The result of the vote was announced as above recorded.

The title of the bill was amended so as to read: ‘‘A bill to amend titles XI and XVIII of the Social Security Act to provide greater transparency for discounts provided by manufacturers, to include real-time benefit information as part of a prescription drug plan's electronic prescription program under the Medicare program, and for other purposes.''.

A motion to reconsider was laid on the table.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.RES. 296, AFFIRMING THE UNITED STATES RECORD ON THE ARMENIAN GENOCIDE

Mr. McGOVERN, from the Committee on Rules, submitted a privileged report (Rept. No. 116–263) on the resolution (H. Res. 655) providing for consideration of the resolution (H. Res. 296) affirming the United States record on the Armenian Genocide, which was referred to the House Calendar and ordered to be printed.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 823, COLORADO OUTDOOR RECREATION AND ECONOMY ACT; PROVIDING FOR CONSIDERATION OF H.R. 1373, GRAND CANYON CENTENNIAL PROTECTION ACT; PROVIDING FOR CONSIDERATION OF H.R. 2181, CHACO CULTURAL HERITAGE AREA PROTECTION ACT OF 2019; AND PROVIDING FOR PROCEEDINGS DURING THE PERIOD FROM NOVEMBER 1, 2019, THROUGH NOVEMBER 11, 2019

Mr. McGOVERN, from the Committee on Rules, submitted a privileged report (Rept. No. 116–264) on the resolution (H. Res. 656) providing for consideration of the bill (H.R. 823) to provide for the designation of certain wilderness areas, recreation management areas, and conservation areas in the State of Colorado, and for other purposes; providing for consideration of the bill (H.R. 1373) to protect, for current and future generations, the watershed, ecosystem, and cultural heritage of the Grand Canyon region in the State of Arizona, and for other purposes; providing for consideration of the bill (H.R. 2181) to provide for the withdrawal and protection of certain Federal land in the State of New Mexico; and providing for proceedings during the period from November 1, 2019, through November 11, 2019, which was referred to the House Calendar and ordered to be printed.

REMOVAL OF NAME OF MEMBER AS COSPONSOR OF H.R. 3495

Mr. BISHOP of Georgia. Madam Speaker, I ask unanimous consent to remove my name as a cosponsor for H.R. 3495.

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

There was no objection.

REMOVAL OF NAME OF MEMBER AS COSPONSOR OF H.R. 3495

Ms. WILSON of Florida. Madam Speaker, I ask unanimous consent that my name be removed as a cosponsor of H.R. 3495.

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

There was no objection.

REMOVAL OF NAME OF MEMBER AS COSPONSOR OF H.R. 3495

Mr. HARDER of California. Madam Speaker, I ask unanimous consent to remove my name as a cosponsor for H.R. 3495.

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

There was no objection.

PALLIATIVE CARE AND HOSPICE EDUCATION AND TRAINING ACT

Ms. SCHAKOWSKY. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 647) to amend the Public Health Service Act to increase the number of permanent faculty in palliative care at accredited allopathic and osteopathic medical schools, nursing schools, social work schools, and other programs, including physician assistant education programs, to promote education and research in palliative care and hospice, and to support the development of faculty careers in academic palliative medicine, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 647

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 ‘‘Palliative Care and Hospice Education and Training Act''.

SEC. 2. PALLIATIVE CARE AND HOSPICE EDUCATION AND TRAINING.

(a) In General.—Part D of title VII of the Public Health Service Act (42 U.S.C. 294 et seq.) is amended by inserting after section 759 the following:

‘‘SEC. 759A. PALLIATIVE CARE AND HOSPICE EDUCATION AND TRAINING.

‘‘(a) Palliative Care and Hospice Education Centers.—

‘‘(1) In general.—The Secretary shall award grants or contracts under this section to entities described in paragraph (1), (3), or (4) of section 799B, and section 801(2), for the establishment or operation of Palliative Care and Hospice Education Centers that meet the requirements of paragraph (2).

‘‘(2) Requirements.—A Palliative Care and Hospice Education Center meets the requirements of this paragraph if such Center—

‘‘(A) improves the interprofessional team-based training of health professionals in palliative care, including residencies, traineeships, or fellowships;

‘‘(B) develops and disseminates interprofessional team-based curricula relating to the palliative treatment of the complex health problems of individuals with serious or life-threatening illnesses;

‘‘(C) supports the training and retraining of faculty to provide instruction in interprofessional team-based palliative care;

‘‘(D) supports interprofessional team-based continuing education of health professionals who provide palliative care to patients with serious or life-threatening illness;

‘‘(E) provides students (including residents, trainees, and fellows) with clinical training in interprofessional team-based palliative care in appropriate health settings, including hospitals, hospices, home care, long-term care facilities, and ambulatory care centers;

‘‘(F) establishes traineeships for individuals who are preparing for advanced education nursing degrees, social work degrees, or advanced degrees in physician assistant studies, with a focus in interprofessional team-based palliative care in appropriate health settings, including hospitals, hospices, home care, long-term care facilities, and ambulatory care centers;

‘‘(G) supports collaboration between multiple specialty training programs (such as medicine, nursing, social work, physician assistant, chaplaincy, and pharmacy) and clinical training sites to provide training in interprofessional team-based palliative care; and

‘‘(H) does not duplicate the activities of existing education centers funded under this section or under section 753 or 865.

‘‘(3) Expansion of existing centers.—Nothing in this section shall be construed to—

‘‘(A) prevent the Secretary from providing grants to expand existing education centers, including geriatric education centers established under section 753 or 865, to provide for education and training focused specifically on palliative care, including for non-geriatric populations; or

‘‘(B) limit the number of education centers that may be funded in a community.

‘‘(b) Palliative Medicine Physician Training.—

‘‘(1) In general.—The Secretary may make grants to, and enter into contracts with, schools of medicine, schools of osteopathic medicine, teaching hospitals, and graduate medical education programs for the purpose of providing support for projects that fund the training of physicians (including residents, trainees, and fellows) who plan to teach palliative medicine.

‘‘(2) Requirements.—Each project for which a grant or contract is made under this subsection shall—

‘‘(A) be staffed by full-time teaching physicians who have experience or training in interprofessional team-based palliative medicine;

‘‘(B) be based in a hospice and palliative medicine fellowship program accredited by the Accreditation Council for Graduate Medical Education;

‘‘(C) provide training in interprofessional team-based palliative medicine through a variety of service rotations, such as consultation services, acute care services, extended care facilities, ambulatory care and comprehensive evaluation units, hospices, home care, and community care programs;

‘‘(D) develop specific performance-based measures to evaluate the competency of trainees; and

‘‘(E) provide training in interprofessional team-based palliative medicine through one or both of the training options described in paragraph (3).

''(3) Training options.—The training options referred to in subparagraph (E) of paragraph (2) are as follows:

''(A) 1-year retraining programs in hospice and palliative medicine for physicians who are faculty at schools of medicine and osteopathic medicine, or others determined appropriate by the Secretary.

''(B) 1- or 2-year training programs that are designed to provide training in interprofessional team-based hospice and palliative medicine for physicians who have completed graduate medical education programs in any medical specialty leading to board eligibility in hospice and palliative medicine pursuant to the American Board of Medical Specialties.

''(4) Definitions.—For purposes of this subsection, the term 'graduate medical education' means a program sponsored by a school of medicine, a school of osteopathic medicine, a hospital, or a public or private institution that—

''(A) offers postgraduate medical training in the specialties and subspecialties of medicine; and

''(B) has been accredited by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association through its Committee on Postdoctoral Training.

''(c) Palliative Medicine and Hospice Academic Career Awards.—

''(1) Establishment of program.—The Secretary shall establish a program to provide awards, to be known as the 'Palliative Medicine and Hospice Academic Career Awards', to eligible individuals to promote the career development of such individuals as academic hospice and palliative care physicians.

''(2) Eligible individuals.—To be eligible to receive an award under paragraph (1), an individual shall—

''(A) be board certified or board eligible in hospice and palliative medicine; and

''(B) have a junior (non-tenured) faculty appointment at an accredited (as determined by the Secretary) school of medicine or osteopathic medicine.

''(3) Limitations.—No award under paragraph (1) may be made to an eligible individual unless the individual—

''(A) has submitted to the Secretary an application, at such time, in such manner, and containing such information as the Secretary may require, and the Secretary has approved such application;

''(B) provides, in such form and manner as the Secretary may require, assurances that the individual will meet the service requirement described in paragraph (6); and

''(C) provides, in such form and manner as the Secretary may require, assurances that the individual has a full-time faculty appointment in a health professions institution and documented commitment from such institution to spend a majority of the total funded time of such individual on teaching and developing skills in education in interprofessional team-based palliative care.

''(4) Maintenance of effort.—An eligible individual who receives an award under paragraph (1) shall provide assurances to the Secretary that funds provided to the eligible individual under this subsection will be used only to supplement, not to supplant, the amount of Federal, State, and local funds otherwise expended by the eligible individual.

''(5) Amount and term.—

''(A) Amount.—The amount of an award under this subsection shall be equal to the award amount provided for under section 753(c)(5)(A) for the fiscal year involved.

''(B) Term.—The term of an award made under this subsection shall not exceed 5 years.

''(C) Payment to institution.—The Secretary shall make payments for awards under this subsection to institutions, including schools of medicine and osteopathic medicine.

''(6) Service requirement.—An individual who receives an award under this subsection shall provide training in palliative care and hospice, including the training of interprofessional teams of health care professionals. The provision of such training shall constitute a majority of the total funded obligations of such individual under the award.

''(d) Palliative Care Workforce Development.—

''(1) In general.—The Secretary shall award grants or contracts under this subsection to entities that operate a Palliative Care and Hospice Education Center pursuant to subsection (a)(1).

''(2) Application.—To be eligible for an award under paragraph (1), an entity described in such paragraph shall submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

''(3) Use of funds.—Amounts awarded under a grant or contract under paragraph (1) shall be used to carry out the fellowship program described in paragraph (4).

''(4) Fellowship program.—

''(A) In general.—Pursuant to paragraph (3), a Palliative Care and Hospice Education Center that receives an award under this subsection shall use such funds to offer short-term intensive courses (referred to in this subsection as a 'fellowship') that focus on interprofessional team-based palliative care that provide supplemental training for faculty members in medical schools and other health professions schools with programs in psychology, pharmacy, nursing, social work, physician assistant education, chaplaincy, or other health disciplines, as approved by the Secretary. Such a fellowship shall be open to current faculty, and appropriately credentialed volunteer faculty and practitioners, who do not have formal training in palliative care, to upgrade their knowledge and clinical skills for the care of individuals with serious or life-threatening illness and to enhance their interdisciplinary and interprofessional teaching skills.

''(B) Location.—A fellowship under this paragraph shall be offered either at the Palliative Care and Hospice Education Center that is sponsoring the course, in collaboration with other Palliative Care and Hospice Education Centers, or at medical schools, schools of nursing, schools of pharmacy, schools of social work, schools of chaplaincy or pastoral care education, graduate programs in psychology, physician assistant education programs, or other health professions schools approved by the Secretary with which the Centers are affiliated.

''(C) Continuing education credit.—Participation in a fellowship under this paragraph shall be accepted with respect to complying with continuing health profession education requirements. As a condition of such acceptance, the recipient shall subsequently provide a minimum of 18 hours of voluntary instruction in palliative care content (that has been approved by a palliative care and hospice education center) to students or trainees in health-related educational, home, hospice, or long-term care settings.

''(5) Targets.—A Palliative Care and Hospice Education Center that receives an award under paragraph (1) shall meet targets approved by the Secretary for providing training in interprofessional team-based palliative care to a certain number of faculty or practitioners during the term of the award, as well as other parameters established by the Secretary.

''(6) Amount of award.—Each award under paragraph (1) shall be in the amount of $150,000. Not more than 24 Palliative Care and Hospice Education Centers may receive an award under such paragraph.

''(7) Maintenance of effort.—A Palliative Care and Hospice Education Center that receives an award under paragraph (1) shall provide assurances to the Secretary that funds provided to the Center under the award will be used only to supplement, not to supplant, the amount of Federal, State, and local funds otherwise expended by such Center.

''(e) Palliative Care and Hospice Career Incentive Awards.—

''(1) In general.—The Secretary shall award grants or contracts under this subsection to individuals described in paragraph (2) to foster greater interest among a variety of health professionals in entering the field of palliative care.

''(2) Eligible individuals.—To be eligible to receive an award under paragraph (1), an individual shall—

''(A) be an advanced practice nurse, a social worker, physician assistant, pharmacist, chaplain, or student of psychology who is pursuing a doctorate, masters, or other advanced degree with a focus in interprofessional team-based palliative care or related fields in an accredited health professions school; and

''(B) submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

''(3) Conditions of award.—As a condition of receiving an award under paragraph (1), an individual shall agree that, following completion of the award period, the individual will teach or practice palliative care in health-related educational, home, hospice, or long-term care settings for a minimum of 5 years under guidelines established by the Secretary.

''(4) Payment to institution.—The Secretary shall make payments for awards under paragraph (1) to institutions that include schools of medicine, osteopathic medicine, nursing, social work, psychology, chaplaincy or pastoral care education, dentistry, and pharmacy, or other allied health discipline in an accredited health professions school or program (such as a physician assistant education program) that is approved by the Secretary.

''(f) Authorization of Appropriations.—There are authorized to be appropriated to carry out this section, $15,000,000 for each of the fiscal years 2020 through 2024.''.

(b) Effective Date.—The amendment made by this section shall be effective beginning on the date that is 90 days after the date of enactment of this Act.

SEC. 3. HOSPICE AND PALLIATIVE NURSING.

(a) Nurse Education, Practice, and Quality Grants.—Section 831(b)(3) of the Public Health Service Act (42 U.S.C. 296p(b)(3)) is amended by inserting ''hospice and palliative nursing,'' after ''coordinated care,''.

(b) Palliative Care and Hospice Education and Training Programs.—Part D of title VIII of the Public Health Service Act (42 U.S.C. 296p et seq.) is amended by adding at the end the following:

''SEC. 832. PALLIATIVE CARE AND HOSPICE EDUCATION AND TRAINING.

''(a) Program Authorized.—The Secretary shall award grants to eligible entities to develop and implement, in coordination with programs under section 759A, programs and initiatives to train and educate individuals in providing interprofessional team-based palliative care in health-related educational, hospital, hospice, home, or long-term care settings.

''(b) USE OF FUNDS.—An eligible entity that receives a grant under subsection (a) shall use funds under such grant to—

''(1) provide training to individuals who will provide palliative care in health-related educational, hospital, home, hospice, or long-term care settings;

''(2) develop and disseminate curricula relating to palliative care in health-related educational, hospital, home, hospice, or long-term care settings;

''(3) train faculty members in palliative care in health-related educational, hospital, home, hospice, or long-term care settings; or

''(4) provide continuing education to individuals who provide palliative care in health-related educational, home, hospice, or long-term care settings.

''(c) APPLICATION.—An eligible entity desiring a grant under subsection (a) shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may reasonably require.

''(d) ELIGIBLE ENTITY.—For purposes of this section, the term 'eligible entity' shall include a school of nursing, a health care facility, a program leading to certification as a certified nurse assistant, a partnership of such a school and facility, or a partnership of such a program and facility.

''(e) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section $5,000,000 for each of fiscal years 2020 through 2024.''.

SEC. 4. DISSEMINATION OF PALLIATIVE CARE INFORMATION.

Part A of title IX of the Public Health Service Act (42 U.S.C. 299 et seq.) is amended by adding at the end the following new section:

''SEC. 904. DISSEMINATION OF PALLIATIVE CARE INFORMATION.

''(a) IN GENERAL.—Under the authority under section 902(a) to disseminate information on health care and on systems for the delivery of such care, the Director may disseminate information to inform patients, families, and health professionals about the benefits of palliative care throughout the continuum of care for patients with serious or life-threatening illness.

''(b) INFORMATION DISSEMINATED.—

''(1) MANDATORY INFORMATION.—If the Director elects to disseminate information under subsection (a), such dissemination shall include the following:

''(A) PALLIATIVE CARE.—Information, resources, and communication materials about palliative care as an essential part of the continuum of quality care for patients and families facing serious or life-threatening illness (including cancer; heart, kidney, liver, lung, and infectious diseases; as well as neurodegenerative disease such as dementia, Parkinson's disease, or amyotrophic lateral sclerosis).

''(B) PALLIATIVE CARE SERVICES.—Specific information regarding the services provided to patients by professionals trained in hospice and palliative care, including pain and symptom management, support for shared decisionmaking, care coordination, psychosocial care, and spiritual care, explaining that such services may be provided starting at the point of diagnosis and alongside curative treatment and are intended to—

''(i) provide patient-centered and family-centered support throughout the continuum of care for serious and life-threatening illness;

''(ii) anticipate, prevent, and treat physical, emotional, social, and spiritual suffering;

''(iii) optimize quality of life; and

''(iv) facilitate and support the goals and values of patients and families.

''(C) PALLIATIVE CARE PROFESSIONALS.—Specific materials that explain the role of professionals trained in hospice and palliative care in providing team-based care (including pain and symptom management, support for shared decisionmaking, care coordination, psychosocial care, and spiritual care) for patients and families throughout the continuum of care for serious or life-threatening illness.

''(D) RESEARCH.—Evidence-based research demonstrating the benefits of patient access to palliative care throughout the continuum of care for serious or life-threatening illness.

''(E) POPULATION-SPECIFIC MATERIALS.—Materials targeting specific populations, including patients with serious or life-threatening illness who are among medically underserved populations (as defined in section 330(b)(3)) and families of such patients or health professionals serving medically underserved populations. Such populations shall include pediatric patients, young adult and adolescent patients, racial and ethnic minority populations, and other priority populations specified by the Director.

''(2) REQUIRED PUBLICATION.—Information and materials disseminated under paragraph (1) shall be posted on the Internet websites of relevant Federal agencies and departments, including the Department of Veterans Affairs, the Centers for Medicare & Medicaid Services, and the Administration on Aging.

''(c) CONSULTATION.—The Director shall consult with appropriate professional societies, hospice and palliative care stakeholders, and relevant patient advocate organizations with respect to palliative care, psychosocial care, and complex chronic illness with respect to the following:

''(1) The planning and implementation of the dissemination of palliative care information under this section.

''(2) The development of information to be disseminated under this section.

''(3) A definition of the term 'serious or life-threatening illness' for purposes of this section.''.

SEC. 5. CLARIFICATION.

None of the funds authorized under this Act (or an amendment made by this Act) may be used to provide, promote, or provide training with regard to any item or service for which Federal funding is unavailable under section 3 of Public Law 105–12 (42 U.S.C. 14402).

SEC. 6. ENHANCING NIH RESEARCH IN PALLIATIVE CARE.

(a) IN GENERAL.—Part B of title IV of the Public Health Service Act (42 U.S.C. 284 et seq.) is amended by adding at the end the following new section:

''SEC. 409K. ENHANCING RESEARCH IN PALLIATIVE CARE.

''The Secretary, acting through the Director of the National Institutes of Health, shall develop and implement a strategy to be applied across the institutes and centers of the National Institutes of Health to expand and intensify national research programs in palliative care in order to address the quality of care and quality of life for the rapidly growing population of patients in the United States with serious or life-threatening illnesses, including cancer; heart, kidney, liver, lung, and infectious diseases; as well as neurodegenerative diseases such as dementia, Parkinson's disease, or amyotrophic lateral sclerosis.''.

(b) EXPANDING TRANS-NIH RESEARCH REPORTING TO INCLUDE PALLIATIVE CARE RESEARCH.—Section 402A(c)(2)(B) of the Public Health Service Act (42 U.S.C. 282a(c)(2)(B)) is amended by inserting ''and, beginning January 1, 2020, for conducting or supporting research with respect to palliative care'' after ''or national centers''.

The SPEAKER pro tempore (Mr. STANTON). Pursuant to the rule, the gentlewoman from Illinois (Ms. SCHAKOWSKY) and the gentleman from Texas (Mr. BURGESS) each will control 20 minutes.

The Chair recognizes the gentlewoman from Illinois.

GENERAL LEAVE

Ms. SCHAKOWSKY. 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 materials on H.R. 647.

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

There was no objection.

Ms. SCHAKOWSKY. Mr. Speaker, I yield 2 minutes to the gentleman from New York (Mr. ENGEL), the author of this important legislation.

Mr. ENGEL. Mr. Speaker, I thank my colleague for yielding to me.

Mr. Speaker, I am proud to sponsor H.R. 647, the Palliative Care and Hospice Education and Training Act, which has 296 bipartisan cosponsors and endorsements from 54 national organizations, including the American Cancer Society and the American Academy of Hospice and Palliative Medicine.

The goal of palliative care is to provide patients relief from the symptoms of a serious illness. This form of medical care can accompany treatments and even cures. Often, an interdisciplinary team of healthcare providers consisting of doctors, nurses, social workers, and chaplains provide palliative care. In this capacity, these professionals often help patients with medical decisionmaking and care coordination.

Palliative and hospice care has been shown to improve health outcomes for patients, but not many people are aware of the benefits. Furthermore, our Nation has a shortage of qualified palliative and hospice care professionals.

The Palliative Care and Hospice Education and Training Act will help remedy these issues. This bill will create programs to train the next generation of providers of palliative and hospice care. It will also better educate patients, families, and health professionals about palliative care's benefits, and it encourages the National Institutes of Health to expand research in this field.

Nearly every one of us has felt the pain and stress of a serious illness, either personally or standing beside a loved one. By passing this bill, we will take an important step forward in bringing relief to patients suffering from serious illnesses.

Mr. Speaker, I want to thank Chairman PALLONE and Ranking Member WALDEN for their leadership on this issue and Congressman REED and Congressman CARTER, who coauthored this bill with me.

Mr. Speaker, I include in the RECORD a letter of support from 54 national organizations and 35 State organizations.

MAY 6, 2019.

Hon. ELIOT ENGEL,
House of Representatives,
Washington, DC.
Hon. FRANK PALLONE, Jr.,
Chair, Energy & Commerce Committee,
House of Representatives,
Washington, DC.
Hon. YVETTE D. CLARKE,
House of Representatives,
Washington, DC.
Hon. TOM REED
House of Representatives,
Washington, DC.
Hon. GREG WALDEN,
Ranking Member, Energy & Commerce Committee, House of Representatives,
Washington, DC.
Hon. BUDDY CARTER,
House of Representatives, Washington, DC.

Re: Support for the Palliative Care and Hospice Education and Training Act (PCHETA)

DEAR REPRESENTATIVES ENGEL, REED, AND CARTER, CHAIRMAN PALLONE, RANKING MEMBER WALDEN, AND VICE CHAIR CLARKE: The undersigned organizations write to express our support for H.R. 647, the Palliative Care and Hospice Education and Training Act (PCHETA). This bipartisan legislation will make a difference in the lives of millions of patients living with serious or life-threatening illness and their caregivers.

Despite a high intensity of medical treatment, many seriously ill individuals still experience troubling symptoms, unmet psychological and personal care needs, fragmented care, poor communication with their health care providers, and enormous strains on their family caregivers. However, numerous studies have shown that adding palliative care can improve pain and symptom control, quality of life, and patient and family satisfaction.

Palliative care is an interdisciplinary model of care focused on relief of the pain, stress and other debilitating symptoms of serious illness, such as cancer, cardiac disease, respiratory disease, kidney failure, Alzheimer's, AIDS, ALS, and MS. Its goal is to relieve suffering and provide the best possible quality of life for patients and their families. Palliative care can be offered simultaneously with life-prolonging and curative therapies for persons living with serious, complex, and eventually terminal illness and includes hospice care. By its very nature, palliative care is patient-centered care—translating patient goals to appropriate treatments.

We appreciate your leadership in recognizing the significant role palliative care and hospice can play in creating lasting change across the health care system. With PCHETA's focus on expanding the interdisciplinary palliative care workforce, promoting awareness of the benefits of palliative care among patient and providers, and improving the evidence base for this care, you have demonstrated a strong commitment to addressing key barriers to palliative care access for the growing number of Americans with serious or life-threatening illness.

Delivery of high-quality palliative care cannot take place without sufficient numbers of health care professionals with appropriate training and skills. Students graduating from medical, nursing or health care professional schools today have very little, if any, training in the core precepts of pain and symptom management, advance care planning, communication skills, and care coordination for patients with serious or life-threatening illness. Further, there is a large gap between the number of health care professionals with palliative care training and the number required to meet the needs of the expanding population of seriously ill patients. PCHETA would go a long way towards bridging this gap by establishing education centers and career incentive awards to improve the training of doctors, nurses, physician assistants, social workers and other health professionals in palliative care.

PCHETA also aims to strengthen clinical practice and improve health care delivery for patients living with serious or life-threatening illness, as well as their families, by directing funding toward palliative care research. Research funding for palliative care and pain and symptom management comprises less than 0.1 percent of the National Institutes of Health annual budget. PCHETA would direct an expansion and intensification of research in these important areas.

At the same time, more must be done to ensure patients and providers are aware of the benefits of palliative care. According to the Institute of Medicine, there is a ''need for better understanding of the role of palliative care among both the public and professionals across the continuum of care.'' PCHETA would direct the implementation of a national education and awareness campaign so that patients, families, and health professionals understand the essential role of palliative care in ensuring high-quality care for individuals facing serious or life-threatening illness.

Through your leadership last Congress, PCHETA passed the House of Representatives with overwhelming bi-partisan support. We appreciate your continued support and dedication to this important issue. We look forward to working with you toward quick passage of this legislation in the 116th Congress.

Sincerely,

Alzheimer's Association, Alzheimer's Impact Movement, American Academy of Hospice and Palliative Medicine, American Academy of Physician Assistants, American Cancer Society Cancer Action Network, American College of Surgeons Commission on Cancer, American Geriatrics Society, American Heart Association | American Stroke Association, American Psychological Association, American Psychosocial Oncology Society, American Society of Clinical Oncology, Association of Oncology Social Work, Association of Pediatric Hematology/Oncology Nurses, Association of Professional Chaplains, The California State University Institute for Palliative Care.

Cambia Health Solutions, Cancer Support Community, Catholic Health Association of the United States, Center to Advance Palliative Care, Children's National Health System, Coalition for Compassionate Care of California, Colorectal Cancer Alliance, Compassus, Courageous Parents Network, ElevatingHOME | Visiting Nurses Associations of America, The Gary and Mary West Health Institute, The George Washington Institute for Spirituality and Health, HealthCare Chaplaincy Network, Hospice and Palliative Nurses Association, Leukemia & Lymphoma Society.

Lung Cancer Alliance, Motion Picture & Television Fund, National Alliance for Caregiving, National Association for Home Care & Hospice, National Association of Social Workers, National Brain Tumor Society, National Coalition for Cancer Survivorship, National Coalition for Hospice and Palliative Care, National Hospice and Palliative Care Organization, National Palliative Care Research Center, National Patient Advocate Foundation, National POLST Paradigm, Oncology Nursing Society, Pediatric Palliative Care Coalition, Physician Assistants in Hospice and Palliative Medicine.

Prevent Cancer Foundation, Resolution-Care Network, Social Work Hospice & Palliative Care Network, Society of Palliative Care Pharmacists, St. Baldrick's Foundation, Supportive Care Matters, Susan G. Komen, Supportive Care Coalition, Trinity Health.

STATE ASSOCIATIONS SUPPORTING PCHETA

Arizona Hospice and Palliative Care Organization, Home Care Association of Arkansas, California Association for Health Services at Home (CAHSAH), Home Care Association of Colorado, Connecticut Association for Health Care at Home, Home Care Association of Florida, Georgia Association for Home Health Agencies, Illinois HomeCare & Hospice Council, Indiana Association for Home Care and Hospice, Healthcare Association of Hawaii, Kansas Home Care & Hospice Association, Kentucky Home Care Association.

HomeCare Association of Louisiana, Home Care & Hospice Alliance of Maine, Home Care Alliance of Massachusetts, Michigan HomeCare and Hospice Association, Minnesota HomeCare Association, Nebraska Home Care Association, Home Care, Hospice and Palliative Care Alliance of New Hampshire, Home Care Association of New York State (HCA), New York State Association of Healthcare Providers, Association for Home & Hospice Care of North Carolina, LeadingAge Ohio, Ohio Council for Home Care & Hospice.

Oklahoma Association for Home Care & Hospice, Oregon Association for Home Care, Pennsylvania HomeCare Association, Rhode Island Partnership for Home Care, South Carolina Home Care and Hospice Association, Tennessee Association for Home Care, Texas Association for Home Care & Hospice, VNAs of Vermont, Virginia Association for Home Care & Hospice, Home Care Association of Washington, West Virginia Council of Home Care Agencies.

Mr. ENGEL. Mr. Speaker, I urge my colleagues to support this important legislation.

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

Mr. Speaker, I rise in support of H.R. 647, the Palliative Care and Hospice Education and Training Act, by Representatives ENGEL and TOM REED and cosponsored by many Members of the House. This helps build our palliative and hospice care workforce by establishing and supporting palliative care and hospice education centers through Federal grants, while enhancing research in palliative care at the National Institutes of Health.

1.5 million Medicare beneficiaries were enrolled in hospice care for some time during 2017. With the American population aging, we need to be sure that our workforce is prepared to handle the influx of patients transitioning into palliative and hospice care.

The bill's sponsors and advocates have worked hard for the past few years to get this legislation to the President's desk. As the chairman of the Energy and Commerce Health Subcommittee last year, I made it a priority to move this bill.

I also think that this bill complements the House of Representatives' work on the opioid crisis. It is appropriate that we are passing this bill now as we come to the 1-year anniversary of passage of the SUPPORT Act.

The bill before us today could address the issue from a different angle. With the growing scrutiny on doctors prescribing opioids in the midst of the opioid crisis, we must remember that there are patients with legitimate chronic pain. While the use of opioids can lead to substance use disorder, these patients still need access to their pain medications, particularly if they have been successfully maintained and managed on opioids in close consultation with their doctors.

This bill will ensure that we have a palliative and hospice care workforce that is adequately trained to manage patients with serious illness, which frequently includes some aspect of chronic pain or the need for pain relief.

I am disappointed that we did not include a provision that stakeholders believe is necessary in order for this bill to become law. Senate language included this small but necessary change, and I expect that this issue will be resolved prior to the bill's arrival at the President's desk.

Mr. Speaker, with a commitment to including this legislative language, I urge Members to support H.R. 647, and I reserve the balance of my time.

Ms. SCHAKOWSKY. Mr. Speaker, I rise in support of H.R. 647, the Palliative Care and Hospice Education and Training Act.

This bill, introduced by Representatives ENGEL, REED, CLARKE, and CARTER, would establish palliative care and hospice education centers to improve training of interdisciplinary professionals and faculty members in palliative care.

The bill would promote career development of physicians who practice hospice and palliative medicine. It also helps train the next generation of practitioners by authorizing funds to train and retain nurses, social workers, pharmacists, and others who are pursuing advanced degrees in palliative care and related fields.

H.R. 647 will help patients facing serious conditions at the end of their lives and improve hospice care availability and treatment.

I just want to say this bill is personal to me. My father, who lived with me at the end of his life, we were the beneficiaries of hospice, and it made all the difference in the final days of his life.

This bill has the support of 294 bipartisan cosponsors, as well as 89 different organizations. I would certainly urge all of my colleagues to endorse, support, and vote for this important piece of legislation.

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

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Mr. BURGESS. Mr. Speaker, I am pleased to yield 3 minutes to the gentleman from New York (Mr. REED), the co-author of the bill.

Mr. REED. Mr. Speaker, first, I thank my colleagues, Mr. ENGEL and the members of the Energy and Commerce Committee, for their leadership on this bill, as well as, in particular, my colleague, Mr. CARTER, for helping push this bill through, and Dr. BURGESS for his assistance in leading the floor debate.

Mr. Speaker, I rise in strong support of the bill before us, because as we all know, when loved ones become deathly ill, we are often left feeling helpless, wanting to step in and somehow ease the burden, but not sure how.

When my own mother became sick, there was nothing I wouldn't have done, Mr. Speaker, to cure her. The woman who taught me how to live, taught me how to die. She taught me that what truly mattered to her in those times at the end of her life was the comfort of her home, the comfort of her family, and that quality time spent with her loved ones and her friends. Surrounded by a wonderful team of family, friends, but, in particular, hospice care providers, we watched as her wishes were met.

Physicians, nurses, social workers, and aides made sure her symptoms were managed and that she was physically comfortable. But just as important, if not more so, were the hospice volunteers who stepped in to give mom companionship, normalcy at the end of her illness, and a much-needed break by the loved ones who were caring for her, such as myself and my brothers and sisters.

The experience changed my perspective on death and dying. Even now, I am enormously thankful to the hospice staff and volunteers who stepped in to give my mom, and countless others in the community and folks across the country, quality of life when their days and her days were limited.

We must ensure that there is a properly trained workforce to care for those closest to us as they increase in age and become chronically and terminally ill. Estimates show that there will be no more than 1 percent growth in the palliative care and hospice physician workforce in the next 20 years, while the number of people eligible for palliative care will increase by over 20 percent, Mr. Speaker.

Without a boost for palliative care education and training, there will only be one palliative physician for every 26,000 seriously ill patients by 2030. This bill promotes a strong American workforce when it comes to our palliative and hospice volunteers and caregivers and advanced training for those healthcare providers providing those services amongst us.

Mr. Speaker, I thank my colleagues, and I urge all of my colleagues to support this legislation and vote ''yes'' this evening.

Ms. SCHAKOWSKY. Mr. Speaker, I think what you heard from Mr. REED and myself, and those people who have experienced the use of hospice care, what a great and wonderful blessing it can be to our families.

Mr. Speaker, I support the legislation, and I reserve the balance of my time.

Mr. BURGESS. Mr. Speaker, I am pleased to yield 3 minutes to the gentleman from Georgia (Mr. CARTER), a valuable member of the Health Subcommittee of the Committee on Energy and Commerce.

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

Mr. Speaker, I rise today in support of H.R. 647, the Palliative Care and Hospice Education and Training Act. I am proud to be a co-lead on this much-needed piece of legislation.

In my years as a pharmacist working in long-term care, I saw how patients with all types of illnesses face the challenges of end-of-life care. Whether you are talking about patients with cancer, Alzheimer's, or some other ailment, critical to our healthcare system is valuing a patient's quality of life. That is why palliative and hospice care are an important piece of our healthcare system.

As our population ages, the need for quality, well-trained hospice and palliative providers is only growing. The George Washington University Health Workforce Institute projects the number of patients who could benefit from palliative care could increase by 20 percent over the next 20 years. By establishing palliative care and hospice education centers to train and educate new providers, this bill is a critical step in meeting the needs of future patients.

Additionally, this bill enhances the NIH's research into palliative care, improving our capability to care for patients in even more effective ways.

Finally, PCHETA also establishes a nationwide campaign to better inform patients, their families, and their healthcare providers about palliative care services. This is critical to ensuring patients have a clear picture of all of their options so they and their families can make informed decisions of the care that they want.

This bill is an important investment towards a patient-centered healthcare system that values and improves a patient's quality of life.

I applaud Representatives ENGEL, REED, CLARKE, PALLONE, and WALDEN for their leadership on this bill, and I urge my fellow Members to support H.R. 647.

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

Mr. BURGESS. Mr. Speaker, I yield myself the balance of my time.

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

Ms. SCHAKOWSKY. Mr. Speaker, I think you could hear from the factual and the heartfelt testimony you have heard about this bill that will make hospice and palliative care more available that we all here urge passage of this legislation.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Illinois (Ms. SCHAKOWSKY) that the House suspend the rules and pass the bill, H.R. 647, 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.

PAYMENT COMMISSION DATA ACT OF 2019

Ms. SCHAKOWSKY. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1781) to amend titles XVIII and XIX of the Social Security Act to provide the Medicare Payment Advisory Commission and the Medicaid and CHIP Payment and Access Commission with access to certain drug payment information, including certain rebate information, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1781

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 ''Payment Commission Data Act of 2019''.

SEC. 2. PROVIDING THE MEDICARE PAYMENT ADVISORY COMMISSION AND MEDICAID AND CHIP PAYMENT AND ACCESS COMMISSION WITH ACCESS TO CERTAIN DRUG PAYMENT INFORMATION, INCLUDING CERTAIN REBATE INFORMATION.

(a) ACCESS TO CERTAIN PART D PAYMENT DATA.—Section 1860D–15(f) of the Social Security Act (42 U.S.C. 1395w–115(f)) is amended—

(1) in paragraph (2)—

(A) in subparagraph (A)(ii), by striking ''and'' at the end;

(B) in subparagraph (B), by striking the period at the end and inserting ''; and''; and

(C) by inserting at the end the following new subparagraph:

''(C) by the Executive Director of the Medicare Payment Advisory Commission for purposes of monitoring, making recommendations, and analysis of the program under this title and by the Executive Director of the Medicaid and CHIP Payment and Access Commission for purposes of monitoring, making recommendations, and analysis of the Medicaid program established under title XIX and the Children's Health Insurance Program under title XXI.''; and

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

''(3) ADDITIONAL RESTRICTIONS ON DISCLOSURE OF INFORMATION.—The Executive Directors described in paragraph (2)(C) shall not disclose any of the following information disclosed to such Executive Directors or obtained by such Executive Directors pursuant to such paragraph, with respect to a prescription drug plan offered by a PDP sponsor or an MA–PD plan offered by an MA organization:

''(A) The specific amounts or the identity of the source of any rebates, discounts, price concessions, or other forms of direct or indirect remuneration under such prescription drug plan or such MA–PD plan.

''(B) Information submitted with the bid submitted under section 1860D–11(b) by such PDP sponsor or under section 1854(a) by such MA organization.

''(C) In the case of such information from prescription drug event records, in a form that would not be permitted under section 423.505(m) of title 42, Code of Federal Regulations, or any successor regulation, if made by the Centers for Medicare & Medicaid Services.''.

(b) ACCESS TO CERTAIN REBATE AND PAYMENT DATA UNDER MEDICARE AND MEDICAID.—Section 1927(b)(3)(D) of the Social Security Act (42 U.S.C. 1396r–8(b)(3)(D)) is amended—

(1) in the matter before clause (i), by striking ''subsection (a)(6)(A)(ii)'' and inserting ''subsection (a)(6)(A)'';

(2) in clause (iv), by striking ''and'' at the end;

(3) in clause (v), by striking the period at the end and inserting '', and'';

(4) by inserting after clause (v) the following new clause:

''(vi) to permit the Executive Director of the Medicare Payment Advisory Commission and the Executive Director of the Medicaid and CHIP Payment and Access Commission to review the information provided.'';

(5) in the matter at the end, by striking ''1860D–4(c)(2)(E)'' and inserting ''1860D–4(c)(2)(G)''; and

(6) by adding at the end the following new sentence: ''Any information disclosed to the Executive Director of the Medicare Payment Advisory Commission or the Executive Director of the Medicaid and CHIP Payment and Access Commission pursuant to this subparagraph shall not be disclosed by either such Executive Director in a form which discloses the identity of a specific manufacturer or wholesaler or prices charged for drugs by such manufacturer or wholesaler.''.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Illinois (Ms. SCHAKOWSKY) and the gentleman from Texas (Mr. BURGESS) each will control 20 minutes.

The Chair recognizes the gentlewoman from Illinois.

GENERAL LEAVE

Ms. SCHAKOWSKY. 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 H.R. 1781.

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

There was no objection.

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

Mr. Speaker, I rise in support of H.R. 1781, the Payment Commission Data Act of 2019.

This bill will provide the Medicare Payment Advisory Commission, otherwise known as MedPAC, and the Medicaid and CHIP Payment and Access Commission, MACPAC, with access to drug pricing and rebate data under Medicare parts B and D, as well as under Medicaid.

MedPAC and MACPAC are independent, nonpartisan commissions that advise Congress on issues affecting the Medicare and Medicaid programs. Currently, MedPAC and MACPAC lack access to this drug pricing data and are limited in their ability to provide information to Congress on the skyrocketing costs of prescription drugs.

H.R. 1781 is a simple but critical fix to ensure that the commissions have access to this data in order to analyze and report to Congress on these urgent issues.

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

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

Mr. Speaker, I rise in support of H.R. 1781, the Payment Commission Data Act of 2019, which was introduced by my colleague, Representative CARTER of Georgia. This bill provides the Medicare Payment Advisory Commission, colloquially known as MedPAC, and the Medicaid and CHIP Payment and Access Commission, affectionately known as MACPAC, with access to certain drug payment information.

MedPAC is an independent congressional agency that serves to advise Congress on issues affecting the Medicare program. And MACPAC is a nonpartisan legislative branch agency that provides policy and data analysis and makes recommendations to Congress on issues affecting Medicaid and the State Children's Health Insurance Program.

The issue was brought to our attention that despite getting similar data, such as plan bid data, we were surprised to learn that while this data could be shared by the Center for Medicare and Medicaid Services with the Government Accountability Office and the Congressional Budget Office, it could not be shared with MedPAC or MACPAC, leading us to this effort to correct this in a bipartisan way through H.R. 1781.

By providing these entities with drug payment and drug rebate information, MedPAC and MACPAC will be better able to analyze the drug cost data in the Medicare and Medicaid programs. Therefore, these commissions will be able to make better recommendations to Congress on how to address drug pricing based on accurate and factual data.

In a letter from MedPAC to Chairman PALLONE, Chairwoman ESHOO, Republican Leader WALDEN, and myself in March, MedPAC said that ''a statutory change giving us access to these data would enhance our capabilities for assisting the Congress on issues relating to prescription drug costs.'' The letter further outlines a number of ways that this data would help MedPAC support Congress and serve the commission's intended purpose.

Mr. Speaker, I include in the RECORD their letter.

MEDICARE PAYMENT ADVISORY COMMISSION,
Washington, DC, March 26, 2019.

Re: Drug pricing and rebate data

Hon. FRANK PALLONE, Jr.,
Chairman, Committee on Energy and Commerce,
House of Representatives, Washington, DC.
Hon. ANNA G. ESHOO,
Chairman, Subcommittee on Health, Committee on Energy and Commerce,
House of Representatives, Washington, DC.
Hon. GREG WALDEN,
Ranking Member, Committee on Energy and Commerce,
House of Representatives, Washington, DC.
Hon. MICHAEL C. BURGESS, M.D.,
Ranking Member, Subcommittee on Health, Committee on Energy and Commerce,
House of Representatives, Washington, DC.

DEAR CHAIRMEN AND RANKING MEMBERS: The Medicare Payment Advisory Commission (MedPAC) is an independent, legislative branch agency established by the Balanced Budget Act of 1997 (P.L. 105–33) to provide expert policy and technical advice to the Congress on issues affecting the Medicare program. Medicare spending has grown substantially over the last decade, particularly for