

National Monument in the State of Maine, and for other purposes.

S. 356. An act to extend the Secure Rural Schools and Community Self-Determination Act of 2000.

S. 1112. An act to adjust the boundary of Big Bend National Park in the State of Texas, and for other purposes.

S. 1582. An act to provide for the regulation of payment stablecoins, and for other purposes.

The message also announced that the Senate has agreed to a concurrent resolution of the following title in which the concurrence of the House is requested:

S. Con. Res. 15. Concurrent resolution expressing support for America's law enforcement professionals.

CHARLOTTE WOODWARD ORGAN TRANSPLANT DISCRIMINATION PREVENTION ACT

Mr. BILIRAKIS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1520) to prohibit discrimination on the basis of mental or physical disability in cases of organ transplants.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1520

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 "Charlotte Woodward Organ Transplant Discrimination Prevention Act".

SEC. 2. DEFINITIONS.

In this Act:

(1) **AUXILIARY AIDS AND SERVICES.**—The term "auxiliary aids and services" has the meaning given the term in section 4 of the Americans with Disabilities Act of 1990 (42 U.S.C. 12103).

(2) **COVERED ENTITY.**—The term "covered entity" means any licensed provider of health care services (including licensed health care practitioners, hospitals, nursing facilities, laboratories, intermediate care facilities, psychiatric residential treatment facilities, institutions for individuals with intellectual or developmental disabilities, and prison health centers), and any transplant hospital (as defined in section 121.2 of title 42, Code of Federal Regulations or a successor regulation), that—

(A) is in interstate commerce; or

(B) provides health care services in a manner that—

(i) substantially affects or has a substantial relation to interstate commerce; or

(ii) includes use of an instrument (including an instrument of transportation or communication) of interstate commerce.

(3) **DISABILITY.**—The term "disability" has the meaning given the term in section 3 of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102).

(4) **HUMAN ORGAN.**—The term "human organ" has the meaning given the term in section 301(c) of the National Organ Transplant Act (42 U.S.C. 274e(c)).

(5) **ORGAN TRANSPLANT.**—The term "organ transplant" means the transplantation or transfusion of a donated human organ into the body of another human for the purpose of treating a medical condition.

(6) **QUALIFIED INDIVIDUAL.**—The term "qualified individual" means an individual who, with or without a support network, provision of auxiliary aids and services, or reasonable modifications to policies or prac-

tices, meets eligibility requirements for the receipt of a human organ.

(7) **REASONABLE MODIFICATIONS TO POLICIES OR PRACTICES.**—The term "reasonable modifications to policies or practices" includes—

(A) communication with persons responsible for supporting a qualified individual with postsurgical or other care following an organ transplant or related services, including support with medication;

(B) consideration, in determining whether a qualified individual will be able to comply with health requirements following an organ transplant or receipt of related services, of support networks available to the qualified individual, including family, friends, and providers of home and community-based services, including home and community-based services funded through the Medicare or Medicaid program under title XVIII or XIX, respectively, of the Social Security Act (42 U.S.C. 1395 et seq., 1396 et seq.), another health plan in which the qualified individual is enrolled, or any program or source of funding available to the qualified individual; and

(C) the use of supported decision-making, when needed, by a qualified individual.

(8) **RELATED SERVICES.**—The term "related services" means services related to an organ transplant that consist of—

(A) evaluation;

(B) counseling;

(C) treatment, including postoperative treatment, and care;

(D) provision of information; and

(E) any other service recommended or required by a physician.

(9) **SUPPORTED DECISION-MAKING.**—The term "supported decision-making" means the use of a support person to assist a qualified individual in making health care decisions, communicate information to the qualified individual, or ascertain a qualified individual's wishes. Such term includes—

(A) the inclusion of the individual's attorney-in-fact or health care proxy, or any person of the individual's choice, in communications about the individual's health care;

(B) permitting the individual to designate a person of the individual's choice for the purposes of supporting that individual in communicating, processing information, or making health care decisions;

(C) providing auxiliary aids and services to facilitate the individual's ability to communicate and process health-related information, including providing use of assistive communication technology;

(D) providing health information to persons designated by the individual, consistent with the regulations promulgated under section 264(c) of the Health Insurance Portability and Accountability Act of 1996 (42 U.S.C. 1320d-2 note) and other applicable laws and regulations governing disclosure of health information;

(E) providing health information in a format that is readily understandable by the individual; and

(F) working with a court-appointed guardian or other person responsible for making health care decisions on behalf of the individual, to ensure that the individual is included in decisions involving the health care of the individual and that health care decisions are in accordance with the individual's own expressed interests.

(10) **SUPPORT NETWORK.**—The term "support network" means, with respect to a qualified individual, 1 or more people who are—

(A) selected by the qualified individual or by the qualified individual and the guardian of the qualified individual, to provide assistance to the qualified individual or guidance to that qualified individual in understanding issues, making plans for the future, or making complex decisions; and

(B) who may include the family members, friends, unpaid supporters, members of the religious congregation, and appropriate personnel at a community center, of or serving the qualified individual.

SEC. 3. PROHIBITION OF DISCRIMINATORY POLICY.

The board of directors described in section 372(b)(1)(B) of the Public Health Service Act (42 U.S.C. 274(b)(1)(B)) shall not issue policies, recommendations, or other memoranda that would prohibit, or otherwise hinder, a qualified individual's access to an organ transplant solely on the basis of that individual's disability.

SEC. 4. PROHIBITION OF DISCRIMINATION.

(a) **IN GENERAL.**—Subject to subsection (b), a covered entity may not, solely on the basis of a qualified individual's disability—

(1) determine that the individual is ineligible to receive an organ transplant or related services;

(2) deny the individual an organ transplant or related services;

(3) refuse to refer the individual to an organ transplant center or other related specialist for the purpose of receipt of an organ transplant or other related services; or

(4) refuse to place the individual on an organ transplant waiting list.

(b) **EXCEPTION.**—

(1) **IN GENERAL.**—

(A) **MEDICALLY SIGNIFICANT DISABILITIES.**—Notwithstanding subsection (a), a covered entity may take a qualified individual's disability into account when making a health care treatment or coverage recommendation or decision, solely to the extent that the disability has been found by a physician, following an individualized evaluation of the potential recipient, to be medically significant to the receipt of the organ transplant or related services, as the case may be.

(B) **CONSTRUCTION.**—Subparagraph (A) shall not be construed to require a referral or recommendation for, or the performance of, a medically inappropriate organ transplant or medically inappropriate related services.

(2) **CLARIFICATION.**—If a qualified individual has the necessary support network to provide a reasonable assurance that the qualified individual will be able to comply with health requirements following an organ transplant or receipt of related services, as the case may be, the qualified individual's inability to independently comply with those requirements may not be construed to be medically significant for purposes of paragraph (1).

(c) **REASONABLE MODIFICATIONS.**—A covered entity shall make reasonable modifications to policies or practices (including procedures) of such entity if such modifications are necessary to make an organ transplant or related services available to qualified individuals with disabilities, unless the entity can demonstrate that making such modifications would fundamentally alter the nature of such policies or practices.

(d) **CLARIFICATIONS.**—

(1) **NO DENIAL OF SERVICES BECAUSE OF ABSENCE OF AUXILIARY AIDS AND SERVICES.**—For purposes of this section, a covered entity shall take such steps as may be necessary to ensure that a qualified individual with a disability is not denied a procedure associated with the receipt of an organ transplant or related services, because of the absence of auxiliary aids and services, unless the covered entity can demonstrate that taking such steps would fundamentally alter the nature of the procedure being offered or would result in an undue burden on the entity.

(2) **COMPLIANCE WITH OTHER LAW.**—Nothing in this section shall be construed—

(A) to prevent a covered entity from providing organ transplants or related services

at a level that is greater than the level that is required by this section; or

(B) to limit the rights of an individual with a disability under, or to replace or limit the scope of obligations imposed by, the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.) including the provisions added to such Act by the ADA Amendments Act of 2008, section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), section 1557 of the Patient Protection and Affordable Care Act (42 U.S.C. 18116), or any other applicable law.

(e) ENFORCEMENT.—

(1) IN GENERAL.—Any individual who alleges that a qualified individual was subject to a violation of this section by a covered entity may bring a claim regarding the allegation to the Office for Civil Rights of the Department of Health and Human Services, for expedited resolution, as appropriate.

(2) RULE OF CONSTRUCTION.—Nothing in this subsection is intended to limit or replace available remedies under the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.) or any other applicable law.

SEC. 5. APPLICATION TO EACH PART OF PROCESS.

The provisions of this Act—

(1) that apply to an organ transplant, also apply to the evaluation and listing of a qualified individual, and to the organ transplant and post-organ-transplant treatment of such an individual; and

(2) that apply to related services, also apply to the process for receipt of related services by such an individual.

SEC. 6. EFFECT ON OTHER LAWS.

Nothing in this Act shall be construed to supersede any provision of any State or local law that provides greater rights to qualified individuals with respect to organ transplants than the rights established under this Act.

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

The Chair recognizes the gentleman from Florida.

GENERAL LEAVE

Mr. BILIRAKIS. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and include extraneous material in the RECORD on this particular bill.

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

There was no objection.

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

Mr. Speaker, I rise today in strong support of H.R. 1520, the Charlotte Woodward Organ Transplant Discrimination Prevention Act led by my good friend Mrs. CAMMACK. She is on a roll.

This legislation prohibits healthcare providers and other entities from denying an individual's access to organ transplants based solely on the basis of an individual's disability.

According to the National Council on Disability, such denials are usually based on assumptions regarding the patient's quality of life and misinterpretations surrounding the ability for these individuals to comply with post-operative care.

Though existing Federal laws prohibit organ transplant centers from discriminating on the basis of dis-

ability, there is limited enforcement and a lack of Federal guidance to ensure patients are protected.

No one should be denied access to an organ transplant just because they have a disability. H.R. 1520 clarifies that individuals with disabilities shall not be denied an organ transplant or related services based solely on the individual's disability and includes an expedited review and enforcement mechanism through the Department of Health and Human Services' Office of Civil Rights.

This is a must-pass bill. We must protect individuals, our constituents, and in some cases family members, with disabilities. They should not be discriminated against.

Mr. Speaker, I urge my colleagues to join me in voting in favor of H.R. 1520, 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. 1520, the Charlotte Woodward Organ Transplant Discrimination Prevention Act.

This bill prohibits people who are eligible for a lifesaving organ transplant from being denied the transplant based solely on their disability status.

Existing Federal laws, including the Americans with Disabilities Act, the Rehabilitation Act, and the Affordable Care Act, already prohibit organ transplant centers from discriminating based solely on disability. However, there are still cases where people with disabilities have been denied access to organ transplants. This is often because of misperceptions about how a disability impacts the medical likelihood of transplant success or unfounded assumptions regarding people with disabilities' ability to comply with postoperative care.

This bill prohibits covered entities from determining that an individual is ineligible to receive a transplant based solely on the fact that the individual has a disability.

The legislation also acknowledges the importance of support networks and services in helping with post-operative care.

Organ transplants, Mr. Speaker, as you know, save lives, and it is important that the system is free from discrimination.

I am pleased that we are taking this step to clarify and build upon existing civil rights protections for people with disabilities. However, I am concerned that ongoing cuts at the Department of Health and Human Services will limit the effectiveness of this bill.

H.R. 1520 instructs the Office of Civil Rights to enforce the discrimination protections included in the bill. However, the Trump administration is not only proposing to eliminate the Office of Civil Rights as an independent agency, but it has fired some of the office's staff. The final number of staff who have or will be eliminated is unclear because the Department has refused to be transparent with Congress on the

number of employees who have been terminated.

The Office of Civil Rights is already understaffed and underfunded, which has created a backlog of cases. If my Republican colleagues truly care about the proper implementation of this bill, they will join me in conducting oversight of the Trump administration's rampant cuts at HHS and the Office of Civil Rights.

I thank Representative DINGELL and also Representative CAMMACK for their work on this bill. It is very important legislation, and I encourage all of my colleagues to vote "yes" on H.R. 1520.

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

Mr. BILIRAKIS. Mr. Speaker, I yield such time as she may consume to the gentlewoman from Florida (Mrs. CAMMACK).

□ 1530

Mrs. CAMMACK. Mr. Speaker, I thank the chairman for his leadership.

Mr. Speaker, I rise today in strong support of H.R. 1520, the Charlotte Woodward Organ Transplant Discrimination Prevention Act.

This legislation is deeply personal for many families across the United States who have experienced unimaginable pain and loss simply because their loved ones had a disability.

One of those families is from my district in Ocala, Florida, Bobbi and Josh Sarmiento. Their infant son, baby Zion, was born with Down syndrome and in need of a heart transplant. At just 6 months old, Zion was denied that chance.

The doctors told the parents, Bobbi and Josh, that baby Zion's life wasn't worth the heart, that it couldn't "be wasted" on a child with a disability.

That is not just wrong, but it is inhumane. It should never ever happen again.

This bill that we are considering here today is named after Charlotte Woodward, a remarkable woman with Down syndrome who received a lifesaving heart transplant over a decade ago.

Charlotte's story is a living, breathing testament to the truth that we must affirm here today: Every life, regardless of disability, has value and potential.

I am so pleased to announce that Charlotte is with us here today in the gallery. I recognize you, Charlotte, and thank you for all that you do.

Mr. Speaker, H.R. 1520 ensures that individuals with disabilities are not discriminated against in organ transplant eligibility. It gives families a mechanism for timely intervention, time that oftentimes families just don't have, through the Department of Health and Human Services, when medical decisions are clouded by bias rather than compassion and science.

I am proud to work once again with my colleague and friend Congresswoman DEBBIE DINGELL in advancing this bipartisan effort. This bill passed overwhelmingly in the last Congress,

and I am confident that this body will do what is right once again.

Mr. Speaker, I urge my colleagues to support this bill and fight for life.

The SPEAKER pro tempore. The Chair reminds Members that the rules do not allow references to persons in the gallery.

Mr. PALLONE. Mr. Speaker, I yield such time as she may consume to the gentlewoman from Michigan (Mrs. DINGELL), a member of our committee.

Mrs. DINGELL. Mr. Speaker, I rise today to share my strong support for H.R. 1520, the Charlotte Woodward Organ Transplant Discrimination Prevention Act.

Mr. Speaker, as co-chair of the Bipartisan Disabilities Caucus, I am proud to co-lead the Charlotte Woodward Organ Transplant Discrimination Prevention Act alongside my colleague, Representative KAT CAMMACK. I thank her for her partnership on this vital bill named after the incredible young woman whom you just met.

I came out here looking for her because I said to FRANK months or years ago: FRANK, she will be in the committee. She is the living energy of somebody who knew that something had to be done, and Charlotte is just always there. Her energy is going to get this issue righted. She has been the bill's biggest supporter, sitting time and time again in the Energy and Commerce Committee room for nearly every hearing and markup and telling her story and her tremendous work.

For those who don't know her story, it has been mentioned that Charlotte was born with Down syndrome and a heart condition. Due to this heart condition, she successfully underwent a lifesaving heart transplant in 2012. In the years since, she has become the advocate we all know, sharing her story to educate and advocate for others with disabilities.

In her honor, this important bill prohibits discrimination against people with disabilities in the organ transplant system. Specifically, it prohibits eligible individuals from being denied a lifesaving transplant procedure based solely on their disability status. It is unthinkable that people with disabilities are passed over for lifesaving transplants based on discriminatory and subjective assumptions about their ability to comply with postoperative care.

With this legislation, we can take action and ensure that all Americans, regardless of their disability status, receive equitable access to the care that they need.

I thank Energy and Commerce Committee Chair GUTHRIE and Ranking Member PALLONE for fighting with us for this important piece of legislation. Again, I thank Representative CAMMACK for being such a great bipartisan partner.

Mr. Speaker, I urge all of my colleagues to support this important bill.

Mr. BILIRAKIS. Mr. Speaker, I yield such time as he may consume to the

gentleman from Georgia (Mr. CARTER), the chairman of the Health Subcommittee under the Energy and Commerce Committee.

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

Mr. Speaker, I rise today in strong support of the Charlotte Woodward Organ Transplant Discrimination Prevention Act, which prohibits discrimination against people with disabilities in the organ transplant system.

This bill prohibits covered entities from determining that an individual is ineligible to receive a transplant or denying a transplant based solely on the fact that the individual has a disability.

The bill is named after Charlotte Woodward, an advocate with Down syndrome who received a lifesaving heart transplant a decade ago. Since then, she has advocated tirelessly to ensure that others living with Down syndrome and other disabilities have the same access to lifesaving care that she did.

Unfortunately, there have been too many instances in which individuals with disabilities have been denied a lifesaving organ transplant, and this is unacceptable.

Congress has the opportunity to help ensure that individuals with disabilities are treated fairly within the organ transplant system. No one, Mr. Speaker—no one—should be denied access to an organ transplant just because they have a disability.

That is why I am proud to support this bill, which will make sure that all Americans, no matter their disability status, will be able to receive the access to care that they need and deserve.

Mr. Speaker, I thank my good friends, Representative CAMMACK and Representative DINGELL, for their leadership on this important issue, and I urge my colleagues to support this legislation.

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

Mr. Speaker, while I support this underlying legislation—and it is important legislation—I have to say that it is disappointing to see that my Republican colleagues are proceeding with this bill without a CBO score. They are violating their own protocol, which requires a CBO score before bringing a bill to the floor.

Over the past 3 years, there have been countless times that Democratic bills have been denied floor consideration because they included an increased authorization line, which is against the majority leader's floor protocol.

It is entirely inconsistent for Republicans to deny floor consideration for an increased authorization line that has no score but then bring a bill to the floor that could have a mandatory score.

It is the majority's responsibility to request and obtain CBO scores for bills they are planning to move. The Republicans are changing the rules as they

please. I am, of course, concerned about this from a process perspective, and I encourage my Republican colleagues to follow their own rules.

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

Mr. BILIRAKIS. Mr. Speaker, I yield myself the balance of my time to close.

Mr. Speaker, there is no cost. There is no cost to this particular bill, and it is necessary.

Mr. Speaker, the bottom line is that you cannot put a price on the value of life. As a matter of fact, no one should determine a person's quality of life, as far as I am concerned.

God bless Charlotte for advocating on behalf of this bill and, of course, my good friends Mrs. CAMMACK and Mrs. DINGELL. We have to get this done. Time is of the essence.

Mr. Speaker, it is a responsible thing to do, and I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, let me associate myself with the remarks that the chairman made. This is an important bill. I urge all of my colleagues to support it, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Florida (Mr. BILIRAKIS) that the House suspend the rules and pass the bill, H.R. 1520.

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

A motion to reconsider was laid on the table.

SHANDRA EISENGA HUMAN CELL AND TISSUE PRODUCT SAFETY ACT

Mr. BILIRAKIS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1082) to require the Secretary of Health and Human Services to conduct a national, evidence-based education campaign to increase public and health care provider awareness regarding the potential risks and benefits of human cell and tissue products transplants, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1082

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 "Shandra Eisenga Human Cell and Tissue Product Safety Act".

SEC. 2. DEFINITIONS.

In this Act:

(1) **HUMAN CELL AND TISSUE PRODUCT.**—The terms "human cell and tissue product" and "human cell and tissue products" have the meaning given the term "human cells, tissues, or cellular or tissue-based products" in section 1271.3(d) of title 21, Code of Federal Regulations (or successor regulations).

(2) **SECRETARY.**—The term "Secretary" means the Secretary of Health and Human Services.

(3) **TISSUE REFERENCE GROUP.**—The term "Tissue Reference Group" means the Tissue