

As I mentioned, this is an important opportunity for the disability community to ensure that the barriers that they face to accessing Amtrak trains and stations are taken down.

When I first came to Congress, I actually couldn't believe that Amtrak hadn't adequately met the ADA requirements as Congress had previously mandated, and so we immediately got to work on this very piece of legislation.

It is certainly gratifying to see the bill now about to become law because it addresses injustices for those with intellectual, physical, and developmental disabilities when they travel by train.

As this might be one of the last times I speak before the House, Mr. Speaker, I wish to express my appreciation to Members on both sides of the aisle. There are so many individuals with intellectual, physical, and developmental disabilities, like my very own daughter, who have yet to have been granted full access to the quality of life that so many others get to enjoy.

If Congress can continue to take incremental and, in some cases, bold steps to break down barriers and create opportunities for those of every ability, we can truly ensure that the rights, privileges, and opportunities that are granted and protected by this House, our Constitution, and this very government are extended to those too often overlooked. Those living with disabilities face some of the greatest challenges of any American, and we ought to find new ways to break down those barriers and create opportunities for them.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New York (Mr. MOLINARO) that the House suspend the rules and pass the bill, S. 4107.

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.

□ 1730

THINK DIFFERENTLY DATABASE ACT

Mr. GUTHRIE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 670) to amend title IV of the Public Health Service Act to direct the Secretary of Health and Human Services to establish a clearinghouse on intellectual disabilities, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 670

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 "Think Differently Database Act".

SEC. 2. PROMOTING AWARENESS OF AVAILABLE RESOURCES FOR INDIVIDUALS WITH DISABILITIES.

(a) IN GENERAL.—Not later than 3 years after the date of the enactment of this Act, the Secretary of Health and Human Services (in this section referred to as the "Secretary") shall establish and update periodically a publicly available website to provide information with respect to resources and information for people with a disability and the caregivers and families of such people. Such website shall include—

(1) information on eligibility to receive medical assistance under a State plan under the Medicaid program under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) (or a waiver of such plan) based on a disability, including general information about eligibility under subclauses (XIII), (XV), (XVI), and (XIX) of section 1902(a)(10)(A)(ii) of the Social Security Act (42 U.S.C. 1396a(a)(10)(A)(ii));

(2) which States offer eligibility under subclauses (XIII), (XV), (XVI), and (XIX) of section 1902(a)(10)(A)(ii) of the Social Security Act (42 U.S.C. 1396a(a)(10)(A)(ii));

(3) each State's specific eligibility requirements, if applicable, under subclauses (XIII), (XV), (XVI), and (XIX) of section 1902(a)(10)(A)(ii) of the Social Security Act (42 U.S.C. 1396a(a)(10)(A)(ii));

(4) information about how to contact each State's Medicaid office for information about Medicaid, including links and phone numbers for State contacts;

(5) general information on Medicaid-covered long-term services and supports that may be available to individuals eligible for medical assistance under a State plan under the Medicaid program under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) (or a waiver of such plan); and

(6) where applicable, the average amount of time that individuals newly enrolled in a State's waiver program for home and community-based services in the past 12 months were on the list of individuals waiting to enroll in such waiver program, in such a manner and process as described in section 441.311(d)(1)(iii) of title 42, Code of Federal Regulations.

(b) PROMOTION.—The Secretary shall, as applicable and appropriate, identify and disseminate promotional activities to improve, among people with a disability and the caretakers and families of such people, the awareness of the resources included in the website established under subsection (a), such as through collaboration with the Social Security Administration during its annual updates to the Red Book.

(c) MODEL.—In establishing the website under this section, the Secretary may use the website thinkdifferently.net as a model.

(d) NONAPPLICATION OF PAPERWORK REDUCTION ACT.—Chapter 35 of title 44, United States Code (commonly referred to as the "Paperwork Reduction Act of 1995"), shall not apply to the implementation of this section.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Kentucky (Mr. GUTHRIE) and the gentlewoman from Washington (Ms. SCHRIER) each will control 20 minutes.

The Chair recognizes the gentleman from Kentucky.

GENERAL LEAVE

Mr. GUTHRIE. 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 on the bill.

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

There was no objection.

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

Mr. Speaker, I rise in support of H.R. 670, the Think Differently Database Act led by Representative MARCUS MOLINARO.

This legislation will make it easier for individuals with disabilities to understand what Medicaid covered services are available to them.

The Medicaid program provides health coverage to nearly 80 million people, and in 2021, an estimated 9.5 million people were enrolled in Medicaid on the basis of their disability.

As a jointly funded Federal-State program, Medicaid program eligibility and coverage can differ significantly from State to State. One caregiving report found that online information about caregiving services can be hard to find, confusing, inconsistent, and not consumer-oriented.

This bipartisan bill would direct HHS to establish a website that is designed to help people with disabilities determine their Medicaid eligibility, making it easier for them to get to the care they need.

Mr. Speaker, I thank Congressman MOLINARO for his tireless work as a champion for people with disabilities. I encourage my colleagues to support this bill, and I reserve the balance of my time.

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

Mr. Speaker, I rise today in support of H.R. 670, the Think Differently Database Act. This legislation would require the Department of Health and Human Services to establish a website to provide people with disabilities information about the different ways that they could be eligible for Medicaid, as well as the services and supports that they can access through each State's Medicaid program and whether there is a wait list to access the home- and community-based services that they often need.

Medicaid is really a lifeline for people with disabilities who are less likely to have access to other sources of coverage, and even when they do have employer-sponsored coverage or Medicare, that coverage typically does not cover the services they need, including home- and community-based services.

Unfortunately, it is often difficult for people with disabilities and their families and caretakers to access the information they need about whether they are eligible for Medicaid in the State in which they live, whether there are wait lists for the services they need, and how to apply for Medicaid.

This bill seeks to overcome some of those barriers by making information available to people with disabilities and their families and caretakers in a single, national resource.

I thank Representatives SHERRILL and MOLINARO for their leadership on this legislation and encourage my colleagues to vote "yes" on H.R. 670.

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

Mr. GUTHRIE. Mr. Speaker, I yield 5 minutes to the gentleman from New York (Mr. MOLINARO), my good friend.

Mr. MOLINARO. Mr. Speaker, I thank my friend (Mr. GUTHRIE) for his leadership on the Energy and Commerce Committee in support of this legislation. I certainly look forward to his leadership in the 119th Congress.

Mr. Speaker, this is the first bill I introduced when I came to the House of Representatives. As noted, I am the parent of four children, one of whom lives with a disability. My wife and I have navigated the Medicaid supported system like every other American, and it is confusing, it is burdensome, it is bureaucratic, and many times, it is just too difficult to find your way to Medicaid-supported services.

Let me assure you, there is always a waiting list, and most families around America with individuals that they care for with the intellectual, physical, and developmental disabilities, don't have the time to find their way to local service providers and certainly don't always know the ins and outs of accessing those services.

It becomes a full-time job. That is why, by the way, most families that are caring for those individuals with disabilities don't have two parents working, and many rely on Medicaid for much broader support like SNAP benefits and other subsidies and social services because they just can't find their way to services and supports.

It is actually one of the last, in some ways, great prejudices in America, the bias of low expectation. The feeling that certain people can't achieve certain things because we perceive they can't based on their abilities and, sadly, accessing even the robust services supported by Federal and State governments through Medicaid is just insufficient.

This bill builds on the initiative I began in local government in Dutchess County, New York. Our ThinkDIFFERENTLY initiative was a call to action. It was meant to break down barriers and create opportunities for all those of every ability.

In fact, if you go to thinkdifferently.net, you will see the county-level version of what this bill seeks to create. This bill requires HHS to create a database of all resources available to individuals of every ability and their caregivers in a searchable format.

The bill will now expand the county-level programs that we created to a Federal level for Americans of every ability.

Again, I thank incoming chairman, Mr. GUTHRIE, but also Chairwoman McMORRIS RODGERS and her staff at Energy and Commerce for working with me and my staff over the past year to make this bill a reality and hopefully find its way into law.

Mr. Speaker, I am proud to ask my colleagues to support the bill. I am grateful to Representative SHERRILL and, of course, my colleagues on both

sides of the aisle for embracing this much-needed next step. It is a minor step, but one that is necessary.

I can't, for me, think of any better way to close my service in the 118th Congress than passing what had become and is my top priority, this piece of legislation, which sets forth to break down barriers and create opportunities for everyone of every ability.

Mr. GUTHRIE. Mr. Speaker, I appreciate my good friend's leadership when he said everybody of every ability. He is here and he has served everybody in the 118th Congress. He is going to be missed and his leadership is going to be missed and we appreciate him very much.

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

Ms. SCHRIER. Mr. Speaker, I don't have any further speakers on my side, but I just want to express my appreciation to my colleague Representative MOLINARO for sharing that personal account of how this matters for his family, and that just expands to so many other families in this country who really deserve to be able to access all of the services they need.

That is why I would reiterate that I very much support the Think Differently Database Act and encourage my colleagues to vote for it.

Mr. Speaker, I encourage my colleagues to vote for this very important bill that will help so many families, people with disabilities across this country, and I yield back the balance of my time.

Mr. GUTHRIE. Mr. Speaker, I, again, thank my good friend from the Hudson Valley, my Rockbound Highland home, who, unfortunately, didn't beat Navy this weekend. He is from a great area of our country, a beautiful place, and has well represented the Hudson Valley. I look forward to working together again at some point in some place.

Mr. Speaker, it is a great bill. I encourage a "yes" vote, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Kentucky (Mr. GUTHRIE) that the House suspend the rules and pass the bill, H.R. 670, 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 direct the Secretary of Health and Human Services to establish a website to promote awareness of available resources for individuals with disabilities, and for other purposes."

A motion to reconsider was laid on the table.

STOP INSTITUTIONAL CHILD ABUSE ACT

Mr. GUTHRIE. Mr. Speaker, I move to suspend the rules and pass the bill (S. 1351) to study and prevent child

abuse in youth residential programs, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 1351

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 "Stop Institutional Child Abuse Act".

SEC. 2. NATIONAL ACADEMIES OF SCIENCES, ENGINEERING, AND MEDICINE STUDY.

(a) IN GENERAL.—Not later than 45 days after the date of enactment of this Act, the Secretary of Health and Human Services shall seek to enter into a contract with the National Academies of Sciences, Engineering, and Medicine (referred to in this section as the "National Academies") to conduct a study to examine the state of youth in youth residential programs and make recommendations.

(b) STUDY COMPONENTS.—Pursuant to the contract under subsection (a), the National Academies shall, not later than 3 years after the date of enactment of the Stop Institutional Child Abuse Act, and every 2 years thereafter for a period of 10 years, issue a report informed by the study conducted under such subsection that includes—

(1) identification of the nature, prevalence, severity, and scope of child abuse, neglect, and deaths in youth residential programs, including types of abuse and neglect, causes of abuse, neglect, and deaths, and criteria used to assess abuse, neglect, and deaths;

(2) identification of all Federal and State funding sources for youth residential programs;

(3) identification of Federal data collection sources on youth in youth residential programs;

(4) identification of existing regulation of youth residential programs, including alternative licensing standards or licensing exemptions for youth residential programs;

(5) identification of existing standards of care of national accreditation entities that provide accreditation or certification of youth residential programs;

(6) identification of existing barriers in policy for blending and braiding of funding sources to serve youth in community-based settings;

(7) recommendations for coordination by agencies of data on youth in youth residential programs;

(8) recommendations for the improvement of oversight of youth residential programs receiving Federal funding;

(9) identification of risk assessment tools, including projects that provide for the development of research-based strategies for risk assessments relating to the health, safety (including with respect to the use of seclusion and restraints), and well-being of youth in youth residential programs;

(10) recommendations to support the development and implementation of education and training resources for professional and paraprofessional personnel in the fields of health care, law enforcement, judiciary, social work, child protection (including the prevention, identification, and treatment of child abuse and neglect), education, child care, and other relevant fields, and individuals such as court appointed special advocates and guardians ad litem, including education and training resources regarding—

(A) the unique needs, experiences, and outcomes of youth with lived experience in youth residential programs;

(B) the enhancement of interagency communication among child protective service agencies, protection and advocacy systems,