

extremely stark. Nationwide, Black women are three to four times more likely to die from maternal health complications than white women. In Indiana, Black women are 29 percent more likely to die during childbirth than white women, as 53 black women die per 100,000 live births versus 41 deaths among white women. Research consistently shows that disparities in access to quality health care, inadequate health care training, discrimination and bias, and the lack of high-quality integrated maternal health care continue to compound existing health care disparities that produce the disproportionate levels of maternal mortality among Black mothers.

That's why in August 2019, I introduced the Excellence in Maternal Health Act of 2019 with my fellow Hoosier, Rep. BUCSHON. Our bipartisan legislation works to improve maternal health access and quality, reduce racial and ethnic disparities and discrimination in health care delivery, and create grant programs to implement best practices and strengthen training for health care providers.

Specifically, our legislation provides \$10 million to help develop and enact best practices to eliminate maternal mortality through improved maternal health access and quality. Additionally, our legislation provides \$25 million over five years to establish a grant program to train health care professionals on ways to reduce and prevent racial discrimination in providing prenatal care, labor care, birthing, and postpartum care. Finally, our legislation provides \$15 million in grants to help states deliver integrated health care services that reduce maternal mortality and related health disparities.

I was pleased that in November 2019, the House Energy and Commerce Committee included our Carson/Bucshon legislation into Rep. ENGL's larger legislative package, the Maternal Health Quality Improvement Act of 2019 and was unanimously approved by the Committee. I urge all of my House colleagues to now pass H.R. 4995 to implement the programs and reforms in my legislation that will help end the scourge of preventable maternal mortality in our country and ensure the birth of a child is a joyous and safe occasion for families across America.

The SPEAKER pro tempore (Ms. STEVENS). The question is on the motion offered by the gentlewoman from Michigan (Mrs. DINGELL) that the House suspend the rules and pass the bill, H.R. 4995, 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.

PROTECTING PATIENTS TRANSPORTATION TO CARE ACT

Mrs. DINGELL. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 3935) to amend title XIX of the Social Security Act to provide for the continuing requirement of Medicaid coverage of nonemergency transportation to medically necessary services, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3935

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 "Protecting Patients Transportation to Care Act".

SEC. 2. MEDICAID COVERAGE OF CERTAIN MEDICAL TRANSPORTATION.

(a) CONTINUING REQUIREMENT OF MEDICAID COVERAGE OF NECESSARY TRANSPORTATION.—

(1) REQUIREMENT.—Section 1902(a)(4) of the Social Security Act (42 U.S.C. 1396a(a)(4)) is amended—

(A) by striking "and including provision for utilization" and inserting "including provision for utilization"; and

(B) by inserting after "supervision of administration of the plan" the following: "; and, subject to section 1903(i), including a specification that the single State agency described in paragraph (5) will ensure necessary transportation for beneficiaries under the State plan to and from providers and a description of the methods that such agency will use to ensure such transportation".

(2) APPLICATION WITH RESPECT TO BENCHMARK BENEFIT PACKAGES AND BENCHMARK EQUIVALENT COVERAGE.—Section 1937(a)(1) of the Social Security Act (42 U.S.C. 1396u-7(a)(1)) is amended—

(A) in subparagraph (A), by striking "sub-section (E)" and inserting "subparagraphs (E) and (F)"; and

(B) by adding at the end the following new subparagraph:

"(F) NECESSARY TRANSPORTATION.—Notwithstanding the preceding provisions of this paragraph, a State may not provide medical assistance through the enrollment of an individual with benchmark coverage or benchmark equivalent coverage described in subparagraph (A)(i) unless, subject to section 1903(i)(9) and in accordance with section 1902(a)(4), the benchmark benefit package or benchmark equivalent coverage (or the State)—

"(i) ensures necessary transportation for individuals enrolled under such package or coverage to and from providers; and

"(ii) provides a description of the methods that will be used to ensure such transportation.".

(3) LIMITATION ON FEDERAL FINANCIAL PARTICIPATION.—Section 1903(i) of the Social Security Act (42 U.S.C. 1396b(i)) is amended by inserting after paragraph (8) the following new paragraph:

"(9) with respect to any amount expended for non-emergency transportation authorized under section 1902(a)(4), unless the State plan provides for the methods and procedures required under section 1902(a)(30)(A); or".

(4) EFFECTIVE DATE.—The amendments made by this subsection shall take effect on the date of the enactment of this Act and shall apply to transportation furnished on or after such date.

(b) MEDICAID PROGRAM INTEGRITY MEASURES RELATED TO COVERAGE OF NONEMERGENCY MEDICAL TRANSPORTATION.—

(1) GAO STUDY.—Not later than two years after the date of the enactment of this Act, the Comptroller General of the United States shall conduct a study, and submit to Congress, a report on coverage under the Medicaid program under title XIX of the Social Security Act of nonemergency transportation to medically necessary services. Such study shall take into account the 2009 report of the Office of the Inspector General of the Department of Health and Human Services, titled "Fraud and Abuse Safeguards for Medicaid Nonemergency Medical Transportation" (OEI-06-07-003200). Such report shall include the following:

(A) An examination of the 50 States and the District of Columbia to identify safeguards to prevent and detect fraud and abuse with respect to coverage under the Medicaid program of non-

emergency transportation to medically necessary services.

(B) An examination of transportation brokers to identify the range of safeguards against such fraud and abuse to prevent improper payments for such transportation.

(C) Identification of the numbers, types, and outcomes of instances of fraud and abuse, with respect to coverage under the Medicaid program of such transportation, that State Medicaid Fraud Control Units have investigated in recent years.

(D) Identification of commonalities or trends in program integrity, with respect to such coverage, to inform risk management strategies of States and the Centers for Medicare & Medicaid Services.

(2) STAKEHOLDER WORKING GROUP.—

(A) IN GENERAL.—Not later than one year after the date of the enactment of this Act, the Secretary of Health and Human Services, through the Centers for Medicare & Medicaid Services, shall convene a series of meetings to obtain input from appropriate stakeholders to facilitate discussion and shared learning about the leading practices for improving Medicaid program integrity, with respect to coverage of nonemergency transportation to medically necessary services.

(B) TOPICS.—The meetings convened under subparagraph (A) shall—

(i) focus on ongoing challenges to Medicaid program integrity as well as leading practices to address such challenges; and

(ii) address specific challenges raised by stakeholders involved in coverage under the Medicaid program of nonemergency transportation to medically necessary services, including unique considerations for specific groups of Medicaid beneficiaries meriting particular attention, such as American Indians and tribal land issues or accommodations for individuals with disabilities.

(C) STAKEHOLDERS.—Stakeholders described in subparagraph (A) shall include individuals from State Medicaid programs, brokers for non-emergency transportation to medically necessary services that meet the criteria described in section 1902(a)(70)(B) of the Social Security Act (42 U.S.C. 1396a(a)(70)(B)), providers (including transportation network companies), Medicaid patient advocates, and such other individuals specified by the Secretary.

(3) GUIDANCE REVIEW.—Not later than 18 months after the date of the enactment of this Act, the Secretary of Health and Human Services, through the Centers for Medicare & Medicaid Services, shall assess guidance issued to States by the Centers for Medicare & Medicaid Services relating to Federal requirements for nonemergency transportation to medically necessary services under the Medicaid program under title XIX of the Social Security Act and update such guidance as necessary to ensure States have appropriate and current guidance in designing and administering coverage under the Medicaid program of nonemergency transportation to medically necessary services.

(4) NEMT TRANSPORTATION PROVIDER AND DRIVER REQUIREMENTS.—

(A) STATE PLAN REQUIREMENT.—Section 1902(a) of the Social Security Act (42 U.S.C. 1396a(a)) is amended—

(i) by striking "and" at the end of paragraph (85);

(ii) by striking the period at the end of paragraph (86) and inserting "; and"; and

(iii) by inserting after paragraph (86) the following new paragraph:

"(87) provide for a mechanism, which may include attestation, that ensures that, with respect to any provider (including a transportation network company) or individual driver of nonemergency transportation to medically necessary services receiving payments under such plan (but excluding any public transit authority), at a minimum—

“(A) each such provider and individual driver is not excluded from participation in any Federal health care program (as defined in section 1128B(f)) and is not listed on the exclusion list of the Inspector General of the Department of Health and Human Services;

“(B) each such individual driver has a valid driver’s license;

“(C) each such provider has in place a process to address any violation of a State drug law; and

“(D) each such provider has in place a process to disclose to the State Medicaid program the driving history, including any traffic violations, of each such individual driver employed by such provider, including any traffic violations.”.

(B) EFFECTIVE DATE.—

(i) IN GENERAL.—Except as provided in clause (ii), the amendments made by subparagraph (A) shall take effect on the date of the enactment of this Act and shall apply to services furnished on or after the date that is one year after the date of the enactment of this Act.

(ii) EXCEPTION IF STATE LEGISLATION REQUIRED.—In the case of a State plan for medical assistance under title XIX of the Social Security Act which the Secretary of Health and Human Services determines requires State legislation (other than legislation appropriating funds) in order for the plan to meet the additional requirement imposed by the amendments made by subparagraph (A), the State plan shall not be regarded as failing to comply with the requirements of such title solely on the basis of its failure to meet this 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 the enactment of this Act. For purposes of the previous sentence, in the case of a State that has a 2-year legislative session, each year of such session shall be deemed to be a separate regular session of the State legislature.

(5) ANALYSIS OF T-MSIS DATA.—Not later than one year after the date of the enactment of this Act, the Secretary of Health and Human Services, through the Centers for Medicare & Medicaid Services, shall analyze, and submit to Congress a report on, the nation-wide data set under the Transformed Medicaid Statistical Information System to identify recommendations relating to coverage under the Medicaid program under title XIX of the Social Security Act of nonemergency transportation to medically necessary services.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Michigan (Mrs. DINGELL) and the gentleman from Montana (Mr. GIANFORTE) each will control 20 minutes.

The Chair recognizes the gentlewoman from Michigan.

GENERAL LEAVE

Mrs. DINGELL. Madam 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. 3935.

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

There was no objection.

Mrs. DINGELL. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise in support of H.R. 3935, Protecting Patients Transportation to Care Act. This legislation will add nonemergency medical transportation services for individuals without other means of transportation to the list of benefits required by law under Medicaid.

NEMT, N-E-M-T, benefits have been a mandatory Medicaid benefit by regulation since the program’s beginning in 1966, and the benefits are clear. Transportation is one of the most common barriers to care for low-income patients, and reliable transportation to and from medical appointments is a cornerstone of healthcare access.

NEMT provides over 100 million rides to Medicaid beneficiaries each year, and this lifeline is critical to patients with chronic conditions like kidney disease or diabetes.

Additionally, it allows seniors and Americans to remain in their homes and continue to live independently.

The NEMT benefit is especially critical to beneficiaries seeking care during this current public health crisis, which has placed additional burdens and barriers to care.

The Protecting Patients Transportation to Care Act will codify this benefit and maintain robust program integrity protections.

In addition to safeguarding the life-saving NEMT benefit, the legislation is scored as having no cost by the Congressional Budget Office.

I would like to thank Representatives CARTER, CÁRDENAS, GRAVES and BISHOP of Georgia for leading this bipartisan effort and urge my colleagues to support its passage.

I reserve the balance of my time.

□ 1815

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

Madam Speaker, I rise today in support of H.R. 3935, the Protecting Patients Transportation to Care Act, introduced by Representatives CARTER and CÁRDENAS, and Representatives GRAVES and BISHOP of Georgia.

This legislation would require Medicaid to cover nonemergency medical transportation, or NEMT. This can help rural Medicaid patients get to dialysis, preventive care, and substance abuse treatment.

Covering this transport can ensure these patients get the care they need, improving outcomes and reducing the need for expensive emergency room visits and hospitalizations.

In my home State of Montana, it can take 2 hours or more to get to a specialist. This important legislation will help ensure rural patients have the ability to get to their providers.

H.R. 3935 would also require States to ensure that NEMT providers are not on the excluded providers list; that each individual driver has a valid driver’s license; and that providers report and address violations of State law, including traffic violations.

It would require the Comptroller General to conduct a study on coverages of NEMT by State Medicaid programs, including the policies and program integrity measures in place to prevent waste, fraud, and abuse.

Finally, the bill would require the Secretary to analyze any NEMT data

and report to Congress on his or her findings within one year of the date of enactment.

The legislation also requires State Medicaid programs to develop a utilization management process for the benefit.

Madam Speaker, I urge adoption of this important legislation, and I yield back the balance of my time.

Mrs. DINGELL. Madam Speaker, I, too, urge adoption of this important piece of legislation to remove barriers so people are able to go to the doctor, and I urge my colleagues to support this bill.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Michigan (Mrs. DINGELL) that the House suspend the rules and pass the bill, H.R. 3935, 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.

HELPING EMERGENCY RESPONDERS OVERCOME ACT

Mrs. DINGELL. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 1646) to require the Secretary of Health and Human Services to improve the detection, prevention, and treatment of mental health issues among public safety officers, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1646

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 “Helping Emergency Responders Overcome Act” or the “HERO Act”.

SEC. 2. DATA SYSTEM TO CAPTURE NATIONAL PUBLIC SAFETY OFFICER SUICIDE INCIDENCE.

The Public Health Service Act is amended by inserting before section 318 of such Act (42 U.S.C. 247c) the following:

“SEC. 317W. DATA SYSTEM TO CAPTURE NATIONAL PUBLIC SAFETY OFFICER SUICIDE INCIDENCE.

“(a) IN GENERAL.—The Secretary, in coordination with the Director of the Centers for Disease Control and Prevention and other agencies as the Secretary determines appropriate, shall—

“(1) develop and maintain a data system, to be known as the Public Safety Officer Suicide Reporting System, for the purposes of—

“(A) collecting data on the suicide incidence among public safety officers; and

“(B) facilitating the study of successful interventions to reduce suicide among public safety officers; and

“(2) integrate such system into the National Violent Death Reporting System, so long as the Secretary determines such integration to be consistent with the purposes described in paragraph (1).

“(b) DATA COLLECTION.—In collecting data for the Public Safety Officer Suicide Reporting System, the Secretary shall, at a minimum, collect the following information: