The South Carolina National Guard, headed by General Bob Livingston, is grateful to be training with Colombia's military and the State Partnership Program.

This election was the first to be held since a peace deal was reached that ended the murderous, leftist insurgency in Colombia.

I am grateful that President-elect Ivan Duque plans to work closely with the United States in the tradition of former President Alvaro Uribe. He will be successful in creating jobs, increasing security for the population, and leading Colombia to a more prosperous future.

In conclusion, God bless our troops, and we will never forget September the 11th in the global war on terrorism. We will remember Otto Warmbier on the anniversary of his death.

OPPOSING PRESIDENT TRUMP'S IMMIGRATION POLICY

(Ms. MCCOLLUM asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. MCCOLLUM. Mr. Speaker, I oppose President Trump's outrageous policy of separating families on our southern border.

Tearing children from the arms of their parents, confining them in cages with children caring for one another, should never happen anywhere in the world, let alone in America.

The National Association of School Psychologists calls this emotional violence. They go on to say, ''Such trauma can have lifelong consequences with respect to children's mental health and behavioral health.''

This is a human rights violation committed by the Trump administration. Make no mistake. President Trump has the power to end this today.

When the President says he is required by law to enact this policy or when he blames Democrats for the crisis he has created, I say: Mr. President, you are not telling the truth. So tomorrow, you don't need to go to Minnesota. You need to stay here in Washington, stop this heartless policy. The American people demand that these children be given back to their parents and to end this crisis now.

The SPEAKER pro tempore. Members are reminded to refrain from engaging in personalities toward the President and are reminded to address their remarks to the Chair.

CONGRATULATING MAJOR GENERAL PATRICK D. SARGENT

(Mr. DUNN asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. DUNN. Mr. Speaker, I rise today to congratulate Panama City, Florida, native Major General Patrick D. Sargent for assuming command of the U.S. Army Health Readiness Center of Excellence at Fort Sam Houston.

I had the pleasure of meeting General Sargent last year in Washington. He has had a decorated Army career, serving our country for more than three decades.

He grew up in Bay County and attended Florida State University before joining the Army in 1985.

General Sargent is board certified in healthcare administration, and he is a medevac pilot. He has been a leader in providing healthcare to our troops for many years.

He was in charge of all medical care in Iraq as the Commander of the Medical Task Force Iraq. In his own words, he has worked to bring humanity to the battlefield, and I believe he will brilliantly continue that work in his new post.

Mr. Speaker, please join me in congratulating Major General Patrick Sargent on his new posting.

NATIONAL PTSD AWARENESS MONTH

(Mr. HILL asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. HILL. Mr. Speaker, I rise today during National PTSD Awareness Month to call attention to this topic that is so important to the lives of our veterans and their families.

Nowhere is the connection between PTSD and suicide felt more strongly than in the veteran community.

Suicide is the tenth leading cause of death in the United States, and on average, we lose 20 veterans per day to suicide.

Far too many of our veterans are left with the difficulties of overcoming PTSD and addiction on their own. Our Central Arkansas Veterans Healthcare System, led by Dr. Margie Scott, is one of nine systems nationwide that is currently involved in the Clay Hunt SAV Act pilot program in our Nation.

This program gives our VA employees the necessary tools to reach out to high-risk veterans and offer guidance, while providing essential suicide prevention services.

I have got three wounded warriors on my district staff, Mr. Speaker, and we are together dedicated to our veterans.

I am grateful to our veteran service organizations and our work together to spread the word on how we need to help our veterans avoid the crisis that comes with the risk of suicide.

To our vets, you are not alone. All vets believe in the buddy system, and the Veteran Crisis Line keeps that bond.

Please call 1–800–273–8255 if you are having a crisis or you know a veteran in crisis.

COMMUNICATION FROM THE CLERK OF THE HOUSE

The SPEAKER pro tempore laid before the House the following communication from the Clerk of the House of Representatives:

OFFICE OF THE CLERK,
HOUSE OF REPRESENTATIVES,
Washington, DC, June 15, 2018.

Hon. PAUL D. RYAN,
The Speaker, House of Representatives, Washington, DC.

DEAR MR. SPEAKER: Pursuant to the permission granted in Clause 2(h) of Rule II of the Rules of the U.S. House of Representatives, the Clerk received the following message from the Secretary of the Senate on June 15, 2018, at 2:03 p.m.:

That the Senate passed S. 2652.

With best wishes, I am

Sincerely,

KAREN L. HAAS.

COMMUNICATION FROM THE CLERK OF THE HOUSE

The SPEAKER pro tempore laid before the House the following communication from the Clerk of the House of Representatives:

OFFICE OF THE CLERK,
HOUSE OF REPRESENTATIVES,
Washington, DC, June 19, 2018.

Hon. PAUL D. RYAN,
The Speaker, House of Representatives, Washington, DC.

DEAR MR. SPEAKER: Pursuant to the permission granted in Clause 2(h) of Rule II of the Rules of the U.S. House of Representatives, the Clerk received the following message from the Secretary of the Senate on June 19, 2018, at 11:28 a.m.:

That the Senate passed with an amendment H.R. 5515.

With best wishes, I am

Sincerely,

KAREN L. HAAS.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess subject to the call of the Chair.

Accordingly (at 2 o'clock and 11 minutes p.m.), the House stood in recess.

□ 1434

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. COSTELLO of Pennsylvania) at 2 o'clock and 34 minutes p.m.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or votes objected to under clause 6 of rule XX.

The House will resume proceedings on postponed questions at a later time.

CHIP MENTAL HEALTH PARITY ACT

Mr. WALDEN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3192) to amend title XXI of the Social Security Act to ensure access to mental health services for children

under the Children's Health Insurance Program, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3192

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 ''CHIP Mental Health Parity Act''.

SEC. 2. ENSURING ACCESS TO MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES FOR CHILDREN AND PREGNANT WOMEN UNDER THE CHILDREN'S HEALTH INSURANCE PROGRAM.

(a) IN GENERAL.—Section 2103(c)(1) of the Social Security Act (42 U.S.C. 1397cc(c)(1)) is amended by adding at the end the following new subparagraph:

''(E) Mental health and substance use disorder services (as defined in paragraph (5)).''.

(b) MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES.—

(1) IN GENERAL.—Section 2103(c) of the Social Security Act (42 U.S.C. 1397cc(c)) is amended—

(A) by redesignating paragraphs (5), (6), (7), and (8) as paragraphs (6), (7), (8), and (9), respectively; and

(B) by inserting after paragraph (4) the following new paragraph:

''(5) MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES.—Regardless of the type of coverage elected by a State under subsection (a), child health assistance provided under such coverage for targeted low-income children and, in the case that the State elects to provide pregnancy-related assistance under such coverage pursuant to section 2112, such pregnancy-related assistance for targeted low-income women (as defined in section 2112(d)) shall—

''(A) include coverage of mental health services (including behavioral health treatment) necessary to prevent, diagnose, and treat a broad range of mental health symptoms and disorders, including substance use disorders; and

''(B) be delivered in a culturally and linguistically appropriate manner.''.

(2) CONFORMING AMENDMENTS.—

(A) Section 2103(a) of the Social Security Act (42 U.S.C. 1397cc(a)) is amended, in the matter before paragraph (1), by striking ''paragraphs (5), (6), and (7)'' and inserting ''paragraphs (5), (6), (7), and (8)''.

(B) Section 2110(a) of the Social Security Act (42 U.S.C. 1397jj(a)) is amended—

(i) in paragraph (18), by striking ''substance abuse'' each place it appears and inserting ''substance use''; and

(ii) in paragraph (19), by striking ''substance abuse'' and inserting ''substance use''.

(C) Section 2110(b)(5)(A)(i) of the Social Security Act (42 U.S.C. 1397jj(b)(5)(A)(i)) is amended by striking ''subsection (c)(5)'' and inserting ''subsection (c)(6)''.

(c) ASSURING ACCESS TO CARE.—Section 2102(a)(7)(B) of the Social Security Act (42 U.S.C. 1397bb(c)(2)) is amended by striking ''section 2103(c)(5)'' and inserting ''paragraphs (5) and (6) of section 2103(c)''.

(d) MENTAL HEALTH SERVICES PARITY.—Subparagraph (A) of paragraph (7) of section 2103(c) of the Social Security Act (42 U.S.C. 1397cc(c)) (as redesignated by subsection (b)(1)) is amended to read as follows:

''(A) IN GENERAL.—A State child health plan shall ensure that the financial requirements and treatment limitations applicable to mental health and substance use disorder services (as described in paragraph (5)) provided under such plan comply with the requirements of section 2726(a) of the Public Health Service Act in the same manner as such requirements or limitations apply to a group health plan under such section.''.

(e) EFFECTIVE DATE.—

(1) IN GENERAL.—Subject to paragraph (2), the amendments made by this section shall take effect with respect to child health assistance provided on or after the date that is one year after the date of the enactment of this Act.

(2) EXCEPTION FOR STATE LEGISLATION.—In the case of a State child health plan under title XXI of the Social Security Act (or a waiver of such plan), which the Secretary of Health and Human Services determines requires State legislation in order for the respective plan (or waiver) to meet any requirement imposed by the amendments made by this section, the respective plan (or waiver) shall not be regarded as failing to comply with the requirements of such title solely on the basis of its failure to meet such an additional requirement before the first day of the first calendar quarter beginning after the close of the first regular session of the State legislature that begins after the date of enactment of this section. For purposes of the previous sentence, in the case of a State that has a 2-year legislative session, each year of the session shall be considered to be a separate regular session of the State legislature.

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

The Chair recognizes the gentleman from Oregon.

GENERAL LEAVE

Mr. WALDEN. 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 materials in the RECORD on the bill.

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

There was no objection.

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

Mr. Speaker, last week the House advanced dozens of bills to help save lives and stem the tide of the opioid crisis that has struck at the health of our people wherever they live. We are back here again this week to consider additional legislation that can help our communities fight back against this epidemic.

We have all read the headlines about this tragedy, and we have heard the stories firsthand across our respective districts. We are confronting an addiction that mercilessly seizes control and then destroys. This killer does not discriminate—not by age, not by race, not by where you live or by what you believe.

Opioid addiction continues to take the lives of more than 100 Americans every single day. But it is what is behind the numbers that really matters. These are real people. Their stories are real. They tragically have lost their bright futures and left loved ones sadly behind. So we have come together to advance legislation that will help put a stop to this unprecedented crisis that has left a mark on just about every family across America.

Mr. Speaker, I urge my colleagues to support the legislation before the House today—we have various bills—and throughout the course of this week. We have an opportunity to save lives, and we have a responsibility to our families, our friends, our communities, and our Nation to lift people out of addiction and get America on a better path.

The first bill up this afternoon, Mr. Speaker, is sponsored by our colleague from Massachusetts, Representative KENNEDY. It requires the Children's Health Insurance Programs to cover comprehensive mental health and substance use disorder services for pregnant women and children.

State CHIP programs may be offered by expanding Medicaid, separate programs that stand alone from Medicaid, or CHIP may be offered through a combination of both approaches. Each of these types of Children's Health Insurance Programs covers some mental health services, but not all cover substance use disorder services. So there is a gap.

This bill requires the Children's Health Insurance Programs, regardless of type, to cover mental health services, including substance use disorder services. The bill requires States with separate CHIP programs to monitor access to mental health and substance use disorder services.

Finally, the bill requires States with separate CHIP programs to ensure that mental health parity with group health plans is met.

Most CHIP programs already meet the standards in the bill. This is simply a codification of current practices and does so without additional costs. So it is important.

Mr. Speaker, I am grateful to be able to bring this bill to the floor, and I congratulate my colleague from Massachusetts who brought this issue to our attention.

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

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

Mr. Speaker, I rise in support of H.R. 3192. I want to begin by thanking the chairman of our committee, Mr. WALDEN, for giving us a hearing on this bill and for moving the process forward. I thank the gentleman along with Dr. BURGESS; Ranking Member PALLONE; Ranking Member GREEN; and our cosponsor, Democratic colead Mrs. NAPOLITANO as well.

Mr. Speaker, a couple of decades ago, my uncle, Senator Edward Kennedy, and Senator ORRIN HATCH created the CHIP program because of a consensus that children should never be caught in the midst of our debates over healthcare. It has been a successful, bipartisan program that has saved lived lives and has helped families facing their deepest despair. But just like any program, Mr. Speaker, it has been a work in progress.

This bill offers a simple fix to a troubling problem. According to some estimates, nearly 500,000 children and pregnant mothers covered by CHIP are not

guaranteed mental health care or substance use disorder treatment. We have guaranteed that treatment for Americans covered by Medicaid, private insurance, and employer-sponsored insurance. It is time we do so for low-income families and babies as well.

In our efforts to confront an opioid epidemic that cares for no age, no income, no race—nothing at all—this bill is a crucial piece of our response.

With that, Mr. Speaker, I would like to thank everyone at the Legislative Counsel's Office, at CMS, and the staff on both sides of the aisle from the Energy and Commerce Committee, and, in particular, Rachel Pryor, for putting up with my relentless and sometimes misguided questions.

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

Mr. WALDEN. Mr. Speaker, I have no other speakers on this matter. I know the gentleman has yielded back. I will do the same after calling on our colleagues to support this important and meaningful legislation.

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

Ms. JACKSON LEE. Mr. Speaker, I rise in strong support of H.R. 3192, the "CHIP Mental Health Parity Act."

H.R. 3192 would ensure access to mental health and substance use disorder prevention and treatment services for children under the Children's Health Insurance Program (CHIP).

Beginning in infancy and continuing through adolescence, children need access to mental health screening and assessment and a complete array of evidence-based therapeutic services.

Around 1 in 5 children in the U.S. suffers from a diagnosable mental disorder, but only 20 to 25 percent of affected children will receive treatment.

Untreated mental health and substance use disorders are associated with family dysfunction, school expulsion, poor school performance, juvenile incarceration, unemployment, and suicide.

CHIP has been an essential source of children's health coverage, ensuring that families have access to high quality, affordable, pediatric health care for children in working families whose parents earn too much to qualify for Medicaid but too little to purchase private health insurance on their own.

Given the prevalence of mental health and substance use disorders in children and the nationwide opioid epidemic, it is essential now more than ever that all children and adolescents enrolled in CHIP have access to mental health and substance use disorder screening and treatment.

There are currently over 400,000 CHIP recipients in Texas.

This figure is significantly less than in 2014, when nearly half of all children in Texas were enrolled in CHIP or Medicaid.

Mr. Speaker, I strongly support H.R. 3192 and the estimated 8.9 million children across the United States who rely on CHIP for their necessary health services.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Oregon (Mr. WALDEN) that the House suspend the rules and pass the bill, H.R. 3192, 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.

MEDICAID REENTRY ACT

Mr. WALDEN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4005) to amend title XIX of the Social Security Act to allow for medical assistance under Medicaid for inmates during the 30-day period preceding release from a public institution, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4005

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 ''Medicaid Reentry Act''.

SEC. 2. PROMOTING STATE INNOVATIONS TO EASE TRANSITIONS INTEGRATION TO THE COMMUNITY FOR CERTAIN INDIVIDUALS.

(a) STAKEHOLDER GROUP DEVELOPMENT OF BEST PRACTICES; MEDICAID INNOVATION ACCELERATOR PROGRAM.—

(1) STAKEHOLDER GROUP BEST PRACTICES.—Not later than 6 months after the date of the enactment of this Act, the Secretary of Health and Human Services shall convene a stakeholder group of representatives of managed care organizations, Medicaid beneficiaries, health care providers, the National Association of Medicaid Directors, and other relevant representatives from local, State, and Federal jail and prison systems to develop best practices (and submit to the Secretary and Congress a report on such best practices) for States—

(A) to ease the health care-related transition of an individual who is an inmate of a public institution from the public institution to the community, including best practices for ensuring continuity of health insurance coverage or coverage under the State Medicaid plan under title XIX of the Social Security Act, as applicable, and relevant social services; and

(B) to carry out, with respect to such an individual, such health care-related transition not later than 30 days after such individual is released from the public institution.

(2) STATE MEDICAID PROGRAM INNOVATION.—The Secretary of Health and Human Services shall work with States on innovative strategies to help individuals who are inmates of public institutions and otherwise eligible for medical assistance under the Medicaid program under title XIX of the Social Security Act transition, with respect to enrollment for medical assistance under such program, seamlessly to the community.

(b) GUIDANCE ON INNOVATIVE SERVICE DELIVERY SYSTEMS DEMONSTRATION PROJECT OPPORTUNITIES.—Not later than one year after the date of the enactment of this Act, the Secretary of Health and Human Services, through the Administrator of the Centers for Medicare & Medicaid Services, shall issue a State Medicaid Director letter, based on best practices developed under subsection (a)(1), regarding opportunities to design demonstration projects under section 1115 of the Social Security Act (42 U.S.C. 1315) to improve care transitions for certain individuals who are soon-to-be former inmates of a public institution and who are otherwise eligible to receive medical assistance under title XIX of such Act, including systems for, with respect to a period (not to exceed 30 days) immediately prior to the day on which such individuals are expected to be released from such institution—

(1) providing assistance and education for enrollment under a State plan under the Medicaid program under title XIX of such Act for such individuals during such period; and

(2) providing health care services for such individuals during such period.

(c) RULE OF CONSTRUCTION.—Nothing under title XIX of the Social Security Act or any other provision of law precludes a State from reclassifying or suspending (rather than terminating) eligibility of an individual for medical assistance under title XIX of the Social Security Act while such individual is an inmate of a public institution.

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

The Chair recognizes the gentleman from Oregon.

GENERAL LEAVE

Mr. WALDEN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and insert extraneous materials in the RECORD on the bill.

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

There was no objection.

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

Mr. Speaker, this bill, sponsored by Representative TONKO of New York, Representative TURNER of Ohio, and myself, requires the Secretary of Health and Human Services to convene a stakeholder group that will publish a report on best practices for how States can address the health considerations of incarcerated individuals as they transition back in our communities.

Mr. Speaker, the Kaiser Family Foundation reports that, in States such as Connecticut and Massachusetts, 60 to 70 percent of inmates are eligible for enrollment in Medicaid upon release.

According to 2002 data from the Department of Justice, about 68 percent of incarcerated individuals met the criteria for substance dependence or abuse.

This bill requires CMS to issue best practices for improving transitions back to the community, including systems for enrollment support, substance use treatment, and related services for individuals who are inmates of a public institution and who are eligible for Medicaid, and CMS has to do that within a year after this bill is enacted.

These best practices should help both Congress and the States get a handle on how to help these incarcerated individuals get back on their feet. That is our goal.

Mr. Speaker, my thanks to Mr. TONKO for his leadership on this issue, and I reserve the balance of my time.

Mr. KENNEDY. Mr. Speaker, I yield such time as he may consume to the gentleman from New York (Mr. TONKO).

Mr. TONKO. Mr. Speaker, I thank the gentleman from Massachusetts for yielding.