entity (as defined in section 1903(m)(9)(D)), or other specified entity (as so defined), and may also more broadly manage aspects of the prescription drug benefits provided by a State, managed care entity, or other specified entity, including the processing and payment of claims for prescription drugs, the performance of drug utilization review, the processing of drug prior authorization requests, the managing of appeals or grievances related to the prescription drug benefits, contracting with pharmacies, controlling the cost of covered outpatient drugs, or the provision of services related thereto. Such term includes any person or entity that acts as a price negotiator (with regard to payment amounts to pharmacies and providers for a covered outpatient drug or the net cost of the drug) or group purchaser on behalf of a State, managed care entity, or other specified entity, including such a person or entity that carries out 1 or more of the other activities described in the preceding sentence, irrespective of whether such person or entity calls itself a pharmacy benefit manager.''.

(b) CONFORMING AMENDMENTS.—Section 1903(m) of such Act (42 U.S.C. 1396b(m)) is amended—

(1) in paragraph (2)(A)(xiii)—

(A) by striking ''and (III)'' and inserting ''(III)'';

(B) by inserting before the period at the end the following: '', and (IV) if the contract includes provisions making the entity responsible for coverage of covered outpatient drugs, the entity shall comply with the requirements of section 1927(e)(6)''; and

(C) by moving the left margin 2 ems to the left; and

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

''(10) No payment shall be made under this title to a State with respect to expenditures incurred by the State for payment for services provided by an other specified entity (as defined in paragraph (9)(D)(iii)) unless such services are provided in accordance with a contract between the State and such entity which satisfies the requirements of paragraph (2)(A)(xiii).''.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to contracts between States and managed care entities, other specified entities, or pharmacy benefit managers that have an effective date beginning on or after the date that is 18 months after the date of enactment of this Act.

(d) IMPLEMENTATION.—

(1) IN GENERAL.—Notwithstanding any other provision of law, the Secretary of Health and Human Services may implement the amendments made by this section by program instruction or otherwise.

(2) NONAPPLICATION OF ADMINISTRATIVE PROCEDURE ACT.—Implementation of the amendments made by this section shall be exempt from the requirements of section 553 of title 5, United States Code.

(e) NONAPPLICATION OF PAPERWORK REDUCTION ACT.—Chapter 35 of title 44, United States Code, shall not apply to any data collection undertaken by the Secretary of Health and Human Services under section 1927(e) of the Social Security Act (42 U.S.C. 1396r–8(f)), as amended by this section.

SEC. 4. MEDICAID IMPROVEMENT FUND.

Section 1941(b)(3)(A) of the Social Security Act (42 U.S.C. 1396w–1(b)(3)(A)) is amended by striking ''$0'' and inserting ''$69,000,000''.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Iowa (Mrs. MILLER-MEEKS) and the gentleman from New Jersey (Mr. PALLONE) each will control 20 minutes.

The Chair recognizes the gentlewoman from Iowa.

GENERAL LEAVE

Mrs. MILLER-MEEKS. 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 in the RECORD on the bill.

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

There was no objection.

Mrs. MILLER-MEEKS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in strong support of my legislation, H.R. 4758, the Accelerating Kids' Access to Care Act.

Mr. Speaker, for many families facing rare and severe pediatric conditions, accessing out-of-State care can be a daunting and lengthy process. The barriers are not just logistical, but also administrative, leading to unnecessary delays that can be detrimental to a child's health and even life threatening.

The Accelerating Kids' Access to Care Act addresses this issue by streamlining the enrollment process for out-of-State pediatric providers under Medicaid, meaning that, if a child needs to travel out of State to receive care, bureaucratic hurdles won't stand in their way.

More specifically, the Accelerating Kids' Access to Care Act will enable States to adopt a simplified process for out-of-State providers to enroll in their Medicaid programs. This change will reduce delays and prevent the denial of care due to administrative inefficiencies.

It will also ensure that, once enrolled, providers remain active for 5 years, unless otherwise terminated, which brings stability and consistency to care delivery.

In addition, the bill includes provisions to combat abusive pricing practices in Medicaid, ensuring transparency and fairness in the cost of prescription drugs. By enforcing transparent pricing models by banning spread pricing, we can protect both the integrity of Medicaid dollars and the interests of families relying on this essential program.

This bipartisan piece of legislation is supported by over 215 organizations, including the Children's Hospital Association and the Leukemia & Lymphoma Society, reflecting a broad consensus on its importance.

Mr. Speaker, I thank the gentlewoman from Massachusetts (Mrs. TRAHAN) and Senators GRASSLEY and BENNET for their work on this bill, and I ask all of my colleagues to join us in supporting this vital piece of legislation.

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

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

Mr. Speaker, I rise today in support of H.R. 4758, the Accelerating Kids' Access to Care Act, sponsored by the gentlewoman from Massachusetts (Mrs. TRAHAN) and the gentlewoman from Iowa (Mrs. MILLER-MEEKS).

Mr. Speaker, H.R. 4758 will ensure that children enrolled in Medicaid who need specialized care from out-of-State providers can receive that care without undue delay.

Children with complex medical needs often require care that can only be provided by specialists in States other than the one in which they live, and it is unacceptable that these children may have to wait months to receive the care they need, making their condition worse and adding unnecessary stress and burden to their already overwhelmed families.

These delays stem from complicated processes that prevent out-of-State Medicaid providers from quickly enrolling in the child's home State Medicaid program. H.R. 4758 will streamline that process to ensure children can more quickly get the care that they need.

This bill also includes a prohibition on so-called spread pricing by pharmacy benefit managers in the Medicaid program. Spread pricing occurs when pharmacy benefit managers keep a portion of the amount paid to them for prescription drugs, charging Medicaid an excess amount for the drug. I will be pleased to see this wasteful spending come to an end, frankly.

Mr. Speaker, I thank the gentlewoman from Massachusetts (Mrs. TRAHAN) for her leadership on this important bill. I urge all of my colleagues to vote ''yes,'' and I reserve the balance of my time.

Mrs. MILLER-MEEKS. Mr. Speaker, I yield 5 minutes to the gentleman from Georgia (Mr. CARTER).

Mr. CARTER of Georgia. Mr. Speaker, I thank the gentlewoman for yielding.

Mr. Speaker, I rise today to express my support for the Accelerating Kids' Access to Care Act, which will help families access lifesaving care for children with complex medical conditions.

In Georgia, we are blessed to have world-class children's hospitals that care for kids across the country. However, in some cases, patients with rare and complex diseases have to travel out of State to receive specialized care when the services they need are not available in their own State.

The process is difficult and full of red tape, often delaying children and their families from receiving the care they desperately need and, in some cases, blocking access to care altogether.

The Accelerating Kids' Access to Care Act will allow States to streamline the process for out-of-State pediatric care providers to enroll in another State's Medicaid program, while also providing important guardrails. This is a commonsense policy that will help children with complex medical conditions access critical care.

Mr. Speaker, I am also pleased to see the bipartisan amendment includes crucial pharmacy benefit manager reforms for my Drug Price Transparency and Medicaid Act. This provision would prohibit spread pricing in Medicaid and clarify that States should reimburse PBMs contracting with Medicaid managed care organizations for an administrative fee for managing the pharmacy benefit for Medicaid beneficiaries.

This will save taxpayers millions of dollars and will protect patients, pharmacies, and others from middleman tactics that drive up prescription drug prices.

Mr. Speaker, I commend the gentlewoman from Iowa (Mrs. MILLER-MEEKS) and the gentlewoman from Massachusetts (Mrs. TRAHAN) for working on this issue, and I urge my colleagues to support the Accelerating Kids' Access to Care Act.

Mr. PALLONE. Mr. Speaker, I yield such time as she may consume to the gentlewoman from Massachusetts (Mrs. TRAHAN), the main author of this bill.

Mrs. TRAHAN. Mr. Speaker, I thank the gentleman from New Jersey (Mr. PALLONE) for yielding.

Mr. Speaker, I express my sincere gratitude to Ranking Member PALLONE, Chair RODGERS, Ranking Member ESHOO, Chairman GUTHRIE, Congresswoman MILLER-MEEKS, and my colleagues on the Energy and Commerce Committee for their unanimous support of this important bipartisan, bicameral legislation.

When medical professionals determine that clinical care is necessary to treat a child battling a rare disease, there should be no reason that administrative burdens get in the way. However, that is exactly what happens far too often to children with complex medical needs.

In fact, when children with serious health conditions lack access to the specialized care that they need in their home State, parents can be forced to navigate the complicated process of working with healthcare providers and State Medicaid officials to arrange for out-of-State care.

Unfortunately, those same parents are often met with burdensome requirements that can lead to significant delays for children in desperate need of care. In some cases, it can prevent access to care entirely.

Mr. Speaker, the Accelerating Kids' Access to Care Act is urgently needed to eliminate this red tape and ensure that children receive appropriate, often lifesaving care that they deserve.

Mr. Speaker, to highlight the importance of getting this bipartisan legislation over the finish line, I highlight a story from a patient who was negatively impacted by the onerous and time-consuming Medicaid provider screening and enrollment process.

Almost 3 years ago, a baby, who I will name Lily, was born in a rural State with her esophagus in two separate segments and connected abnormally to her windpipe. Since this condition requires a particularly complicated procedure to correct it, doctors explained to the family that there are only two places in the country where it could be done. One of them was Boston Children's Hospital, in my home State of Massachusetts.

Mr. Speaker, like most parents, Lily's mom and dad were immediately ready to travel to Boston, where the surgeons were standing by to perform the lifesaving operation. Instead, Lily, who was a Medicaid recipient, was waiting for her home State to enroll the eight providers at Boston Children's Hospital who had the expertise to perform this complex surgery.

Her State, confused about the rules concerning out-of-State provider enrollment, wouldn't authorize the surgery that Lily desperately needed. Over the next 7 months, Lily's surgery was delayed and rescheduled over 3 times. As she waited, she lived with a floppy airway that could have collapsed at any moment.

Mr. Speaker, clearly the stakes are far too high to allow bureaucratic hurdles to stand in the way of urgent medical care for children like Lily. Failing to address this issue will have severe and far-reaching consequences, not only on children who are battling complications that could be addressed with immediate care, but also their families, who are forced to endure significant financial and emotional strain when the care is delayed.

What is worse is that these delays also lead to a greater reliance on emergency services and drive up overall healthcare costs.

Passage of the Accelerating Kids' Access to Care Act is instrumental in fixing this issue. This bipartisan legislation will get us one step closer to ensuring that no child on Medicaid has to endure unnecessary delays when they need critical care outside of their home State.

That is why I am so grateful to my colleagues on both sides of the aisle and in both Chambers who were instrumental in drafting the advancement of this legislation, including Congresswoman MILLER-MEEKS and Senators GRASSLEY and BENNET.

Mr. Speaker, that is why I urge Members on both sides of the aisle to join us in passing this strong, bipartisan, and potentially lifesaving legislation.

□ 1945

Mrs. MILLER-MEEKS. Mr. Speaker, I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I think we heard from Representative TRAHAN why this is so important. I urge all colleagues to vote for it on a bipartisan basis, and I yield back the balance of my time.

Mrs. MILLER-MEEKS. Mr. Speaker, this bipartisan, bicameral legislation is critical in making sure that kids have the access to lifesaving care that they need without burdensome overregulation.

Mr. Speaker, I encourage a ''yes'' vote on this bill, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Iowa (Mrs. MILLER-MEEKS) that the House suspend the rules and pass the bill, H.R. 4758, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

The title of the bill was amended so as to read: ''A bill to amend title XIX of the Social Security Act to streamline enrollment under the Medicaid program of certain providers across State lines, and to prevent the use of abusive spread pricing in Medicaid.''.

A motion to reconsider was laid on the table.

BOLD INFRASTRUCTURE FOR ALZHEIMER'S REAUTHORIZATION ACT OF 2024

Mrs. MILLER-MEEKS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 7218) to amend title III of the Public Health Service Act to extend the program for promotion of public health knowledge and awareness of Alzheimer's disease and related dementias, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 7218

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 ''BOLD Infrastructure for Alzheimer's Reauthorization Act of 2024''.

SEC. 2. EXTENSION OF PROGRAM FOR PROMOTION OF PUBLIC HEALTH KNOWLEDGE AND AWARENESS OF ALZHEIMER'S DISEASE AND RELATED DEMENTIAS.

Section 398B(e) of the Public Health Service Act (42 U.S.C. 280c–5(e)) is amended by inserting ''and $33,000,000 for each of fiscal years 2025 through 2029'' before the period at the end.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Iowa (Mrs. MILLER-MEEKS) and the gentleman from New Jersey (Mr. PALLONE) each will control 20 minutes.

The Chair recognizes the gentlewoman from Iowa.

GENERAL LEAVE

Mrs. MILLER-MEEKS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and insert extraneous material into the RECORD on the bill.

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

There was no objection.

Mrs. MILLER-MEEKS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H.R. 7218, the Building Our Largest Dementia, or BOLD, Infrastructure for Alzheimer's Reauthorization Act of 2024, led by Representative BRETT GUTHRIE.

Nearly 7 million Americans, including my mother, aged 65 and older are currently living with Alzheimer's. By 2050, this number is projected to rise to 12.7 million. This means that over 10 percent of people over the age of 65 have Alzheimer's. Sadly, one in three seniors dies with Alzheimer's or another type of dementia.

The cost of this disease is also tremendous, with health and long-term care costs projected to reach $360 billion in 2024. The BOLD Infrastructure for Alzheimer's Reauthorization would continue to support and strengthen programs and strategies to promote brain health and improve outcomes for individuals living with Alzheimer's and related dementias and their caregivers.

Mr. Speaker, I encourage my colleagues to support this bill, and I reserve the balance of my time.

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

Mr. Speaker, I rise in support of H.R. 7218, the BOLD Infrastructure for Alzheimer's Act, sponsored by Health Subcommittee Chairman GUTHRIE and Representative TONKO.

This bipartisan legislation would reauthorize funding for State and local programs that support their public health efforts to address Alzheimer's dementia in their communities.

Approximately 6.9 million Americans ages 65 or older are living with Alzheimer's dementia. Given the impact Alzheimer's has on those suffering from the disease and their families, it is critical we reauthorize funding for the BOLD Act to continue efforts to address this disease.

In 2018, the original BOLD Act was signed into law, which directed the Centers for Disease Control and Prevention to build an Alzheimer's public health infrastructure to address the disease across the country. Since then, State and local public health departments have been able to build out Alzheimer's programs that focus on increasing early detection and diagnosis, risk reduction, prevention of avoidable hospitalizations, and supporting caregiving for dementia.

Now, thanks to the BOLD Act, our Nation has made significant strides in strengthening our Alzheimer's public health infrastructure. By passing this bill, we make a commitment to continue our progress in addressing Alzheimer's dementia.

Mr. Speaker, I urge my colleagues to vote ''yes'' to reauthorize funding for the BOLD Act, and I reserve the balance of my time.

Mrs. MILLER-MEEKS. Mr. Speaker, I yield 5 minutes to the gentleman from Kentucky (Mr. GUTHRIE).

Mr. GUTHRIE. Mr. Speaker, I appreciate my good friend from Iowa for yielding. I also appreciate her leadership on this issue. So many of the bills we are debating and talking about tonight under her leadership are complementing and bringing in her medical expertise to the Energy and Commerce Committee, particularly the Health Subcommittee.

Mr. Speaker, I rise tonight in support of my bill, H.R. 7218, the Building Our Largest Dementia, or BOLD, Infrastructure for Alzheimer's Reauthorization Act of 2024.

Nearly 7 million Americans aged 65 and older are currently living with Alzheimer's. I know my good friend from Iowa said her mother has dementia. I just lost my mother-in-law almost a year ago to Alzheimer's.

By 2050, this number is projected to rise to 12.7 million. This means that over 10 percent of people over the age of 65 have Alzheimer's. Sadly, one in