Providing for Consideration of Senate Amendment to H.R. 34, Tsunami Warning, Education, and Research Act of 2015, and Providing for Consideration of H.R. 34, the Systemic Risk Designation Improvement Act of 2016

Mr. Burgess. Mr. Speaker, by the direction of the Committee on Rules, I call up House Resolution 934 and ask for its immediate consideration.

The Clerk reads the resolution, as follows:

H. Res. 934

Resolved, That upon adoption of this resolution it shall be in order to take from the Speaker’s table the bill (H.R. 34) to authorize and strengthen the tsunami detection, forecast, warning, research, and mitigation program of the National Oceanic and Atmospheric Administration, and for other purposes, with the Senate amendment thereto, and to consider in the House, without intervention of any point of order, a motion offered by the Chair of the Committee on Energy and Commerce or his designee that the House concur in the Senate amendment with an amendment consisting of the text of Rules Committee Print 114-67 modified by the amendment printed in part A of the report of the Committee on Rules accompanying this resolution, if offered by the Member designated in the report, which shall be in order without intervention of any point of order, shall be considered as read, shall be separately debatable for the time specified in the report equally divided and controlled by the proponent and an opponent, and shall not be subject to a demand for a division of the question; and (3) one motion to recommit with or without instructions.

The Speaker pro tempore. The gentleman from Texas (Mr. Burgess) is recognized for 1 hour.

Mr. Burgess. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to the gentleman from Colorado (Mr. Polis), pending which I yield myself such time as I may consume. During consideration of this resolution, all time yielded is for purpose of debate only.

General Leave

Mr. Burgess. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks.

The Speaker pro tempore. Is there objection to the request of the gentleman from Texas?

There was no objection.

Mr. Burgess. Mr. Speaker, House Resolution 934 provides for a rule to consider a critical bill that will help millions of Americans and their families—those who are suffering from diseases, hearing, speech, and balance impairments—who are suffering from diseases, hearing, speech, and balance impairments. The previous question shall be considered as ordered on the bill and on any amendment thereto to final passage without intervening motion except: (1) one hour of debate equally divided and controlled by the chair and ranking minority member of the Committee on Financial Services; (2) the amendment printed in part B of the report of the Committee on Rules accompanying this resolution, if offered by the Member designated in the report, which shall be in order without intervention of any point of order, shall be considered as read, shall be separately debatable for the time specified in the report equally divided and controlled by the proponent and an opponent, and shall not be subject to a demand for a division of the question; and (3) one motion to recommit with or without instructions.

The Speaker pro tempore. The Speaker pro tempore is recognized.

The Speaker pro tempore. The Speaker will recognize the gentleman from Texas (Mr. Burgess) for 1 hour.

Mr. Burgess. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks.
been developed over the course of several years by the Committee on Energy and Commerce and its members to meet some of our country’s most pressing healthcare needs. The mental health reforms that are based on the Helping Families in Mental Health Crisis Act of 2005, championed by Chairman FRED UPTON and Representative DIANA DEGETTE of Colorado over the course of multiple Congresses, to bring our laws into a modern era of medicine. The House passed the 21st Century Cures Act in July of 2015 by a vote of 344–77. Our commitment to this transformational bill has not and must not waver until it is across the finish line and signed into law. We owe it to the patients, their families, medical providers, advocates, scientists, and researchers to see this through.

Our country is a global leader in medical research, but even in recognizing that, there is progress that we can make. With 10,000 known diseases and with 10,000 known conditions, and with cures and treatments for only 500, we must do more to alleviate that gap which is so much suffering. Advances in science and technology over the past decade have the potential to revolutionize medical innovation; yet the way drugs and devices are approved is back in the horse-and-buggy days. It is largely unchanged.

In recognizing the growing divide between innovation and regulation, the House Committee on Energy and Commerce launched the 21st Century Cures Initiative no fewer than 13 times this Congress ago—to examine the state of discovery, development, and delivery of medical therapies in America. The ensuing process by which the Cures legislation was developed should serve as a model for policy development long into the future.

Members of the committee convened hearings, forums, and roundtables in Washington, DC, and in centers and locations around the Nation. These forums brought together medical professionals up to date with the latest evidence, surfacing the leading experts, patient and disease group advocates, and researchers and innovators across multiple sectors. The objective of these events was to uncover opportunities and to strengthen and streamline the process by which cures are discovered and made available to patients.

Based on what we have learned, Representatives worked across the aisle—across the dais—on comprehensive legislation that would make the government an ally rather than an obstacle in the cycle of medical innovation. The 21st Century Cures Act touches each step of the process through which new treatments and cures come to market: the discovery, the development, the delivery.

To accelerate discovery, the House amendment to H.R. 34 includes provisions that facilitate collaboration and increase investment in research. It invests billions of dollars in research through the National Institutes of Health, and it incentivizes the exploitation of the most rare and challenging conditions. To modernize the development, and other things, the 21st Century Cures Act establishes a review pathway at the Food and Drug Administration for biomarkers and other drug development tools that can be used to help shorten drug development time while, at the same time, maintaining the safety standard that the public demands and that we have all come to expect from the agency.

The very confused regulation of combination products by the very different centers of the Food and Drug Administration will be improved to cut down on inefficiencies and to reduce the cost of development. The Food and Drug Administration will be required to work with stakeholders and the National Institutes of Standards and Technology to establish a framework for the development, evaluation, and review of drugs that are classified as regenerative medicine and advanced therapies.

A number of provisions seek to empower patients to engage in their health care and to engage in their treatment decisions with their doctors, to contribute health information to scientific research, and to participate in the drug and device approval process. The Food and Drug Administration is required to engage in a range of activities that will establish a framework for the consideration of patient experience data when weighing the benefits of a new treatment. Individuals will have the right to share and access their health data with the global research community through platforms, such as the Precision Medicine Initiative and a new National Neurological Diseases Surveillance System. Multiple measures ensure patients will have better access to secure, up-to-date information through their electronic health records, and they ensure that this health information technology will continue to be developed with patient needs and patient safety and privacy as a priority.

I am grateful to have had the opportunity to work directly on several provisions in the bill. This includes the creation of a national surveillance system for neurologic diseases and conditions which may then be used to help us further understand these devastating diseases. Thousands of Americans are affected—multiple sclerosis, Parkinson’s, Alzheimer’s, other neurologic diseases. This is some very accurate information that exists today to assist those who research, treat, and provide care for individuals who suffer from these diseases.

I have also worked on a provision that will improve patient access to pharmaceutical companies’ compassionate use policies for drugs that treat serious or life-threatening conditions. To increase the efficiency and foster robust data collection analysis, the 21st Century Cures Act requires a new indication for an already approved drug. To help insurers and manufacturers with the discussion and informed coverage decisions, a provision in the 21st Century Cures Act clarifies how medical product manufacturers can communicate economic information about therapies and technologies.

I am particularly happy that the House amendment to H.R. 34 includes multiple provisions that will make meaningful progress toward achieving an interoperable health system. Increasingly, electronic health system interoperability is critical to achieving the promises of the 21st Century Cures Act and to scaling up the benefits of health reform more broadly. While we have seen the widespread adoption of electronic health records, our Nation continues to maintain a fragmented system, which makes it difficult to ensure the continuity of evidence-based care for patients.

The 21st Century Cures Act would finally set us on a path toward achieving a nationwide, interoperable health system that puts the needs of patients and that puts the needs of providers first. Federal advisory committees are streamlined and directed to prioritize interoperability. Preference is directed to utilizing the existing standards of implementation rather than of recreating them.

In addition to increasing the transparency and accountability for providers and patients, enforcement mechanisms will keep health care providers and providers and patients, enforcement mechanisms will keep health care providers and providers in line. The 21st Century Cures Act would ensure that this bill does not include an important amendment to H.R. 34 that would have established a Sunshine Act that was part of the House-passed version of this bill and was supported by over 200 supporting organizations.

Certified continuing medical education, peer-reviewed medical textbooks, and journal reprints play a vital role in improving patient outcomes. They play a role in facilitating medical innovation, keeping our Nation’s medical professionals up to date with the rapid pace of scientific discoveries.
These materials and activities should not be confused with improper payments from pharmaceutical manufacturers to physicians. These materials were always intended to be excluded from the reporting requirements in the physician sunshine law, but, unfortunately, for Medicaid & Medicare Services’ interpretation of the exemption has been inconsistent and unreliable. The narrowly constructed language in the 21st Century Cures Act was carefully drafted to maintain transparency originally intended in the sunshine law while it ensured robust access to medical education.

Mr. Speaker, I think it goes without saying that we all want our doctors to be smart, that we want them to be informed, and that we want them to be up to date. Certainly, that is a priority that I will continue to pursue going forward.

Groundbreaking discoveries rely on a robust and reliable investment in basic research. The House amendment to H.R. 34 provides the National Institutes of Health with almost $5 billion in funding, including almost $2 billion for the Cancer Moonshot and $1.5 billion for the BRAIN Initiative. It also includes $500 million for the Food and Drug Administration and $1 billion in grants to four States in order to address the growing and burgeoning opioid crisis that continues to claim so many lives across our country. This approach provides dedicated funding through 2026 while it ensures spending is subject to review and oversight in the annual appropriations process. In addition to fully offsetting all of the authorized funds, H.R. 34 will actually reduce the deficit by almost $6 billion over the next 10 years.

Federal regulation, Federal policy, and Federal investment have been outpaced by science, medicine, and technology. The bipartisan 21st Century Cures Act not only delivers hope to millions of patients who are living with untreatable diseases, but it also helps modernize and helps streamline the regulation in America’s healthcare system.

I encourage all of my colleagues to vote yes on the rule and ‘yes’ on the two underlying bills. The 21st Century Cures Act will not only deliver hope to millions of people who are living with untreatable disease, but it will also help modernize and streamline America’s healthcare system.

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

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

I thank the gentleman for yielding to me the customarily time, but I have to say that I quickly associated breaks with the custom of this body not to delay floor proceedings during the reorganization of the Democratic Caucus. I know that, when the Democrats were in the majority, we routinely gave deference to the Republican Conference’s plan for retreats and for caucus reorganizations. We have before us several contested races. Of course, the Nation’s business comes first, which is why we are here making the case on these bills. I would like to add that I hope that this is not the case we are going to be setting for the next Congress. I think it is very important that, despite our differences, the Congressional conferences are respectful of the responsibilities that Members have not only within the institution of Congress but within their respective conferences and caucuses. On our side, we will be brief because we do have additional responsibilities, as I mentioned.

Mr. Speaker, I yield 2½ minutes to the gentlewoman from Oregon (Ms. BONAMICI).

Ms. BONAMICI. I thank the gentleman for yielding.

Mr. Speaker, I rise in opposition to the rule on H.R. 34, which is now the vehicle for the 21st Century Cures Act. Although I understand the detailed rules of our Chamber, I am deeply disappointed that the underlying bill, the Tsunami Warning, Education, and Research Act, was completely stripped out and replaced with unrelated language. The Tsunami Warning, Education, and Research Act is bipartisan. It was passed by a voice vote on January 7, 2015, and a similar version has passed the Senate. We have worked out our differences, and this legislation is ready to be signed into law, and it is vital for our West Coast communities.

My constituents on the Oregon coast know that it is a matter of when, not if, our community will face a Cascadia subduction zone earthquake and tsunami. Most of the city of Seaside, including all of its public schools, is located in the tsunami inundation zone. It is also home to constituents—the students of Seaside—who have been the most vocal about keeping their communities safe. Recently, I met with the students there at the high school. They have spoken all over the State about the dangers they face from tsunami. Their presentation was very powerful. They made a case for moving their schools out of the tsunami zone.

It helped the community pass a bond measure earlier this month to move the schools. That is a positive step for Seaside, but there is so much more to be done.

I have an app on my phone. Almost every day, there is an earthquake off the coast of Alaska or Hawaii. Two days ago there were two earthquakes off the coast of Oregon. When there is a near-shore tsunami, the warning time is about 15 minutes. That is all.

The bipartisan 21st Century Cures Act, and Research Act would help communities up and down the entire coast by strengthening the warning system, providing more assistance to local communities like Seaside to prepare for that disaster, coordinating government agencies to make sure they’re sharing information and working together, and supporting community outreach and education programs.

This is not just about Oregonians. Millions of people in Alaska, Hawaii, Washington State, California also face significant risk. We are overdue for the really big one.

Now, I understand that the Cures Act may save lives, but I am very disappointed that the provisions of the tsunami bill, which saving policy, was not retained in the underlying bill.

Mr. Speaker, again, I urge my colleagues to oppose this rule so we can immediately consider swift passage of the Tsunami Warning, Education, and Research Act. Our West Coast communities are counting on us to keep them safe.

Mr. BURGESS. Mr. Speaker, I yield 3 minutes to the gentleman from Pennsylvania (Mr. MURPHY), the author of the mental health portion of this bill.

Mr. MURPHY of Pennsylvania. Mr. Speaker, this bill includes in its elements of H.R. 2646, the Helping Families in Mental Health Crisis Act, which is the most revolutionary change to mental health since the Community Mental Health Act of 1963.

It includes fundamental changes in how we think about, talk about, and treat serious mental illness. It establishes an assistant secretary for mental health and substance use to disseminate evidence-based practices, ensure grants meet objective outcome measures, conduct ongoing oversight of grantees, and collaborate with other Federal departments on mental health.

It creates an interagency coordinating committee to evaluate Federal programs related to mental illness and provide recommendations to better coordinate those programs. It authorizes a national mental health and substance use policy laboratory to promote evidence-based models of care and further develop, expand, replicate, or scale those programs. It provides funding for treatment and recovery for homeless individuals with mental health and substance use disorder services.

It authorizes for the first time in law the National Suicide Prevention Lifeline program and the Minority Fellowship Program. It awards grants to develop, maintain, and enhance online psychiatric bed registries.

It funds programs for telehealth so that people in rural communities and primary care physicians can have ready access to mental health services so sorely needed for their patients. It reauthorizes the Garrett Lee Smith Suicide Prevention program, increases Federal grants for emergency treatment and, for the first time, provides Federal grants for assertive community treatment.
Mr. POLIS. Mr. Speaker, there is a lot of bipartisan support for the 21st Century Cures Act, which would help address many of the health crises that we face. The other bill is H.R. 6392, the Systemic Risk Designation Improvement Act, that would weaken many of the protections that were put in place in the Dodd-Frank Wall Street reform bill. So there are two very different bills here under one rule, a very closed process which the Democrats will be opposing.

Mr. Speaker, I yield 3 minutes to the gentleman from Oregon (Mr. BLUMENAUER).

Mr. BLUMENAUER. Mr. Speaker, it is a pleasure to follow my friend from Pennsylvania, acknowledging his hard work in the mental health sphere. I do think that this is setting the platform for the two very significant initiatives in the next half century. There are some good things in this bill, but I hope it is just the beginning. I know the gentleman has a number of other initiatives that he is working on in a bipartisan manner in his large state and moved forward with important legislation that other families may be spared by that effort.

There are a number of things here that matter in another context. In terms of what happens dealing with the opioid crisis that we have now, America has been too slow to respond. I am hopeful that these resources will help us move in the right direction. Again, it is a must have with a certain amount of irony that there are other alternatives available to deal with the epidemic of opioid overdose deaths.

I would note that it is interesting that States that actually utilize medical marijuana have fewer pills. There is an opportunity here for us to do something that is less expensive, less addictive, and not deadly. But the provisions in this bill, I think, are a step in the right direction.

It also is important to note the investments in neuroscience. We have created a Neuroscience Caucus in Congress because this is an area that has stubbornly resisted being able to have the progress that we have seen in other areas, like cancer and cardiovascular, and building on an initiative that the administration has, developed the BRAIN Initiative, which is modest but potentially very significant to accelerate the understanding of the human brain, leading toward the treat and cure neurological disorders.

Everybody in this Chamber knows a variety of people who suffer—everything from Alzheimer’s, multiple sclerosis, addiction problem—and being able to actually invest additional funds in a more systematic way will pay dividends that are in calculable. Already, mental and behavioral disorders are among the leading causes of disability around the world. The impact is greater than heart disease and cancer combined. As I mentioned, where we have actually made some progress.

Last but not least, there is a technical fix that matters in my community and others around the country, which is bringing fairness to hospitals. When Congress changed the hospital payment rules last November, there were hospitals like Oregon Health & Science University that were caught unfairly in the middle of payment changes. We did not provide any exceptions for hospital outpatient departments that were under development at that time.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. POLIS. Mr. Speaker, I yield an additional 1 minute to the gentleman from Oregon.

Mr. BLUMENAUER. Mr. Speaker, this means that hospitals like Oregon Health & Science University, who made significant investments in building off-site departments under one set of Medicare rules, suddenly faced a new set of rules that were changed by Congress midstream. I am pleased that this will prevent pulling the rug out from under health care providers.

So, in sum, Mr. Speaker, this technical fix, which is important, support for the BRAIN Initiative, the important work in mental health, and dealing with the opioid crisis are reasons that I think this bill is worthy of support, although I share the concerns of the gentlewoman from Oregon (Ms. BONAMICI), whose underlying, bipartisan, very important bill somehow is a casualty of this legislation. That is unfortunate.

I hope the rule is defeated so we can fix that and get on with business.

Mr. BURGESS. Mr. Speaker, I yield 2 minutes to the gentleman from Oklahoma (Mr. COLE).

Mr. COLE. Mr. Speaker, I rise for the purpose of supporting the rule and the underlying legislation.

I want to begin by congratulating Chairman URROSS and the members of the Energy and Commerce Committee on both sides of the aisle for crafting what is genuinely a bipartisan piece of legislation in a very divisive era and working it for years and bringing it to a successful conclusion. They have come up with one unified vote for something really, really important to every single American.

Now, a lot of focus will be put on the money aspect of this bill. Certainly, $6-plus billion is a nice chunk of change for anything and we will very carefully receive. But in that same multiple-year period, in 5 years, if we didn’t increase appropriations by a dime, we would spend $100 billion dollars at NIH. And over a 10-year period, if we didn’t increase that, we would spend $320 billion.

So the real genius of the bill is not the money. It is actually the three things that have been mentioned by multiple speakers before me. First is the regulatory reform that, at the FDA and at the NIH, will literally save billions of dollars and thousands of lives over the next decade.

Second is the opioid initiative. We all know the crisis. It touches all of our districts. To direct money there and then to build on that through the appropriations process is extraordinarily important, and I congratulate the Energy and Commerce Committee for taking a lead here.

Finally, the mental health legislation that is wound up in this that the gentleman from Pennsylvania (Mr. MURPHY) provided is just absolutely spectacular in terms of its long-term importance.

We can all disagree about this or that or some technicality in the rule. The reality is this is important legislation. If it doesn’t pass now, it won’t pass and we will be missing an opportunity.

So I want to urge my friends on both sides of the aisle—I don’t expect my friends to vote for the rule. They shouldn’t. They never do. I wouldn’t if I were in the minority. But I hope they will vote for the underlying legislation because that legislation is worthy of passage. It is a bipartisan compromise, and it will improve the life of every single American.

Mr. POLIS. Mr. Speaker, there is a lot of bipartisan support for the 21st...
Century Cures Act. I commend Chairman Upton, Ranking Member Pal- lone, Ranking Member DeGette, Ranking Member Gene Green, and so many others who worked hard on this legislation that will save lives by improving those that is. Americans have to potentially lifesaving drugs and devices, helping to keep people healthy and independent and out of the hospital.

I plan to support this legislation. I think we also all know that it is a starting point for making additional work to do to make prescription drugs more affordable, to make the approval process more streamlined for both pre- scriptive drugs and medical devices, re- generative medicines safe, and, of course, funding levels for research.

Mr. Speaker, I would like to inquire if there are any speakers remaining on the other side?

Mr. BURGESS. Mr. Speaker, I have two additional speakers and myself to close.

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

Mr. BURGESS. Mr. Speaker, I yield 2 minutes to the gentleman from Penn- sylvania (Mr. Pitts), the chairman of the Subcommittee on Health, who played a vital role in getting the 21st Century Cures bill across the finish line.

Mr. PITTS. Mr. Speaker, I rise in strong support of the rule for the 21st Century Cures Act, a momentous innovation package which will help ad- vance the discovery, development, and delivery of new treatments and cures for patients and will foster private-sector innovation here in the United States.

Additionally, the package includes provisions of H.R. 2646, the Helping Families in Mental Health Crisis Act, as well as provisions to increase choice, access, and quality health care for Americans.

Arriving here today has been a long journey full of lots of steps and twists and turns along the way. I especially want to thank legislative counsel for their tireless efforts in helping translate our legislative aims into legisla- tive language. Together with our health team staff, they worked nights and weekends and were consummate professionals throughout the process.

Additionally, I want to thank the health care staff of the Congressional Budget Office for all of their help in re- cent months. In addition to their role in estimating the budgetary effects of numerous policies in the bill, they were instrumental in helping us shape a number of proposals the committee considered.

I would be remiss if I did not thank the outstanding team on Energy and Commerce and most especially the health team led by Chief Health Coun- sel Paul Edelsted, supported by Josh Tremblay, John Scanne, Carly McWilliams, J.P. Paluskiwicz, Adrianna Simonelli, Adam Buckalew, Sophie Trainor, and Jay Gulshen; and Heidi Stirrup and Monica Valenti on my staff, without whose expertise, wisdom, and counsel this legislative work would not be possible.

This landmark medical innovation package includes provisions designed to help almost every American family, whether it is leading to the discovery, development, and delivery of new treatments and cures or advancing the President's Precision Medicine Initiative or the Vice President's Cancer Moonshot, or the BRAIN Initiative to advance Alzheimer's research. This package is an innovation game changer and will truly bring our health innovation into the 21st century. I urge support for this bipartisan effort.

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

Mr. BURGESS. Mr. Speaker, I yield 2 minutes to the gentleman from Michi- gan (Mr. Walberg).

Mr. WALBERG. Mr. Speaker, I stand in support of the rule and the underlying bill. Why? Well, the 21st Century Cures Act is a transformational piece of legislation that will allow us to dis- cover and develop groundbreaking cures and treatments for some of the worst diseases.

This act will offer hope to millions of patients and families, including Gale, a constituent of mine from Newport, who has been affected and afflicted with pancreatic cancer. Or Brandon, a boy from Rives Junction, who has been on a clinical trial for 8 years as he battles Duchenne muscular dystrophy.

In addition to streamlining the FDA approval process and boosting NIH funding, the Cures Act includes significant provisions to update our mental health system and help States fight opioid addiction.

I congratulate my good friend and colleague Chairman Fred Upton for his vision in tackling this challenge and for his tireless efforts to get this bill to the floor. The Cures Act is inno- vative; it is bipartisan; it is fully paid for and life changing for my constitu- ents in Michigan and many others around the country.

I ask my colleagues to vote in sup- port of the rule and the underlying bill.

Mr. POLIS. Is the gentleman prepared to close?

Mr. BURGESS. I am prepared to close.

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

Again, I do want to point out, in breaking with custom, there were many other Democrats who wanted to discuss this bill; but, as we speak, the Democratic Caucus is having elections for the vice chair position. While we were on the floor, we had elections for the whip position and the assistant leader position, both of which I was un- able to participate in because, of course, I had to conduct the business of the Nation.

But, again, I would hope that both parties are respectful of the scheduling requirements that are incumbent upon being a member of one of the two major parties of this body. In the past, we have always been able to work in when Republican Conference has a re- treat or a reorganization meeting. I think that is important to this body and, while we have our divided Democrats and Representatives we have responsibilities to the institution of Congress, as elected officials of the Democratic or Republican Party, we do have a re- sponsibility to select our leaders and elect our Members.

I don't think that the amount of time that either party spends doing that is unreasonable, but I think that it is very important that both parties and leadership of this body, the Speaker and the majority leader, are respect- ful of that while, of course, understand- ing we have important people's business to conduct. There were, of course, many other options. This House could have come to order and gotten the work done at 1 o'clock or they could do it later in the afternoon.

There are a number of different ways we could have worked around the pre- viously scheduled reorganization of the Democratic Caucus.

I am disappointed not just for myself having been unable to par- ticipate in those party functions, but also on behalf of other members of the Democratic Caucus who were unable to come and speak on these very impor- tant issues because of playing active roles in running for or supporting or speaking on behalf of various can- didates for party positions, which is oc- curring as I speak.

This bill has two completely unre- lated bills that are in it. Again, the 21st Century Cures Act has strong bi- partisan support. I add my voice to those who have praised this legislation, and hopefully it will challenge the next Congress to continue to move forward with facilitating the approval process.

I have often heard the approval proc- ess, for instance, for a new drug for in- ception to market can often be in ex- cess of $1 billion or $2 billion. We hear a number of different figures tossed around. I think sometimes it is in the high hundreds of millions. Sometimes it is as high as 1.5 or 2 billion. Regardless, that is one of the reasons that there is an upward pressure on prices for proprietary prescription drugs. It is often the case that the prevailing prescription drugs are often unavail- able here even while they are on the market in Europe and other areas. Of course, without compromising safety— and Democrats and Republicans agree on that—there needs to be a way that we can facilitate, particularly in the realm of personalized medicine, bring- ing new lifesaving products to market in an affordable way.

An excellent model for that has saved hundreds of thousands of lives in place during the first ad- ministration of the first George Bush, which provided an expedited route for new medical breakthroughs.
was used for many of the HIV drugs, some of which are still in use today. Hundreds of thousands of people affected by HIV, including many LGBT Americans, are still alive today because of that effort. I am also confident, because of today’s effort with the 21st Century Cures Act, which I believe will help the lives of many more Americans. Again, it is a starting point. We have room to go.

The other bill would, for some reason—it is not something I hear from constituent offices, apparently—it would seem something Republicans want to do—empt some of the very biggest banks from some of the requirements under Dodd-Frank regarding ensuring their stability and preventing them from falling. It is my understanding it only affects a few dozen banks, the very largest banks, banks that are worth tens or hundreds of billions of dollars. I am sure they like it. It probably reduces their ability to have to comply.

But on the other hand those requirements were put in place for those very big banks. We are worried that the failure of any one or certainly multiple banks could create a systemic risk and lead to future bailouts. So I strongly believe that before us, and before the banking regulations, if it were to become the law, it would increase the likelihood of future bailouts, which surprises me because many of us have been traditionally opposed to those very kinds of bailouts.

It is my understanding there is one remaining speaker on the other side, so I reserve the balance of my time to allow that speaker to speak.

Mr. BURGESS. Mr. Speaker, I thank the gentleman from Oregon (Mr. WALDEN).

Mr. WALDEN. Mr. Speaker, I want to thank my colleagues on both sides of the aisle and especially for the courtesy with which they have talked about not only this rule, but also the legislation that will be coming to the floor soon. I want to thank especially Chairman FRED UPTON, who has put his whole heart and soul into the 21st Century Cures Act, joined by DIANA DEGETTE, certainly Dr. BURGESS, Congressman MURPHY, and others who have really played a key role in trying to find cures to diseases that don’t exist today, find treatments for those in order to bring better health to all Americans, and especially physical health and mental, certainly in the case of Dr. Murphy, mental health as well.

This really means a lot. This will make a difference in real people’s lives back home in our communities. I have heard from those people, like Carol Fulkerson in Bend, who has MS. She is ecstatic about this. She said it is a great step toward making it possible to find a cure to MS. Can you imagine what that means in a person’s life?

These are critical reforms that will help people all across America, and certainly in Oregon. A Medford resident, Justin, overcame his own battle with addiction through a dual diagnosis treatment program that dealt with the underlying issues fueling addiction instead of just sort of a Band-Aid approach to his syphism, and others, he is proud to hopefully send to the President’s desk the 21st Century Cures Act as an excellent starting point in helping to save lives.

I urge a “no” vote on the rule.

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

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

Mr. Speaker, today’s rule provides for the consideration of two important bills: a bill that will help our small and local businesses and advance the discovery, the development, the delivery of treatments and cures; and a bill that will help our small and community banks, institutions that, in turn, can further assist small and local businesses and help our communities grow.

I want to thank all of the Members who did put a lot of effort into the final package on the Cures bill, as well as the staff on both sides of the aisle, all members of the Committee on Energy and Commerce, and the House as a whole, who were asked to bring their ideas to the table, and we worked to include as many of those as we could.

I would also like to express my thanks to the great attorneys at the Legislative Counsel who sometimes worked around the clock to get this bill ready for both the committee and floor activity. I want to thank Chairman UPTON and Ranking Member FALLONE and Ranking Member GENE GREEN for their leadership throughout.

It has already been mentioned, but I also want to thank the staff, both in our personal offices and at the committee staff, who have worked so hard on this over the past 4 years. This was truly all hands on deck. There is not one staffer on the Subcommittee on Health of the Committee on Energy and Commerce who does not have their fingerprints all over this bill.

Mr. Speaker, I yield back the balance of my time, and I move the previous question on the resolution.

The previous question was ordered. The SPEAKER pro tempore. The question is on the resolution.

The vote was taken by electronic device, and there were—yeas 230, nays 180, not voting 24, as follows:

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Mr. Speaker, on that I urge a “yes” vote on H.R. 5047.

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

Mr. BURGESS. Once again.

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

Mr. POLIS. Is the gentleman permitted to close?

Mr. BURGESS. Once again.

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

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

Mr. Speaker, I urge a “yes” vote on H.R. 5047.
Mr. HONDA changed his vote from "NO" to "YAY." So the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

PROTECTING VETERANS' EDUCATIONAL CHOICE ACT OF 2016

The SPEAKER pro tempore (Mr. HULTGREN). The unfinished business is the vote on the motion to suspend the rules and pass the bill (H.R. 5047) to direct the Secretary of Veterans Affairs and the Secretary of Labor to provide information to veterans and members of the Armed Forces about articulation agreements between institutions of higher learning, and for other purposes, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

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

This is a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 411, nays 3, not voting 20, as follows:

[Roll No. 591]

YEAS—411

Mr. MURPHY changed his vote from "NO" to "YAY." So the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

PROTECTING VETERANS' EDUCATIONAL CHOICE ACT OF 2016

The SPEAKER pro tempore (Mr. HULTGREN). The unfinished business is the vote on the motion to suspend the rules and pass the bill (H.R. 5047) to direct the Secretary of Veterans Affairs and the Secretary of Labor to provide information to veterans and members of the Armed Forces about articulation agreements between institutions of higher learning, and for other purposes, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

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

This is a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 411, nays 3, not voting 20, as follows:

[Roll No. 591]
The Clerk read the title of the bill.

The Speaker pro tempore. The Clerk read the title of the bill.

So (two-thirds being in the affirmative) the rules were suspended and the bill was passed. The result of the vote was announced as follows:

PERSONAL EXPLANATION

Mr. RENACCI. Mr. Speaker, I was unavoidably detained on rollcall 590 and 591. Had I been present, I would have voted "yea" on rollcall No. 590 and "aye" on rollcall No. 591.

PERMISSION TO POSTPONE PROCEEDINGS IN ORDER TO CONCUR ON SENATE AMENDMENT TO H.R. 34, TSUNAMI WARNING, EDUCATION, AND RESEARCH ACT OF 2015

Mr. UPTON. Mr. Speaker, I ask unanimous consent that the question of adopting a motion to concur in the Senate amendment be subject to post-pomnion as though under clause 8 of rule XX.

The Speaker pro tempore. Is there objection to the request of the gentleman from Michigan?

There was no objection.

TSUNAMI WARNING, EDUCATION, AND RESEARCH ACT OF 2015

Mr. UPTON. Mr. Speaker, pursuant to House Resolution 994, I call up the bill (H.R. 34) to authorize and strengthen the tsunami detection, forecast, warning, research, and mitigation program of the National Oceanic and At-

mospheric Administration, and for other purposes, with the Senate amendment thereto, and ask for its immediate consideration.

"(2) to the degree practicable, maintain not less than 80 percent of the Deep-ocean Assessment and Reporting of Tsunamis buoy array at operational capacity to optimize data reliability;"

"(5) by amending paragraph (5), as redesignated by paragraph (3), to read as follows:"

"(5) provide tsunami forecasting capability based on models and including tsunami inundation models and maps for use in increasing the preparedness of communities and safeguarding port and harbor operations, that incorporate inputs, including—"

"(A) the United States and global ocean and coastal observing system;"

"(B) the global Earth observing system;"

"(C) the global seismic network;"

"(D) the Advanced National Seismic system;"

"(E) tsunami model validation using historical and paleotsunami data;"

"(F) digital elevation models and bathymetry;"

"(G) newly developing tsunami detection methodologies using satellites and airborne remote sensing; and"

"(H) any other data the Administrator determines necessary;"

"by amending paragraph (7), as redesignated by paragraph (3), to read as follows:"

"(7) include a cooperative effort among the Administration, the United States Geological Survey, and the National Oceanic and Atmospheric Administration under which the Director of the United States Geological Survey and the Director of the National Science Foundation may, after consultation with interested agencies, enter into agreements with appropriate institutions or organizations to carry out research and development efforts to improve tsunami detection, forecasting, warning, notification, mitigation, resiliency, response, outreach, and recovery;"

"by redesigning paragraphs (4), (5), and (6) as paragraphs (5), (6), and (8), respectively, by inserting after paragraph (4) the following:

"(5) by amending paragraph (4) to read as follows:

"(5) to improve and develop standards and guidelines for mapping, modeling, and assessment efforts to improve tsunami detection, forecasting, warning, notification, mitigation, resiliency, response, outreach, and recovery;"

"(6) by redesigning paragraphs (4) and (5) as paragraphs (5) and (6), respectively, by inserting after paragraph (4) the following:

"(6) in paragraph (3), as redesignated—"

"(A) by striking "and increase" and inserting "increase, and develop uniform standards and guidelines for;" and"

"(B) by inserting "including the warning signs of locally generated tsunamis after "approaching;"

"(7) in paragraph (6), as redesignated, by striking "including the Indian Ocean; and;" and inserting a semicolon and"

"(8) by inserting after paragraph (6), as redesignated, the following:

"(7) to foster resilient communities in the face of tsunami and other similar coastal hazards; and"

"SEC. 4. MODIFICATION OF TSUNAMI FORECASTING AND WARNING PROGRAM.

(a) IN GENERAL.—Subsection (a) of section 4 (33 U.S.C. 3203(a)) is amended by striking "Atlantic Ocean, Caribbean Sea, and Gulf of Mexico region" and inserting "Atlantic Ocean region, including the Caribbean Sea and the Gulf of Mexico;"

(b) COMPONENTS.—Subsection (b) of section 4 (33 U.S.C. 3203(b)) is amended—"

"(1) in paragraph (1), by striking "established" and inserting "established, take into account, and for each component;"

"(2) by redesigning paragraphs (1) through (5) as paragraphs (1) through (10), respectively;"

"(3) by redesigning paragraphs (2) through (6) as paragraphs (7) through (11), respectively; and"

"(4) by inserting after paragraph (1) the following:

"(1) In General.—The Administrator shall support national and international tsunami forecasting and warning efforts.

(a) Tsunami Warning Centers.—Subsection (a) of section 4 (33 U.S.C. 3203(a)) is amended to read as follows:

"(1) Tsunami Warning Centers.—"
(A) The National Tsunami Warning Center, located in Alaska, which is primarily responsible for Alaska and the continental United States;

(B) the Pacific Tsunami Warning Center, located in Hawaii, which is primarily responsible for Hawaii, the Caribbean, and other areas of the Pacific not covered by the National Center; and

(C) any additional forecast and warning centers determined by the National Weather Service to be necessary.

(2) To the extent practicable, utilizing a range of offices, including the regional offices, to predict tsunami, including arrival times, flooding estimates, coastal and harbor currents, and duration.

(3) Using data from the Integrated Ocean Observing System of the Administration in coordination with regional associations to calculate and periodically update existing inundation estimates.

(4) Disseminating forecasts and tsunami warning bulletins to Federal, State, tribal, and local officials in the affected area under the jurisdiction of the National Weather Service; and

(5) Coordinating with the Coast Guard, evaluating and recommending procedures for ports and vessels at risk of tsunami inundation, including review of readiness, response, and communication strategies, and data sharing policies.

(6) Making data gathered under this Act and post-warning analyses conducted by the National Weather Service or other relevant administration available to the public, to predict tsunami, including arrival times, flooding estimates, coastal and harbor currents, and duration.

(7) Integrating and modernizing the program operated under this section with advances in tsunami science to improve performance without compromising safety standards.

(8) FAIL-SAFE WARNING CAPABILITY.—The tsunami warning centers supported or maintained under paragraph (1) shall maintain a fail-safe warning capability and perform back-up duties for each other.

(9) COORDINATION WITH NATIONAL WEATHER SERVICE.—The Administrator shall coordinate with the forecast offices of the National Weather Service, the centers supported or maintained under paragraph (1), and such program offices of the Administration as the Administrator or the coordinating committee, as established in section 5(d), consider appropriate to ensure that regional and local forecast offices—

(A) share knowledge and capability to disseminate tsunami warnings for the communities they serve; and

(B) leverage connections with local emergency management officials for optimally disseminating tsunami warnings and forecasts; and

(10) Implement mass communication tools in effect before the date of the implementation of the Tsunami Warning, Education, and Research Act of 2015 used by the National Weather Service on such date and newer mass communication technologies, as they are developed, as part of the Weather-Ready Nation program of the Administration, or otherwise, for the purpose of timely and effective delivery of tsunami warnings.

(5) UNIFORM OPERATING PROCEDURES.—The Administrator shall—

(A) develop uniform operational procedures for the centers supported or maintained under paragraph (1), including the use of software applications, checklists, decision support tools, and tsunami warning products that have been standardized across the program supported under this section;

(B) ensure that processes and products of the warning system operated under paragraph (1) reflect industry best practices when practicable;

(C) conform to the maximum extent practicable with internationally recognized standards for information technology; and

(D) disseminate guidelines and metrics for evaluating and improving tsunami forecast models.

(6) AVAILABLE RESOURCES.—The Administrator, through the National Weather Service, shall ensure that resources are available to fulfill the obligations of this Act. This includes ensuring resources are available to run, as rapidly as possible, such computer models as are needed for purposes of the tsunami warning system operated under subsection (c).

(E) TRANSFER OF TECHNOLOGY; MAINTENANCE AND UPGRADES.—Subsection (e) of section 4 (33 U.S.C. 3203(e)) is amended to read as follows:

(f) TRANSFER OF TECHNOLOGY; MAINTENANCE AND UPGRADES.—In carrying out this section, the Administrator shall—

(A) develop requirements for the equipment used to forecast tsunami, including—

(1) provisions for multipurpose detection platforms;

(2) reliability and performance metrics; and

(3) the maximum extent practicable, requirements for the integration of equipment with other United States and global ocean and coastal observation systems, the global Earth observing system of systems, the global seismic networks, and the Advanced National Seismic System;

(B) develop and execute a plan for the transfer of technology from ongoing research conducted as part of the program supported or maintained under section 6 into the program under this section; and

(C) ensure that the Administrator’s operational tsunami detection equipment is properly maintained.

(g) FEDERAL COOPERATION.—Subsection (f) of section 4 (33 U.S.C. 3203(f)) is amended to read as follows:

(f) FEDERAL COOPERATION.—When deploying and maintaining tsunami detection technologies under the program under this section, the Administrator shall—

(1) identify which assets of other Federal agencies are necessary to support such program, and

(2) work with each agency identified under paragraph (1)—

(A) to acquire the agency’s assistance; and

(B) to prioritize the necessary assets in support of the tsunami forecast and warning programs; and

(g) UNNECESSARY PROVISIONS.—Section 4 (33 U.S.C. 3203) is further amended—

(1) by striking subsection (g); and

(2) by striking subsection (h) through (k); and

(3) by redesignating subsection (h) as subsection (g).

(h) CONGRESSIONAL NOTIFICATIONS.—Subsection (g) of section 4 (33 U.S.C. 3203(g), as redesignated by subsection (g)(3), is amended—

(1) in the matter before paragraph (1), by striking “30” and inserting “90”;

(2) by redesigning paragraphs (1) and (2) as subparagraphs (A) and (B), respectively, and moving such subparagraphs 2 ems to the right; and

(3) by redesigning paragraph (2), by striking “The Administrator” and inserting the following:

“(1) IN GENERAL.—The Administrator shall—

(A) in paragraph (4), as redesignated by paragraph (3)—

(A) in subparagraph (A), as redesignated by paragraph (2), by striking “30” and inserting “90”;

(B) in subparagraph (B), as redesignated by paragraph (2), by striking the period at the end and inserting “;” and “; and

(C) by adding at the end the following:

“(C) the occurrence of a significant tsunami warning;”;

and

(5) by adding at the end the following:

“(2) COSTS.—In a case in which notice is submitted under paragraph (1) within 90 days of a significant tsunami warning described in subparagraph (C) of such paragraph, such notice shall include, as appropriate, brief information and analysis of—

(A) the accuracy of the tsunami model used; and

(B) the specific deep ocean buoy monitoring equipment that detected the incident, as well as the deep ocean or other monitoring equipment that did not detect the incident due to malfunction or other reasons;

(C) the effectiveness of the warning communication, including the dissemination of warnings to State, territory, local, and tribal partners in the affected area under the jurisdiction of the National Weather Service; and

(D) such other findings as the Administrator considers appropriate.”

SEC. 5. MODIFICATION OF NATIONAL TSUNAMI HAZARD MITIGATION PROGRAM.

(a) IN GENERAL.—Section 5 (33 U.S.C. 3204) is amended by striking subsections (a) through (d) and inserting the following:

(a) PROGRAM REQUIRED.—The Administrator, in coordination with the Administrator of the Federal Emergency Management Agency and the heads of such other agencies as the Administrator considers relevant, shall conduct a community-based tsunami hazard mitigation program to improve tsunami preparedness and reduce vulnerability of at-risk areas of the United States and the territories of the United States.

(b) PROGRAM COMPONENTS.—The Program conducted under subsection (a) shall include the following:

(1) Technical and financial assistance to coastal States, territories, tribes, and local governments to develop and implement activities under this section.

(2) Integration of tsunami preparedness and mitigation programs into ongoing State-based hazard warning, resilience planning, and risk management activities, including predisaster planning, emergency response, evacuation planning, disaster recovery, hazard mitigation, and community development planning programs in affected areas.

(3) Activities to promote the adoption of tsunami resilience, preparedness, warning, and mitigation measures by Federal, State, territorial, tribal, and local governments and non-governmental entities, including educational and risk communication programs to discourage development in high-risk areas.

(4) Activities to support the development of regional tsunami hazard and risk assessments. Such regional risk assessments may include the following:

(A) The sources, sizes, and other relevant historical data of tsunami in the region, including paleotsunami data.

(B) Foundation models and maps of critical infrastructure and socioeconomic vulnerability in areas subject to tsunami inundation.
“(C) Maps of evacuation areas and evacuation routes, including, when appropriate, traffic studies that evaluate the viability of evacuation routes.”

“(D) Evaluations of the size of populations that will require evacuation, including populations with special evacuation needs.”

“(E) Technical assistance for vertical evacuation structure planning for communities where models indicate limited or no ability for timely evacuation, especially in areas at risk of inland tsunami.”

“(F) Evaluation of at-risk ports and harbors.”

“(G) Evaluation of the effect of tsunami currents on the foundations of closely-spaced, coastal oceanographic and atmospheric observing systems, including systems that address unique characteristics of distant and near-field tsunami.”

“(B) A review of readiness, response, and communication strategies to ensure coordination and data sharing with the Coast Guard.”

“(6) Activities to support the development of community-based outreach and education programs to ensure community readiness and resilience, including the following:

“(A) The development, implementation, and assessment of technical training and public education programs, including education programs that address unique characteristics of distant and near-field tsunami.”

“(B) The development of decision support tools.”

“(C) The incorporation of social science research into community readiness and resilience efforts.”

“(D) The development of evidence-based education guidelines.”

“(7) Dissemination of guidelines and standards for community planning, education, and training products, programs, and tools, including—

“(A) standards for—

“(i) mapping products; and

“(ii) inundation models; and

“(B) effective emergency exercises; and

“(C) recommended guidance for at-risk port and harbor tsunami warning, evacuation, and response procedures in coordination with the Coast Guard.”

“(c) AUTHORIZED ACTIVITIES.—In addition to activities conducted under subsection (b), the program conducted under subsection (a) may include the following:

“(1) Preliminary vulnerability assessment research, education, and training to help integrate risk management and resilience objectives with community development planning and policies.”

“(2) Risk management training for local officials and community organizations to enhance understanding and preparedness.”

“(3) Interagency, Federal, State, tribal, and territorial intergovernmental tsunami response exercise planning and implementation in high risk areas.”

“(4) Development of practical applications for existing or emerging technologies, such as modeling, remote sensing, geospatial technology, engineering, and observational systems, including the integration of tsunami sensors into Federal and commercial submarine telecommunication cables if practicable.”

“(5) Risk management, risk assessment, and resilience data and information services, including—

“(A) access to data and products derived from observing and detection systems; and

“(B) development and maintenance of new integrated data products to support risk management, risk assessment, and resilience programs.”

“(6) Risk notification systems that coordinate with and build upon existing systems and actively engage decisionmakers, State, local, tribal, and Federal governments, and academic institutions as the Administrator considers appropriate, the coordinating committee under section 5(d), and the panel under section 8 of the Act.”

“SEC. 6. MODIFICATION OF TSUNAMI RESEARCH PROGRAM.

Section 6 (33 U.S.C. 3205) is amended—

“(1) in the matter before paragraph (1), by striking “The Administrator shall” and all that follows through “to the scientific community” and inserting the following:

“SEC. 6. MODIFICATION OF TSUNAMI RESEARCH PROGRAM. Section 6 (33 U.S.C. 3205) is amended—

“(1) in the matter before paragraph (1), by striking “The Administrator shall” and all that follows through “to the scientific community” and inserting the following:

“(2) in subsection (b), as designated by paragraph (2)—

“(A) by amending paragraph (1) to read as follows:

“(1) consider other appropriate and cost effective solutions to mitigate the impact of tsunami, including the improvement of near-field and distant tsunami detection capabilities, which may include use of a new generation of the Deep-ocean Assessment and Reporting of Tsunamis array, integration of tsunami sensors into commercial and Federal communications cables, and other real-time tsunami monitoring systems and supercomputer capacity of the Administration to develop a rapid tsunami forecast for all United States coastlines;”;

“(B) in paragraph (3)—

“(i) by striking “include” and inserting “conduct”;

“(ii) by striking “and” at the end;

“(C) by redesigning paragraph (4) as paragraph (5); and

“(D) by inserting after paragraph (3) the following:

“(4) develop the technical basis for validation of tsunami maps, numerical forecast models, and near-field tsunami.

“(D) develop the technical basis for validation of tsunami maps, numerical forecast models, and near-field tsunami.”

“(4) In paragraph (5), as redesignated by subparagraph (C), by striking “to the scientific community” and inserting “to the public and the scientific community”.

“SEC. 7. GLOBAL TSUNAMI WARNING AND MITIGATION NETWORK.

Section 7 (33 U.S.C. 3206) is amended—

“(1) by amending subsection (a) to read as follows:

“(a) SUPPORT FOR DEVELOPMENT OF AN INTERNATIONAL TSUNAMI WARNING SYSTEM.—The Administrator shall, in coordination with the Secretary of State and in consultation with such other agencies as the Administrator considers relevant, provide technical assistance, operational support, and training to the Inter-governmental Oceanographic Commission of the United Nations Educational, Scientific, and Cultural Organization, the World Meteorological Organization of the United Nations, and other international entities as the Administrator considers appropriate, as part of the international efforts to develop a fully functional global tsunami forecast and warning system comprised of regional tsunami warning networks.”;

“(2) in subsection (b), by striking “shall” each place it appears and inserting “may”; and

“(3) in subsection (c)—

“(A) in paragraph (1), by striking “establish” and inserting “supporting”;

“(B) in paragraph (2)—

“(i) by striking “establish” and inserting “support”; and

“(ii) by striking “establishing” and inserting “supporting”.

“SEC. 8. TSUNAMI SCIENCE AND TECHNOLOGY ADVISORY PANEL.

(a) IN GENERAL.—The Act is further amended—

“(1) by redesigning section 8 (33 U.S.C. 3207) as section 5; and

“(2) by inserting after section 7 (33 U.S.C. 3206) the following:

“SEC. 8. TSUNAMI SCIENCE AND TECHNOLOGY ADVISORY PANEL.

“(a) DESIGNATION.—The Administrator shall designate an existing working group within the Science Advisory Board of the Administration to manage the Tsunami Science and Technology Advisory Panel to advise the Administrator on matters regarding tsunami science, technology, and regional preparedness.”
SEC. 9. REPORTS.

(a) REPORT ON IMPLEMENTATION OF TSUNAMI WARNING AND EDUCATION ACT.—

(1) in section 4(a)(1) of the Act, as later than 1 year after the date of the enactment of this Act, the Administrator of the National Oceanic and Atmospheric Administration shall submit to Congress a report on the implementation of the Tsunami Warning and Education Act (33 U.S.C. 3201 et seq.).

(2) ELEMENTS.—The report required by paragraph (1) shall include the following:

(A) A detailed description of the progress made in implementing sections 4(d)(5), 5(b)(6), and 6(b)(4) of the Tsunami Warning and Education Act.

(B) A description of the ways that tsunami warnings and warning products issued by the Tsunami Forecasting and Warning Program established by the Tsunami Warning and Education Act (33 U.S.C. 3203) can be standardized and streamlined with warnings and warning products for hurricanes, coastal storms, and other coastal flooding events.

(b) REPORT ON NATIONAL EFFORTS THAT SUPPORT RAPID RESPONSE FOLLOWING NEAR-SHORE TSUNAMI EVENTS.—

(1) IN GENERAL.—Not later than 1 year after the date of the enactment of this Act, the Act, the Administrator of the National Oceanic and Atmospheric Administration, the Secretary of Homeland Security, the Secretary of Commerce, and the Secretary of the Interior shall submit to Congress a report on the national efforts in effect on the date of the enactment of this Act that support and facilitate rapid emergency response following a near-shore tsunami event to better understand domestic tsunami event impacts and to make derivative information on people, infrastructure, and communities in the United States.

(2) ELEMENTS.—The report required by paragraph (1) shall include the following:

(A) A description of scientific or other measurements collected on the day before the date of the enactment of this Act to quickly identify and quantify lost or degraded infrastructure or terrestrial formations.

(B) A description of scientific or other measurements collected on the day before the date of the enactment of this Act to quickly identify and quantify lost or degraded infrastructure or terrestrial formations.

(C) Identification and evaluation of Federal, State, local, and tribal preparedness and response operations.

(D) An evaluation of near-shore tsunami response plans in areas described in subparagraph (C) in effect on the day before the date of the enactment of this Act and how those response plans would be affected by the loss of search and rescue and first responder infrastructure described in such subparagraph.

(E) A description of redevelopments plans and reports in effect on the day before the date of the enactment of this Act for communities in areas that are at high-risk for near-shore tsunami, as well as other Federal actions of States or communities that do not have redevelopments plans.

(F) Recommendations to enhance near-shore tsunami preparedness and response plans, including evacuation planning, search and rescue planning, and mitigation needs.

(G) Such other data and analysis information as the Administrator and the Secretary of Homeland Security consider appropriate.

(3) APPROPRIATE COMMITTEES OF CONGRESS.—In this subsection, the term “appropriate committees of Congress” means—

(A) the Committee on Commerce, Science, and Transportation and the Committee on Homeland Security and Governmental Affairs of the Senate; and

(B) the Committee on Science, Space, and Technology and the Committee on Homeland Security of the House of Representatives.

SEC. 10. AUTHORIZATION OF APPROPRIATIONS.

(a) REPORT ON IMPLEMENTATION OF TSUNAMI WARNING AND EDUCATION ACT.—

(1) in paragraph (4)(B), by striking “and” at the end and inserting “; and”;

(2) in paragraph (5)(B), by striking the period at the end and inserting “; and”;

(3) by adding at the end the following:

“(6) $27,000,000 for each of fiscal years 2016 through 2021, of which—

(A) not less than 27 percent of the amount appropriated for fiscal year 2016 shall be for activities conducted at the State level under the tsunami hazard mitigation program under section 3; and

(B) not less than 8 percent of the amount appropriated shall be for the tsunami research program under section 6.”.

SEC. 11. OUTREACH RESPONSIBILITIES.

The Administrator of the National Oceanic and Atmospheric Administration, in coordination with State and local emergency managers, shall develop and carry out formal outreach activities to improve tsunami education and awareness and implementation of resilient communities. Outreach activities may include—

(1) the development of outreach plans to ensure the close integration of tsunami warning centers supported or maintained under section 4(d) of the Tsunami Warning and Education Act (33 U.S.C. 3203); and

(2) working with appropriate local Weather Forecast Offices to ensure they have the geophysical knowledge and capability to disseminate tsunami warnings to the communities they serve; and

(3) evaluating the effectiveness of warnings and of coordination with local Weather Forecast Offices after significant tsunami events.
TITLE VII—ENSURING MENTAL AND SUBSTANCE USE DISORDER PREVENTION, TREATMENT, AND RECOVERY PROGRAMS KEEP PACE WITH SCIENCE AND TECHNOLOGY
Sec. 7001. Encouraging innovation and evidence-based programs.
Sec. 7002. Promoting access to information on evidence-based programs and practices.
Sec. 7003. Priority mental health needs of regional and national significance.
Sec. 7004. Priority substance use disorder treatment needs of regional and national significance.
Sec. 7005. Priority substance use disorder prevention needs of regional and national significance.
TITLE VIII—SUPPORTING STATE PREVENTION ACTIVITIES AND RESPONSES TO MENTAL HEALTH AND SUBSTANCE USE DISORDER NEEDS
Sec. 8001. Community mental health services block grant.
Sec. 8002. Substance abuse prevention and treatment block grant.
Sec. 8003. Additional provisions related to the block grants.
Sec. 8004. Study of distribution of funds under the substance abuse prevention and treatment block grant and the community mental health services block grant.
TITLE IX—PROMOTING ACCESS TO MENTAL HEALTH AND SUBSTANCE USE DISORDER CARE
Subtitle A—Helping Individuals and Families
Sec. 9001. Grants for treatment and recovery for homeless individuals.
Sec. 9002. Grants for jail diversion programs.
Sec. 9003. Promoting integration of primary and behavioral health care.
Sec. 9004. Projects for assurance in transition from homelessness.
Sec. 9005. National Suicide Prevention Lifeline Program.
Sec. 9006. Community-based individuals and families with care.
Sec. 9007. Strengthening community crisis response systems.
Sec. 9008. Garrett Lee Smith Memorial Act reauthorization.
Sec. 9009. Adult suicide prevention.
Sec. 9010. Mental health awareness training grants.
Sec. 9011. Sense of Congress on prioritizing American Indians and Alaska Native youth within suicide prevention programs.
Sec. 9012. Evidence-based practices for older adults.
Sec. 9013. National violent death reporting system.
Sec. 9015. Assertive community treatment grant programs.
Sec. 9016. Sober truth on preventing underage drinking reauthorization.
Sec. 9017. Center and program reforms.
Subtitle B—Strengthening the Health Care Workforce
Sec. 9021. Mental and behavioral health education and training grants.
Sec. 9022. Strengthening the mental and substance use disorders workforce.
Sec. 9023. Clarification on current eligibility for loan repayment programs.
Sec. 9024. Minority fellowship program.
Sec. 9025. Liability protections for health professional volunteers at community health centers.
Sec. 9026. Reports.
Subtitle C—Mental Health on Campus Improvement
Sec. 9031. Mental health and substance use disorder services on campus.
<p>Sec. 19001. Adoption from group health plan requirements for qualified small employer health reimbursement arrangements.</p>
combination therapies, and research that has the potential to transform the scientific field, that has inherently higher risk, and that seeks to address major challenges related to cancer, not to exceed a total of $1,800,000,000, as follows:

(i) For fiscal year 2017, $70,000,000.
(ii) For each of fiscal years 2018 through 2025, $70,000,000.

(d) LIMITATIONS.—Notwithstanding any transfer authority authorized by this Act or any appropriations Act, any funds made available pursuant to this paragraph may not be used for any purpose other than a Cancer Innovation Project.

(e) SUNSET.—This section shall expire on September 30, 2026.

SEC. 1002. FDA INNOVATION PROJECTS.

(a) IN GENERAL.—The Commissioner of Food and Drugs (referred to in this section as the “Commissioner”) shall use any funds appropriated pursuant to the authorization of appropriations under subsection (b)(3) to carry out the activities described in subsection (b)(4).

(b) FDA INNOVATION ACCOUNT.—

(1) ESTABLISHMENT OF FDA INNOVATION ACCOUNT.—There is established in the Treasury an account, to be known as the “FDA Innovation Account” (referred to in this section as the “Account”), for purposes of carrying out the activities described in paragraph (4).

(2) TRANSFER OF DIRECT SPENDING SAVINGS.—

(A) IN GENERAL.—For each of fiscal years 2017 through 2025, the following amounts shall be transferred to the Account from the General fund of the Treasury:

(i) For fiscal year 2017, $20,000,000.
(ii) For fiscal year 2018, $60,000,000.
(iii) For fiscal year 2019, $70,000,000.
(iv) For fiscal year 2020, $75,000,000.
(v) For fiscal year 2021, $50,000,000.
(vi) For fiscal year 2022, $50,000,000.
(vii) For fiscal year 2023, $50,000,000.
(viii) For fiscal year 2024, $50,000,000.
(ix) For fiscal year 2025, $55,000,000.

(B) AMOUNTS DEPOSITED.—Any amounts transferred under subparagraph (A) shall remain unavailable in the Account until such amounts are appropriated pursuant to paragraphs (3).

(3) APPROPRIATIONS.—

(A) AUTHORIZATION OF APPROPRIATIONS.—For each of fiscal years 2017 through 2025, there is authorized to be appropriated from the Account for the purpose of carrying out the activities described in paragraph (4) an amount not to exceed $70,000,000,000, of which shall be transferred to the Account under paragraph (2)(A), to remain available until expended.

(B) OFFSETTING FUTURE APPROPRIATIONS.—For any of fiscal years 2017 through 2025, for any discretionary appropriation under the heading “FDA Innovation Account” provided as the Commissioner is authorized to appropriate under paragraphs (3) and (4), any amount that is available or purports to be available after the Commissioner transfers under paragraph (2)(A) to the Account shall be reduced by the same amount.

(4) FDA ACTIVITIES.—The activities authorized to be carried out under this section are the activities described in subparagraph (B) (including the amendments made by such subtitles) of title III of this Act and section 1014 of the Federal Food, Drug, and Cosmetic Act, as added by section 203 of this Act.

(c) ACCOUNTABILITY AND OVERTSIGHT.—

(A) WORK PLAN.—Not later than 180 days after the date of enactment of this Act, the Commissioner shall submit to the Committee on Health, Education, Labor, and Pensions and the Committee on Appropriations of the Senate and the Committee on Energy and Commerce and the Committee on Appropriations of the House of Representatives, a report including the proposed allocation of funds appropriated pursuant to the authorization of appropriations under subsection (b)(3) for each of the fiscal years 2017 through 2025 and the contents described in subparagraph (b).

(B) CONTENTS.—The work plan submitted pursuant to subparagraph (A) shall include:

(i) the amount of money to be obligated or expended in each fiscal year for each project described in subsection (b)(4); and

(ii) a description and justification of each project activity.

(c) ACCOUNTABILITY AND OVERTSIGHT.—

(A) ANNUAL REPORTS.—Not later than October 1 of each of fiscal years 2018 through 2026, the Commissioner shall submit to the Committee on Health, Education, Labor, and Pensions and the Committee on Appropriations of the Senate and the Committee on Energy and Commerce and the Committee on Appropriations of the House of Representatives, a report including—

(i) the amount of money obligated or expended in the prior fiscal year for each activity described in subsection (b)(4); and

(ii) a description of all such activities using funds provided pursuant to the authorization of appropriations under subsection (b)(3); and

(iii) how the activities are advancing public health.

(B) ADDITIONAL REPORTS.—At the request of the Committee on Health, Education, Labor, and Pensions and the Committee on Appropriations of the Senate, or the Committee on Energy and Commerce and the Committee on Appropriations of the House of Representatives, the Commissioner shall provide an update in the form of testimony and any additional reports to the respective congressional committee regarding the allocation of funding under this section or the description of the activities undertaken with such funding.

(d) LIMITATIONS.—Notwithstanding any transfer authority authorized by this Act or any appropriations Act, any funds made available pursuant to the authorization of appropriations under subsection (b)(3) may not be used for any purpose other than a FDA Innovation Project.

(e) SUNSET.—This section shall expire on September 30, 2025.
Abuse Crisis” (referred to in this subsection as the “Account”), to carry out the opioid grant program described in subsection (c).

(b) TRANSFER OF DIRECT SPENDING SAVINGS.—(A) IN GENERAL.—In awarding grants described in subsection (a), the Secretary shall transfer to the Account the general fund of the Treasury: (1) for fiscal years 2017, $500,000,000; (2) for fiscal year 2018, $300,000,000.

(B) AMOUNTS DEPOSITED.—Any amounts transferred under subparagraph (A) shall remain available in the Account until such amounts are appropriated pursuant to paragraph (3).

(c) PROVISIONS.—(A) AUTHORIZATION OF APPROPRIATIONS.—In each of the fiscal years 2017 and 2018, there is authorized to be appropriated to the Account for the grant program described in subsection (c), an amount not to exceed the total amount transferred to the Account under paragraph (2)(A), to remain available until expended.

(B) OFFSETTING FUTURE APPROPRIATIONS.—In each of fiscal years 2017 and 2018, for any discretionary appropriation under the heading “Account For the State Response to the Opioid Abuse Crisis” for the grant program described in subsection (c), the total amount of such appropriation for any fiscal year shall be reduced by an amount equal to the following amounts deposited under subsection (b): (1) for fiscal year 2017, $500,000,000; (2) for fiscal year 2018, $300,000,000.

Title II—Discovery

Subtitle A—National Institutes of Health Reauthorization

SEC. 2001. NATIONAL INSTITUTES OF HEALTH REAUTHORIZATION.

Section 420(a)(3)(A) of the Public Health Service Act (42 U.S.C. 358c(a)(1)) is amended—

(1) in subparagraph (B), by striking “and” at the end;

(2) in subparagraph (C), by striking the period at the end and inserting a semicolon; and

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

“(D) $36,472,442,775 for fiscal year 2020.”.

Subtitle B—Advancing Precision Medicine

SEC. 2011. PRECISION MEDICINE INITIATIVE.

Part H of title IV of the Public Health Service Act (42 U.S.C. 290 et seq.) is amended by adding after the last section of such part the following:

“SEC. 498E. PRECISION MEDICINE INITIATIVE.

“(a) IN GENERAL.—The Secretary is encouraged to establish and carry out an initiative, to be known as the ‘Precision Medicine Initiative’ (in this section referred to as the ‘Initiative’), to augment efforts to address disease prevention, diagnosis, and treatment...”.

(B) COMPONENTS.—The Initiative described under subsection (a) may include—

(1) developing a network of scientists to assist in carrying out the purposes of the Initiative;

(2) developing new approaches for addressing scientific, medical, public health, and regulatory science issues;

(3) applying genomic technologies, such as whole genome sequencing, to provide data on the molecular basis of disease;

(4) collecting informants voluntarily provided by a diverse cohort of individuals that can be used to better understand health and disease; and

(5) other activities to advance the goals of the Initiative, as the Secretary determines appropriate.

(c) AUTHORITY OF THE SECRETARY.—In carrying out this section, the Secretary may—

(1) coordinate with the Secretary of Energy, private industry, and others, as the Secretary determines appropriate, to identify and address the advanced supercomputing and other advanced technology needs for the Initiative;

(2) develop and utilize public-private partnerships; and

(3) leverage existing data sources.

(d) REQUIREMENTS.—In the implementation of the Initiative under subsection (a), the Secretary shall—

(1) ensure the collaboration of the National Institutes of Health, the Food and Drug Administration, the Office of the National Coordinator for Health Information Technology, and the Office for Civil Rights, and the Department of Health and Human Services;

(2) comply with existing laws and regulations for the protection of human subjects involved in research, including the protection of participant privacy;

(3) implement policies and mechanisms for appropriate secure data sharing across systems that include protections for privacy and security of data;

(4) consider the diversity of the cohort to ensure inclusion of a broad range of participants, including consideration of biological, social, and other determinants of health that contribute to health disparities;

(5) ensure that only authorized individuals may access controlled or sensitive, identifiable biological material and associated information collected or stored in connection with the Initiative;

(6) on the appropriate Internet website of the Department of Health and Human Services, identify any entities with access to such information, and provide in the following information with respect to the purpose of such access, a summary of the research project for which such access is granted, as applicable, and a description of the biological material and associated information to which the entity has access;

(7) REPORT.—Not later than 1 year after the date of enactment of the 21st Century Cures Act, the Secretary shall submit to the Committee on Health, Education, Labor, and...
Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives. Such report shall include steps the Secretary has taken to consult with experts or other heads of other applicable Federal agencies in the development of such policies."

SEC. 2012. PRIVACY PROTECTION FOR HUMAN RESEARCH SUBJECTS.

(a) IN GENERAL.—Subsection (d) of section 301 of the Public Health Service Act (42 U.S.C. 241) is amended to read as follows:

"(d)(1)(A) If a person is engaged in biomedical, behavioral, clinical, or other research, in which identifiable, sensitive information is collected in research on mental health and research on the use and effect of alcohol and other psychoactive drugs, the Secretary, in coordination with other agencies, as applicable—

(i) shall issue to such person a certificate of confidentiality to protect the privacy of individuals who are the subjects of such research; the research is funded wholly or in part by the Federal Government; and

(ii) may, upon application by a person engaged under subparagraph (A) to protect the privacy of such individuals if the research is not so funded—

"(B) Except as provided in subparagraph (C), any person to whom a certificate is issued under subparagraph (A) to protect the privacy of such individuals if the research is not so funded—

(i) required by Federal, State, or local laws, excluding instances described in subparagraph (D);

(ii) necessary for the medical treatment of the individual to whom the information, document, or biospecimen pertains and made with the consent of such individual;

(iii) made with the consent of the individual to whom the information, document, or biospecimen pertains or

(iv) made for the purposes of other scientific research that is in compliance with applicable Federal law, including laws concerning the protection of human subjects in research.

(D) Any person to whom a certificate is issued under paragraph (A) to protect the privacy of an individual described in such subparagraph shall not disclose or provide to any other person not connected with the research the name of such an individual or any information, document, or biospecimen contains identifiable sensitive information about such an individual and that was created or compiled for purposes of the research.

"(C) The disclosure prohibition in subparagraph (B) shall not apply to disclosure or use that is—

(i) required by Federal, State, or local laws, excluding instances described in subparagraph (D);

(ii) necessary for the medical treatment of the individual to whom the information, document, or biospecimen pertains and made with the consent of such individual;

(iii) made with the consent of the individual to whom the information, document, or biospecimen pertains or

(iv) made for the purposes of other scientific research that is in compliance with applicable Federal law, including laws concerning the protection of human subjects in research.

"(2) (A) An individual is identified; or

(B) there is at least a very small risk, as determined by current scientific practices or statistical methods, that some combination of the information, the request, and other available data sources could be used to deduce the identity of an individual.

"(2) APPLICABILITY.—Beginning 180 days after the date of enactment of this Act, all persons engaged in research and authorized by the Secretary of Health and Human Services to protect the confidentiality of information described in paragraph (1)(A) and—

"(A) through which an individual is identified; or

"(B) for which there is at least a very small risk, as determined by current scientific practices or statistical methods, that some combination of the information, and other available data sources could be used to deduce the identity of an individual.

"(C) The disclosure prohibition in subparagraph (B) shall not apply to disclosure or use that is—

(i) required by Federal, State, or local laws, excluding instances described in subparagraph (D);

(ii) necessary for the medical treatment of the individual to whom the information, document, or biospecimen pertains and made with the consent of such individual;

(iii) made with the consent of the individual to whom the information, document, or biospecimen pertains or

(iv) made for the purposes of other scientific research that is in compliance with applicable Federal law, including laws concerning the protection of human subjects in research.

"(D) Any person to whom a certificate is issued under paragraph (A) to protect the privacy of an individual described in such subparagraph shall not, in any Federal, State, or local civil, criminal, administrative, legislative, or other proceeding, disclose or provide the name of such individual or any such information, document, or biospecimen contains identifiable sensitive information about the individual and that is gathered or used during the course of biomedical research if—

"(1) an individual is identified; or

"(2) there is at least a very small risk, as determined by current scientific practices or statistical methods, that some combination of the information, the request, and other available data sources could be used to deduce the identity of an individual.

"(2A) Each determination of the Secretary under paragraph (1) to exempt information from disclosure shall be made in writing and accompanied by a statement of the basis for the determination.

"(2B) Each such determination and statement of basis shall be available to the public, upon request, through the Office of the Chief FOIA Officer of the Department of Health and Human Services.

"(3) Nothing in this subsection shall be construed to limit a research participant’s access to information about such participant collected during the participant’s participation in the research.

"(3A) The Secretary may exempt from disclosure under section 552(b)(3) of title 5, United States Code, biographical information that is about an individual and that is gathered or used during the course of biomedical research if—

"(1) the Secretary has taken to consult with experts or their representatives. Such report shall include steps the Secretary has taken to consult with experts or other heads of other applicable Federal agencies in the development of such policies."

SEC. 2013. PROTECTION OF IDENTIFIABLE AND SENSITIVE INFORMATION.

Section 301 of the Public Health Service Act (42 U.S.C. 241) is amended by adding at the end the following:

"(f)(1) The Secretary may exempt from disclosure under section 552(b)(3) of title 5, United States Code, biographical information that is about an individual and that is gathered or used during the course of biomedical research if—

"(A) an individual is identified; or

"(B) there is at least a very small risk, as determined by current scientific practices or statistical methods, that some combination of the information, the request, and other available data sources could be used to deduce the identity of an individual.

"(2) A 180-day period beginning on the date of enactment of this Act, all persons engaged in research and authorized by the Secretary of Health and Human Services to protect the confidentiality of information described in paragraph (1)(A) and—

"(A) through which an individual is identified; or

"(B) for which there is at least a very small risk, as determined by current scientific practices or statistical methods, that some combination of the information, and other available data sources could be used to deduce the identity of an individual.

"(C) The disclosure prohibition in subparagraph (B) shall not apply to disclosure or use that is—

(i) required by Federal, State, or local laws, excluding instances described in subparagraph (D);

(ii) necessary for the medical treatment of the individual to whom the information, document, or biospecimen pertains and made with the consent of such individual;

(iii) made with the consent of the individual to whom the information, document, or biospecimen pertains or

(iv) made for the purposes of other scientific research that is in compliance with applicable Federal law, including laws concerning the protection of human subjects in research.

"(D) Any person to whom a certificate is issued under paragraph (A) to protect the privacy of an individual described in such subparagraph shall not disclose or provide to any other person not connected with the research the name of such an individual or any information, document, or biospecimen contains identifiable sensitive information about such an individual and that was created or compiled for purposes of the research.

"(E) Identifiable, sensitive information protected under paragraph (A) to protect the privacy of such individuals if the research is not so funded—

(i) shall be immune from the legal process, protected under subparagraph (A), and all copies thereof, shall be subject to the protections prescribed under subsection (b).

"(F) Identifiable, sensitive information collected after a person to whom a certificate has been issued under subparagraph (A), and all copies thereof, shall be subject to the protections afforded by this section for perpetuity.

"(G) The Secretary shall take steps to minimize the burden to researchers, streamline the process, and reduce the time it takes to comply with this subsection.

"(H) The Secretary shall coordinate with the heads of other applicable Federal agencies to ensure that such departments have policies in place with respect to the issuance of a certificate of confidentiality pursuant to paragraph (1) and other requirements of this subsection.

"(I) "Confidentiality"—Nothing in the amendments made by subsection (a) authorizes the Secretary of Health and Human Services to disclose any information that is a trade secret, or privileged or confidential information, as described in section 552(b)(4) of title 5, United States Code, or section 1905 of title 18, United States Code, or be construed to require recipients of grants or agreements through the National Institutes of Health to share such information.

Subtitle C—Supporting Young Emerging Scientists

SEC. 2021. INVESTING IN THE NEXT GENERATION OF RESEARCHERS.

(a) IN GENERAL.—Part A of title IV of the Public Health Service Act (42 U.S.C. 281 et seq.) is amended by adding at the end the following:

"SEC. 404M. NEXT GENERATION OF RESEARCHERS.

"(1) The Director of the National Institutes of Health, the Next Generation of Researchers Initiative (referred to in this section as the "Initiative"), through which the Director shall coordinate all policies and programs within the National Institutes of Health that are focused on promoting and providing opportunities for new researchers and earlier research independence.

"(2) Activities.—The Director of the National Institute of Health, through the Initiative shall—

"(A) promote policies and programs within the National Institutes of Health that are focused on improving opportunities for new researchers and promoting earlier research independence, including existing policies and programs, as appropriate;

"(B) develop, modify, or prioritize policies, as needed, within the National Institutes of Health to promote opportunities for new researchers and research independence, including policies to increase opportunities for new researchers to receive funding, enhance training and mentorship programs for researchers, and enhance workforce diversity;

"(C) coordinate, as appropriate, with relevant agencies, professional and academic associations, academic institutions, and others, to implement and update data sources within the biomedical research workforce in order to inform programs related to the training, recruitment, and retention of biomedical research workforce;

"(D) carry out other activities, including evaluation and oversight of existing programs, as appropriate, to promote the development of the next generation of researchers and earlier research independence.

"(b) CONSIDERATION OF RECOMMENDATIONS.—In carrying out activities under section 404M(b) of the Public Health Service Act, the Director of the National Institutes of Health shall take into consideration the recommendations made by the National Academies of Sciences, Engineering, and Medicine as part of an intensive study on policies affecting the next generation of researchers under the Department of Health and Human Services Appropriations Act, 2016 (Public Law 114-133), and submit a report to the Committee on Education, Labor, and Pensions and the Committee on Appropriations of the Senate, and the Committee on Energy and Commerce, and the Committee on Appropriations of the House of Representatives, with respect to any actions taken by the National Institutes of Health based on the recommendations not later than 2 years after the date of enactment of the study required pursuant to the Department of Health and Human Services Appropriations Act, 2016.
(1) by amending the section heading to read as follows: "INTRAMURAL LOAN REPAYMENT PROGRAM;"

(2) in subsection (a) of the section, by striking "The Secretary shall carry out a program" and inserting "The Director of the National Institutes of Health shall, as appropriate and based on workforce and scientific priorities, carry out a program through the subcategories listed in subsection (b)(1) (or modified subcategories as provided for in subsection (b)(2));"

(B) by striking "conduct" and inserting "conduct research;"

(C) by striking "research with respect to acquired immune deficiency syndrome;" and

(D) by striking "$5,000,000 and inserting "$30,000,000;"

(3) by redesignating subsection (b) as subsection (c); and

(4) by inserting after subsection (a), the following:

"(b) SUBCATEGORIES OF RESEARCH.—"(1) IN GENERAL.—In carrying out the program under subsection (a), the Director of the National Institutes of Health—

(A) shall continue to focus on—

(i) research on acquired immune deficiency syndrome and

(ii) clinical research conducted by appropriately qualified health professionals who are from disadvantaged backgrounds; and

(B) may focus on an area of emerging scientific or workforce need.

(2) ELIMINATION OR ESTABLISHMENT OF SUBCATEGORIES.—The Director of the National Institutes of Health shall, as appropriate and based on workforce and scientific priorities, establish other subcategory areas based on total number of subcategories does not exceed the number of subcategories listed in paragraph (1). For purposes of this paragraph, the enrollment of underrepresented individuals in the sciences, and national centers shall have a common template.

(3) LIMITATION.—The Director of the National Institutes of Health may not enter into a contract with a health professional pursuant to subsection (a) unless such professional has a substantial amount of education loans relative to income (as determined pursuant to guidelines issued by the Director)."

(5) by adding at the end the following:

"(e) AVAILABILITY OF APPROPRIATIONS.—Amounts appropriated under this section shall remain available until the expiration of the second fiscal year beginning after the fiscal year for which such amounts are made available."

(b) EXTRAMURAL LOAN REPAYMENT PROGRAM.—Section 487B of the Public Health Service Act (42 U.S.C. 288–2) is amended—

(1) by amending the section heading to read as follows: "EXTRAMURAL LOAN REPAYMENT PROGRAM;"

(2) in subsection (a)—

(A) by striking "The Secretary, in consultation with the Director of the Eunice Kennedy Shriver National Institute of Child Health and Human Development, shall establish a program;" and inserting "The Director of the National Institutes of Health shall, as appropriate and based on workforce and scientific priorities, carry out a program through the subcategories listed in subsection (b)(1) (or modified subcategories as provided for in subsection (b)(2));"

(B) by striking "(including graduate students);"

(C) by striking "with respect to contraception, or with respect to infertility;" and

(D) at least once annually with the Director of the National Institutes of Health to attract, retain, and develop minority health professionals for high-risk, high-priority health-related research fields and update the strategic plan under paragraph (1) and each of its subcategories;"

(3) by redesignating subsections (b) and (c) as subsections (d) and (e), respectively;

(4) by inserting after subsection (a), the following:

"(b) SUBCATEGORIES OF RESEARCH.—"(1) IN GENERAL.—In carrying out the program under subsection (a), the Director of the National Institutes of Health shall, as appropriate and based on workforce and scientific priorities, establish other subcategory areas based on total number of subcategories does not exceed the number of subcategories listed in paragraph (1).

(2) ELIMINATION OR ESTABLISHMENT OF SUBCATEGORIES.—The Director of the National Institutes of Health may eliminate one or more subcategories for in paragraph (1) due to changes in workforce or scientific needs related to biomedical research. The Secretary may eliminate other subcategory areas based on workforce and scientific priorities if the total number of subcategories does not exceed the number of subcategories listed in paragraph (1)."

"(c) LIMITATION.—The Director of the National Institutes of Health may not enter into a contract with a health professional pursuant to subsection (a) unless such professional has a substantial amount of education loans relative to income (as determined pursuant to guidelines issued by the Secretary)."

(5) by adding at the end the following:

"(e) AVAILABILITY OF APPROPRIATIONS.—Amounts appropriated under this section shall remain available until the expiration of the second fiscal year beginning after the fiscal year for which such amounts are made available."

(b) EXTRAMURAL LOAN REPAYMENT PROGRAM.—Section 487B of the Public Health Service Act (42 U.S.C. 288–2) is amended—

(1) by striking section 464z–5 (42 U.S.C. 285t–2);

(2) by striking section 487C (42 U.S.C. 288–3);

(3) by striking section 487E (42 U.S.C. 288–5);

(4) by striking section 487F (42 U.S.C. 288–5a), as added by section 250 of Public Law 106–554, relating to loan repayment for clinical researchers; and

(5) by striking section 487P (42 U.S.C. 288–6), as added by section 1002(b) of Public Law 106–310 relating to pediatric research loan repayment program.

(b) GAO REPORT.—Not later than 18 months after the date of enactment of this Act, the Comptroller General of the United States shall submit to Congress a report on the efforts of the National Institutes of Health to attract, retain, and develop underrepresented individuals in the sciences, such as women, racial and ethnic minorities, and other groups. Such report shall include an analysis of the impact of the additional authority provided to the Secretary of Health and Human Services under this Act to address workforce shortages and gaps in priority research areas, including which centers and research areas offered loan repayment program participants the increased award amount.

Subtitle D—National Institutes of Health Planning and Administration SEC. 9011. NATIONAL INSTITUTES OF HEALTH STRATEGIC PLAN.

(a) STRATEGIC PLAN.—Section 402 of the Public Health Service Act (42 U.S.C. 288a) is amended—

(1) in subsection (b)(5), by inserting before the semicolon the following: "and through the development, implementation, and updating of the strategic plan developed under subsection (m);"

(2) by adding at the end the following:

"(m) NATIONAL INSTITUTES OF HEALTH STRATEGIC PLAN.—"(1) IN GENERAL.—Not later than 2 years after the date of enactment of the 21st Century Cures Act, and at least every 6 years thereafter, the Director of the National Institutes of Health shall develop and submit to the appropriate committees of Congress and post on the Internet with the National Institutes of Health, a coordinated strategy (to be known as the ‘National Institutes of Health Strategic Plan’) to provide direction to the biomedical research investments made by the National Institutes of Health, to facilitate collaboration across the institutes and centers, to leverage scientific opportunity, and to advance biomedicine.

(2) STRATEGIC PLAN.—The strategy under paragraph (1) shall—

(a) identify strategic research priorities and objectives across biomedical research, including—

(i) an assessment of the state of biomedical and behavioral research, including areas of opportunity with respect to basic, clinical, and translational research;

(ii) priorities and objectives to advance the treatment, cure, and prevention of health conditions;

(iii) emerging scientific opportunities, rising public health challenges, and scientific knowledge gaps; and

(iv) other factors the Director of National Institutes of Health determines appropriate;

(b) include multi-institute priorities, including coordination of research among institutes and centers;

(c) include strategic priorities for funding research through the Common Fund, in accordance with section 402A(h)(1)(C); and

(d) address the National Institutes of Health’s proposed and ongoing activities related to training and the biomedical workforce; and

(e) describe opportunities for collaboration with other agencies and departments, as appropriate.

(2) USE OF PLANS.—Strategic plans developed and updated by the national research institutes and national centers of the National Institutes of Health shall be prepared regularly and in such a manner that such plans will be informed by the strategic plans developed and updated under this subsection. Such plans developed by and updated by the national research institutes and national centers shall have a common template.

(3) CONSULTATION.—The Director of National Institutes of Health shall develop the strategic plan under paragraph (1) in consultation with the directors of the national research institutes and national centers, researchers, patient advocacy groups, and industry leaders.

(b) CONFORMING AMENDMENT.—Section 402A(c)(1)(C) of the Public Health Service Act (42 U.S.C. 288a(c)(1)(C)) is amended by striking "Not later than June 1, 2007, and every 2 years thereafter," and inserting "As part of the National Institutes of Health Strategic Plan required under section 402A(m)."

(c) STRATEGIC PLAN.—Section 402A(c)(1)(C) of the Public Health Service Act (42 U.S.C. 288a(c)(1)(C)) is amended by striking "Not later than June 1, 2007, and every 2 years thereafter," and inserting "As part of the National Institutes of Health Strategic Plan required under section 402A(m)."
and minorities and are focused on reducing health disparities.

“(B) STRATEGIC PLANS.—Any strategic plan issued by a national institute or national center shall include details of the objectives described in subparagraph (A).”.

SEC. 2032. TRIENNIAL REPORTS.

Section 403 of the Public Health Service Act (42 U.S.C. 284) is amended—

(1) in the section heading, by striking “BIENNIAL” and inserting “TRIENNIAL”; and

(2) in subsection (a)—

(A) in the matter preceding paragraph (1), by striking “biennial” and inserting “triennial”;

(B) by amending paragraph (3) to read as follows:

“(3) A description of intra-National Institutes of Health activities, including—

(A) identification of the percentage of funds made available by each national research institute and national center with respect to each applicable fiscal year for conducting or supporting research that involves collaboration between the institute or center and 1 or more other national research institutes or national centers; and

(B) recommendations for promoting coordination of information among the centers of excellence.”;

(C) in paragraph (4)—

(i) in subparagraph (B), by striking “demographic variables and inserting “demographic variables, including biological and social variables and relevant age categories (such as pediatric subgroups), and determinants of health”;

(ii) in subparagraph (C), by striking “and” and inserting “and other applicable requirements regarding inclusion of demographic groups”;

and

(D) in paragraph (6)—

(i) in the matter preceding subparagraph (A), by striking “the following:” and inserting “the following”;

(ii) in subparagraph (A)—

(I) by striking “an evaluation” and inserting “an evaluation”;

(II) by striking the period and inserting “;”;

(iii) by striking subparagraphs (B) and (D); and

(iv) by redesigning subparagraph (C) as subparagraph (B) and

(v) in subparagraph (B), as redesignated by clause (ii), by striking “Recommendations” and inserting “recommendations”.

SEC. 2033. INCREASING ACCOUNTABILITY AT THE NATIONAL INSTITUTES OF HEALTH.

(a) APPOINTMENT AND TERMS OF DIRECTORS OF NATIONAL RESEARCH INSTITUTES AND NATIONAL CENTERS.—Subsection (a) of section 405 of the Public Health Service Act (42 U.S.C. 284) is amended to read as follows:

“(a) APPOINTMENT.—Section 405(b) of the Public Health Service Act (42 U.S.C. 284(b)) is amended by adding at the end the following:

“(1) Before an award is made by a national research institute or by a national center for a grant for a research program or project (commonly referred to as an ‘R-series grant’), other than an award constituting a noncompetitive renewal of such a grant, or a noncompetitive administrative supplement to such a grant, the Director of such national research institute or national center shall, consistent with the peer review process—

(A) review and make the final decision with respect to making the award; and

(B) take into account—

(i) the mission of the national research institute or national center and the scientific priorities identified in the strategic plan under section 402(m);

(ii) programs or projects funded by other agencies on similar research topics; and

(iii) advice by staff and the advisory council or board of such national research institute or national center.

(c) REPORT ON DUALITY IN FEDERAL BIO-MEDICAL RESEARCH.—The Secretary of Health and Human Services (referred to in this section as the “Secretary”)—

(1) shall conduct, or direct the conduct of, an independent evaluation of—

(A) the implementation of alternative grant models allowing for multiple primary recipients; and

(B) reports of the Office of the Inspector General of the Department of Health and Human Services (referred to in this section as the “Inspector General”).

SEC. 2034. REDUCING ADMINISTRATIVE BURDEN FOR RESEARCHERS.

(a) PLAN PREPARATION AND IMPLEMENTATION OF MEASURES TO REDUCE ADMINISTRATIVE BURDEN.

(1) IN GENERAL.—Not later than 2 years after the date of enactment of this Act, the Secretary of Health and Human Services (referred to in this section as the “Secretary”) shall—

(A) lead a review by research funding agencies of all regulations and policies related to the reporting requirements of financial conflicts of interest, including the minimum threshold for reporting financial conflicts of interest;

(B) make revisions, as appropriate, to harmonize existing policies and reduce administrative burden on researchers while maintaining the integrity and credibility of research findings and recommendations of human participants; and

(C) confer with the Office of the Inspector General about the activities of such office related to financial conflicts of interest involving researchers and the burden related to monitoring of research activities.

(2) CONSIDERATIONS.—In updating policies under paragraph (1)(B), the Secretary shall consider—

(A) modifying the timelines for reporting financial conflicts of interest to just-in-time information by institutions receiving grant or cooperative award funding from the National Institutes of Health; and

(B) ensuring that financial interest disclosure reporting requirements are appropriate for, and relevant to, awards that will duplicate and fund research, which may include modification of the definition of the term “investigator” for purposes of the regulations and policies described in subparagraphs (A) and (B) of paragraph (1).”.

SEC. 2035. INCREASING ACCOUNTABILITY AT THE NATIONAL INSTITUTES OF HEALTH.

(a) APPOINTMENT AND TERMS OF DIRECTORS OF NATIONAL RESEARCH INSTITUTES AND NATIONAL CENTERS.—Subsection (a) of section 405 of the Public Health Service Act (42 U.S.C. 284) is amended to read as follows:

“(a) APPOINTMENT.—The Director of the National Institutes of Health, shall be appointed for a 5-year term starting on the date of such appointment.

(b) REVIEW OF CERTAIN AWARDS BY DIRECTORS.—Section 405(b) of the Public Health Service Act (42 U.S.C. 284(b)) is amended by adding at the end the following:

“(1) Before an award is made by a national research institute or by a national center for a grant for a research program or project (commonly referred to as an ‘R-series grant’), other than an award constituting a noncompetitive renewal of such a grant, or a noncompetitive administrative supplement to such a grant, the Director of such national research institute or national center shall, consistent with the peer review process—

(A) review and make the final decision with respect to making the award; and

(B) take into account—

(i) the mission of the national research institute or national center and the scientific priorities identified in the strategic plan under section 402(m);

(ii) programs or projects funded by other agencies on similar research topics; and

(iii) advice by staff and the advisory council or board of such national research institute or national center.

(c) REPORT ON DUALITY IN FEDERAL BIO-MEDICAL RESEARCH.—The Secretary of Health and Human Services (referred to in this section as the “Secretary”) shall—

(1) conduct, or direct the conduct of, an independent evaluation of—

(A) the implementation of alternative grant models allowing for multiple primary recipients; and

(B) reports of the Office of the Inspector General of the Department of Health and Human Services (referred to in this section as the “Inspector General”).

SEC. 2036. INCREASING ACCOUNTABILITY AT THE NATIONAL INSTITUTES OF HEALTH.

(a) APPOINTMENT AND TERMS OF DIRECTORS OF NATIONAL RESEARCH INSTITUTES AND NATIONAL CENTERS.—Subsection (a) of section 405 of the Public Health Service Act (42 U.S.C. 284) is amended to read as follows:

“(a) APPOINTMENT.—The Director of the National Institutes of Health, shall be appointed for a 5-year term starting on the date of such appointment.

(b) REVIEW OF CERTAIN AWARDS BY DIRECTORS.—Section 405(b) of the Public Health Service Act (42 U.S.C. 284(b)) is amended by adding at the end the following:

“(1) Before an award is made by a national research institute or by a national center for a grant for a research program or project (commonly referred to as an ‘R-series grant’), other than an award constituting a noncompetitive renewal of such a grant, or a noncompetitive administrative supplement to such a grant, the Director of such national research institute or national center shall, consistent with the peer review process—

(A) review and make the final decision with respect to making the award; and

(B) take into account—

(i) the mission of the national research institute or national center and the scientific priorities identified in the strategic plan under section 402(m);

(ii) programs or projects funded by other agencies on similar research topics; and

(iii) advice by staff and the advisory council or board of such national research institute or national center.

(c) REPORT ON DUALITY IN FEDERAL BIO-MEDICAL RESEARCH.—The Secretary of Health and Human Services (referred to in this section as the “Secretary”) shall—

(1) conduct, or direct the conduct of, an independent evaluation of—

(A) the implementation of alternative grant models allowing for multiple primary recipients; and

(B) reports of the Office of the Inspector General of the Department of Health and Human Services (referred to in this section as the “Inspector General”).

SEC. 2037. INCREASING ACCOUNTABILITY AT THE NATIONAL INSTITUTES OF HEALTH.

(a) APPOINTMENT AND TERMS OF DIRECTORS OF NATIONAL RESEARCH INSTITUTES AND NATIONAL CENTERS.—Subsection (a) of section 405 of the Public Health Service Act (42 U.S.C. 284) is amended to read as follows:

“(a) APPOINTMENT.—The Director of the National Institutes of Health, shall be appointed for a 5-year term starting on the date of such appointment.

(b) REVIEW OF CERTAIN AWARDS BY DIRECTORS.—Section 405(b) of the Public Health Service Act (42 U.S.C. 284(b)) is amended by adding at the end the following:

“(1) Before an award is made by a national research institute or by a national center for a grant for a research program or project (commonly referred to as an ‘R-series grant’), other than an award constituting a noncompetitive renewal of such a grant, or a noncompetitive administrative supplement to such a grant, the Director of such national research institute or national center shall, consistent with the peer review process—

(A) review and make the final decision with respect to making the award; and

(B) take into account—

(i) the mission of the national research institute or national center and the scientific priorities identified in the strategic plan under section 402(m);

(ii) programs or projects funded by other agencies on similar research topics; and

(iii) advice by staff and the advisory council or board of such national research institute or national center.

(c) REPORT ON DUALITY IN FEDERAL BIO-MEDICAL RESEARCH.—The Secretary of Health and Human Services (referred to in this section as the “Secretary”) shall—

(1) conduct, or direct the conduct of, an independent evaluation of—

(A) the implementation of alternative grant models allowing for multiple primary recipients; and

(B) reports of the Office of the Inspector General of the Department of Health and Human Services (referred to in this section as the “Inspector General”).

(d) REPORTING OF FINANCIAL EXPENDITURES.—The Secretary, in consultation with the Director of the National Institutes of Health, shall evaluate financial expenditure reporting procedures and requirements for recipients of funding from the National Institutes of Health and take action, as appropriate, to avoid duplication between department and agency requirements and minimize burden to funding recipients.

(e) REPORTING OF INFORMATION.—The Secretary shall report to Congress, at least annually, on the actions taken under this section.
(d) ANIMAL CARE AND USE IN RESEARCH.—Not later than 2 years after the date of enactment of this Act, the Director of the National Institutes of Health, in consultation with the Federal agencies and the commissioner of Food and Drugs, shall complete a review of applicable regulations and policies for the care and use of laboratory animals and make revisions, as appropriate, to administrative burden on investigators while maintaining the integrity and credibility of research findings and protection of research animals. In carrying out this effort, the Director may further amend the regulations and policies having similar purposes across animal care and use in research. In carrying out this effort, the Director may further amend the regulations and policies having similar purposes across animal care and use in research.

(2) MEMBERSHIP.—(A) IN GENERAL.—The Board shall include not more than 10 Members, each of whom shall be a Member of the President's Council on Bioethics, a Member of the President's Council on Bioethics, or a representative of a Federal agency with duties and responsibilities related to research in the biological sciences and the care and use of research animals. The Board shall include a Member of the President's Council on Bioethics, a Member of the President's Council on Bioethics, or a representative of a Federal agency with duties and responsibilities related to research in the biological sciences and the care and use of research animals.

(3) PURPOSE AND RESPONSIBILITIES.—The Board shall carry out—

(A) identifying ways to ensure such regulations and policies are not inconsistent, overlapping, or unnecessarily duplicative, including with respect to inspection and review requirements by Federal agencies and accrediting associations;

(B) take steps to eliminate or reduce identified inconsistencies, overlaps, or duplications among such regulations and policies; and

(C) take other actions, as appropriate, to improve the coordination of regulations and policies with respect to research with laboratory animals.

(e) DOCUMENTATION OF PERSONNEL EXPENSES.—The Secretary shall clarify the applicability of the requirements of the Office of Management and Budget Uniform Guidance on personnel and administrative expenses, including clarification of the extent to which any flexibility to such regulations specified in such Uniform Guidance applies to entities receiving Federal grants through the Department of Health and Human Services.

(f) RESEARCH POLICY BOARD.—

(1) ESTABLISHMENT.—Not later than 1 year after the date of enactment of this Act, the Director of the Office of Management and Budget shall establish an advisory committee, to be known as the “Research Policy Board” and referred to in this subsection as the “Board”, to provide Federal Government officials with information on the effects of regulations related to Federal research requirements.

(2) MEMBERSHIP.—(A) IN GENERAL.—The Board shall include not more than 10 Members, each of whom shall be a Member of the President's Council on Bioethics, a Member of the President's Council on Bioethics, or a representative of a Federal agency with duties and responsibilities related to research in the biological sciences and the care and use of research animals.

(3) PURPOSE AND RESPONSIBILITIES.—The Board shall carry out—

(A) identifying ways to ensure such regulations and policies are not inconsistent, overlapping, or unnecessarily duplicative, including with respect to inspection and review requirements by Federal agencies and accrediting associations;

(B) take steps to eliminate or reduce identified inconsistencies, overlaps, or duplications among such regulations and policies; and

(C) take other actions, as appropriate, to improve the coordination of regulations and policies with respect to research with laboratory animals.

(g) INCLUSION OF LIST.—The first biennial report submitted under this subsection, and each subsequent biennial report, shall include a list of the recommendations of the Board regarding the improvement of such policies and regulations described in paragraph (1).
date of enactment of the 21st Century Cures Act shall include a complete list of all of the methods and tools, if any, which have been developed by research supported by the Centers.

(a) SEC. 2038. COLLABORATION AND COORDINATION TO ENHANCE RESEARCH. (a) RESEARCH PRIORITIES; COLLABORATIVE RESEARCH PROJECTS.—Section 402(b) of the Public Health Service Act (42 U.S.C. 282(b)) is amended—

(1) by amending paragraph (4) to read as follows:

“(4) include—

(A) articulate data accurate to be used to assess research priorities, including—

(1) a description of the scientific and public health benefits, and progress in reducing health disparities; and

(2) data on study populations of clinical research, funded by or conducted at each national research institute and national center, which—

(i) includes the inclusion of—

(I) women;

(II) members of minority groups;

(III) relevant age categories, including pediatric subgroups; and

(IV) other demographic variables as the Director of the National Institutes of Health determines appropriate;

(ii) is disaggregated by research area, condition, and disease categories; and

(iii) shall be publicly available on the Internet website of the National Institutes of Health; and

(B) by adding at the end the following:

“(A) The number of women included as subjects; and

(B) the proportion of subjects that are members of minority groups, including—

(i) have been completed during such reporting period; and

(ii) are being carried out during such reporting period and have not been completed.

(D) The number of studies completed during the applicable reporting period for which reporting has been submitted in accordance with subsection (c)(2)(A).

(c) COORDINATION.—Section 492(c)(2) of the Public Health Service Act (42 U.S.C. 286(c)(2)) is amended by striking “designees” and inserting “senior-level staff designees”.

(d) In GENERAL.—Part A of title IV of the Public Health Service Act (42 U.S.C. 281 et seq.) as amended by section 2021, is further amended by adding at the end the following:

“SEC. 404N. POPULATION FOCUSED RESEARCH.

“The Director of the National Institutes of Health shall, as appropriate, encourage efforts to improve research related to the health of sexual and gender minority populations, including by—

“(1) facilitating increased participation of sexual and gender minority populations in clinical research supported by the National Institutes of Health, and reporting on such participation, as applicable;

“(2) facilitating the development of valid and reliable methods for research relevant to sexual and gender minority populations; and

“(3) addressing methodological challenges.”.

(e) REPORTING.—

(1) In GENERAL.—The Secretary, in collaboration with the Director of the National Institutes of Health, shall as appropriate—

(A) continue to support research for the development of appropriate measures related to reporting health information about sexual and gender minority populations; and

(B) not later than 2 years after the date of enactment of this Act, disseminate and make public such measures.

(2) NATIONAL ACADEMY OF MEDICINE RECOMMENDATIONS.—In developing the measures described in paragraph (1)(A), the Secretary shall take into account recommendations made by the National Academy of Medicine.

(f) IMPROVING COORDINATION RELATED TO MINORITY HEALTH AND HEALTH DISPARITIES.—Section 4643–3 of the Public Health Service Act (42 U.S.C. 285) is amended—

(1) by redesignating subsection (h), relating to interagency coordination following subsection (i) as subsection (k); and

(2) in subsection (k) (as so redesignated) 

(A) by adding at the end the following: “(A) encourage that the results of such research, when published or reported, be disaggregated as appropriate with respect to the analysis of any sex differences.

(c) CLINICAL RESEARCH.—

(1) In GENERAL.—Not later than 1 year after the date of enactment of this Act, the Secretary, in consultation with the Director of the Office of Research on Women’s Health and the Director of the Office of Research on Women’s Health and Health Disparities, shall update the guidelines established under section 492B of the Public Health Service Act (42 U.S.C. 289a–2(d)) in accordance with paragraph (2).

(2) REQUIREMENTS.—The updated guidelines described in paragraph (1) shall—

(A) reflect the science regarding sex differences;

(B) improve adherence to the requirements under section 492B of the Public Health Service Act (42 U.S.C. 289a–2), including the reporting requirements under subsection (i) of such section; and

(C) clarify the circumstances under which studies should be designed to support the conduct of analyses to detect significant differences in the intervention effect due to demographic factors related to section 492B of the Public Health Service Act, including the absence of prior studies that demonstrate differences.

(d) I N GENERAL.—Not later than 180 days after the date of enactment of this Act, the Secretary, in consultation with the Office of Laboratory Animal Welfare, shall publish, updating, or revising the policies under subsection (f) of such section.

(2) APPROPRIATE AGE GROUPINGS IN CLINICAL RESEARCH.—

(a) INPUT FROM EXPERTS.—Not later than 180 days after the date of enactment of this Act, the Director of the National Institutes of Health shall convene a workshop of experts on pediatric and older populations to provide input on—

(A) appropriate age groups to be included in research studies involving human subjects; and

(B) acceptable justifications for excluding participants from a range of age groups from human subjects research studies.

(b) POLICY UPDATE.—Not later than 180 days after the conclusion of the workshop under paragraph (1), the Director of the National Institutes of Health shall make a determination with respect to whether the policies of the National Institutes of Health on the inclusion of relevant age groups in clinical studies need to be updated, and shall update such policies as appropriate.

(c) FUNDING FOR PROJECTS.—In making the determination, the Director of the National Institutes of Health shall take into consideration whether such policies—

(B) how differences between male and female cells, tissues, or animals may be examined and analyzed.

(2) REVISION POLICIES.—The Director of the National Institutes of Health may update or revise the policies developed under paragraph (1) as appropriate.
(A) address the consideration of age as an inclusion variable in research involving human subjects; and
(B) identify the criteria for justification for any age-related exclusions in such research.

(3) PUBLIC AVAILABILITY OF FINDINGS AND CONCLUSIONS.—The Director of the National Institutes of Health shall:
(A) post the findings and conclusions resulting from the workshop under paragraph (1) and updates to policies in accordance with paragraph (2), as applicable, available to the public on the Internet website of the National Institutes of Health; and
(B) ensure that age-related data reported in the workshop pursuant to section 403 of the Public Health Service Act (42 U.S.C. 285a) (as amended by section 2032) are made available to the public on the Internet website of the National Institutes of Health.

SEC. 2039. ENHANCING THE RIGOR AND REPRODUCIBILITY OF SCIENTIFIC RESEARCH.

(a) ESTABLISHMENT.—Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services, acting through the Director of the National Institutes of Health and the working group established under the Advisory Committee to the Director of the National Institutes of Health (referred to in this section as the “Advisory Committee”), appointed by section 332 of the Public Health Service Act (42 U.S.C. 271a), to develop and issue recommendations through the Advisory Committee for a formal policy, which may incorporate existing and ongoing activities, to enhance rigor and reproducibility of scientific research funded by the National Institutes of Health.

(b) CONSIDERATIONS.—In developing and issuing recommendations through the Advisory Committee under subsection (a), the working group established under such subsection shall consider:
(1) preclinical experiment design, including analysis of sex as a biological variable;
(2) clinical experiment design, including—
(A) the diversity of populations studied for clinical research, with respect to biological, social, and other determinants of health that contribute to health disparities;
(B) the circumstances under which summary information regarding biological, social, and other factors that contribute to health disparities should be provided and analyzed;
(C) the circumstances under which clinical studies, including clinical trials, should conduct an analysis of the data collected during the study with respect to biological, social, and other factors that contribute to health disparities;
(D) applicable levels of rigor in statistical methods, methodology, and analysis;
(E) data and information sharing in accordance with applicable privacy laws and regulations; and
(F) any other matter the working group determines relevant.

(c) POLICIES.—Not later than 18 months after the date of enactment of this Act, the Director of the National Institutes of Health shall consider the recommendations developed by the working group and issued by the Advisory Committee under subsection (a) and develop or update policies as appropriate.

(d) REPORT.—Not later than 2 years after the date of enactment of this Act, the Director of the National Institutes of Health shall issue a report to the Secretary of Health and Human Services, the Committee on Health, Education, Labor, and Pensions of the Senate, and the Committee on Education and the Workforce of the House of Representatives regarding recommendations developed under subsection (a) and any subsequent policy changes implemented to enhance rigor and reproducibility in scientific research funded by the National Institutes of Health.

(e) CONFIDENTIALITY.—Nothing in this section authorizes the Secretary of Health and Human Services to disclose any information that is a trade secret, or other privileged or confidential information as defined in section 552(b)(4) of title 5, United States Code, or section 1905 of title 18, United States Code.

SEC. 2040. IMPROVING MEDICAL REHABILITATION RESEARCH AT THE NATIONAL INSTITUTES OF HEALTH.

(a) IN GENERAL.—Section 452 of the Public Health Service Act (42 U.S.C. 285g–4) is amended—
(1) in subsection (b), by striking “conduct and support” and inserting “conduct, support, and coordinate”;
(2) in subsection (c)(1)(C), by striking “of the Center” and inserting “within the Center”; and
(3) in subsection (d)(1) by striking “(d)(1) in consultation” and all that follows through the end of paragraph (1) and inserting the following:
“(d)(1) The Director of the Center, in consultation with the Director of the Institute, the coordinating committee established under subsection (e), and the advisory board established under paragraph (f), shall revise the updated Research Plan periodically, as appropriate, or not less than every 5 years. Not later than 30 days after the Research Plan is so revised and updated, the Director of the Center shall transmit the updated and revised Research Plan to the President, the Committee on Appropriations of the Senate, and the Committee on Energy and Commerce of the House of Representatives."

(b)(1) in subparagraph (A), by striking “; and” and inserting a semicolon;
(ii) in subparagraph (B), by striking the period and inserting “; and”;
(iii) by adding at the end following:
“(C) include goals and objectives for conducting, supplementing, and coordinating medical rehabilitation research, consistent with the purpose described in subsection (b).”;
(C) by striking paragraph (4) and inserting the following:
“(4) The Director of the Center, in consultation with the Director of the Institute, the coordinating committee established under subsection (e), and the advisory board established under subsection (f), shall revise and update the Research Plan periodically, as appropriate, or not less than every 5 years. Not later than 30 days after the Research Plan is so revised and updated, the Director of the Center shall transmit the revised and updated Research Plan to the President, the Committee on Appropriations of the Senate, and the Committee on Energy and Commerce of the House of Representatives.”;
and
(D) by adding at the end the following:
“(5) The Director of the Center, in consultation with the Director of the Institute, shall, prior to preparing the Research Plan, prepare a report for the coordinating committee established under subsection (e) and the advisory board established under subsection (f) that describes and analyzes the progress during the preceding fiscal year in achieving the goals and objectives described in paragraph (2)(C) and objectives described in paragraph (2)(D) and includes expenditures for rehabilitation research at the National Institutes of Health. The report shall include recommendations for revising and updating the Research Plan, and such initiatives as the Director of the Center and the Director of the Institute determine to be appropriate.

(c) LIMITATIONS.—The non-Federal members of the Task Force shall—
(1) be appointed by the Director of the National Institutes of Health, the Director of the Eunice Kennedy Shriver National Institute of Child Health and Human Development, and the directors of such other appropriate national research institutes.
(2) include—
(i) representatives from relevant medical societies with subject matter expertise on pregnant women and lactating women, including the American College of Obstetricians and Gynecologists, the American College of Nurse-Midwives, and the American Public Health Association;
(ii) the Director of the National Institutes of Health;
(iii) the Director of the National Heart, Lung, and Blood Institute;
(iv) the Director of the National Institute on Aging;
(v) the Director of the National Institute of Allergy and Infectious Diseases;
(vi) The head of any other research-related agency of the Federal Government, or other appropriate national research institute, as determined by the Director of the National Institutes of Health;
(vii) The head of any other appropriate national research institute;
(viii) The head of the National Institute of Mental Health;
(ix) The head of the National Institute on Disability, Independent Living, and Rehabilitation Research;
(x) The head of any appropriate Federal agency, or other appropriate national research institute, as determined by the Director of the National Institutes of Health.

(2) DUTIES.—The Task Force shall provide advice and guidance to the Secretary regarding Federal activities related to identifying and addressing gaps in knowledge and research regarding safe and effective therapies for pregnant women and lactating women, including the development of such therapies and the collaboration and coordination of such activities.

(3) MEMBERSHIP.—
(A) FEDERAL MEMBERS.—The Task Force shall be comprised of each of the following Federal members, or the designees of such members:
(i) The Director of the Centers for Disease Control and Prevention;
(ii) The Director of the National Institutes of Health, the Director of the Eunice Kennedy Shriver National Institute of Child Health and Human Development, and the directors of such other appropriate national research institutes.
(iii) The Commissioner of Food and Drugs;
(iv) The Director of the Office on Women’s Health;
(v) The Director of the National Vaccine Program Office;
(vi) The head of any other research-related agency or department not described in clauses (i) through (v) that the Secretary determines appropriate, which may include the Department of Veterans Affairs and the Department of Defense.

(B) NON-FEDERAL MEMBERS.—The Task Force shall be comprised of each of the following non-Federal members, including—
(i) representatives from relevant medical societies with subject matter expertise on pregnant women and lactating women;
(ii) nonprofit organizations with expertise related to the health of women and children;
(iii) relevant industry representatives; and
(iv) other appropriate representatives.

(C) LIMITATIONS.—The non-Federal members described in subparagraph (B) shall—
(1) not be more than 15, and not less than one-third, of the total membership of the Task Force; and
(2) by inserting subsection (b) (as amended by section 2032) are made available to the public on the Internet website of the National Institutes of Health.}
VerDate Sep 11 2014 11:38 Dec 01, 2016 Jkt 069060 PO 00000 Frm 00023 Fmt 4634 Sfmt 6333 E:\CR\FM\A30NO7.096 H30NOPT2SSpencer on DSK4SPTVN1PROD with HOUSE

RESEARCH REPORTING.—Section 402A(c)(2) of the
Carrying out the purpose of this section.

(2) EXTENSION.—The Secretary may extend the operation of the Task Force for an additional 2-year period following the 2-year period described in subparagraph (A), if the Secretary determines that the extension is appropriate for carrying out the purpose of this section.

(3) MEETINGS.—The Task Force shall meet not less than 2 times each year and shall convene public meetings, as appropriate, to fulfill its duties under paragraph (2).

(4) TASK FORCE REPORT TO CONGRESS.—Not later than 18 months after the date on which the Task Force is established under paragraph (1), the Task Force shall prepare and submit to the Secretary, the Committee on Health, Education, Labor, and Pensions of the Senate, and the Committee on Energy and Commerce of the House of Representatives a report that includes each of the following:

(A) A plan to identify and address gaps in knowledge and research regarding safe and effective therapies for pregnant women and lactating women, including the development of such facts and effective therapies for pregnant women and lactating women.

(B) Ethical issues surrounding the inclusion of pregnant women and lactating women in clinical research.

(C) Effective communication strategies with health care providers and the public on information relevant to pregnant women and lactating women.

(D) Identification of Federal activities, including—

(i) the state of research on pregnancy and lactation;

(ii) recommendations for the coordination of, and collaboration on research related to pregnant women and lactating women;

(iii) dissemination of research findings and information relevant to pregnant women and lactating women to providers and the public; and

(iv) existing Federal efforts and programs to improve the scientific understanding of the health impacts on pregnant women, lactating women, and related birth and pediatric outcomes, including with respect to pharmacokinetics, pharmacodynamics, and toxicities.

(E) Recommendations to improve the development of safe and effective therapies for pregnant women and lactating women.

(2) CONFIDENTIALITY.—Nothing in this section shall be construed to permit the Secretary of Health and Human Services to disclose any information that is a trade secret, or other privileged or confidential information, described in section 552(b)(4) of title 5, United States Code, or section 1905 of title 18, United States Code.

(3) UPDATING PROTECTIONS FOR PREGNANT WOMEN AND LACTATING WOMEN IN RESEARCH.—

(A) IN GENERAL.—Not later than 2 years after the date of enactment of this Act, the Secretary, considering any recommendations of the Task Force, shall update, in consultation with the heads of relevant agencies of the Department of Health and Human Services, and in consultation with the heads of relevant agencies of the Department of Energy and the National Institutes of Health, as appropriate, update regulations and guidance, as applicable, regarding the inclusion of pregnant women and lactating women in clinical research.

(B) CRITERIA FOR EXCLUDING PREGNANT OR LACTATING WOMEN.—In updating any regulations or guidance described in paragraph (1), the Secretary shall consider any appropriate criteria to be used by institutional review boards and individual investigators to grant proposals for excluding pregnant women or lactating women as a study population requiring additional protections from participating in human subject research.

SEC. 2042. STREAMLINING NATIONAL INSTITUTES OF HEALTH REPORTING REQUIREMENTS

(a) TRANS-NATIONAL INSTITUTES OF HEALTH RESEARCH REPORTING.—Section 402A(c)(2) of the Public Health Service Act (42 U.S.C. 282ac(c)(2)) is amended—

(1) by amending subparagraph (B) to read as follows:

(2) REPORTING.—Not later than 2 years after the date of enactment of 21st Century Cures Act, the head of each national research institute or national center shall submit to the Director of the National Institutes of Health, to be included in the triennial report under section 403, on the amount made available by the institute or center for conducting or supporting research that involves collaboration between the institute and center and 1 or more other national research institutes or national centers: and—

(2) in subparagraphs (D) and (E) by striking "(B)"); and

(b) FRAUD AND ABUSE REPORTING.—Section 401B of the Public Health Service Act (42 U.S.C. 283a-1) is amended—

(1) by striking subsection (b); and

(2) by redesignating subsection (c) as subsection (b); and

(c) DOCTORAL DEGREES REPORTING.—Section 403ac(a)(2) of the Public Health Service Act (42 U.S.C. 283a-2(c)(2)) is amended by striking "(not including any leaves of absence)".

(d) VACCINE REPORTING.—Section 403ac(b) of the Public Health Service Act (42 U.S.C. 283d) is amended—

(1) by striking subsection (b); and

(2) by striking "A DEVELOPMENT OF NEW VACCINES.—The Secretary'' and inserting "The Secretary''.

(e) NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES.—Section 479(c) of the Public Health Service Act (42 U.S.C. 287(c)) is amended to read—

(1) in the subsection heading, by striking "ANNUAL'' and inserting "BIANNUAL''; and

(2) in the matter preceding paragraph (1), by striking "(iii)'' and inserting "(ii)''.

(f) REVIEW OF CENTERS OF EXCELLENCE.—

(1) REPEAL.—Section 404H of the Public Health Service Act (42 U.S.C. 283e) is repealed.

(2) CONFORMING AMENDMENT.—Section 399Ec of the Public Health Service Act (42 U.S.C. 289c–4(c)) is amended by striking "299Cc, 404H, and inserting "299Cc, 404H, and 399Ce''.

(g) RAPID HIV TEST REPORT.—Section 502(a) of the Ryan White CARE Act Amendments of 2000 (42 U.S.C. 3630cc note) is amended—

(1) by striking paragraph (2); and

(2) by redesigning paragraph (3) as paragraph (2).

(h) NATIONAL INSTITUTE OF NURSING RESEARCH.—

(1) REPEAL.—Section 461Y of the Public Health Service Act (42 U.S.C. 285q–3) is repealed.

(2) CONFORMING AMENDMENT.—Section 464x(f) of the Public Health Service Act (42 U.S.C. 285q–2(g)) is amended by striking "biennial report made under section 464Y,'' and inserting "annual report on a biennial basis''.

(i) REVIEW OF CENTERS OF EXCELLENCE.—

(1) REPEAL.—Section 461Y of the Public Health Service Act (42 U.S.C. 285q–3) is repealed.

(2) CONFORMING AMENDMENT.—Section 464x(f) of the Public Health Service Act (42 U.S.C. 285q–2(g)) is amended by striking "biennial report made under section 464Y,'' and inserting "annual report made under section 464Y''.

SEC. 2043. REIMBURSEMENT FOR RESEARCH SUBSTANCES AND LIVING ORGANISMS.

The Secretary shall be credited to the appropriations accounts of the Secretary for the costs incurred to make available such substances and organisms and to forward amounts so collected to the Secretary, in the time and manner specified by the Secretary.

(2) Amounts collected under paragraph (2) shall be credited to the appropriations accounts that incurred the costs to make available the research substances and living organisms involved, and shall remain available until expended for carrying out activities under such accounts.

SEC. 2044. SENSE OF CONGRESS ON INCREASED UNDERREPRESENTED POPULATIONS IN CLINICAL TRIALS.

It is the sense of Congress that the National Institute on Minority Health and Health Disparities should include within its strategic plan activities under section 402(m) of the Public Health Service Act (42 U.S.C. 282(m)) ways to increase representation of underrepresented populations in clinical trials.

Subtitle E—Advancement of the National Institutes of Health Research and Data Access

SEC. 2051. TECHNICAL UPDATES TO CLINICAL TRIALS DATABASE.

Section 402(2)(2)(D) of the Public Health Service Act (42 U.S.C. 282(2) is amended—

(1) in clause (ii)(I), by inserting before the semicolon ";”, unless the responsible party affirmatively requests that the Director of the National Institutes of Health publicly post such clinical trial information for an applicable device clinical trial prior to such date of clearance or approval”; and

(2) by adding at the end the following:

(iii) OPTION TO MAKE CERTAIN CLINICAL TRIAL INFORMATION AVAILABLE EARLIER.—The Director of the National Institutes of Health shall inform responsible parties to request that clinical trial information for an applicable device clinical trial be publicly posted prior to the date of clearance or approval, in accordance with clause (ii)

(iv) COMBINATION PRODUCTS.—An applicable clinical trial for a product that is a combination of drug, device, or biological product shall be considered—

(I) an applicable drug clinical trial, if the Secretary determines under section 390(g) of the Federal Food, Drug, and Cosmetic Act that the drug and biological product is that of a drug or biological product; or

(II) an applicable device clinical trial, if the Secretary determines under section 390(g) of the Federal Food, Drug, and Cosmetic Act that the drug, device, or biological product is that of a device.

SEC. 2052. COMPLIANCE ACTIVITIES REPORTS.

(a) DEFINITIONS.—In this section:

(1) APPLICABLE CLINICAL TRIAL.—The term "applicable clinical trial" has the meaning given the term in section 402(j) of the Public Health Service Act (42 U.S.C. 282(j)).

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

(b) REPORT ON ACTIVITIES TO ENCOURAGE COMPLIANCE.—Not later than 2 years after the date of enactment of this Act, the Secretary, acting through the Director of the National Institutes of Health in collaboration with the Commissioner of Food and Drugs, shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives, a report that describes education and outreach, guidance, enforcement, and other activities undertaken to encourage compliance with section 402(j) of the Public Health Service Act (42 U.S.C. 282(j)).

(c) REPORT ON CLINICAL TRIALS.—

(1) IN GENERAL.—Not later than 2 years after the final compliance date under the final rule implementing section 402(j) of the Public Health Service Act, and every 2 years thereafter for the next 4 years, the Secretary, acting through the Director of the National Institutes of Health...
and in collaboration with the Commissioner of Food and Drugs, shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives, a report describing—

(a) the total number of applicable clinical trials registered in the database as of the report date, and the number of applicable clinical trials registered during the period for which the report is being prepared (broken down by each year of such reporting period);

(b) the total number of applicable clinical trials registered during the period for which the report is being prepared for which results have been submitted to the database (broken down by each year of such reporting period);

(c) the activities undertaken by the Secretary to educate responsible persons about data bank registration and results submission requirements, including issuance of guidance documents, informational meetings, and training sessions; and

(d) the activities described in the report submitted under subsection (b).

(2) ACTIONS TO ENFORCE COMPLIANCE.—After the Secretary completes the analysis described in paragraph (1) of this subsection, the Secretary shall take appropriate actions including—

(B) the Director of the National Institutes of Health, as well as the Commissioner of Food and Drugs, shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report on actions undertaken by the National Institutes of Health, to be known as the National Neurological Conditions Surveillance System, is designed in a manner that facilitates further research on neurological diseases;

(7) CONTEXT.—In carrying out subsection (a), the Secretary—

(A) shall provide for the collection and storage of information on the incidence and prevalence of neurological diseases in the United States;

(B) to the extent practicable, shall provide for the collection and storage of other available information on neurological diseases, including information related to persons living with neurological diseases who choose to participate, such as—

(1) demographics, such as age, race, ethnicity, sex, geographic location, family history, and other information, as appropriate;

(2) risk factors that may be associated with neurological diseases, such as genetic and environmental risk factors and other information, as appropriate; and

(C) diagnosis and progression markers;

(1) may provide for the collection and storage of information relevant to analysis on neurological diseases, as information concerning—

(A) the natural history of the diseases;

(B) the prevention of the diseases;

(C) the detection, management, and treatment approaches for the diseases; and

(D) the development of outcomes measures;

(2) may address issues identified during the consultation process under subsection (d); and

(3) initially may address a limited number of neurological diseases.

(2) CONSULTATION.—In carrying out this section, the Secretary shall consult with individuals with expertise and to review all efforts within the Working Group, to be known as the ‘Working Group’ (as defined in section 2032) includes information and analysis in the National Neurological Conditions Surveillance System are available, as appropriate, to the public, including researchers.

(3) PRIVACY.—The Secretary shall ensure that information and analysis in the National Neurological Conditions Surveillance System are made available only to the extent permitted by applicable Federal and State law, and in a manner that protects personal privacy, to the extent required by applicable Federal and State privacy laws, at a minimum.

(4) REPORTS.—

(1) REPORT ON INFORMATION AND ANALYSIS.—Not later than 1 year after the date on which any system is established under this section, the Secretary shall submit an interim report to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives regarding aggregate information collected pursuant to this section and epidemiological analyses, as appropriate. Such report shall be posted on the Internet website of the Department of Health and Human Services and shall be updated biennially.

(2) IMPLEMENTATION REPORT.—Not later than 4 years after the date of the enactment of this Act, the Secretary shall submit a report to the Congress concerning the implementation of this section. Such report shall include information on—

(A) the development and maintenance of the National Neurological Conditions Surveillance System;

(B) the type of information collected and stored in the surveillance system;

(C) the use and availability of such information, including guidelines for such use; and

(D) the use and coordination of databases that collect or maintain information on neurological diseases.

(5) DEFINITION.—In this section, the term ‘national voluntary health association’ means a national nonprofit organization with chapters, other affiliated organizations, or networks in States throughout the United States with experience serving the population of individuals with neurological disease and related experience in neurological disease research, care, and patient services.

(6) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there is authorized to be appropriated $5,000,000 for each of fiscal years 2018 through 2022."

SEC. 2062. TICK-BORNE DISEASES.

(a) IN GENERAL.—The Secretary of Health and Human Services (referred to in this section as the ‘Secretary’) shall—

(1) establish a working group, to be known as the ‘Tick-Borne Disease Working Group’ (referred to in this section as the ‘Working Group’), comprised of representatives of appropriate Federal agencies and other non-Federal entities, to provide expertise and best practices to the Department of Health and Human Services related to all tick-borne diseases, to help ensure interagency coordination and minimize overlap, and to examine research priorities.

(b) REPORTS.—The Secretary shall ensure that each triennial report under section 403 of the Public Health Service Act (42 U.S.C. 287) (as amended by section 2012) includes information on actions undertaken by the National Institutes of Health to carry out subsection (a) with respect to tick-borne diseases.

(c) TICK-BORNE DISEASES WORKING GROUP.—

(1) ESTABLISHMENT.—The Secretary shall establish a working group, to be known as the Tick-Borne Disease Working Group (referred to in this section as the ‘Working Group’), comprised of representatives of appropriate Federal agencies and other non-Federal entities, to provide expertise and best practices to the Department of Health and Human Services related to all tick-borne diseases, to help ensure interagency coordination and minimize overlap, and to examine research priorities.

(2) RESPONSIBILITIES.—The working group shall—

(SEC. 2061. NATIONAL NEUROLOGICAL CONDITIONS SURVEILLANCE SYSTEM.

SEC. 2053. UPDATES TO POLICIES TO IMPROVE DATA.

Section 492B(c) of the Public Health Service Act (42 U.S.C. 289a–2(c)) is amended—

(1) by striking ‘‘In the case’’ and inserting the following:

‘‘(1) IN GENERAL.—In the case of—

(2) by striking ‘‘or’’ and inserting ‘‘; and’’;

(3) in subsection (d), by striking ‘‘and the Director of the National Institutes of Health, as well as the Commissioner of Food and Drugs, shall submit a report to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives concerning appropriate steps to be taken by the Secretary during the period for which the report is being prepared to ensure compliance with data bank registration and results submission requirements."

SEC. 2054. CONSULTATION.

Not later than 90 days after the date of enactment of this Act, the Secretary of Health and Human Services shall consult with relevant Federal agencies, including the Food and Drug Administration of the Department of Health and Human Services, the National Institutes of Health, and other stakeholders (including patients, researchers, patient advocacy groups, patient advocates, and developers of health information technology) to receive recommendations with respect to enhancement to the clinical trial registry data bank under section 402(i)(3) of the Public Health Service Act (42 U.S.C. 288a) (as in effect on November 30, 2016), including with respect to usability, functionality, and search capabilities.

Subtitle F—Facilitating Collaborative Research
subparagraph (B) of section 164.512(h)(1)(ii) of part 164 of the Rule (prohibiting the removal of protected health information by a researcher) does not prohibit remote access to health information by a researcher for such purposes as described in section 164.512(h)(1)(i) of part 164 of the Rule so long as—

(A) at a minimum, security and privacy safeguards, consistent with the requirements of the Rule, are maintained by the covered entity and the researcher; and

(B) the protected health information is not copied or otherwise retained by the researcher.

(b) GUIDANCE RELATED TO STREAMLINING AUTHORIZATION.—Not later than 1 year after the date of enactment of this Act, the Secretary shall issue guidance on the following:

(1) AUTHORIZATION FOR USE AND DISCLOSURE OF HEALTH INFORMATION.—Clarification of the circumstances under which the authorization for the use or disclosure of protected health information, with respect to an individual, for future research purposes contains a sufficient description of the purpose of the use or disclosure, such as if the authorization

(A) sufficiently describes the purpose such that it would be reasonable for the individual to expect that the protected health information could be used or disclosed for such future research;

(B) either—

(i) states that the authorization will expire on a particular date, or on the occurrence of a particular event; or

(ii) states that the authorization will remain valid unless and until it is revoked by the individual; and

(C) provides instruction to the individual on how to revoke such authorization at any time.

(2) REMINDER OF THE RIGHT TO REVOKE.—Clarification of the circumstances under which it is appropriate to provide an individual with an annual notice or reminder that the individual has the right to revoke such authorization.

(3) REVOCATION OF AUTHORIZATION.—Clarification of appropriate mechanisms by which an individual may revoke an authorization for future research purposes, such as described in paragraph (1)(C).

(c) WORKING GROUP ON PROTECTED HEALTH INFORMATION.—

(1) ESTABLISHMENT.—Not later than 1 year after the date of enactment of this Act, the Secretary shall convene a working group to study and report on the uses and disclosures of protected health information for research purposes, under the Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191).

(2) MEMBERS.—The working group shall include representatives of—

(A) relevant Federal agencies, including the National Institutes of Health, the Centers for Disease Control and Prevention, the Food and Drug Administration, and the Office for Civil Rights;

(B) the research community;

(C) patients;

(D) experts in civil rights, such as privacy rights;

(E) developers of health information technology;

(F) experts in data privacy and security;

(G) health care professionals;

(H) bioethicists; and

(I) other experts and entities, as the Secretary determines appropriate.

(3) REPORT.—Not later than 1 year after the date on which the working group is convened under paragraph (1), the working group shall conduct a review and submit a report to the Secretary containing recommendations on whether the uses and disclosures of protected health information for research purposes should be modified to allow protected health information to be available, as appropriate, for research purposes, including studies to obtain generalizable knowledge, while protecting individuals' privacy rights. In conducting the review and making recommendations, the working group shall—

(A) address, at a minimum—

(i) the appropriate manner and timing of authorization, including whether additional notification to an individual is required when the individual's protected health information will be used or disclosed for such research;

(ii) opportunities for an individual to set preferences on the manner in which their protected health information is used in research;

(iii) opportunities for patients to revoke authorization;

(iv) notification to individuals of a breach in privacy;

(v) existing gaps in statute, regulation, or policy related to the privacy of individuals, and

(vi) existing barriers to research related to the current restrictions on the uses and disclosures of protected health information; and

(B) consider, at a minimum—

(i) expectations and preferences on how an individual's protected health information is shared and used;

(ii) issues related to specific subgroups of people, such as children, incarcerated individuals, and individuals with intellectual disability impacting capacity to consent;

(iii) relevant Federal and State laws;

(iv) models of facilitating data access and levels of data access, including data segmentation, where applicable;

(v) potential impacts of disclosure and non-disclosure of protected health information on access to health care services; and

(vi) the potential uses of such data.

(4) REPORT SUBMISSION.—The Secretary shall submit the report under paragraph (3) to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives, and shall post such report on the appropriate Internet website of the Department of Health and Human Services.

(5) TERMINATION.—The working group convened under paragraph (1) shall terminate the day after the report under paragraph (3) is submitted to Congress and made public in accordance with paragraph (4).

(d) DEFINITIONS.—In this section:

(1) THE RULE.—References to “the Rule” refer to part 164 or part 162, as appropriate, of title 45, Code of Federal Regulations (or any successor regulation).

(2) Part 164.—References to a specified section of “part 164” refer to such specified section of part 164 of title 45, Code of Federal Regulations (or any successor section).

Subtitle G—Promoting Pediatric Research SEC. 2071. NATIONAL PEDIATRIC RESEARCH NETWORK.

Section 409D(d) of the Public Health Service Act (42 U.S.C. 248(d)) is amended—

(1) in paragraph (1), by striking “in consultation with the Director of the Eunice Kennedy Shriver National Institute of Child Health and Human Development and in collaboration with other appropriate national Institutes of Health and national centers that carry out activities involving pediatric research, may provide for the establishment of” and inserting “in collaboration with the national research institutes and national centers that carry out activities involving pediatric research, may provide for the establishment of’’;

(2) in paragraph (2)(A) and the first sentence of paragraph (2)(E), by striking “may” each place such term appears and inserting “shall’’.

SEC. 2072. GLOBAL PEDIATRIC CLINICAL STUDY NETWORK.

It is the sense of Congress that—

(1) the National Institutes of Health should encourage a global pediatric clinical study network by providing grants, contracts, or cooperative agreements to support new and early stage
investigators who participate in the global pediatric clinical study network; (2) the Secretary of Health and Human Services (referred to in this section as the ‘‘Secretary’’), after consultation with clinical investigators and appropriate authorities outside of the United States, including authorities in the European Union, during the formation of the global pediatric network to facilitate the participation of such investigator and authorities; and (3) once a global pediatric clinical study network is established and becomes operational, the Secretary should continue to encourage and facilitate the participation of clinical investigators and appropriate authorities outside of the United States, including members of the European Union, to participate in the network with the goal of enhancing the global reach of the network.

**TITL III—DEVELOPMENT**

**Subtitle A—Patient-Focused Drug Development**

**SEC. 3001. PATIENT EXPERIENCE DATA.** Section 569C of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360hhh-8c) is amended—

(1) in subsection (a)—

(A) in the subsection heading, by striking ‘‘IN GENERAL’’ and inserting ‘‘PATIENT ENGAGEMENT IN DRUGS AND DEVICES’’;

(B) by redesignating paragraphs (1) and (2) as subparagraphs (A) and (B), respectively, and moving such subparagraphs 2 ems to the right; and

(C) by striking ‘‘The Secretary’’ and inserting the following:

‘‘(1) IN GENERAL.—The Secretary’’;

(2) by redesignating subparagraphs (b) through (e) as paragraphs (2) through (5), respectively, and moving such paragraphs 2 ems to the right; and

(3) by adding at the end the following:

‘‘(b) STATEMENT OF PATIENT EXPERIENCE.—

‘‘(1) IN GENERAL.—Following the approval of an application that was submitted under section 355(b) of this Act or section 355(a) of the Public Health Service Act at least 180 days after the date of enactment of the 21st Century Cures Act, the Secretary shall make public a brief statement regarding the patient experience data and related information, if any, submitted and reviewed as part of such application.

‘‘(2) DATA AND INFORMATION.—The data and information referred to in paragraph (1) are—

(A) patient experience data; 

(B) information on patient-focused drug development tools used in the application; and

(C) other relevant information, as determined by the Secretary.

‘‘(c) PATIENT EXPERIENCE DATA.—For purposes of this section, the term ‘patient experience data’ includes data that—

(1) are collected by any persons (including patients, family members and caregivers of patients, patient advocacy organizations, disease research foundations, researchers, and drug manufacturers); and

(2) are intended to provide information about patient experiences with a disease or condition, including—

(A) the impact of such disease or condition, or a related therapy, on patients’ lives; and

(B) patient preferences with respect to treatment of such disease or condition.

‘‘(d) PATIENT EXPERIENCE DATA GUIDANCE.—The Secretary shall issue a revised draft guidance or final guidance.

Not later than 18 months after the date of enactment of this Act, the Secretary shall issue a draft version of at least one such guidance document. Not later than 18 months after the public comment period ends for that version of the draft guidance, the Secretary shall issue a revised draft guidance or final guidance.

(b) PATIENT EXPERIENCE DATA.—For purposes of this section, the term ‘patient experience data’ has the meaning given to such term in section 569C of the Federal Food, Drug, and Cosmetic Act (as added by section 3001).

(c) CONTENTS.—The guidance documents described in subsection (a) shall address—

(1) methodological approaches that a person seeking to collect patient experience data for submission to, and proposed use by, the Secretary in regulatory decisionmaking may use, that are relevant and objective and ensure that such data are accurate and representative of the intended population, including methods to collect meaningful patient input throughout the drug development process and methodological considerations for data collection, reporting, management, and analysis;

(2) methodological approaches that may be used to develop and identify what is most important to patients and the burden of disease, burden of treatment, and the benefits and risks in the management of the patient’s disease;

(3) approaches to identifying and developing methods to measure impacts to patients that will help facilitate use of patient experience data in clinical trials;

(4) methodologies, standards, and technologies to collect and analyze clinical outcome assessments for purposes of regulatory decisionmaking;

(5) how a person seeking to develop and submit proposed draft guidance relating to patient experience data for consideration by the Secretary may submit such proposed draft guidance to the Secretary;

(6) the format and content required for submissions under this section to the Secretary, including with respect to the information described in paragraph (1);

(7) how the Secretary intends to respond to submissions of information described in paragraph (1), if applicable, including any timeframe for when such submission is not part of a regulatory application or other submission that has an associated timeframe for response; and

(8) how the Secretary, if appropriate, anticipates using relevant patient experience data and related information, including with respect to the structured risk-benefit assessment framework described in section 505(d) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(d)), to inform regulatory decisionmaking.

**SEC. 3002. STREAMLINING PATIENT INPUT.**

Chapter 35 of title 44, United States Code, shall not apply to the collection of information to which a response is voluntary, that is initiated by the Secretary under this section regarding patient experience data and information on patient-focused drug development tools used in the application.

**SEC. 3003. REPORT ON PATIENT EXPERIENCE DRUG DEVELOPMENT.**

Not later than June 1 of 2021, 2026, and 2031, the Secretary of Health and Human Services, acting through the Commissioner of Food and Drugs, shall publish an annual report on the Internet website of the Food and Drug Administration a report assessing the use of patient experience data in regulatory decisionmaking, in particular, the use of the review of patient experience data and information on patient-focused drug development tools as part of applications approved under section 505(c) of the Federal Food, Drug, and Cosmetic Act; 21 U.S.C. 355(c) or section 351(a) of the Public Health Service Act (42 U.S.C. 262(a)).

**Subtitle B—Advancing New Drug Therapies**

**SEC. 3011. QUALIFICATION OF DRUG DEVELOPMENT TOOLS.**

(a) IN GENERAL.—Chapter V of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 351 et seq.) is amended by inserting after section 506F the following new section:

**SEC. 307. QUALIFICATION OF DRUG DEVELOPMENT TOOLS.**

‘‘(a) PROCESS FOR QUALIFICATION.—

‘‘(1) IN GENERAL.—The Secretary shall establish a process for the qualification of drug development tools for a proposed context of use under section 505(c).

‘‘(A)(i) A requester initiates such process by submitting a letter of intent to the Secretary; and

(ii) the Secretary accepts or declines to accept such letter of intent, a requester submits a qualification plan to the Secretary;

(iii) the Secretary accepts or declines to accept the qualification plan; and

(C)(i) if the Secretary accepts the qualification plan, the Secretary makes the tool available to the Secretary a full qualification package;

(ii) the Secretary determines whether to accept such qualification package for review; and

(C)(2) if the Secretary accepts the qualification package for review, the Secretary conducts such review in accordance with this section.

‘‘(b) ACCEPTANCE AND REVIEW OF SUBMISSIONS.—

‘‘(A) IN GENERAL.—Subparagraphs (B), (C), and (D) shall apply with respect to the treatment of a letter of intent, a qualification plan, or a full qualification package submitted under paragraph (1) (referred to in this paragraph as ‘qualification submissions’).

‘‘(B) ACCEPTANCE FACTORS: NOACCEPTANCE.—The Secretary shall determine whether to accept a qualification submission based on factors which may include the scientific merit of the qualification submission. A determination not to accept a submission under paragraph (1) shall not be construed as a final determination by the Secretary under this section regarding the qualification of a drug development tool for its proposed context of use.

‘‘(C) PRIORITYIZATION OF QUALIFICATION REVIEW.—The Secretary may prioritize the review of a qualification submission through the use of cooperative agreements, grants, or other appropriate mechanisms, consult with biomedical research consortia and other expert stakeholders, of such a drug development tool and its proposed context of use as a public health priority.

‘‘(D) ENGAGEMENT OF EXTERNAL EXPERTS.—The Secretary may, for purposes of the review of qualification submissions, through the use of cooperative agreements, grants, or other appropriate mechanisms, consult with biomedical research consortia and other expert stakeholders with respect to the review of any qualification plan submitted under paragraph (1) or the review of any full qualification package under paragraph (3).

‘‘(E) QUALIFICATION.—The Secretary shall determine whether a drug development tool is qualified for a proposed context of use based on
the scientific merit of a full qualification package reviewed under paragraph (3).

"(b) EFFECT OF QUALIFICATION.—

"(1) IN GENERAL.—A drug development tool determined by the Secretary to be qualified under subsection (a)(4) for a proposed context of use specified by the requester may be used by any person in such context of use for the purposes described in paragraphs (1) through (4) of subsection (a). This determination is without prejudice to other determinations that may be made by the Secretary, including determinations made under section 506(e)(4)(D).

"(2) USE OF A DRUG DEVELOPMENT TOOL.—

Subject to paragraph (3), a drug development tool qualified under this section may be used for—

(A) supporting or obtaining approval or licensure (as applicable) of a drug or biological product in accordance with section 506(c) under section 505 of this Act or section 351 of the Public Health Service Act; or

(B) supporting the investigational use of a drug or biological product in accordance with section 505(i) of this Act or section 351(a)(3) of the Public Health Service Act.

"(3) REVISION OR MODIFICATION.—

"(A) IN GENERAL.—The Secretary may rescind or modify a determination under this section to qualify a drug development tool if the Secretary determines that the drug development tool is not appropriate for the proposed context of use specified by the requester. Such a determination may be based on new information that calls into question the basis for such qualification.

"(B) REVIEW.—If the Secretary rescinds or modifies under subparagraph (A) a determination to qualify a drug development tool, the requester involved shall, on request, be granted a meeting with the Secretary to discuss the basis of the Secretary’s decision to rescind or modify the determination before the effective date of the rescission or modification.

"(C) TRANSPARENCY.—

"(1) IN GENERAL.—Subject to paragraph (3), the Secretary shall make publicly available, and update at least a biannual basis, on the Internet website of the Food and Drug Administration the following:

(A) Information with respect to each qualification submission under subsection (a), including—

(i) the stage of the review process applicable to the submission;

(ii) the date of the most recent change in status;

(iii) whether external scientific experts were utilized in the development of a qualification plan or the review of a full qualification package; and

(iv) submissions from requesters under the qualification process under subsection (a), including evidence contained in such submissions, and any updates to such submissions.

(B) The Secretary’s formal written determinations in response to such qualification submissions.

"(2) Any rescissions or modifications under subsection (b) of a determination to qualify a drug development tool.

"(3) Summary reviews that document conclusions and recommendations for determinations to qualify drug development tools under subsection (a).

"(E) A comprehensive list of—

"(1) all drug development tools qualified under subsection (a); and

"(ii) all surrogate endpoints which were the basis of approval or licensure (as applicable) of a drug or biological product (including in accordance with section 506(c)) under section 505 of this Act or section 351 of the Public Health Service Act.

"(2) RELATION TO TRADE SECRETS ACT.—Information that may be publicly available by the Secretary under paragraph (1) shall be considered a disclosure authorized by law for purposes of section 1905 of title 18, United States Code.

"(3) NOTIFICATION.—Nothing in this section shall be construed as authorizing the Secretary to disclose any information contained in an application submitted under section 505 of this Act or section 351 of the Public Health Service Act that is confidential commercial or trade secret information subject to section 522(b)(4) of title 15, United States Code, or section 1965 of title 18, United States Code.

"(d) RULE OF CONSTRUCTION.—Nothing in this section shall be construed—

"(1) to alter the standards of evidence under subsection (c) or (d) of section 505, including the substantial evidence standard in such subsection (d), or under section 351 of the Public Health Service Act (as applicable); or

"(2) to limit the authority of the Secretary to approve or license products under this Act or section 351 of the Public Health Service Act, applicable (as in effect before the date of the enactment of the 21st Century Cures Act).

"(e) DEFINITIONS.—In this section:

"(1) BIOMARKER.—The term ‘biomarker’—

(A) means a characteristic (such as a physiologic, pathologic, or anatomic characteristic or measurement) that is objectively measured and evaluated as an indicator of normal biologic processes, pathologic processes, or biological responses to a therapeutic intervention; and

(B) with respect to the qualification process under such section 507—

(i) describes the requirements that entities seeking to qualify a drug development tool under such section shall observe when engaging in such process;

(ii) outlines reasonable timeframes for the Secretary’s review of letters, qualification plans, or full qualification packages submitted under such process; and

(iii) establishes a process by which such entities or the Secretary may consult with biomedicine research consortia and other individuals and entities with expert knowledge and experience to provide guidance to the Secretary on the implementation of section 507 of the Federal Food, Drug, and Cosmetic Act (as added by subsection (a)).

(C) includes such other information as the Secretary determines appropriate to provide guidance to the Secretary on the implementation of section 507 of the Federal Food, Drug, and Cosmetic Act (as added by subsection (a)). The Secretary shall issue final guidance on the implementation of such section not later than 6 months after the date on which the comment period for the draft guidance closes.

"(3) TYPICAL FEATURES.—

"(1) BIOMARKER.—The term ‘biomarker’—

(A) means a characteristic (such as a physiologic, pathologic, or anatomic characteristic or measurement) that is objectively measured and evaluated as an indicator of normal biologic processes, pathologic processes, or biological responses to a therapeutic intervention; and

(B) with respect to the qualification process under such section 507—

(i) describes the requirements that entities seeking to qualify a drug development tool under such section shall observe when engaging in such process;

(ii) outlines reasonable timeframes for the Secretary’s review of letters, qualification plans, or full qualification packages submitted under such process; and

(iii) establishes a process by which such entities or the Secretary may consult with biomedicine research consortia and other individuals and entities with expert knowledge and experience to provide guidance to the Secretary on the implementation of section 507 of the Federal Food, Drug, and Cosmetic Act (as added by subsection (a)).

"(C) TRANSITION.—For purposes of section 507, the term ‘biomarker’ includes such other information as the Secretary determines appropriate to provide guidance to the Secretary on the implementation of section 507 of the Federal Food, Drug, and Cosmetic Act (as added by subsection (a)).

"(2) TIMING.—Not later than 3 years after the date of the enactment of this Act, the Secretary shall issue draft guidance (I) on the implementation of section 507 of the Federal Food, Drug, and Cosmetic Act (as added by subsection (a)). The Secretary shall issue final guidance on the implementation of such section not later than 6 months after the date on which the comment period for the draft guidance closes.

"(3) TYPICAL FEATURES.—

"(1) BIOMARKER.—The term ‘biomarker’—

(A) means a characteristic (such as a physiologic, pathologic, or anatomic characteristic or measurement) that is objectively measured and evaluated as an indicator of normal biologic processes, pathologic processes, or biological responses to a therapeutic intervention; and

(B) with respect to the qualification process under such section 507—

(i) describes the requirements that entities seeking to qualify a drug development tool under such section shall observe when engaging in such process;

(ii) outlines reasonable timeframes for the Secretary’s review of letters, qualification plans, or full qualification packages submitted under such process; and

(iii) establishes a process by which such entities or the Secretary may consult with biomedicine research consortia and other individuals and entities with expert knowledge and experience to provide guidance to the Secretary on the implementation of section 507 of the Federal Food, Drug, and Cosmetic Act (as added by subsection (a)).

(C) includes such other information as the Secretary determines appropriate to provide guidance to the Secretary on the implementation of section 507 of the Federal Food, Drug, and Cosmetic Act (as added by subsection (a)).

"(3) TYPICAL FEATURES.—

"(1) BIOMARKER.—The term ‘biomarker’—

(A) means a characteristic (such as a physiologic, pathologic, or anatomic characteristic or measurement) that is objectively measured and evaluated as an indicator of normal biologic processes, pathologic processes, or biological responses to a therapeutic intervention; and

(B) with respect to the qualification process under such section 507—

(i) describes the requirements that entities seeking to qualify a drug development tool under such section shall observe when engaging in such process;

(ii) outlines reasonable timeframes for the Secretary’s review of letters, qualification plans, or full qualification packages submitted under such process; and

(iii) establishes a process by which such entities or the Secretary may consult with biomedicine research consortia and other individuals and entities with expert knowledge and experience to provide guidance to the Secretary on the implementation of section 507 of the Federal Food, Drug, and Cosmetic Act (as added by subsection (a)).

"(C) TRANSITION.—For purposes of section 507, the term ‘biomarker’ includes such other information as the Secretary determines appropriate to provide guidance to the Secretary on the implementation of section 507 of the Federal Food, Drug, and Cosmetic Act (as added by subsection (a)).

"(2) TIMING.—Not later than 3 years after the date of the enactment of this Act, the Secretary shall issue draft guidance (I) on the implementation of section 507 of the Federal Food, Drug, and Cosmetic Act (as added by subsection (a)). The Secretary shall issue final guidance on the implementation of such section not later than 6 months after the date on which the comment period for the draft guidance closes.

"(3) TYPICAL FEATURES.—

"(1) BIOMARKER.—The term ‘biomarker’—

(A) means a characteristic (such as a physiologic, pathologic, or anatomic characteristic or measurement) that is objectively measured and evaluated as an indicator of normal biologic processes, pathologic processes, or biological responses to a therapeutic intervention; and

(B) with respect to the qualification process under such section 507—

(i) describes the requirements that entities seeking to qualify a drug development tool under such section shall observe when engaging in such process;

(ii) outlines reasonable timeframes for the Secretary’s review of letters, qualification plans, or full qualification packages submitted under such process; and

(iii) establishes a process by which such entities or the Secretary may consult with biomedicine research consortia and other individuals and entities with expert knowledge and experience to provide guidance to the Secretary on the implementation of section 507 of the Federal Food, Drug, and Cosmetic Act (as added by subsection (a)).

(C) includes such other information as the Secretary determines appropriate to provide guidance to the Secretary on the implementation of section 507 of the Federal Food, Drug, and Cosmetic Act (as added by subsection (a)).

"(3) TYPICAL FEATURES.—

"(1) BIOMARKER.—The term ‘biomarker’—

(A) means a characteristic (such as a physiologic, pathologic, or anatomic characteristic or measurement) that is objectively measured and evaluated as an indicator of normal biologic processes, pathologic processes, or biological responses to a therapeutic intervention; and

(B) with respect to the qualification process under such section 507—

(i) describes the requirements that entities seeking to qualify a drug development tool under such section shall observe when engaging in such process;

(ii) outlines reasonable timeframes for the Secretary’s review of letters, qualification plans, or full qualification packages submitted under such process; and

(iii) establishes a process by which such entities or the Secretary may consult with biomedicine research consortia and other individuals and entities with expert knowledge and experience to provide guidance to the Secretary on the implementation of section 507 of the Federal Food, Drug, and Cosmetic Act (as added by subsection (a)).
(E) the drug development tools qualified through such qualification process, specified by type of tool, such as a biomarker or clinical outcome assessment (as such terms are defined in subsection 507).

SEC. 2012. TARGETED DRUGS FOR RARE DISEASES.

Subchapter B of chapter V of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360 ff seq.) is amended by inserting after section 529 the following:

"SEC. 529A. TARGETED DRUGS FOR RARE DISEASES.

"(a) PURPOSE.—The purpose of this section, through the approach provided for in subsection (b), is—

"(1) facilitate the development, review, and approval of genetically targeted drugs and variant protein targeted drugs to address an unmet medical need in one or more patient subgroups, including subgroups of patients with different mutations of a gene, with respect to rare diseases or conditions that are serious or life-threatening; and

"(2) maximize the use of scientific tools or methods, including surrogate endpoints and other biomarkers, for such purposes.

"(b) DATA FROM PREVIOUSLY APPROVED DRUG APPLICATION OR APPLICATIONS.—The Secretary may, consistent with applicable standards for approval under this Act or section 525 of the Public Health Service Act, allow the sponsor of an application under section 505(b)(1) of this Act or section 351(a) of the Public Health Service Act for a genetically targeted drug or a variant protein targeted drug to rely upon data and information:

"(1) previously developed by the same sponsor (or another sponsor that has provided the sponsor with a written right of reference to such data and information); and

"(2) submitted by a sponsor described in paragraph (1) as part of one or more previously approved applications that were submitted under section 505(b)(1) of this Act or section 351(a) of the Public Health Service Act, for a drug that incorporates or utilizes the same or similar genetically targeted technology as the drug or drugs that are the subject of an application or applications described in paragraph (2) or for a variant protein targeted drug that is the same or incorporates or utilizes the same variant protein targeted drug, as the drug or drugs that are the subject of an application or applications described in paragraph (2).

"(c) DEFINITIONS.—For purposes of this section—

"(1) the term ‘genetically targeted drug’ means a drug that—

"(A) is the subject of an application under section 505(b)(1) of this Act or section 351(a) of the Public Health Service Act for the treatment of a rare disease or condition (as such term is defined in section 526) that is serious or life-threatening;

"(B) may result in the modulation (including suppression, up-regulation, or down-regulation of the function of a gene or its associated gene product; and

"(C) incorporates or utilizes a genetically targeted technology;

"(2) the term ‘genetically targeted technology‘ means a technology comprising non-replicating nucleic acid sequences that are capable of interacting with a common or similar chemistry that is intended to treat one or more patient subgroups, including subgroups of patients with different mutations of a given gene, with which it is intended to treat a disease or condition or combination with other diseases or conditions, including a disease or condition due to other variants in the same gene; and

"(3) the term ‘variant protein targeted drug’ means a drug that—

"(A) is the subject of an application under section 505(b)(1) of this Act or section 351(a) of the Public Health Service Act for the treatment of a rare disease or condition (as such term is defined in section 526) that is serious or life-threatening;

"(B) modulates the function of a product of a mutated gene where such mutation is responsible in whole or in part for a given disease or condition; and

"(C) is intended to treat one or more patient subgroups, including subgroups of patients with different mutations of a gene, with the same disease or condition.

"(d) RULE OF CONSTRUCTION.—Nothing in this section shall be construed to—

"(1) alter the authority of the Secretary to approve drugs pursuant to this Act or section 351 of the Public Health Service Act (as added prior to the date of enactment of the 21st Century Cures Act), including the standards of evidence, and applicable conditions, for approval under such applicable Act; or

"(2) confer any new rights, beyond those authorized under this Act or the Public Health Service Act prior to enactment of this section, with respect to the permissibility of a sponsor referencing information contained in another application submitted under section 505(b)(1) of this Act or section 351(a) of the Public Health Service Act.

"SEC. 2013. REAUTHORIZATION OF PROGRAM TO ENCOURAGE TREATMENTS FOR DISEASES OF EMERGING CONCERN.

"(a) IN GENERAL.—Section 529(b) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360ff(b)) is amended by striking paragraph (5) and inserting the following:

"(5) TERMINATION OF AUTHORITY.—The Secretary may not award any priority review vouchers under paragraph (1) after September 30, 2020, unless the rare pediatric disease product application—

"(A) is for a drug that, not later than September 30, 2020, is designated under subsection (d) as a drug for a rare pediatric disease and; (B) is, not later than September 30, 2022, approved under section 505(b)(1) of this Act or section 351(a) of the Public Health Service Act.

"(b) REPORT.—The Advancing Hope Act of 2016 (Public Law 114-114-229) is amended by striking section 2.

"SEC. 2014. GAO STUDY OF PRIORITY REVIEW VOUCHER PROGRAMS.

"(a) STUDY.—The Comptroller General of the United States (referred to in this section as the ‘‘Comptroller General’’) shall conduct a study addressing the effectiveness and overall impact of the following priority review voucher programs, including any such programs amended or established by this section:


"(3) The medical countermeasure priority review voucher program under section 565A of the Federal Food, Drug, and Cosmetic Act, as added by section 3006.

"(b) ISSUANCE OF REPORT.—Not later than January 31, 2020, the Comptroller General shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report containing the results of the study under subsection (a) and contents of reports.

"(1) CONTENTS OF REPORTS.—The report submitted under subsection (b) shall address—

"(1) for each drug for which a priority review voucher has been awarded as of initiation of the study—

"(A) the indications for which the drug is approved under section 505(c) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(c)), pursuant to an application under section 505(b)(1) of such Act, or licensed under section 351(a) of the Public Health Service Act (42 U.S.C. 262(a));

"(B) whether the voucher has impacted the sponsor’s decision to develop the drug; and

"(2) whether, and to what extent, the approval or licensure of the drug, as applicable and appropriate—

"(i) addressed a global unmet need related to the treatment or prevention of neglected tropical disease, including whether the sponsor of a drug coordinated with international development organizations;

"(ii) addressed a unmet need related to the treatment of a rare pediatric disease; and

"(iii) affected the Nation’s preparedness against a chemical, biological, radiological, or nuclear threat, including naturally occurring threats;

"(2) for each drug for which a priority review voucher has been issued—

"(A) the indications for which such drug is approved under section 505(c) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(c)), pursuant to an application under section 505(b)(1) of such Act, or licensed under section 351(a) of the Public Health Service Act (42 U.S.C. 262(a));

"(B) the value of the voucher, if transferred; and

"(C) the length of time between the date on which the voucher was awarded and the date on which the voucher was used; and

"(3) an analysis of the priority review voucher programs described in subsection (a), including—

"(A) the resources used by the Food and Drug Administration in reviewing drugs for which vouchers were used, including the effect of the programs on the Food and Drug Administration’s review of drugs for which priority review vouchers were not awarded or used;

"(B) whether any improvements to such programs are necessary to appropriately target incentives for the development of drugs that would likely not otherwise be developed, or developed as timely a manner, and, as applicable and appropriate—

"(i) address global unmet needs related to the treatment or prevention of neglected tropical diseases, including in countries in which neglected tropical diseases are endemic; or

"(ii) address unmet needs related to the treatment of rare pediatric diseases; and

"(C) whether the sunset of the rare pediatric disease program and medical countermeasure program has had an impact on the program, including any potential unintended consequences.

"(2) PROTECTION OF NATIONAL SECURITY.—The Comptroller General shall conduct the study and issue reports under this section in a manner that does not compromise national security.

"SEC. 2015. AMENDMENTS TO THE ORPHAN DRUG GRANTS.

Section 5 of the Orphan Drug Act (21 U.S.C. 360ee) is amended—

"(1) in subsection (a), by striking paragraph (1) and inserting the following: ‘‘(1) defraying the costs of developing drugs for rare diseases or conditions, including qualified testing expenses,’’; and

"(2) in subsection (b)(1)—

"(A) in subparagraph (A)(ii), by striking ‘‘and’’ after the semicolon;

"(B) in subparagraph (B), by striking the period and inserting ‘‘;’’; and

"(C) by adding at the end the following:

"(2) prospectively planned and designed observational studies and other analyses conducted to assist in the understanding of the natural history of a rare disease or condition and in the development of a therapy, including studies and analyses to—

"(i) develop or validate a drug development tool related to a rare disease or condition; or

"(ii) understand the full spectrum of the disease manifestations, including describing clinical and phenotypic variability in identifying and defining distinct subpopulations affected by a rare disease or condition.’’;

November 30, 2016
SEC. 3021. NOVEL CLINICAL TRIAL DESIGNS.

(a) PROPOSALS FOR USE OF NOVEL CLINICAL TRIAL DESIGNS FOR DRUGS AND BIOLOGICAL PRODUCTS.—The Secretary shall conduct a public meeting and issue guidance addressing the use of complex adaptive and other novel trial designs in incorporating complex adaptive and other novel trial designs into proposed clinical protocols and applications for new drugs under section 355 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and biological products under section 351 of the Public Health Service Act (42 U.S.C. 262) to facilitate compliance by researchers with applicable regulations.

(b) GUIDANCE ADDRESSING USE OF NOVEL CLINICAL TRIAL DESIGNS.—

(1) IN GENERAL.—The Secretary, acting through the Commissioner of Food and Drugs, shall issue guidance addressing the use of complex adaptive and other novel trial design in the development and regulatory review and approval or licensure for drugs and biological products.

(2) CONTENTS.—The guidance under paragraph (1) shall address—

(A) the use of complex adaptive and other novel trial designs, including how such clinical trials proposed or submitted to help satisfy the substantial evidence standard under section 355(d) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and biological products under section 351 of the Public Health Service Act (42 U.S.C. 262); and

(B) the gaps in data collection activities;

(C) the standards and methodologies for collection of data in support of evidence; and

(D) the priority areas, remaining challenges, and potential pilot opportunities that the program established under this section will address.

(3) CONSULTATION.—(A) IN GENERAL.—The Secretary shall conduct a public meeting and issue guidance in accordance with subsection (b).

(B) PROCESS.—The consultation under subparagraph (A) may be carried out through approaches such as—

(i) a partnership with the entities described in such subparagraph in which the Secretary may participate;

(ii) a contract, grant, or other arrangement, as the Secretary determines appropriate, with such a partnership or an independent research organization;

(iii) public workshops with the entities described in such subparagraph.

(4) PROGRAM IMPLEMENTATION.—The Secretary shall, not later than 2 years after the date of enactment of the 21st Century Cures Act, facilitate compliance by researchers with applicable regulations.

(b) GUIDANCE ADDRESSING USE OF NOVEL CLINICAL TRIAL DESIGNS.—

(1) IN GENERAL.—The Secretary, acting through the Commissioner of Food and Drugs, shall issue guidance addressing the use of complex adaptive and other novel trial designs in incorporating complex adaptive and other novel trial designs in the development and regulatory review and approval or licensure for drugs and biological products.

(2) CONTENTS.—The guidance under paragraph (1) shall address—

(A) the use of complex adaptive and other novel trial designs, including how such clinical trials proposed or submitted to help satisfy the substantial evidence standard under section 355(d) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and biological products under section 351 of the Public Health Service Act (42 U.S.C. 262); and

(B) the gaps in data collection activities;

(C) the standards and methodologies for collection of data in support of evidence; and

(D) the priority areas, remaining challenges, and potential pilot opportunities that the program established under this section will address.

(3) CONSULTATION.—(A) IN GENERAL.—The Secretary shall conduct a public meeting and issue guidance in accordance with subsection (b).

(B) PROCESS.—The consultation under subparagraph (A) may be carried out through approaches such as—

(i) a partnership with the entities described in such subparagraph in which the Secretary may participate;

(ii) a contract, grant, or other arrangement, as the Secretary determines appropriate, with such a partnership or an independent research organization;

(iii) public workshops with the entities described in such subparagraph.

(4) PROGRAM IMPLEMENTATION.—The Secretary shall, not later than 2 years after the date of enactment of the 21st Century Cures Act, facilitate compliance by researchers with applicable regulations.

(b) GUIDANCE ADDRESSING USE OF NOVEL CLINICAL TRIAL DESIGNS.—

(1) IN GENERAL.—The Secretary, acting through the Commissioner of Food and Drugs, shall issue guidance addressing the use of complex adaptive and other novel trial designs in incorporating complex adaptive and other novel trial designs in the development and regulatory review and approval or licensure for drugs and biological products.

(2) CONTENTS.—The guidance under paragraph (1) shall address—

(A) the use of complex adaptive and other novel trial designs, including how such clinical trials proposed or submitted to help satisfy the substantial evidence standard under section 355(d) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and biological products under section 351 of the Public Health Service Act (42 U.S.C. 262); and

(B) the gaps in data collection activities;

(C) the standards and methodologies for collection of data in support of evidence; and

(D) the priority areas, remaining challenges, and potential pilot opportunities that the program established under this section will address.

(3) CONSULTATION.—(A) IN GENERAL.—The Secretary shall conduct a public meeting and issue guidance in accordance with subsection (b).

(B) PROCESS.—The consultation under subparagraph (A) may be carried out through approaches such as—

(i) a partnership with the entities described in such subparagraph in which the Secretary may participate;

(ii) a contract, grant, or other arrangement, as the Secretary determines appropriate, with such a partnership or an independent research organization;

(iii) public workshops with the entities described in such subparagraph.

(4) PROGRAM IMPLEMENTATION.—The Secretary shall, not later than 2 years after the date of enactment of the 21st Century Cures Act, facilitate compliance by researchers with applicable regulations.

(b) GUIDANCE ADDRESSING USE OF NOVEL CLINICAL TRIAL DESIGNS.—

(1) IN GENERAL.—The Secretary, acting through the Commissioner of Food and Drugs, shall issue guidance addressing the use of complex adaptive and other novel trial designs in incorporating complex adaptive and other novel trial designs in the development and regulatory review and approval or licensure for drugs and biological products.

(2) CONTENTS.—The guidance under paragraph (1) shall address—

(A) the use of complex adaptive and other novel trial designs, including how such clinical trials proposed or submitted to help satisfy the substantial evidence standard under section 355(d) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and biological products under section 351 of the Public Health Service Act (42 U.S.C. 262); and

(B) the gaps in data collection activities;

(C) the standards and methodologies for collection of data in support of evidence; and

(D) the priority areas, remaining challenges, and potential pilot opportunities that the program established under this section will address.

(3) CONSULTATION.—(A) IN GENERAL.—The Secretary shall conduct a public meeting and issue guidance in accordance with subsection (b).

(B) PROCESS.—The consultation under subparagraph (A) may be carried out through approaches such as—

(i) a partnership with the entities described in such subparagraph in which the Secretary may participate;

(ii) a contract, grant, or other arrangement, as the Secretary determines appropriate, with such a partnership or an independent research organization;

(iii) public workshops with the entities described in such subparagraph.

(4) PROGRAM IMPLEMENTATION.—The Secretary shall, not later than 2 years after the date of enactment of the 21st Century Cures Act, facilitate compliance by researchers with applicable regulations.

(b) GUIDANCE ADDRESSING USE OF NOVEL CLINICAL TRIAL DESIGNS.—

(1) IN GENERAL.—The Secretary, acting through the Commissioner of Food and Drugs, shall issue guidance addressing the use of complex adaptive and other novel trial designs in incorporating complex adaptive and other novel trial designs in the development and regulatory review and approval or licensure for drugs and biological products.

(2) CONTENTS.—The guidance under paragraph (1) shall address—

(A) the use of complex adaptive and other novel trial designs, including how such clinical trials proposed or submitted to help satisfy the substantial evidence standard under section 355(d) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and biological products under section 351 of the Public Health Service Act (42 U.S.C. 262); and

(B) the gaps in data collection activities;

(C) the standards and methodologies for collection of data in support of evidence; and

(D) the priority areas, remaining challenges, and potential pilot opportunities that the program established under this section will address.

(3) CONSULTATION.—(A) IN GENERAL.—The Secretary shall conduct a public meeting and issue guidance in accordance with subsection (b).

(B) PROCESS.—The consultation under subparagraph (A) may be carried out through approaches such as—

(i) a partnership with the entities described in such subparagraph in which the Secretary may participate;

(ii) a contract, grant, or other arrangement, as the Secretary determines appropriate, with such a partnership or an independent research organization;

(iii) public workshops with the entities described in such subparagraph.

(4) PROGRAM IMPLEMENTATION.—The Secretary shall, not later than 2 years after the date of enactment of the 21st Century Cures Act, facilitate compliance by researchers with applicable regulations.
(ii) in the case of research that is subject to FDA Human Subject Regulations, the provisions applicable to vulnerable populations under part 56 of title 21, Code of Federal Regulations (or any successor regulations) and part D of such title 21 (or any successor regulations).

(2) INSTITUTIONAL REVIEW BOARD DEFINED.—In this section, the term "institutional review board" means the term "institutional review board" used in the definition of that term in part 56 of title 21, Code of Federal Regulations (or any successor regulations).

(b) LEAD INSTITUTIONAL REVIEW BOARD.—The term "lead institutional review board" means the term "lead institutional review board" used in the definition of that term in part 56 of title 21, Code of Federal Regulations (or any successor regulations).

(3) INFORMED CONSENT WAIVER OR ALTERATION FOR CLINICAL INVESTIGATIONS.—

SEC. 3024. INFORMED CONSENT WAIVER OR ALTERATION FOR CLINICAL INVESTIGATIONS.

(a) DEVICES.—Section 520(g)(3) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 3560(g)(3)) is amended by inserting at the end the following: "(i) the number of applications reviewed solely under subparagraph (A) or section 351(a)(2)(E) of the Public Health Service Act; and"

(ii) the average time for review of supplemental applications where the Secretary did not use review flexibility under subparagraph (A) or section 351(a)(2)(E) of the Public Health Service Act; and

(iii) the number of applications reviewed under subparagraph (A) or section 351(a)(2)(E) of the Public Health Service Act for approval of the use of full data sets in addition to the qualified data summary.

(D) In this paragraph—

(1) the term "qualified indication" means an indication for which the Secretary determines to be appropriate for summary level review under this paragraph; and

(2) the term "qualified data summary" means a summary of data that demonstrates the safety and effectiveness of a drug with respect to a qualified indication.

(b) PHSA.—Section 351(a)(2) of the Public Health Service Act (42 U.S.C. 262(a)(2)) is amended by adding at the end the following: "(E)(i) The Secretary may rely upon qualified data summaries to support the approval of a supplemental application, with respect to a qualified indication for a drug, submitted under this subsection, if such supplemental application complies with the requirements of subparagraph (B) of section 505(c)(5) of the Federal Food, Drug, and Cosmetic Act.

(ii) In this subparagraph, the terms "qualified indication" and "qualified data summary" have the meanings given such terms in section 505(c)(5) of the Federal Food, Drug, and Cosmetic Act.

(c) SEC. 3032. EXPANDED ACCESS POLICY.—

SEC. 3032. EXPANDED ACCESS POLICY.

Chapter V of the Federal Food, Drug, and Cosmetic Act is amended by inserting after section 351 (21 U.S.C. 360bb) the following:

SEC. 351A. EXPANDED ACCESS POLICY REQUIRED FOR INVESTIGATIONAL DRUGS.

(a) IN GENERAL.—The manufacturer or distributor of a drug intended for use by one or more investigational subjects may request the Secretary to designate the drug as an investigational drug for use by one or more investigational subjects, or for responses to such requests; shall prevent a manufacturer or distributor from denying access to any specific investigational drug by any individual patient.

(b) CONTENT OF POLICY.—A policy described in section (a) shall include—

(1) information for the manufacturer or distributor to communicate about requests described in subsection (a);

(2) procedures for making such requests;

(3) the general criteria the manufacturer or distributor shall apply to evaluate such requests for individual patients, and for responses to such requests;

(4) the length of time the manufacturer or distributor shall apply to such requests to acknowledge receipt of such requests; and

(5) a hyperlink or other reference to the clinical trial record containing information about the expanded access for such drug that is required under section 422(c)(2)(A)(i)(II)(g) of the Public Health Service Act.

(d) NO GUARANTEE OF ACCESS.—The posting of policies by manufacturers and distributors under subsection (a) shall not serve as a guarantee of access to any specific investigational drug by any individual patient.

(e) REVISED POLICY.—Nothing in this section revising a policy required under this section at any time after, or at any time following, a revision of the policy of the manufacturer or distributor of one or more investigational drugs for any time.

(f) APPLICATION.—This section shall apply to an investigational drug beginning on the later of—

(1) the date that is 60 calendar days after the date of enactment of the 21st Century Cures Act; or

(2) the first initiation of a phase 2 or phase 3 study (as such terms are defined in section 312.21(b) and (c) of title 21, Code of Federal Regulations (or any successor regulations)) with respect to such investigational drug.

SEC. 3033. ACCELERATED APPROVAL FOR REGENERATIVE ADVANCED THERAPIES.

(a) IN GENERAL.—Section 350 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 356) is amended—

(1) by transferring subsection (e) (relating to construction) so that it appears before subsection (i) (relating to awareness efforts); and

(2) by inserting after subsection (g) the following:

(g) REGENERATIVE ADVANCED THERAPY.—

(i) IN GENERAL.—The Secretary, at the request of the sponsor, may designate an efficient development program for, and expedite review of, such drug if the drug qualifies as a regenerative advanced therapy under the criteria described in paragraph (2).

(2) CRITERIA.—A drug is eligible for designation as a regenerative advanced therapy under this subsection if—

(A) the drug is a regenerative medicine therapy (as defined in paragraph (3));

(B) the drug is intended to treat, modify, reverse, or cure a severe or life-threatening disease condition; and

(C) preliminary clinical evidence indicates that the drug has the potential to address unmet medical needs for such a disease or condition.

(3) REQUEST FOR DESIGNATION.—The sponsor of a drug may request the Secretary to designate the drug as a regenerative advanced therapy concurrently with, or at any time after, submission of an application for the investigation of the drug under section 505(i) of this Act or section 351(a)(3) of the Public Health Service Act.

(b) No sponsor of a drug that is a regenerative advanced therapy under section 505(i) of this Act or section 351(a)(3) of the Public Health Service Act may request designation of the drug as a regenerative advanced therapy and shall take such actions as are appropriate under paragraph (1). If the Secretary determines that the drug does not meet the criteria for such designation, the Secretary shall include with the designation a written description of the rationale for such determination.

(c) ACTIONS.—The sponsor of a regenerative advanced therapy shall be eligible for the accelerated approval described in paragraph (b) only when the sponsor of such drug requests designation under subsection (a)(3)(B), including early interactions to discuss any potential surrogate or intermediate endpoint to be used to support the accelerated approval of an application for the product under subsection (c).

(d) ACCESS TO EXPEDITED APPROVAL PATHWAYS.—An application for a regenerative advanced therapy under section 505(i) of this Act or section 351(a)(3) of the Public Health Service Act may be eligible for priority review, as described in the Manual of Policies and Procedures of the Food and Drug Administration and goals identified in the letters described in section 101(b) of the Prescription Drug User Fee Amendments of 2012; and

(e) ELIGIBLE FOR ACCELERATED APPROVAL UNDER SUBSECTION (c), as agreed upon pursuant to subsection (a)(3)(B), as appropriate, of—

(i) surrogate or intermediate endpoints reasonably likely to predict long-term clinical benefit; or

(ii) reliance upon data obtained from a meaningful number of sites, including through expansion to additional sites, as appropriate.

(f) POSTAPPROVAL REQUIREMENTS.—The sponsor of a regenerative advanced therapy that is granted accelerated approval and is subject to the postapproval requirements under subsection
(c) may, as appropriate, fulfill such requirements, as the Secretary may require, through—

(1) the number and type of applications for approval of regenerative advanced therapies filed, approved or licensed as applicable, withdrawn, or denied; and

(2) how many of such applications or therapies, as applicable, were granted accelerated approval or priority review.

(b) DEFINITION.—For purposes of this section, the term ‘regenerative medicine therapy’ includes cell therapy, therapeutic tissue engineering, cellular and tissue products, and combination products using any such therapies or products, except for those regulated solely under section 361 of the Public Health Service Act and part 1271 of title 21, Code of Federal Regulations.

(b) RULE OF CONSTRUCTION.—Nothing in this section and the amendments made by this section shall be construed to alter the authority of the Secretary of Health and Human Services—

(1) to approve drugs pursuant to the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 351 et seq.) or the Agricultural Marketing Act of 1946 (7 U.S.C. 1341 et seq.) as authorized prior to the date of enactment of the 21st Century Cures Act, including the standards of evidence, and applicable conditions, for approval under such Acts; or

(2) to alter the authority of the Secretary to require postapproval studies pursuant to such Acts, or to delay in the recovery, the date of enactment of the 21st Century Cures Act.


(b) SEC. 3034. GUIDANCE REGARDING DEVICES USED IN THE RECOVERY, ISOLATION, OR DELIVERY OF REGENERATIVE ADVANCED THERAPIES.

(a) DRAFT GUIDANCE.—Not later than 1 year after the date of enactment of the 21st Century Cures Act, the Secretary of Health and Human Services, acting through the Commissioner of Food and Drugs, shall issue draft guidance clarifying how, in the context of regenerative advanced therapies, the Secretary will evaluate devices, or the devices, isolation, or delivery of regenerative advanced therapies. In doing so, the Secretary shall specifically address—

(1) what, if any, intended uses or specific attributes would result in a device used with a regenerative therapy product to be classified as a class III device;

(2) what, if any, intended uses or specific attributes would result in a device used with a regenerative therapy product to be classified as a class III device;

(3) what, if any, intended uses or specific attributes would result in a device used with a regenerative therapy product to be classified as a class III device;

(4) application of the least burdensome approach to demonstrate how a device may be used with more than one cell type.

(b) FINAL GUIDANCE.—Not later than 12 months after the close of the period for public comment on the draft guidance under subsection (a), the Secretary of Health and Human Services shall finalize such guidance.

(c) SEC. 3035. REPORT ON REGENERATIVE ADVANCED THERAPIES.

(a) REPORT TO CONGRESS.—Before March 1 of each calendar year, the Secretary of Health and Human Services shall, with respect to the previous calendar year, submit a report to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives on—

(1) the number and type of applications for approval of regenerative advanced therapies filed, approved or licensed as applicable, withdrawn, or denied; and

(2) how many of such applications or therapies, as applicable, were granted accelerated approval or priority review.

(b) SEC. 3036. STANDARDS FOR REGENERATIVE MEDICINE AND REGENERATIVE ADVANCED THERAPIES.

Subchapter A of chapter V of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 351 et seq.) is amended by inserting after section 506F the following:

(1) IN GENERAL.—Not later than 2 years after the date of enactment of the 21st Century Cures Act, the Secretary, in consultation with the National Institute of Standards and Technology and stakeholders (including regenerative medicine and advanced therapies manufacturers and clinical trial sponsors, contract manufacturers, academic institutions, clinicians, regenerative medicine and advanced therapies industry organizations, and standard setting organizations), shall facilitate an effort to coordinate and develop standards of evidence, and consensus definitions of terms, through a public process, to support, through regulatory predictability, the development, evaluation, and use of innovative regenerative medicine therapies and regenerative advanced therapies, including with respect to the manufacturing processes and controls of such products.

(2) ACTIVITIES.—

(1) IN GENERAL.—In carrying out this section, the Secretary shall continue to—

(A) identify opportunities to help advance the development of regenerative medicine therapies and regenerative advanced therapies;

(B) identify opportunities for the development of laboratory regulatory science research and documentary standards that the Secretary determines would help support the development, evaluation, and use of regenerative medicine therapies and regenerative advanced therapies through regulatory predictability; and

(C) work with stakeholders, such as those described in subsection (a), to ensure that the standards, regulations, and guidance are appropriate, in the development of such standards.

(2) REGULATIONS AND GUIDANCE.—Not later than 1 year after the development of standards as described in subsection (a), the Secretary shall revise relevant regulations and guidance and, through a public process, update such regulations and guidance as the Secretary determines appropriate.

(d) DEFINITIONS.—For purposes of this section, the terms ‘regenerative medicine therapy’ and ‘regenerative advanced therapy’ have the meanings given such terms in section 506(g).

(b) SEC. 3037. HEALTH CARE ECONOMIC INFORMATION.

Section 506(g)(2)(B) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 352(g)(2)(B)) is amended—

(1) by striking paragraph (3);

(2) by redesigning paragraph (2) as paragraph (3); and

(3) by redesigning paragraphs (4) and (5) as paragraphs (4) and (5), respectively.

(c) SEC. 3038. COMBINATION PRODUCT INNOVATION.

(a) IN GENERAL.—Section 503(g) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 353(g)) is amended—

(1) by striking paragraph (3);

(2) by redesigning paragraph (2) as paragraph (3); and

(3) by redesigning paragraphs (4) and (5) as paragraphs (4) and (5), respectively.

(d) SEC. 3039. STANDARDS FOR REGENERATIVE MEDICINE AND REGENERATIVE ADVANCED THERAPIES.

Subchapter A of chapter V of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 351 et seq.) is amended by inserting after section 506F the following:

(1) IN GENERAL.—In carrying out this section, the Secretary shall continue to—

(A) identify opportunities to help advance the development of regenerative medicine therapies and regenerative advanced therapies;

(B) identify opportunities for the development of laboratory regulatory science research and documentary standards that the Secretary determines would help support the development, evaluation, and use of regenerative medicine therapies and regenerative advanced therapies through regulatory predictability; and

(C) work with stakeholders, such as those described in subsection (a), to ensure that the standards, regulations, and guidance are appropriate, in the development of such standards.

(2) REGULATIONS AND GUIDANCE.—Not later than 1 year after the development of standards as described in subsection (a), the Secretary shall revise relevant regulations and guidance and, through a public process, update such regulations and guidance as the Secretary determines appropriate.

(3) DEFINITIONS.—For purposes of this section, the terms ‘regenerative medicine therapy’ and ‘regenerative advanced therapy’ have the meanings given such terms in section 506(g).

(b) SEC. 3037. HEALTH CARE ECONOMIC INFORMATION.

Section 506(g)(2)(B) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 352(g)(2)(B)) is amended—

(1) by striking paragraph (3);

(2) by redesigning paragraph (2) as paragraph (3); and

(3) by redesigning paragraphs (4) and (5) as paragraphs (4) and (5), respectively.

(c) SEC. 3038. COMBINATION PRODUCT INNOVATION.

(a) IN GENERAL.—Section 503(g) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 353(g)) is amended—

(1) by striking paragraph (3);

(2) by redesigning paragraph (2) as paragraph (3); and

(3) by redesigning paragraphs (4) and (5) as paragraphs (4) and (5), respectively.

(d) SEC. 3039. STANDARDS FOR REGENERATIVE MEDICINE AND REGENERATIVE ADVANCED THERAPIES.

Subchapter A of chapter V of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 351 et seq.) is amended by inserting after section 506F the following:

(1) IN GENERAL.—In carrying out this section, the Secretary shall continue to—

(A) identify opportunities to help advance the development of regenerative medicine therapies and regenerative advanced therapies;

(B) identify opportunities for the development of laboratory regulatory science research and documentary standards that the Secretary determines would help support the development, evaluation, and use of regenerative medicine therapies and regenerative advanced therapies through regulatory predictability; and

(C) work with stakeholders, such as those described in subsection (a), to ensure that the standards, regulations, and guidance are appropriate, in the development of such standards.

(2) REGULATIONS AND GUIDANCE.—Not later than 1 year after the development of standards as described in subsection (a), the Secretary shall revise relevant regulations and guidance and, through a public process, update such regulations and guidance as the Secretary determines appropriate.

(3) DEFINITIONS.—For purposes of this section, the terms ‘regenerative medicine therapy’ and ‘regenerative advanced therapy’ have the meanings given such terms in section 506(g).
such sponsor that references scientific evidence provided by the sponsor and any other scientific evidence relied upon by the Secretary to support such determination; and

(ii) a sponsor of a combination product may propose one or more studies (which may be nonclinical, clinical, or both) to establish the relevance, if any, of the chemical action in achieving the primary mode of action of such product;

(II) if the sponsor proposes any such studies, the Secretary and the sponsor of such product shall coordinate and seek to reach agreement within a reasonable time of such proposal, not to exceed 90 calendar days, on the design of such studies;

(III) if an agreement is reached under subclause (II) and the sponsor conducts one or more of such studies, the Secretary shall consider the data resulting from any such study when reevaluating the determination of the primary mode of action of such product, and unless and until such reevaluation has occurred and the Secretary issues a new determination, the determination of the Secretary under subparagraph (D) shall remain in effect.

(ii) A meeting under clause (i) may—

(I) be convened at the request of the Secretary or of a public health service agency center by coordinating such reviews, market review that involves more than one such determination of the Secretary under subparagraph (C) shall remain in effect.

(III) identify elements under subclauses (I) and (II) that may be more appropriate for discussion and agreement with the Secretary at a later date given that scientific or other information is not available, or agreement is otherwise not feasible regarding such elements, at the time a request is made under subclause (I); and

(III) shall be in writing and made part of the administrative record by the Secretary.

(IV) Such agreement shall remain in effect, except—

(I) upon the written agreement of the Secretary and the sponsor or applicant; or

(II) pursuant to a decision by the director of the reviewing division of the primary agency center, or a person more senior than such director, in consultation with consulting centers outside the Office, as appropriate, that an issue essential to determining whether such drug is safe for use and whether such drug is effective in use were not conducted by or for the applicant submitting the application or request described in subparagraph (A) to the same extent as provided by the sponsor and any other scientific evidence, including relevant scientific evidence, for public health reasons.

(3) For purposes of conducting the premarket review of a combination product that contains an approved constituent part, the Public Health Service Act applicable to the combination product has been identified since the agreement was reached, or that deviating from the agreement is otherwise justifiable based on scientific evidence, for public health reasons.

(4) For purposes of paragraph (3), an approved constituent part of a combination product being reviewed in a single application or request under section 515, 510(k), or 513(f)(2) is a component part that was previously approved, cleared, or classified under section 505, 510(k), or 513(f)(2), or 515 of the Act for which the sponsor has a right of reference or any constituent part that was previously approved, cleared, or classified under section 505(h)(4), or

(ii) by amending clause (i) to read as follows:

(iii) subsections (b) and (c) of section 506A.

(ii) by inserting ''and aligning'' after ''the timeliness'' each place it appears; and

(iiib) by adding at the end the following new clause:

(III) if any such agreement is otherwise identified since the agreement was reached, or that deviating from the agreement is otherwise justifiable based on scientific evidence, for public health reasons.

(4) If an application is submitted under section 515 or 510(k) or a request is submitted for purposes of section 516(a)(2), for a combination product containing as a constituent part an approved drug—

(i) the application or request shall include the certification or statement described in section 506(b)(2); and

(ii) the applicant or requester shall provide notice as described in section 506(b)(3).

(B) For purposes of this paragraph and paragraph (4), the term ‘approved drug’ means an active ingredient of a prescription drug, as defined in section 760(a)(2).

(5)(A) If an application is submitted under section 515 or 510(k) or a request is submitted for purposes of section 516(a)(2), for a combination product containing as a constituent part an approved drug—

(i) the application or request shall include the certification or statement described in section 506(b)(2); and

(ii) the applicant or requester shall provide notice as described in section 506(b)(3).

(B) For purposes of this paragraph and paragraph (4), the term ‘approved drug’ means an active ingredient of a prescription drug, as defined in section 760(a)(2).

(6) Nothing in this subsection shall be construed as authorizing a person from submitting separate applications for the constituent parts of a combination product that the Secretary determines that a single application is necessary.

(i) in paragraph (b) (as redesignated by paragraph (3)—

(A) in subparagraph (C)—

(i) by amending clause (i) to read as follows:

(ii) in clause (ii), by inserting “and aligning” after “the timeliness” each place it appears; and

(iii) by adding at the end the following new clauses:

(iv) by adding at the end the following new clause:

(v) in seeking agency action with respect to a combination product, the sponsor of such product—

(I) shall identify the product as a combination product; and

(II) may request in writing the participation of representatives of the Office in meetings related to such combination product, or to have the Secretary otherwise engage on such regulatory matters concerning the combination product.

(vi) Nothing in the 21st Century Cures Act, and after a public comment period of not less than 60 calendar days, the Secretary shall issue a final guidance that describes—

(I) the structured process for managing pre-submission interactions with sponsors developing combination products; and

(II) the best practices for ensuring that the format in which such pre-submissions represents the Agency’s best advice based on the information provided during such pre-submission interactions;

(II) in clause (ii), by striking “and” at the end;

(iii) in clause (iii), by striking the period at the end and inserting “; and”;

(III) in clause (iii), by striking the comma at the end and inserting “and”;

(IV) in clause (ii), by striking “; and” at the end and inserting a semicolon;
(iii) in clause (iii), by striking the period at the end and inserting ‘‘; and’’; and
(iv) by adding at the end the following: ‘‘(D) The terms ‘premarket review’ and ‘reviews’ include all activities of the Food and Drug Administration conducted prior to approval or clearance of an application, notification, or request for classification submitted under section 505, 510(k), 513(f)(2), 515, or 520 of this Act, the application 351 of the Public Health Service Act, including with respect to investigational use of the product.’’.

(b) INFORMATION FOR APPROVAL OF COMBINATION—In general.—(1) The Secretary shall periodically review such final list.

(2) Secretary shall identify such types, variations from Federal Regulations (or any successor regulations set forth in section 4.4 of title 21, Code of Federal Regulations), or that the Secretary proposes can satisfy the requirements for the approval of a drug under section 506(g) of the Federal Food, Drug, and Cosmetic Act.

(3) The Secretary shall publish final guidance within 18 months after enactment of the 21st Century Cures Act, and annually thereafter, the Secretary shall prepare and make publicly available data and information concerning—

(A) aggregate national and regional trends of antimicrobial resistance for human infections due to antimicrobial drugs, including such drugs approved under section 506(h) of the Federal Food, Drug, and Cosmetic Act;

(B) antimicrobial stewardship, which may include summaries of State efforts to address antimicrobial resistance in humans to antimicrobial drugs and antimicrobial stewardship; and

(C) coordination between the Director of the Centers for Disease Control and Prevention and the Commissioner of Food and Drugs with respect to the monitoring of—

(i) any applicable resistance under paragraph (I); and

(ii) drugs approved under section 506(h) of the Federal Food, Drug, and Cosmetic Act.

(4) The Secretary may approve an antibacterial or antifungal drug, alone or in combination with one or more other drugs, as a limited population drug pursuant to this subsection only if—

(A) The drug is intended to treat a serious or life-threatening infection in a limited population of patients with unmet needs;

(B) the standards for license under section 505(c) and (d), or the standards for licensure under section 351 of the Public Health Service Act as applicable, are met; and

(C) The Secretary receives a written request from the sponsor to approve the drug as a limited population drug pursuant to this subsection.

(5) ADDITIONAL REQUIREMENTS.—A drug approved under this subsection is subject to the following requirements, in addition to any other applicable requirements of this Act:

(A) LABELING.—To indicate that the safety and effectiveness of a drug approved under this subsection shall have been demonstrated only with respect to a limited population.

(B) Record-keeping.—To indicate that the sponsor has conducted activities under this section.

(C) The sponsor shall provide a mechanism for facilities to report to the Secretary, upon request, adverse reactions to drugs approved under this subsection.

(6) ADVICE.—The Secretary shall provide prompt advice to the sponsor of a drug for...

Subtitle E—Antimicrobial Innovation and Stewardship

SEC. 3041. ANTIMICROBIAL RESISTANCE MONITORING PROGRAMS.—In general.—(1) MONITORING AT FEDERAL HEALTH CARE FACILITIES.—The Secretary shall encourage reporting on aggregate antimicrobial drug use and antimicrobial resistance to antimicrobial drugs and to the implementation of antimicrobial stewardship programs by health care facilities of the Department of Defense, the Department of Veterans Affairs, and the Indian Health Service and similar activities of the Secretary of Defense and the Secretary of Veterans Affairs, as appropriate and upon request.

(2) USE OF SYSTEMS.—The Secretary shall authorize—

(A) providing a mechanism for facilities to report data related to their antimicrobial stewardship programs; and

(B) antimicrobial resistance data using a standardized approach; and

(ii) trends in the utilization of drugs in the United States Code, the Secretary shall evaluate such types, variations, and mechanisms using a risk-based approach. The Secretary shall periodically review such final list.

(3) SUPPORTING STATE-BASED ACTIVITIES TO COMBAT ANTImICROBIAL RESISTANCE.—The Secretary shall continue to work with State and local public health departments on statewide or regional programs to combat antimicrobial resistance. Such efforts may include activities related to—

(A) providing a mechanism for facilities to report data related to their antimicrobial stewardship programs; and

(B) antimicrobial resistance data using a standardized approach; and

(ii) trends in the utilization of drugs approved under such section 506(h) with respect to patient populations.

(4) ANTImICROBIAL RESISTANCE AND STEWARDSHIP ACTIVITIES.—In general.—(1) For purposes of supporting stewardship activities, examining changes in antimicrobial resistance, and evaluating the effectiveness of subsection (h) of the Federal Food, Drug, and Cosmetic Act, the Secretary shall—

(A) provide a mechanism for facilities to report data related to their antimicrobial stewardship programs; and

(B) antimicrobial resistance data using a standardized approach; and

(ii) trends in the utilization of drugs approved under such section 506(h) with respect to patient populations.

(2) USE OF SYSTEMS.—The Secretary shall authorize—

(A) providing a mechanism for facilities to report data related to their antimicrobial stewardship programs; and

(B) antimicrobial resistance data using a standardized approach; and

(ii) trends in the utilization of drugs approved under such section 506(h) with respect to patient populations.

(3) BENEFIT-RISK CONSIDERATION.—The Secretary may approve—

(A) LABELING.—To indicate that the safety and effectiveness of an antibacterial or antifungal drug shall reflect the need of the intended limited population, taking into account the severity, rarity, or prevalence of the infection that the drug is intended to treat and the availability of or lack of a treatment in such limited population. Such drug may be approved under this subsection notwithstanding a broader than the intended limited population.

(B) Record-keeping.—To indicate that the sponsor has conducted activities under this section.

(C) The sponsor shall provide a mechanism for facilities to report to the Secretary, upon request, adverse reactions to drugs approved under this subsection.

(6) ADVICE.—The Secretary shall provide prompt advice to the sponsor of a drug for...
which the sponsor seeks approval under this subsection to enable the sponsor to plan a development program to obtain the necessary data for such approval, and to conduct any additional studies that may be required to qualify the use of such drug for use in a broader population.

"(7) TERMINATION OF LIMITATIONS.—If, after approval under this subsection, the Secretary approves a broader indication for such drug under section 505(b) or section 351(a) of the Public Health Service Act, the Secretary may withdraw any postmarketing conditions, including requirements with respect to labeling and review of promotional materials under paragraph (3), applicable to the approval of the drug under this subsection.

"(8) RULES OF CONSTRUCTION.—Nothing in this subsection shall be construed to alter the authority of the Secretary to approve drugs pursuant to this Act or section 351 of the Public Health Service Act, including the standards of evidence and applicable conditions for approval of any drug under such Acts, or to alter the authority of the Secretary to monitor drugs pursuant to such Acts.

SEC. 3043. PRESCRIBING AUTHORITY. Nothing in this subtitle, or an amendment made by this subtitle, shall be construed to restrict the use of antimicrobial drugs, or other products, including drugs approved under subsection (h) of section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 356) (as added by subsection (a)), by health care professionals, or to limit the practice of health care.

SEC. 3044. SUSCEPTIBILITY TEST INTERPRETIVE CRITERIA FOR MICROORGANISMS; ANTIMICROBIAL SUSCEPTIBILITY TESTING DEVICES. (a) IN GENERAL.—Subchapter A of chapter V of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 351 et seq.) is amended by inserting after section 511 the following:

"SEC. 511A. SUSCEPTIBILITY TEST INTERPRETIVE CRITERIA FOR MICROORGANISMS; ANTIMICROBIAL SUSCEPTIBILITY TESTING DEVICES. (a) PURPOSE; IDENTIFICATION OF CRITERIA.—(1) PURPOSE.—The purpose of this section is to clarify the Secretary’s authority to update the susceptibility test interpretive criteria for antimicrobial drugs when necessary for public health, due to, among other things, the development of resistant microorganisms that leads to the development of resistance to drugs that have been effective in decreasing morbidity and mortality for patients, which warrants the development of antimicrobial drugs that are inappropriate for most other drugs in order to delay or prevent the development of further resistance to existing therapies.

"(2) OTHER LIST.—The Interpretive Criteria Website shall, in addition to the list described in subparagraph (A), include a list of interpretive criteria, if any, that the Secretary has determined to be appropriate to recognize and market antimicrobial drugs, where—

"(i) the Secretary does not recognize, in whole or in part, an interpretive criteria standard described under subparagraph (A) otherwise applicable to such a drug; and

"(ii) the Secretary withholds a subparagraph (A) application under section 505 of this Act or section 351 of the Public Health Service Act, as applicable, with respect to marketing of such a drug for which there are no relevant interpretive criteria included in a standard recognized by the Secretary under subsection (c); or

"(iv) because the characteristics of such a drug differ from other products with the same active ingredient, the interpretive criteria with respect to such drug—

"(D) differ from otherwise applicable interpretive criteria in standard listed under subparagraph (A) or interpretive criteria otherwise listed under this subparagraph; and

"(G) it is determined by the Secretary to be appropriate for such drug.

"(C) REQUIRED STATEMENTS.—The Interpretive Criteria Website shall include statements concerning—

"(i) that the website provides information about the in vitro susceptibility of bacteria, fungi, or other microorganisms, as applicable, to a certain drug (or drugs);

"(ii) that—

"(I) the safety and efficacy of such drugs in treating clinical infections due to such bacteria, fungi, or other microorganisms, as applicable, may or may not have been established in adequate and well-controlled clinical trials in order for the susceptibility information described in clause (I) to be included in the website; and

"(II) the clinical significance of such susceptibility information in such instances is unknown;

"(iii) that the approved product labeling for such drug is available on the website of the Secretary which has approved the product; and

"(iv) any other information that the Secretary determines appropriate to adequately convey the clinical significance of the data supporting the recognition or listing of susceptibility test interpretive criteria standards or susceptibility test interpretive criteria included on the website.

"(2) EVALUATION AND PUBLICATION.— (A) IN GENERAL.—Not later than 1 year after the date of the enactment of the 21st Century Cures Act, the Secretary shall establish, and maintain thereafter, on the website of the Food and Drug Administration, a dedicated website that contains a list of any appropriate new or updated susceptibility test interpretive criteria standards or interpretive criteria standards or susceptibility test interpretive criteria included on the website.

"(B) UPON APPROVAL OF A DRUG.—Upon the approval of an initial or supplemental application for an antimicrobial drug, the Secretary shall publish on the public website of the Food and Drug Administration a notice—

"(i) recognizing any new or updated susceptibility test interpretive criteria standards established by a nationally or internationally recognized standard development organization designated by the Secretary; and

"(ii) publishing on the public website of the Food and Drug Administration a notice—

"(I) recognizing any new or updated susceptibility test interpretive criteria standards established by a nationally or internationally recognized standard development organization designated by the Secretary; and

"(II) notifying the user of the website that the interpretive criteria standards or susceptibility test interpretive criteria, if any, that the Secretary has determined to be appropriate to recognize and market antimicrobial drugs, where—

"(i) that the Secretary does not recognize, in whole or in part, an interpretive criteria standard described under subparagraph (A) otherwise applicable to such a drug; and

"(ii) that the Secretary has determined to be appropriate to recognize and market antimicrobial drugs, where—

"(III) permitting its standards to be made publicly available, through the National Library of Medicine or other similar source acceptable to the Secretary; and

"(IV) making any necessary updates to the lists under subsection (b)(2).

"(B) UPON APPROVAL OF A DRUG.—Upon the approval of an initial or supplemental application for an antimicrobial drug under section 505 of this Act or section 351 of the Public Health Service Act, as applicable, where such approval includes a subparagraph (A) application, if the interpretive criteria standards or susceptibility test interpretive criteria, if any, that the Secretary has determined to be appropriate to recognize and market antimicrobial drugs, where—

"(I) the Secretary does not recognize, in whole or in part, an interpretive criteria standard described under subparagraph (A) otherwise applicable to such a drug; and

"(II) the Secretary withdraws a subparagraph (A) application under section 505 of this Act or section 351 of the Public Health Service Act, as applicable, with respect to marketing of such a drug for which there are no relevant interpretive criteria included in a standard recognized by the Secretary under subsection (c); or

"(IV) because the characteristics of such a drug differ from other products with the same active ingredient, the interpretive criteria with respect to such drug—

"(I) differ from otherwise applicable interpretive criteria in standard listed under subparagraph (A) or interpretive criteria otherwise listed under this subparagraph; and

"(IV) it is determined by the Secretary to be appropriate for such drug.

"(C) REQUIRED STATEMENTS.—The Interpretive Criteria Website shall include statements concerning—

"(i) that the website provides information about the in vitro susceptibility of bacteria, fungi, or other microorganisms, as applicable, to a certain drug (or drugs);

"(ii) that—

"(I) the safety and efficacy of such drugs in treating clinical infections due to such bacteria, fungi, or other microorganisms, as applicable, may or may not have been established in adequate and well-controlled clinical trials in order for the susceptibility information described in clause (I) to be included in the website; and

"(II) the clinical significance of such susceptibility information in such instances is unknown;

"(iii) that the approved product labeling for such drug is available on the website of the Secretary which has approved the product; and

"(iv) any other information that the Secretary determines appropriate to adequately convey the clinical significance of the data supporting the recognition or listing of susceptibility test interpretive criteria standards or susceptibility test interpretive criteria included on the website.

"(2) EVALUATION AND PUBLICATION.— (A) IN GENERAL.—Not later than 1 year after the date of the enactment of the 21st Century Cures Act, the Secretary shall establish, and maintain thereafter, on the website of the Food and Drug Administration, a dedicated website that contains a list of any appropriate new or updated susceptibility test interpretive criteria standards or interpretive criteria standards or susceptibility test interpretive criteria included on the website.

"(B) UPON APPROVAL OF A DRUG.—Upon the approval of an initial or supplemental application for an antimicrobial drug, the Secretary shall publish on the public website of the Food and Drug Administration a notice—

"(i) recognizing any new or updated susceptibility test interpretive criteria standards established by a nationally or internationally recognized standard development organization designated by the Secretary; and

"(ii) publishing on the public website of the Food and Drug Administration a notice—

"(I) recognizing any new or updated susceptibility test interpretive criteria standards established by a nationally or internationally recognized standard development organization designated by the Secretary; and

"(II) notifying the user of the website that the interpretive criteria standards or susceptibility test interpretive criteria, if any, that the Secretary has determined to be appropriate to recognize and market antimicrobial drugs, where—

"(III) permitting its standards to be made publicly available, through the National Library of Medicine or other similar source acceptable to the Secretary; and

"(IV) making any necessary updates to the lists under subsection (b)(2).

"(B) UPON APPROVAL OF A DRUG.—Upon the approval of an initial or supplemental application for an antimicrobial drug, the Secretary shall publish on the public website of the Food and Drug Administration a notice—

"(i) recognizing any new or updated susceptibility test interpretive criteria standards established by a nationally or internationally recognized standard development organization designated by the Secretary; and

"(ii) publishing on the public website of the Food and Drug Administration a notice—

"(I) recognizing any new or updated susceptibility test interpretive criteria standards established by a nationally or internationally recognized standard development organization designated by the Secretary; and

"(II) notifying the user of the website that the interpretive criteria standards or susceptibility test interpretive criteria, if any, that the Secretary has determined to be appropriate to recognize and market antimicrobial drugs, where—

"(III) permitting its standards to be made publicly available, through the National Library of Medicine or other similar source acceptable to the Secretary; and

"(IV) making any necessary updates to the lists under subsection (b)(2).
listed, by the Secretary pursuant to this subsection, or for which there are no relevant interpretive criteria standards recognized, or interpretive criteria otherwise listed, by the Secretary pursuant to subsection (a), the Secretary shall update the lists under subparagraphs (A) and (B) of subsection (b)(2) to include the susceptibility test interpretive criteria upon which such appropriate basis is found.

(2) BASES FOR UPDATING INTERPRETIVE CRITERIA STANDARDS.—In evaluating new or updated susceptibility test interpretive criteria standards under paragraph (1)(A), the Secretary may consider—

(A) the Secretary’s determination that such a standard is not applicable to a particular drug because the characteristics of the drug differ from other drugs with the same active ingredient;

(B) information provided by interested third parties, including public comment on the annual compilation of notices published under paragraph (3);

(C) any bases used to identify susceptibility test interpretive criteria under subsection (a)(2); and

(D) such other information or factors as the Secretary determines appropriate.

(3) ANNUAL COMPILATION OF NOTICES.—Each year, the Secretary shall compile the notices published under paragraph (1)(A) and publish such compilation in the Federal Register and provide for public comment. If the Secretary receives comments, the Secretary shall review such comments and, if the Secretary determines appropriate, make a determination pursuant to this subsection regarding the susceptibility test interpretive criteria standards or criteria—

(A) recognized by the Secretary under this subsection;

(B) otherwise listed on the Interpretive Criteria Website under subsection (b)(2);

(C) published in accordance with the requirements under section 514(c)(1)(B); and

(D) antimicrobial drug labeling.

(4) ANTIMICROBIAL DRUG LABELING.—

(A) ANTIMICROBIAL DRUG LABELING REQUIRED.—Any susceptibility test interpretive standard recognized under this subsection or any other criteria otherwise listed under subsection (b)(2)(B) shall be deemed to be recognized as a standard by the Secretary under section 514(c)(1)(B).

(B) VOLUNTARY USE OF INTERPRETIVE CRITERIA.—Nothing in this section prohibits a person from seeking approval or clearance of a drug or device, or changes to the drug or the device, on the basis of susceptibility test interpretive criteria which differ from those contained in a susceptibility test interpretive standard recognized under this subsection, listed by the Secretary pursuant to subsection (b)(2).

(C) CONFORMING AMENDMENTS.—

(1) R EPEAL OF PRIOR RELATED AUTHORITY.—Section 351 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 351) is amended by adding at the end the following:

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(dd) if it is an antimicrobial drug, as defined in section 511A(a)(4)(A), and its labeling fails to conform with the requirements under section 511A(d).
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(2) ADDITION TO CATEGORIES OF MISBRANDING DRUGS.—Section 352 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 352) is amended by adding at the end the following:

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(dd) if it is an antimicrobial drug, as defined in section 511A(a)(4)(A), and its labeling fails to conform with the requirements under section 511A(d).
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(3) RECOGNITION OF INTERPRETIVE CRITERIA STANDARDS AS DEVICE STANDARD.—Section 514(c)(1)(A) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360d(c)(1)(A)) is amended by inserting after “the Secretary shall, by public notice and comment in the Federal Register—” the following:

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(or, with respect to a susceptibility test interpretive criteria standard under section 511A, by posting on the Interpretable Criteria Website in accordance with such standard)
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(C) REPORT TO CONGRESS.—Not later than 2 years after the date of enactment of this Act, the Secretary of Health and Human Services shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and to the Committee on Energy and Commerce of the House of Representatives a report on the provisions added by section 351A of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360a), as added by subsection (a).

(D) REQUESTS FOR UPDATES TO INTERPRETIVE CRITERIA WEBSITE.—Chapter 35 of title 42, United States Code, shall not apply to the collection of information from interested parties regarding updating the lists established under section 351A(a)(1) of the Federal Food, Drug, and Cosmetic Act and posted on the Interpretive Criteria Website established under section 351A(c) of such Act.

Subtitle F—Medical Device Innovations

SEC. 3551. BREAKTHROUGH DEVICES.

(a) IN GENERAL.—Chapter V of the Federal Food, Drug, and Cosmetic Act (as added by section 351 et seq.) is amended by inserting after section 515B, as added by section 304(b), the following:
SEC. 515C. BREAKTHROUGH DEVICES.

(a) PURPOSE.—The purpose of this section is to encourage the Secretary, and provide the Secretary with sufficient authority, to apply efficient and flexible approaches to expedite the development of, and prioritize the Food and Drug Administration's review of, devices that represent breakthrough technologies.

(b) PRELIMINARY STATEMENT.—(i) The Secretary shall establish a program to expedite the development of, and provide for the priority review for, devices, as determined by the Secretary.

(ii) Not later than 60 calendar days after the receipt of a request under subsection (c), the Secretary shall determine whether the device meets the criteria described in subsection (b). If the Secretary determines that the device meets the criteria, the Secretary shall designate the device for expedited development and priority review.

(iii) The Secretary shall issue guidance on the implementation of this section, that a substantial scientific issue essential to determining the safety or effectiveness of such device exists, provided that such decision is in writing, and is made only after the Secretary provides the device sponsor or applicant an opportunity for a meeting at which the device sponsor or applicant are present and at which the director documents the substantial scientific issue.

(f) PRIORITY REVIEW GUIDANCE.—(1) CONTENT.—Not later than 1 year after the date of enactment of the 21st Century Cures Act, the Secretary shall issue guidance on the implementation of this section.

(2) PROCESS.—Prior to finalizing the guidance, the Secretary shall seek public comment on a proposed guidance.

(g) RULE OF CONSTRUCTION.—Nothing in this section shall be construed to affect—

(i) the criteria and standards for evaluating a request pursuant to section 515(c), a report and request for classification under section 513(c)(2), or a report under section 516(k), including the recognition of valid scientific evidence as described in section 513(a)(3)(B) and consideration and application of the least burdensome means of evaluating device effectiveness or demonstrating substantial equivalence between devices with differing technological characteristics;

(ii) the authority of the Secretary with respect to clinical holds under section 510(g)(6)(A); and

(iii) the authority of the Secretary to act on an application under section 516(d)(3) before completion of an establishment inspection, as the Secretary determines appropriate; or

(h) PRIORITY REVIEW COMMITTEE.—The Secretary shall, in collaboration with the device sponsor, and including team leaders, to review devices designated under subsection (d), the Secretary, in collaboration with the device sponsor, may, as appropriate—

(i) coordinate with the sponsor regarding early agreement on a data development plan;

(ii) take steps to ensure that the design of clinical trials is as efficient and flexible as practicable, when scientifically appropriate;

(iii) facilitate, when scientifically appropriate, expedited development and priority review of the device through utilization of timely postmarket data collection with regard to approval for application under section 515(c); and

(iv) use in protocols that the Secretary will consider binding on the Secretary and the sponsor, subject to—

(A) the criteria and standards for evaluating a request pursuant to section 515(c), a report and request for classification under section 513(c), or a report under section 516(k), including the recognition of valid scientific evidence as described in section 513(a)(3)(B) and consideration and application of the least burdensome means of evaluating device effectiveness or demonstrating substantial equivalence between devices with differing technological characteristics; or

B. DETERMINE BY OCTOBER 1, 2017, to determine the priority review committee on the basis of the Secretary's disclosure to the sponsor, not less than 5 business days in advance, the topics of any consultation the Secretary intends to undertake with external experts or an advisory committee concerning the sponsor's device and provide the sponsor the opportunity to recommend such external experts or an advisory committee.

C. DESIGNATION PROCESS.—(1) In General.—Section 515(d) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360e(d)) is amended—

(A) by striking paragraph (5); and

(B) by redesignating paragraph (6) as paragraph (5).

(2) CONFORMING AMENDMENT.—Section 737(f) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 379m) is amended by striking "515(d)(6)" and inserting "515(d)(5)".

D. REPORT.—On January 1, 2019, the Secretary of Health and Human Services shall issue a report to the Committee on Energy and Commerce of the House of Representatives.

SEC. 3052. HUMANITARIAN DEVICE EXEMPTION.

(a) IN GENERAL.—Section 520(m) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360d) is amended—

(1) in paragraph (1) by striking “fever than 4,000” and inserting “not more than 8,000";

(2) in paragraph (2)(A) by striking “fever than 4,000" and inserting “not more than 8,000"; and

(3) in paragraph (6)(A)(ii) by striking “4,000" and inserting “8,000".

(b) GUIDANCE DOCUMENT ON PROBABLE BENEFIT.—Not later than 18 months after the date of enactment of this Act, the Secretary of Health and Human Services, acting through the Commissioner of Food and Drugs, shall publish a draft guidance that defines the criteria for establishing "probable benefit" as that term is used in section 520(m)(2)(C) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360(m)(2)(C)).

SEC. 3053. RECOGNITION OF STANDARDS.

(a) IN GENERAL.—Section 516(f) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360d(c)) is amended—

(1) in paragraph (1), by inserting after subparagraph (A) the following new subparagraph:

"(C)(i) Any person may submit a request for recognition under subparagraph (A) of all or part of an appropriate standard established by a nationally or internationally recognized standard organization.

(ii) Not later than 60 calendar days after the Secretary receives such a request, the Secretary shall—

(I) determine a method to recognize all, part, or none of the standard that is the subject of the request; and

(II) issue a report to the person who submitted such a request a report in writing that states the Secretary's rationale for that determination, including the scientific, technical, regulatory, or other basis for such determination.

(b) TERMINATION OF PREVIOUS PROGRAM.—(1) IN GENERAL.—Section 515(d) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360e(d)) is amended—

(A) by striking paragraph (5); and

(B) by redesignating paragraph (6) as paragraph (5).

(2) CONFORMING AMENDMENT.—Section 737(f) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 379m) is amended by striking "515(d)(6)" and inserting "515(d)(5)".

(3) REPORT.—On January 1, 2019, the Secretary of Health and Human Services shall issue a report to the Committee on Energy and Commerce of the House of Representatives.
under subparagraph (A) of all, part, or none of a standard, including the scientific, technical, regulatory, or other basis for the decision regarding such recognition; and"; and

(2) by adding the following:

"(4) The Secretary shall provide to all employees of the Food and Drug Administration who review devices for periodic training on the concept and use of recognized standards for purposes of determining a premarket submission requirement or other applicable requirement under this Act, including standards relevant to an employee’s area of device review.";"

(b) GUIDANCE.—The Secretary of Health and Human Services, acting through the Commissioner of Food and Drugs, shall review and update, if necessary, previously published guidance and standard operating procedures identifying procedures for recognizing standards, and for withdrawing the recognition of standards, under section 514(c) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360c(c)), taking into account the experience with and reliance on a standard by foreign regulatory authorities and the device industry, and whether recognition of a standard will promote harmonization among regulatory authorities in the regulation of devices.

SEC. 3054. CERTAIN CLASS I AND CLASS II DEVICES.

(a) CLASS I DEVICES.—Section 510(i) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360(i)) is amended—

(1) striking "(1)'' and inserting "(1)'' and inserting "(1) A report under subsection (k) and inserting "(2)'' and inserting "(2)'' and inserting "(2)''; and

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

"(2) Not later than 120 calendar days after the date of enactment of the 21st Century Cures Act and at least once every 5 years thereafter, the Secretary determines appropriate, the Secretary shall identify, through publication in the Federal Register, any type of class I device that the Secretary determines no longer requires a report under subsection (k) to provide reasonable assurance of safety and effectiveness. Upon such publication—

"(A) none of a type of class I device so identified shall be exempt from the requirement for a report under subsection (k); and

(B) the classification regulation applicable to each such type of device shall be deemed amended to incorporate such exemption.";"

(b) CLASS II DEVICES.—Section 510(m) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360m) is amended—

(1) by striking "(m)(1)'' and all that follows through "by the Secretary," and inserting the following:

"(m)(1) The Secretary shall—

"(A) not later than 90 days after the date of enactment of the 21st Century Cures Act and at least once every 5 years thereafter, as the Secretary determines appropriate—

"(i) publish in the Federal Register a notice that contains a list of each type of class II device that the Secretary determines no longer requires a report under subsection (k) to provide reasonable assurance of safety and effectiveness; and

"(ii) provide for a period of not less than 60 calendar days for public comment beginning on the date of the publication of such notice; and

"(B) by adding at the end the following new paragraph:

"(B) The Secretary shall provide a report to such classification panel and to the person whose device is specifically the subject of such review and by the Secretary; and

"(C) encourage free and open participation by all interested persons; and

"(D) Following the initial presentations described in clause (i), the panel may—

"(I) pose questions to a designated representative described in subparagraph (A)(iii); and

"(II) consider the responses to such questions in the panel’s review of the device.";"

SEC. 3056. INSTITUTIONAL REVIEW BOARD FLEXIBILITY.

Section 520 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360b) is amended—

(a) in subsection (a)—

(1) in paragraph (1) by striking "(A)'' and inserting "(A)'' and inserting "(A)''; and

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

"(2) Upon the publication of the final list under paragraph (B), (A) each type of class II device so listed shall be exempt from the requirement for a report under subsection (k); and

(B) the classification regulation applicable to each such type of device shall be deemed amended to incorporate such exemption.";"

SEC. 3055. CLASSIFICATION PANELS.

(a) CLASSIFICATION PANELS.—Paragraph (5) of section 513(b)(6) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360b(6)) is amended—

(1) by striking "(5)'' and inserting "(5)(A)''; and

(2) by adding at the end the following:

"(B) When a device is specifically the subject of review by a classification panel, the Secretary shall—

"(i) ensure that adequate expertise is represented on the classification panel to assess—

"(I) the disease or condition which the device is intended to cure, treat, mitigate, prevent, or diagnose; and

"(II) the technology of the device; and

(ii) provide an opportunity for the person whose device is specifically the subject of panel review to provide recommendations to the expertise needed among the voting members of the panel.

(C) For purposes of subparagraph (B)(i), the term ‘adequate expertise’ means that the membership of the classification panel includes—

"(i) two or more voting members, with a specialty or other expertise clinically relevant to the device under review; and

"(ii) at least one voting member who is knowledgeable about the technology of the device.

(D) The Secretary shall provide an annual opportunity for patients, representatives of patients, and sponsors of medical device submissions to provide recommendations for individuals with appropriate expertise to fill voting member positions on classification panels.

(b) PANEL REVIEW PROCESS.—Section 513(b)(6) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360b(6)) is amended—

(1) in subparagraph (A)(iii), by inserting before the period at the end "including, subject to the discretion of the panel chairperson, by designating a representative who will be provided a time during the panel meeting to address the panel for the purpose of correcting misstatements of fact or providing clarifying information, and permitting the person or representative’s organization to address such specific issues in the time provided"; and

(2) by striking subparagraph (B) and inserting the following:

"(B) Any meeting of a classification panel with respect to the review of a device shall—

"(I) provide adequate time for initial presentations by the person whose device is specifically the subject of such review and by the Secretary; and

"(II) encourage free and open participation by all interested persons; and

"(iii) Following the initial presentations described in clause (i), the panel may—

"(I) pose questions to a designated representative described in subparagraph (A)(iii); and

"(II) consider the responses to such questions in the panel’s review of the device.";"

SEC. 3056. INSTITUTIONAL REVIEW BOARD FLEXIBILITY.

Section 520 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360b) is amended—

(a) in subsection (a)—

(1) in paragraph (1) by striking "(A)'' and inserting "(A)''; and

(b) PANEL REVIEW PROCESS.—Section 513(b)(6) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360b(6)) is amended—

(1) in subparagraph (A)(iii), by inserting before the period at the end "including, subject to the discretion of the panel chairperson, by designating a representative who will be provided a time during the panel meeting to address the panel for the purpose of correcting misstatements of fact or providing clarifying information, and permitting the person or representative’s organization to address such specific issues in the time provided"; and

(2) by striking subparagraph (B) and inserting the following:

"(B) Any meeting of a classification panel with respect to the review of a device shall—

"(I) provide adequate time for initial presentations by the person whose device is specifically the subject of such review and by the Secretary; and

"(II) encourage free and open participation by all interested persons; and

"(iii) Following the initial presentations described in clause (i), the panel may—

"(I) pose questions to a designated representative described in subparagraph (A)(iii); and

"(II) consider the responses to such questions in the panel’s review of the device.";"

SEC. 3056. INSTITUTIONAL REVIEW BOARD FLEXIBILITY.

Section 520 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360b) is amended—

(a) in subsection (a)—

(1) in paragraph (1) by striking "(A)'' and inserting "(A)''; and

(b) PANEL REVIEW PROCESS.—Section 513(b)(6) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360b(6)) is amended—

(1) by striking "(5)'' and inserting "(5)(A)''; and

(2) by adding at the end the following:

"(B) When a device is specifically the subject of review by a classification panel, the Secretary shall—

"(i) ensure that adequate expertise is represented on the classification panel to assess—

"(I) the disease or condition which the device is intended to cure, treat, mitigate, prevent, or diagnose; and

"(II) the technology of the device; and

(ii) provide an opportunity for the person whose device is specifically the subject of panel review to provide recommendations to the expertise needed among the voting members of the panel.

(C) For purposes of subparagraph (B)(i), the term ‘adequate expertise’ means that the membership of the classification panel includes—

"(i) two or more voting members, with a specialty or other expertise clinically relevant to the device under review; and

"(ii) at least one voting member who is knowledgeable about the technology of the device.

(D) The Secretary shall provide an annual opportunity for patients, representatives of patients, and sponsors of medical device submissions to provide recommendations for individuals with appropriate expertise to fill voting member positions on classification panels.

(b) PANEL REVIEW PROCESS.—Section 513(b)(6) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360b(6)) is amended—

(1) in subparagraph (A)(iii), by inserting before the period at the end "including, subject to the discretion of the panel chairperson, by designating a representative who will be provided a time during the panel meeting to address the panel for the purpose of correcting misstatements of fact or providing clarifying information, and permitting the person or representative’s organization to address such specific issues in the time provided"; and

(2) by striking subparagraph (B) and inserting the following:

"(B) Any meeting of a classification panel with respect to the review of a device shall—

"(I) provide adequate time for initial presentations by the person whose device is specifically the subject of such review and by the Secretary; and

"(II) encourage free and open participation by all interested persons; and

"(iii) Following the initial presentations described in clause (i), the panel may—

"(I) pose questions to a designated representative described in subparagraph (A)(iii); and

"(II) consider the responses to such questions in the panel’s review of the device.";"
shall include such instructions for use and validation data to support the Secretary’s finding, including the rationale and identification of the evidence on which such finding was based, as described in subparagraph (A) and (B).

(4) In making a finding under subparagraph (A) with respect to a software function, the Secretary shall consider—

(i) the likelihood and severity of patient harm if the software function were to not perform as intended;

(ii) the extent to which the software function is intended to support the clinical judgment of a health care professional;

(iii) whether there is a reasonable opportunity for a health care professional to review the basis of the information or treatment recommendation provided by the software function; and

(iv) the extent to which the user and user environment, such as whether a health care professional will use a software function of a type described in subparagraph (E) of paragraph (1).

(4) Nothing in this subsection shall be construed as limiting the authority of the Secretary to—

(A) exercise enforcement discretion as to any device subject to regulation under this Act; or

(B) regulate software used in the manufacture and transfusion of blood and blood components to assist in the prevention of disease in humans; or

(C) regulate software as a device under this Act if such software meets the criteria under section 513(f)(1).".

(b) REPORT.—The Secretary of Health and Human Services (referred to in this subsection as the "Secretary"), after consultation with agencies and offices of the Department of Health and Human Services involved in health information technology, shall publish a report, not later than 2 years after the date of enactment of this Act and every 2 years thereafter, that—

(1) includes input from outside experts, such as representatives of patients, consumers, health care providers, startup companies, health plans or other third-party payers, venture capital investors, information technology vendors, health information technology vendors, small businesses, purchasers, employers, and other stakeholders with relevant expertise, as determined by the Secretary;

(2) examines information available to the Secretary on any risks and benefits to health as associated with software functions described in section 520(o)(1) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360o) (as amended by subsection (a)); and

(3) summarizes findings regarding the impact of such software functions on patient safety, including best practices to promote safety, education, and competency related to such functions.

(c) CLASSIFICATION OF ACCESSORIES.—Section 513(h) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360(h)) is amended by adding at the end the following:

"(9) The Secretary shall classify an accessory under this section based on the intended use of the software function under this Act, without regard to the classification of any other device with which such accessory is intended to be used."
by subsection (a), including by determining, during the period between the date of enactment of this Act and the completion of the study—

(A) the total number of members recruited and retained under such Senior Biomedical Research and Biomedical Product Assessment Service under such section 228, and the effect of increasing the number of members eligible for such Service;

(B) the number of members of such Senior Biomedical Research and Biomedical Product Assessment Service hired with a doctoral level degree in biomedical research, clinical research evaluation, and biomedical product assessment; and

(C) the number of Senior Biomedical Research and Biomedical Product Assessment Service members that have been hired by each agency or department of the Department of Health and Human Services, and how such Department assigns such members to each agency or department.

SEC. 3072. HIRING AUTHORITY FOR SCIENTIFIC, TECHNICAL, AND PROFESSIONAL PERSONNEL.

(a) IN GENERAL.—The Secretary may, notwithstanding title 5, United States Code, governing appointments in the civil service, appoint outstanding and qualified candidates to scientific, technical, or professional positions that support the development, review, and regulation of medical products. Such positions shall be within the competitive service.

(b) COMPENSATION.—

(1) IN GENERAL.—Notwithstanding any other provision of law, including any requirement with respect to General Schedule pay rates under subchapter III of chapter 53 of title 5, United States Code, and consistent with the requirements of paragraph (2), the Commissioner of Food and Drugs may determine and set—

(A) the annual rate of pay of any individual appointed under subsection (a); and

(B) for purposes of retaining qualified employees, the annual rate of pay for any qualified scientific, technical, or professional personnel appointed under subsection (a) before the date of enactment of the 21st Century Cures Act.

(2) LIMITATION.—The annual rate of pay established under paragraph (1) may not exceed the amount of annual compensation (excluding expenses) specified in section 102 of title 3, United States Code.

(3) EFFECTIVE DATE.—This section shall take effect on the date of enactment of this Act.

(c) RULE OF CONSTRUCTION.—The authorities of the Secretary under this section shall be construed to affect the authority provided under section 714.

(d) REPORT On WORKFORCE PLANNING.—

(1) IN GENERAL.—Not later than 18 months after the date of enactment of the 21st Century Cures Act, the Secretary shall submit a report on workforce planning to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives.

(2) CONTENTS OF STUDY.—The Comptroller General of the United States shall conduct a study of the effectiveness of the amendments to section 228 of the Public Health Service Act (42 U.S.C. 237) made by subsection (a), including by determining, during the period between the date of enactment of this Act and the completion of the study—

(A) the total number of members recruited and retained under such Senior Biomedical Research and Biomedical Product Assessment Service under such section 228, and the effect of increasing the number of members eligible for such Service;

(B) the number of members of such Senior Biomedical Research and Biomedical Product Assessment Service hired with a doctoral level degree in biomedical research, clinical research evaluation, and biomedical product assessment; and

(C) the number of Senior Biomedical Research and Biomedical Product Assessment Service members that have been hired by each agency or department of the Department of Health and Human Services, and how such Department assigns such members to each agency or department.

(2) CONFORMING AMENDMENT.—Section 201(h) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321(h)) is amended by adding at the end the following: ‘‘(2) streamlining, where appropriate, the recruitment or placement agencies; and

(3) coordination of staff from the Centers for Disease Control and Prevention, the National Institutes of Health, and the Food and Drug Administration in recruiting or placement agencies;’’.

(a) IN GENERAL.—The Committee on Appropriations of the House of Representatives, and the Committee on Appropriations of the Senate and the Committee on Energy and Commerce of the House of Representatives, shall include in the study and report referred to as the ‘‘Service’’, not to exceed the amount of annual compensation (excluding expenses) specified in section 102 of title 3, United States Code.

(b) GAO STUDY AND REPORT.—

(1) IN GENERAL.—The Comptroller General of the United States shall conduct a study of the ability of the Food and Drug Administration to hire, train, and retain qualified scientific, technical, and professional employees, including—

(A) information about the progress of the Food and Drug Administration in recruiting and retaining qualified scientific, technical, and professional staff outstanding in the field of biomedical research, clinical research evaluation, and biomedical product assessment; and

(B) recommendations for potential improvements that would address staffing needs exist at the Food and Drug Administration, and barriers to hiring, training, and retaining qualified staff.

(c) RULE OF CONSTRUCTION.—The authorities of the Secretary under this section shall be construed to affect the authority provided under section 714.

(d) REPORT On WORKFORCE PLANNING.—The Comptroller General shall submit a report on workforce planning to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives.

(a) IN GENERAL.—Chapter X of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 391 et seq.) is amended by adding at the end the following:

(1) coordination of staff from the Centers for Disease Control and Prevention, the National Institutes of Health, and the Food and Drug Administration in recruiting or placement agencies; and

(2) streamlining, where appropriate, the recruitment or placement agencies; and

(3) coordination of staff from the Centers for Disease Control and Prevention, the National Institutes of Health, and the Food and Drug Administration in recruiting or placement agencies;’’.

SEC. 1014. FOOD AND DRUG ADMINISTRATION INTERCENTER IN-
Institute, applying relevant standards under sections 505, 510(k), 513(f)(2), and 515 of this Act and section 351 of the Public Health Service Act, and other applicable authorities; "(2) encourage programs within the Centers related to the major disease area of focus of the Institute; "(3) plan and conduct scientific programs and enhance- strategies to recruit, train, and provide continuing education opportunities for the personnel of the Centers with expertise related to the major disease area of focus of the Institute; "(4) enhance the interactions of the Centers with patients, sponsors, and the exter- nal biomedical community regarding the major disease area of focus of the Institute; "(5) facilitate the collaborative relationships of the Centers with other agencies within the Department of Health and Human Services regarding the major disease area of focus of the Institute. "(b) PUBLIC PROCESS.—The Secretary shall provide a period for public comment during the time that each Institute is being implemented. "(1) Timing.—The Secretary shall establish at least one Institute under subsection (a) before the date that is 1 year after the date of enactment of the 21st Century Cures Act. "(2) TERMINATION OF INSTITUTES.—The Sec- retary may terminate any Institute established pursuant to this section if the Secretary deter- mines such Institute is no longer benefiting the public health. Not less than 60 days prior to so terminating an Institute, the Secretary shall provide public notice, including the rationale for such termination. "(3) TECHNICAL AMENDMENTS.—Chapter X of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 391 et seq.) is amended— "(1) by redesignating section 1012 as section 1013; and "(2) by redesignating the second section 1011 (with respect to improving the training of State, local, territorial, and tribal food safety officials), as added by section 206(a) of the FDA Food Safety Modernization Act (Public Law 111–353), as section 1012. SEC. 3074. SCIENTIFIC ENGAGEMENT. "(a) IN GENERAL.—Scientific meetings that are attended by scientific or medical personnel, or other professionals, of the Department of Health and Human Services for whom attendance at such meeting is directly related to their professional duties and the mission of the Depart- ment— "(1) shall not be considered conferences for the purposes of this section if such meeting is attended by Federal personnel who are required to report such attendance under any annual appropria- tions Acts or in this section; and "(2) shall not be considered conferences for purposes of this section if such meeting is contained in an annual appropriations Act, based on Office of Manage- ment and Budget Memorandum M-12-12 or any other regulation restricting travel to such meet- ings. "(b) LIMITATION.—Nothing in this section shall be construed to exempt travel for scientific meet- ings from Federal regulations relating to travel. "(c) REPORTS.—Not later than 90 days after the end of the fiscal year, each operating division of the Department of Health and Human Services shall report to the House of Representatives on the operating division, an annual report on scientific meeting attendance and related travel spending for each fiscal year. Such report shall include— "(1) general information concerning the sci- entific meeting activities involved; "(2) information concerning the total amount expended for such meetings; "(3) a description of all such meetings that were attended by scientific or medical personnel, or other professionals of each such operating division where the total amount expended by the operating division associated with each such meeting were in excess of $30,000, including— "(A) a description of meeting expenses incurred by the operating division for such meet- (B) the location of such meeting; "(C) the date of such meeting; "(D) a brief explanation on how such meeting advanced the mission of the operating division; and "(E) the total number of individuals whose travel expenses or other scientific meeting ex- pense exceeded amount of such meeting division; and "(4) with respect to any such meeting where the total expenses to the operating division exceeded $150,000, a description of the exceptional cir- cumstances that necessitated the expenditure of such amounts. SEC. 3075. DRUG SURVEILLANCE. "(a) NEW DRUGS.—Section 505(k)(5) of the Fed- eral Food, Drug, and Cosmetic Act (21 U.S.C. 355(k)(5), as amended by section 2074, is further amended— "(1) in subparagraph (A), by striking "bi- weekly screening" and inserting "screenings"; "(2) in subparagraph (B), as redesignated by section 2074(1)(C), by striking at the end and inserting ; and "(3) by adding at the end the following: "(C) make available on the Internet website of the Food and Drug Administration— "(i) guidelines, developed with input from ex- perts qualified in the relevant field and experi- ence to evaluate the safety and effectiveness of drugs, that detail best practices for drug safety surveill- ance using the Adverse Event Reporting System; and "(ii) criteria for public posting of adverse event signals.— "(b) FAERS REVISION.—Section 505(r)(2)(D) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(r)(2)(D)) is amended by striking "6 months" and all that follows through the semicolon at the end of the subparagraph and inserting "and making publicly available on the Internet website established under paragraph (1) best practices for drug safety surveil- lance activities for drugs approved under this section or section 351 of the Public Health Service Act; "(c) RISK EVALUATION AND MITIGATION STRAT- EGIES.—Section 505(f)(5) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(f)(5)) is amended— "(1) in the matter preceding subparagraph (A), by inserting "or other advisory committee" after "(or successor committee)"; and "(2) in subparagraph (B), by striking "at least annually," and inserting "periodically.". SEC. 3076. REAGAN-UDALL FOUNDATION FOR THE FOOD AND DRUG ADMINISTRATION. "(a) BOARD OF DIRECTORS.— "(1) COMPOSITION AND SIZE.—Section 770(d)(1)(C) of the Federal Food, Drug, and Cos- metic Act (21 U.S.C. 379d(d)(1)(C)) is amended— "(A) by redesigning clause (i) as clause (iii); "(B) by inserting after clause (i) the following: "(ii) ADDITIONAL MEMBERS.—The Board, through amendments to the bylaws of the Foun- dation, may provide that the number of voting members of the Board (including all number of members to be specified in such amendment) greater than 14. Any Board positions that are established by any such amendment shall be appointed by majority vote by the President and appointed to a term of 3 years. Voting members of the Board and persons so appointed may represent any of the categories specified in subsections (1) through (V) of clause (i), so long as no more than 30 percent of the total voting members of the Board (including members whose positions are established by such amendment) are rep- resentatives of a health professional, de- vice, food, cosmetic, and biotechnology indus- tries.; and "(C) in clause (ii)(I), as redesignated by sub- paragraph (A), by striking "an ex officio mem- bers shall ensure" and inserting "The ex officio members, acting pursuant to clause (i), and the Board, acting pursuant to clause (ii), shall en- sure. "(2) FEDERAL EMPLOYEES ALLOWED TO SERVE ON BOARD.—Clause (iii)(II) of section 770(d)(1)(C) of the Federal Food, Drug, and Cos- metic Act (21 U.S.C. 379d(d)(1)(C)), as redesign- nated by paragraph (1)(A), is amended by adding at the end the following: "For purposes of section 505–1(f)(5) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 379d(d)(3)) is amended to read as follows: "(A) TERM.—The term of office of each member of the Board appointed under paragraph (1)(C)(i), and the term of office of any member of the Board whose position is established pursuant to paragraph (1)(C)(ii), shall be 4 years, except that— "(I) the terms of office for the members of the Board initially appointed under paragraph (1)(C)(i) shall expire on a staggered basis as determined by the ex officio members; and "(II) the terms of office for the persons ini- tially appointed to positions established pursuant to paragraph (1)(C)(ii) may be made to ex- pire on a staggered basis, as determined by the individual who, as of the date of the amend- ment establishing such positions, are members of the Board. "(b) EXECUTIVE DIRECTOR COMPENSATION.— Section 770(g)(2) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 379d(g)(2)) is amended by striking "shall not be greater than the compensation of the Chairman of the Board" and inserting "shall not be greater than the compensation of the ex officio members of the Board", and "(c) SEPARATION OF FUNDS.—Section 770(m) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 379d(m)) is amended by striking "are hereby transferred to the Foundation, in excess of funds under subsec- tion (i)" and inserting "are managed as individual programmatic funds under subsection (i), according to best account- ing practices."

Subtitle II—Medical Countermeasures Innovation SEC. 3081. MEDICAL COUNTERMEASURE GUIDELINES "Section 319F–2 of the Public Health Service Act (42 U.S.C. 247d–6b) is amended— "(1) in subsection (a), by adding at the end the following: "(2) UTILIZATION GUIDELINES.—The Secretary shall ensure timely and accurate recommended guidelines, including guidelines for medical countermeasures (as defined in section 319F–1), qualified pandemic and epidemic products (as defined in section 319F–3), and security countermeasures (as defined in section 319F–1), includ- ing for such products in the stockpile.; and "(2) in subsection (p)— "(A) by adding paragraph (4) to read as fol- lows: "(4) REPORT ON SECURITY COUNTERMEASURE PROCUREMENT.—Not later than March 1 of each year in which the Secretary determines that the amount of funds available for procurement of security countermeasures is less than $1,500,000,000, the Secretary shall submit to the Committee on Appropriations and the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Appropriations and the Committee on Energy and Com- mercial Security of the House of Representatives report detailing the amount of such funds available for procurement and the impact such amount of funding will have on the ability to meeting the security countermeasure needs identified under this section; and "(B) on the annual Public Health Emergency Medical Countermeasures Enterprise and Strat- egies Implementation Plan (pursuant to section 2811(d)).

SEC. 3082. CLARIFYING BARDA CONTRACTING AUTHORITY "(a) IN GENERAL.—Section 319F–2(g) of the Public Health Service Act (42 U.S.C. 247d–6b(g)) is amended by adding at the end the following: "(B) the ex officio members of the Board"; and "(c) SEPARATION OF FUNDS.—Section 770(m) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 379d(m)) is amended by striking "are hereby transferred to the Foundation, in excess of funds under subsec- tion (i)" and inserting "are managed as individual programmatic funds under subsection (i), according to best account- ing practices."
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Development Authority, shall carry out the programs funded by the special reserve fund (for the procurement of security countermeasures under subsection (c) and for carrying out sections 210 and 211 of the 21st Century Cures Act) under agreements with contractors, grants, and cooperative agreements pursuant to this section and section 319L-1.

(b) BARDA CONTRACTING AUTHORITY.—Section 319L(c)(3) of the Public Health Service Act (42 U.S.C. 247d-7c) is amended by inserting ‘‘, including the execution of procurement contracts, grants, and cooperative agreements pursuant to this section and section 319L-1.’’

SEC. 3083. COUNTERMEASURE BUDGET PLAN.

Section 2811(b)(7) of the Public Health Service Act (42 U.S.C. 247d–1c) is amended by inserting ‘‘, including the execution of procurement contracts, grants, and cooperative agreements pursuant to this section and section 319L-1.’’

In subsection (c) (1), in the matter preceding subparagraph (A), by striking the first sentence and inserting ‘‘Develop, and update not later than March 1 of each year, a 5-year budget plan based on the medical countermeasure priorities described in subsection (d), including with respect to chemical, biological, radiological, and nuclear agent or agents that may present a threat to the Nation, including such agents that are novel or emerging infectious diseases, and the corresponding efforts to develop qualified countermeasures, under section 319F–1, security countermeasures (as defined in section 319F–2), and qualified pandemic or epidemic products (as defined in section 319F–3) for each such threat.’’

In subparagraph (B), by striking ‘‘, and’’ and inserting a semicolon;

In subparagraph (C), by striking ‘‘, and’’ and inserting a semicolon;

In subparagraph (D), by striking ‘‘to the appropriate committees of Congress upon request.’’ and inserting ‘‘, not later than March 15 of each year, to the Committee on Appropriations and the Committee on Energy and Commerce of the House of Representatives and the Senate and the Committee on Appropriations and the Committee on Energy and Commerce of the House of Representatives;’’ and

In subparagraph (E), by striking ‘‘not later than March 15 of each year, by the Secretary to the Committee on Appropriations and the Committee on Energy and Commerce of the House of Representatives and the Senate and the Committee on Appropriations and the Committee on Energy and Commerce of the House of Representatives.’’

In paragraph (4), by adding at the end the following:

‘‘(E) not later than March 15 of each year, be made publicly available in a manner that does not compromise national security.’’.}

SEC. 3084. MEDICAL COUNTERMEASURES INNOVATION.

Section 319L(c)(4) of the Public Health Service Act (42 U.S.C. 247d–7c(c)(4)) is amended by adding at the end the following:

‘‘(E) MEDICAL COUNTERMEASURES INNOVATION PARTNER.—

‘‘(1) GENERAL.—To support the purposes described in subsection (c), the Secretary, acting through the Director of BARDA, may enter into an agreement (including through the use of grants, contracts, cooperative agreements, or other instruments described in paragraph (5)) with an independent, nonprofit entity to—

‘‘(I) foster and accelerate the development and innovation of medical countermeasures and technologies that may assist advanced research and the development of qualified countermeasures and qualified pandemic or epidemic products, including through the use of strategic venture capital and other instruments described in paragraph (5);

‘‘(II) promote the development of new and promising technologies that address urgent medical countermeasure needs, as identified by the Secretary;

‘‘(III) address unmet public health needs that are directly related to medical countermeasure requirements, such as novel antimicrobials for multidrug resistant organisms and miltisite platform technologies for diagnostics, prophylaxis, vaccines, and therapeutics; and

‘‘(IV) provide expert consultation and advice to support medical countermeasure innovators, including helping qualified countermeasure innovators navigate unique industry challenges with respect to developing chemical, biological, radiological, and nuclear countermeasure products.

‘‘(2) ELIGIBILITY.—

‘‘(I) IN GENERAL.—To be eligible to enter into an agreement under clause (i) an entity shall—

‘‘(aa) be an independent, nonprofit entity;

‘‘(bb) have a demonstrated record of being able to leverage outside investors and leverage such partnerships and resources for the purpose of addressing identified strategic needs of the Federal Government;

‘‘(cc) have experience in promoting novel technology innovation;

‘‘(dd) be problem-driven and solution-focused based on the needs, requirements, and problems identified by the Secretary under clause (vi);

‘‘(ee) demonstrate the ability, or the potential ability, to promote the development of medical countermeasures and qualified pandemic or epidemic products;

‘‘(ff) demonstrate expertise, or the capacity to develop or acquire expertise, related to technical and regulatory considerations with respect to medical countermeasures and qualified pandemic or epidemic products;

‘‘(gg) not be within the Department of Health and Human Services.

‘‘(II) PARTNERING EXPERIENCE.—In selecting an entity with which to enter into an agreement under clause (i), the Secretary shall place a high value on the demonstrated experience of the entity in partnering with the Federal Government to meet strategic needs.

‘‘(III) NOT AGENCY.—An entity that enters into an agreement under clause (i) shall not be deemed to be a Federal agency for any purpose, including for any purpose under title 5, United States Code.

‘‘(IV) DIRECTION.—Pursuant to an agreement entered into under this subparagraph, the Secretary, acting through the Director of BARDA, shall provide direction to the entity that enters into an agreement under clause (i). As part of this agreement the Director of BARDA shall—

‘‘(I) communicate the medical countermeasure needs, requirements, and problems to be addressed by the entity under the agreement;

‘‘(II) develop a description of work to be performed by the entity under the agreement;

‘‘(III) provide technical feedback and appropriate oversight over work carried out by the entity under the agreement, including subsequent development and partnerships consistent with the needs and requirements set forth in this subparagraph;

‘‘(IV) ensure fair consideration of products developed under the agreement in order to maintain competition to the maximum practical extent, as applicable and appropriate under applicable provisions of law;

‘‘(V) ensure, as a condition of the agreement that the entity—

‘‘(aa) has in place a comprehensive set of policies that demonstrate a commitment to transparency and accountability;

‘‘(bb) protects against conflicts of interest through a comprehensive set of policies that address potential conflicts of interest, ethics, disclosure, and reporting requirements;

‘‘(cc) provides monthly accounting on the use of funds provided under the agreement; and

‘‘(dd) provides on a quarterly basis, reports regarding the progress made toward meeting the identified needs set forth in the agreement;

‘‘(V) SUPPLEMENTARY ACTIVITIES.—Activities carried out under this subparagraph shall supplement, and not supplant, other activities carried out under this section.

‘‘(VI) NO ESTABLISHMENT OF ENTITY.—To prevent unnecessary duplication and target resources effectively, nothing in this subparagraph shall be construed to authorize the Secretary to establish within the Department of Health and Human Services an entity for the purposes of carrying out this subparagraph.

‘‘(VII) TRANSPARENCY AND OVERSIGHT.—Upon request, the Comptroller General of the United States shall submit a report to Congress, including information provided to the Secretary under clause (iv)(V)(dd).

‘‘(VIII) INDEPENDENT EVALUATION.—Not later than 4 years after the enactment of the 21st Century Cures Act, the Comptroller General of the United States shall conduct an independent evaluation, and submit to the Secretary and the appropriate committees of Congress a report, concerning the activities conducted under this subparagraph. Such report shall include an independent recommendation as to whether any agreement or activities carried out pursuant to this subparagraph.

‘‘(IX) SUNSET.—This subparagraph shall have no force or effect after December 30, 2022.’’

SEC. 3085. STREAMLINING PROJECT BIOSHIELD PROCUREMENT.

Section 212F–1 of the Public Health Service Act (42 U.S.C. 247d–60a) is amended by inserting ‘‘, including the execution of procurement contracts, grants, and cooperative agreements pursuant to this section and section 319L-1.’’

In paragraph (4)(A)(i), by striking ‘‘make a recommendation under paragraph (6) that the special reserve fund as defined in subsection (h) be made available for the procurement of such countermeasure’’ and inserting ‘‘and subject to the availability of appropriations, make available the special reserve fund as defined in subsection (h) for procurement of such countermeasure, as applicable’’;

In paragraph (6)—

(1) by striking subparagraphs (A), (B), and (E); and

(2) by redesigning subparagraphs (C) and (D) as subparagraphs (A) and (B), respectively;

In paragraph (7)—

(1) by redesigning subparagraph (A) as subparagraph (B); and

(2) by redesigning subparagraph (C) as subparagraph (A).

SEC. 3086. ENCOURAGING TREATMENTS FOR AGENTS THAT PRESENT A NATIONAL SECURITY THREAT.

Subchapter E of chapter V of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360bbb et seq.) is amended by inserting after section 365 the following:

‘‘SEC. 365A. PRIORITY REVIEW TO ENCOURAGE TREATMENTS FOR AGENTS THAT PRESENT NATIONAL SECURITY THREATS.

‘‘(a) DEFINITIONS.—In this section—

‘‘(I) HUMAN DRUG APPLICATION.—The term ‘human drug application’ has the meaning given such term in section 735(l).

‘‘(II) PRIORITY REVIEW.—The term ‘priority review’ as used in this section has the meaning given such term in section 601(h).’’

‘‘(b) PRIORITY REVIEW.—The term ‘priority review’ as used in this section has the meaning given such term in section 601(h).’’

‘‘(c) PRIORITY REVIEW VOUCHER.—The term ‘priority review voucher’ means a voucher...’
issued by the Secretary to the sponsor of a material threat medical countermeasure application that entitles the holder of such voucher to priority review of a single human drug application submitted under section 505(b)(1) of the Public Health Service Act of 319F–2(c)(2)(A)(ii) of the Public Health Service Act, or

(4) COMPLETE APPLICATION.—An application described under subparagraph (A) for which the sponsor requests the use of a priority review voucher shall be considered incomplete if the fee required by this subsection and all other applicable user fees are not paid in accordance with the Secretary's procedures for paying such fees.

(5) NO WAIVERS, EXEMPTIONS, REDUCTIONS, OR REFUNDS.—The Secretary may not grant a waiver, exemption, or refund of any fees due and payable under this section.

(6) OFFSETTING COLLECTIONS.—Fees collected pursuant to this subsection for any fiscal year shall be deposited and credited as offsetting collections to the account providing appropriations to the Food and Drug Administration; and

(7) shall not be collected for any fiscal year except to the extent provided in advance appropriation Acts.

(8) NOTICE OF ISSUANCE OF VOUCHER AND APPROVAL FOR VOUCHER.—The Secretary shall publish a notice in the Federal Register and on the Internet website of the Food and Drug Administration not later than 30 calendar days after the occurrence of each of the following:

(1) The Secretary issues a priority review voucher under this section.

(2) The Secretary receives a drug pursuant to a priority review voucher issued under any section 505(b) of the Public Health Service Act for which the sponsor of the application used a priority review voucher issued under this section.

(3) NOTIFICATION.—Nothing in this section precludes a sponsor who seeks a priority review voucher under this section from participating in any other incentive program, including under this Act, except that no sponsor of a material threat medical countermeasure application may receive more than one priority review voucher issued under any section of this Act with respect to such drug.

(4) RELATION TO OTHER PROVISIONS.—The provisions of this section shall supplement, not supplant, any other provisions of this Act or the Public Health Service Act that encourage the development of medical countermeasures.

(5) SUNSET.—The Secretary may not award any priority review vouchers under subsection (b) after October 1, 2023.

SEC. 3080. PAPERWORK REDUCTION ACT WAIVER DURING A PUBLIC HEALTH EMERGENCY.

Section 3505 of the Paperwork Reduction Act (44 U.S.C. 3505) is amended by adding at the end the following:

"(f) DETERMINATION WITH RESPECT TO PAPERWORK REDUCTION ACT WAIVER DURING A PUBLIC HEALTH EMERGENCY.—

(1) DETERMINATION.—If the Secretary determines, after consultation with such public health officials as may be necessary, that—

(A) the criteria set forth for a public health emergency under paragraph (1) or (2) of subsection (a) has been met; or

(B) a disease or disorder, including a novel or emerging public health threat, is significantly likely to become a public health emergency and

(2) the circumstances of such public health emergency, or potential for such significantly likely public health emergency, including the specific preparation for and response to such public health emergency, is such that a waiver from the requirements of subchapter I of chapter 35 of title 44, United States Code (commonly referred to as the Paperwork Reduction Act),

then the requirements of such subchapter I with respect to voluntary collection of information shall not be applicable during the immediate in-

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B) COMPLETE APPLICATION.—An application described under subparagraph (A) for which the sponsor requests the use of a priority review voucher shall be considered incomplete if the fee required by this subsection and all other applicable user fees are not paid in accordance with the Secretary's procedures for paying such fees.

(5) NO WAIVERS, EXEMPTIONS, REDUCTIONS, OR REFUNDS.—The Secretary may not grant a waiver, exemption, or refund of any fees due and payable under this section.

(6) OFFSETTING COLLECTIONS.—Fees collected pursuant to this subsection for any fiscal year shall be deposited and credited as offsetting collections to the account providing appropriations to the Food and Drug Administration; and

(7) shall not be collected for any fiscal year except to the extent provided in advance appropriation Acts.

(8) NOTICE OF ISSUANCE OF VOUCHER AND APPROVAL FOR VOUCHER.—The Secretary shall publish a notice in the Federal Register and on the Internet website of the Food and Drug Administration not later than 30 calendar days after the occurrence of each of the following:

(1) The Secretary issues a priority review voucher under this section.

(2) The Secretary receives a drug pursuant to a priority review voucher issued under any section 505(b) of the Public Health Service Act for which the sponsor of the application used a priority review voucher issued under this section.

(3) NOTIFICATION.—Nothing in this section precludes a sponsor who seeks a priority review voucher under this section from participating in any other incentive program, including under this Act, except that no sponsor of a material threat medical countermeasure application may receive more than one priority review voucher issued under any section of this Act with respect to such drug.

(4) RELATION TO OTHER PROVISIONS.—The provisions of this section shall supplement, not supplant, any other provisions of this Act or the Public Health Service Act that encourage the development of medical countermeasures.

(5) SUNSET.—The Secretary may not award any priority review vouchers under subsection (b) after October 1, 2023.

SEC. 3080. PAPERWORK REDUCTION ACT WAIVER DURING A PUBLIC HEALTH EMERGENCY.

Section 3505 of the Public Health Service Act (44 U.S.C. 3505) is amended by adding at the end the following:

"(f) DETERMINATION WITH RESPECT TO PAPERWORK REDUCTION ACT WAIVER DURING A PUBLIC HEALTH EMERGENCY.—

(1) DETERMINATION.—If the Secretary determines, after consultation with such public health officials as may be necessary, that—

(A) the criteria set forth for a public health emergency under paragraph (1) or (2) of subsection (a) has been met; or

(B) a disease or disorder, including a novel or emerging public health threat, is significantly likely to become a public health emergency and

(2) the circumstances of such public health emergency, or potential for such significantly likely public health emergency, including the specific preparation for and response to such public health emergency, is such that a waiver from the requirements of subchapter I of chapter 35 of title 44, United States Code (commonly referred to as the Paperwork Reduction Act),

then the requirements of such subchapter I with respect to voluntary collection of information shall not be applicable during the immediate in-
(B) by inserting ‘‘or by the veterinarian caring for such animal, as applicable’’ after ‘‘attending physician’’;

(5) in subsection (g)(1), by inserting ‘‘conditional approval under section 571.’’ after ‘‘approval.’’;

(6) in subsection (h)(1), by striking ‘‘or section 520(g)’’ and inserting ‘‘521(g), or 520(g)’’; and

(7) in subsection (i), by striking ‘‘section 520(g),’’ and inserting ‘‘521(g), or 520(g)’’.

(b) NEW ANIMAL DRUGS.—Section 512a(1) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360b(1)) is amended—

(1) in subparagraph (B), by striking ‘‘or’’ at the end;

(2) in subparagraph (C), by striking the period at the end and inserting ‘‘; or’’;

(3) by inserting after subparagraph (C) the following:

‘‘(D) there is in effect an authorization pursuant to section 564A of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360bbb–3b(2)) is amended—

(1) in subsection (a)(1)(A), by inserting ‘‘, consistent with respect to the use of a vaccine at the time such woman was administered the vaccine,’’ after ‘‘child shall have the meaning given in subsection (b)’’;

(2) in subparagraph (B), by striking ‘‘or 515’’ and inserting ‘‘512, or 515’’;

(3) in subparagraph (B), by striking ‘‘or 520’’ and inserting ‘‘512, or 520’’.

Subtitle I—Vaccine Access, Certainty, and Innovation

SEC. 3091. PREDICTABLE REVIEW TIMELINES OF THE ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES.

(a) CONSIDERATION OF NEW VACCINES.—Upon the licensure of any vaccine or any new indication for a vaccine, the Advisory Committee on Immunization Practices (in this section referred to as the ‘‘Advisory Committee’’) shall, as appropriate, consider the use of the vaccine at its next regularly scheduled meeting.

(b) ADDITIONAL INFORMATION.—If the Advisory Committee determines that the vaccine is a significant public health priority, the Advisory Committee shall make recommendations with respect to the use of certain vaccines in a timely manner, as appropriate, including vaccines that—

(1) are designated as a breakthrough therapy under section 510 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 356); or

(2) could be used in a public health emergency.

(c) CONSIDERATION FOR BREAKTHROUGH THERAPIES AND FOR POTENTIAL USE DURING PUBLIC HEALTH EMERGENCY.—The Advisory Committee shall make recommendations with respect to the use of certain vaccines in a timely manner, as appropriate, including vaccines that—

(1) are designated as a breakthrough therapy under section 506 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 356); and

(2) could be used in a public health emergency.

(d) DEFINITION.—In this section, the terms ‘‘Advisory Committee on Immunization Practices’’ and ‘‘Advisory Committee’’ mean the Advisory Committee on Immunization Practices established by the Secretary pursuant to section 222 of the Public Health Service Act (42 U.S.C. 217a), acting through the Director of the Centers for Disease Control and Prevention.’’.

SEC. 3092. REVIEW OF PROCESSES AND CONSISTENT ADVICE OF ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES RECOMMENDATIONS.

(a) REVIEW.—The Director of the Centers for Disease Control and Prevention shall conduct a review of the processes used by the Advisory Committee on Immunization Practices in formulating and issuing recommendations pertaining to the use of vaccines, including with respect to consistency.

(b) CONSIDERATIONS.—The review under subsection (a) shall be limited to—

(1) the criteria used to evaluate new and existing vaccines, including the identification of any areas for which flexibility in evaluating such criteria is necessary and the reason for such flexibility;

(2) the Grading of Recommendations, Assessment of Evidence, and Development, or DEJ approach to the review and analysis of scientific and economic data, including the scientific basis for such approach; and

(3) the implementation considerations related to immunization.

(c) STAKEHOLDERS.—In carrying out the review under subsection (a), the Director of the Centers for Disease Control and Prevention shall solicit input from vaccine stakeholders.

(d) REPORT.—Not later than 18 months after the date of enactment of this Act, the Director of the Centers for Disease Control and Prevention shall submit the report to the appropriate committees of the Congress, and make publicly available, a report on the results of the review under subsection (a), including any recommendations on improving the consistency of the processes described in such subsection.

(e) DETAILED REPORT.—In this section, the term ‘‘Advisory Committee on Immunization Practices’’ means the Advisory Committee on Immunization Practices established by the Secretary of Health and Human Services pursuant to section 222 of the Public Health Service Act (42 U.S.C. 217a), acting through the Director of the Centers for Disease Control and Prevention.

(f) ENCOURAGING VACCINE INNOVATION.

(a) VACCINE MEETINGS.—The Director of the Centers for Disease Control and Prevention shall ensure that appropriate staff within the relevant agencies of the Department of Health and Human Services, and the National Institutes of Health, the Centers for Disease Control and Prevention, the National Institute of Allergy and Infectious Diseases, and others, as appropriate, coordinate with respect to the public health needs, epidemiology, and program planning and implementation related to immunization, including with regard to meetings with stakeholders related to such topics.

(b) REPORT ON VACCINE INNOVATION.—(1) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services (referred to in this section as the ‘‘Secretary’’), in consultation with appropriate agencies or offices within the Department of Health and Human Services, including the National Institutes of Health, the Centers for Disease Control and Prevention, the National Institute of Allergy and Infectious Diseases, and the Bio- medical Advanced Research and Development Authority, shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives, and post publicly on the Internet website of the Department of Health and Human Services, a report on ways to encourage and incentivize the development of vaccines that minimize the burden of infectious disease.

(2) CONTENT.—The report described in paragraph (1) shall review the current status of vaccine development and, as appropriate—

(A) consider the optimal process to determine which vaccines would be beneficial to public health and how information on such vaccines is disseminated to key stakeholders;

(B) examine and identify whether obstacles exist that inhibit the development of beneficial vaccines; and

(C) make recommendations about how best to review any vaccines identified under subparagraph (B) in order to promote and incentivize vaccine innovation and development.

(3) CONSULTATION.—Before preparing the report under this subsection, the Secretary may consult with—

(A) representatives of relevant Federal agencies and departments, including the Department of Defense and the Department of Veterans Affairs;

(B) academic researchers;

(C) developers and manufacturers of vaccines;

(D) medical and public health practitioners;

(E) representatives of patient, policy, and advocacy organizations; and

(F) representatives of other entities, as the Secretary determines appropriate.

Subtitle J—Technical Corrections

SEC. 3093. TECHNICAL CORRECTIONS.

(a) FFDA.—(1) REFERENCES.—Except as otherwise expressly provided, whenever in this subtitle an amendment is expressed in terms of an amendment to a section or other provision, the reference shall be considered to be made to that section or other provision of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 301 et seq.).

(b) AMENDMENTS.—(A) PROHIBITED ACTS.—Section 301(r) (21 U.S.C. 331(r)) is amended by inserting ‘‘drug,’’ drug’’.

(B) NEW DRUGS.—Section 505 (21 U.S.C. 355) is amended—

(i) in subsection (d), in the last sentence, by striking ‘‘premarket approval’’ and inserting ‘‘marketing approval’’; and

(ii) in subsection (q)(3)(A), by striking ‘‘subsection (b)(2) or (j) of the section or subsection (b)(2) or (j) of this section’’ and inserting ‘‘subsection (b)(2) or (j) of this section or subsection (b)(2) or (j) of the section or subsection (b)(2) or (j) of such act’’.
(C) RISK EVALUATION AND MITIGATION STRATEGIES.—Section 505-1(h)(21 U.S.C. 355-1(h)) is amended—
(i) in paragraph (2)(A)(ii)—
(ii) in paragraph (2)(A), by striking “LABEL” and inserting “LABELING”; and
(iii) by striking “subject to an order” and inserting “subject to an order”;
(ii) by striking “sponsor” and inserting “responsible person”; and
(ii) in paragraph (3), by striking “(7)” and inserting “(7)”;
and
(D) PEDIATRIC STUDY PLANS.—Section 505B (21 U.S.C. 355c) is amended—
(i) in subsection (e)—
(ii) in paragraph (2)—
(aa) in subparagraph (A), by inserting “study” after “initial pediatric” each place the term appears;
and
(bb) in subparagraph (B), in the subparagraph heading, by striking “INITIAL PLAN” and inserting “AGREED INITIAL PEDIATRIC STUDY” before “PLAN”; and
(iii) in paragraph (6), by striking “agreed initial pediatric plan” and inserting “agreed initial pediatric plan”;
and
(ii) in subsection (f)(1), by inserting “and any significant amendments to such plans,” after “agreed initial pediatric study plans.”;
(E) DISCONTINUANCE OR INTERRUPTION IN THE PRODUCTION OF LIVE-SAVING DRUGS.—Section 506C (21 U.S.C. 356c) is amended—
(i) in subsection (c), by striking “discontinuation” and inserting “discontinuance”;
and
(ii) in subsection (g)(1), by striking “(g)” and inserting “(g)”;
(F) ANNUAL REPORTING ON DRUG SHORTAGES.—Section 506C-1(a) (21 U.S.C. 355l(a)) is amended, in the matter before paragraph (1)—
(i) by striking “Not later than the end of calendar year 2013, and not later than the end of each calendar year thereafter,” and inserting “Not later than March 31 of each calendar year;” and
(ii) by inserting “, with respect to the preceding calendar year,” after “a report;”;
(G) DRUG SHORTAGE LIST.—Section 506C(b)(3)(E) (21 U.S.C. 356b(b)(3)(E)) is amended by striking “discontinuation” and inserting “discontinuance”;
(H) INSPECTIONS OF ESTABLISHMENTS.—Section 510(h) (21 U.S.C. 360(h)) is amended—
(i) in paragraph (4), in the matter preceding subparagraph (A)—
(aa) by striking “establishing the risk-based schedule” and inserting “establishing a risk-based schedule”; and
(bb) in paragraph (6),
(I) in subparagraph (A), by striking “fiscal” and inserting “calendar” each place the term appears; and
(II) in subparagraph (B), by striking “an active ingredient of a drug, a finished drug product, or an excipient of a drug” and inserting “an active ingredient of a drug or a finished drug product, or an excipient of a drug”;
(I) CLASSIFICATION OF DEVICES INTENDED FOR HUMAN USE.—Section 313(f)(2)(A) (21 U.S.C. 386(b)(2)(A)) is amended—
(i) in clause (i), by striking “within 30 days”;
and
(ii) in clause (ii), by striking “low moderate” and inserting “low to moderate”;
(J) PREMARKET APPROVAL.—Section 515(a)(1) (21 U.S.C. 360a(a)(1)) is amended by striking “subject to an order” and inserting “subject to an order”;
(K) PROGRAM TO IMPROVE THE DEVICE RECALL SYSTEM.—Section 518A (21 U.S.C. 360h-1) is amended—
(i) in subsection (c); and
(ii) by redesignating subsection (d) as subsection (c).
(L) UNIQUE DEVICE IDENTIFIER.—Section 519(f) (21 U.S.C. 386k(f)) is amended by striking “and labeling” and inserting “or labeling”;
(M) PRIORITY REVIEW TO ENCOURAGE TREATMENTS FOR TROPICAL DISEASES.—Section 524(c)(4)(A) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360m(c)(4)(A)) is amended by striking “Services Act” and inserting “Service Act”;
(N) PRIORITY REVIEW FOR QUALIFIED INFECTION DISEASE PRODUCTS.—Section 524A (21 U.S.C. 360n-1) is amended—
(i) by striking “If the Secretary” and inserting the following:
(a) IN GENERAL.—If the Secretary;
and
(b) in clause (ii), by striking “and inserting the first,” and
(iii) by adding at the end the following:
(b) CONSISTENCY.—In this section the Secretary shall proclaim the following:
(i) that the Secretary has reviewed the efficacy and safety of a pediatric drug product, and
(ii) that the Secretary has determined that the drug product is suitable for the purpose for which it is intended;
(O) CONSULTATION WITH EXTERNAL EXPERTS ON RARE DISEASES, TARGETED THERAPIES, AND GENETIC TARGETING OF TREATMENTS.—Section 526(a)(2)(A) (21 U.S.C. 360b-8a(2)(A)) is amended, in the first sentence, by striking “subsection (c)” and inserting “subsection (b)”;
(P) OPTIMIZATION OF SERVICES.—Section 569(a)(2) (21 U.S.C. 360bbb-8a(a)(2)) is amended by inserting “and (7)” after “any person”;
(Q) USE OF INFORMATION DERIVED FROM OUTSIDE THE UNITED STATES.—Section 569 (21 U.S.C. 360bbb-8) is amended by striking “drug or device” and inserting “drug, biological product, or device” each place the term appears;
(R) MEDICAL GASES DEFINITIONS.—Section 571(3)(H) (21 U.S.C. 360ddd(3)(H)) is amended—
(i) by inserting “for a new drug” after “any period of exclusivity”;
and
(ii) by inserting “or any period of exclusivity for a new drug” after “any period of exclusivity,”
(S) REGULATION OF MEDICAL GASES.—Section 570(a) (21 U.S.C. 360dd-1(a)) is amended—
(i) in the matter preceding subparagraph (A) of paragraph (1), by inserting “who seeks to initially introduce or deliver for introduction a designated medical gas into interstate commerce” after “any period”;
and
(ii) in paragraph (3)—
(aa) in subparagraph (A)—
(1) by striking “(8)” and inserting “(9)”;
and
(bb) in clause (ii), by inserting “the” before “final use”;
and
(II) in subparagraph (B)—
(aa) in clause (i), by inserting “for a new drug after any period of exclusivity”;
and
(bb) in clause (ii), by inserting “after drug product”;
(T) INAPPLICABILITY OF DRUG FEES TO DESIGNATED MEDICAL GASES.—Section 577 (21 U.S.C. 360ddd-2) is amended by inserting “or 740(a)” after “740(a)”;
(U) CONFLICTS OF INTEREST.—Section 712a(e)(1)(B) (21 U.S.C. 379d-1(e)(1)(B)) is amended by striking “services” and inserting “service”;
(V) AUTHORITY TO ASSESS AND USE BIOSIMILAR BIOLOGICAL PRODUCT FEES.—Section 744(b)(1) (21 U.S.C. 379-52(a)) is amended—
(i) in paragraph (1)(A), by striking “Biologics User Fee Act of 2012” and inserting “Biologics User Fee Act of 2012”;
and
(ii) in paragraph (2)(B), by striking “Biologics User Fee Act of 2012” and inserting “Biologics User Fee Act of 2012”;
(W) REGISTRATION OF COMMERCIAL IMPORTERS.—Section 801(s)(2) (21 U.S.C. 381(s)(2)) is amended by adding at the end the following:
(D) EFFECTIVE DATE.—In establishing the effective date of the regulations under subparagraph (A), the Secretary shall, in consultation with the Secretary of Homeland Security acting through U.S. Customs and Border Protection, as determined appropriate by the Secretary of Health and Human Services, designate medical gases as a reasonable period of time for an importer of a drug to comply with good importer practices, taking into account differences among importers and types of importers, including based on the level of risk posed by the imported product.”;
(X) RECOGNITION OF FOREIGN GOVERNMENT INJECTIONS.—Section 809(a)(2) (21 U.S.C. 381aa-2(a)(2)) is amended by striking “conducting” and inserting “conducting”;
(Y) FDASIA.—
(Z) FINDINGS RELATING TO DRUG APPROVAL.—Section 901(a)(1)(A) of the Food and Drug Administration Safety and Innovation Act (Public Law 112-144; 21 U.S.C. 356 note) is amended by striking “serious and life-threatening diseases” and inserting “serious or life-threatening diseases”;
(Z) REPORTING OF INCORPORATION OF DEMOGRAPHIC SUBGROUPS.—Section 1122 of the Food and Drug Administration Safety and Innovation Act (Public Law 112-144; 126 Stat. 1092, 1093) is amended—
(A) in the section heading, by striking “BIOLOGICAL PRODUCTS” and inserting “BIOLOGICAL PRODUCTS”; and
(B) in subsection (a)(2)(B), by striking “applications for new drug applications” and inserting “new drug applications”;
(A) COMBATING PRESCRIPTION DRUG ABUSE.—Section 1123 of the Food and Drug Administration Safety and Innovation Act (Public Law 112-144; 126 Stat. 1112, 1113) is amended—
(A) in subsection (a)(2), by striking “dependence” and inserting “dependence”;
and
(B) in subsection (c), by striking “promulgate” and inserting “issue”;
(S) COMPLETED STUDIES. The Federal Food, Drug, and Cosmetic Act is amended—
(i) in section 505(k)(5) (21 U.S.C. 355k(5)—
(A) in subparagraph (A), by striking “and” after the semicolon;
(B) by striking subparagraph (B); and
(C) by redesignating subparagraph (C) as subparagraph (B);
(ii) in section 505A (21 U.S.C. 355a), by striking subsection (p);
(iii) by redesignating subsection (m) as subsection (l); and
(iv) in section 523 (21 U.S.C. 360m), by striking subsection (f).}

Title IV—Delivery

SEC. 4001. ASSISTING DOCTORS AND HOSPITALS IN IMPROVING QUALITY OF CARE FOR PATIENTS.”

(a) IN GENERAL.—The Health Information Technology for Economic and Clinical Health Act (title X11 of division A of Public Law 111–148; 124 Stat. 1094) is amended—
(i) by adding at the end of part 1 of subtitle A the following:

SEC. 13103. ASSISTING DOCTORS AND HOSPITALS IN IMPROVING QUALITY OF CARE FOR PATIENTS.

“(a) REDUCTION IN BURDENS GOAL.—The Secretary of Health and Human Services (referred to in this section as the ‘Secretary’), in consultation with providers of health services, health care payers, health professional societies, health information technology health care quality organizations, health care accreditation organizations, public health entities, States, and other appropriate entities, shall, in accordance with this section—

(1) establish a goal with respect to the reduction of regulatory or administrative burdens
(such as documentation requirements) relating to the use of electronic health records; "(2) develop a strategy for meeting the goal established under paragraph (1); and "(3) develop recommendations for meeting the goal established under paragraph (1). 

(b) STRATEGY AND RECOMMENDATIONS.—(1) The Secretary, in consultation with the entities described in such section, shall, not later than 1 year after the date of enactment of the 21st Century Cures Act, develop a strategy and recommendations to meet the goal in accordance with this subsection. 

(2) STRATEGY.—The strategy developed under paragraph (1) shall address the regulatory and administrative burdens (such as documentation requirements) relating to the use of electronic health records. Such strategy shall include broad public comment and shall prioritize— "(A)(i) incentives for meaningful use of certified EHR technology for eligible professionals and eligible hospitals (as defined in section 1848(a)(7) and 1866(b)(3)(B)(iv)), respectively, of the Social Security Act (42 U.S.C. 1395w–4(a)(7), 1395w–4(a)(7)(B)(iv));" "(ii) the program for making payments under section 1931(c)(3)(F) of the Social Security Act (42 U.S.C. 1395w–4(c)(3)(F)) to encourage the adoption and use of certified EHR technology by Medicaid providers;" 

"(iii) the Merit-Based Incentive Payment System under section 1848(q) of the Social Security Act (42 U.S.C. 1395w–4(q));" 

"(iv) alternative payment models (as defined in section 1833(z)(3)(C) of the Social Security Act (42 U.S.C. 1395w–4(z)(3)(C)));" 

"(v) the Hospital Value-Based Purchasing Program under section 1886(o) of the Social Security Act (42 U.S.C. 1395w–4(o)); and" 

"(vi) value-based payment programs, as the Secretary determines appropriate;" 

"(B) health information technology certifications;" 

"(C) standards and implementation specifications, as appropriate;" 

"(D) activities that provide individuals access to their electronic health information;" 

"(E) activities related to protecting the privacy of electronic health information;" 

"(F) activities related to protecting the security of electronic health information;" 

"(G) activities related to facilitating health and clinical research;" 

"(H) activities related to public health;" 

"(I) efforts to align and simplify quality measures across Federal programs and other payers;" 

"(J) activities related to reporting clinical data for quality improvement purposes; and" 

"(K) other areas, as the Secretary determines appropriate. 

(3) RECOMMENDATIONS.—The recommendations developed under paragraph (1) shall address— "(A) actions that improve the clinical documentation experience;" 

"(B) actions that improve patient care;" 

"(C) actions to be taken by the Secretary and by eligible professionals, eligible hospitals, and other payers;" 

"(D) other areas, as the Secretary determines appropriate, to reduce the reporting burden required of health care providers. 

(4) FACSA.—The Federal Advisory Committee Act (5 U.S.C. App.) shall not apply to the development of the goal, strategies, or recommendations described in this section. 

(5) REQUIREMENTS REGARDING CERTIFICATION.—A physician (as defined in section 1861(r)(1) of the Social Security Act), to the extent consistent with applicable State law, may delegate to a designated record holder documentation requirements specified in regulations promulgated by the Centers for Medicare & Medicaid Services to a person performing a scribe function, if such physician, in writing, authorizes such delegation; and "(b) CERTIFICATION OF HEALTH INFORMATION TECHNOLOGY FOR MEDICAL SPECIALTIES AND SITES OF SERVICE.—Section 3001(c)(5) of the Public Health Service Act (42 U.S.C. 200a–6(c)(5)) is amended by adding at the end the following: 

"(C) HEALTH INFORMATION TECHNOLOGY FOR MEDICAL SPECIALTIES AND SITES OF SERVICE.— "(1) IN GENERAL.—The National Coordinator shall encourage, keep, or recognize, through existing authorities, the voluntary certification of health information technology under the program developed under subparagraph (A) for use in medical specialties and sites of service for which no such technology is available or where more technological advancement or integration is needed. 

"(ii) SPECIFIC MEDICAL SPECIALTIES.—The Secretary shall accept public comment on specific medical specialties and sites of service, in addition to those described in clause (i), for the purpose of selecting additional specialties and sites of service as necessary. 

"(iii) HEALTH INFORMATION TECHNOLOGY FOR PEDIATRICS.—Not later than 18 months after the date of enactment of the 21st Century Cures Act, the Secretary shall develop recommendations for pediatrics. 

"(IV) has published information in accordance with clause (iv);" 

"(V) ensures that its technology allows for health information to be made available, and used without special effort through the use of application programming interfaces or successor technology or standards, as provided for under applicable law, including by placing access to all data elements of a patient's electronic health record to the extent permissible under applicable privacy laws;" 

"(vi) provides to the HIT Advisory Committee of the Office of the National Coordinator for Health Information Technology, a report concerning attestation and certification statistics for the Medicare and Medicaid EHR Meaningful Use Incentive Programs. 

"(vi) the business practices of developers of certified health information technology;" 

"(VII) the federal regulations regarding— "(A) the usability of the health information technology; "(B) the interoperability of the health information technology; "(C) the security of the health information technology; "(D) relevant information regarding users' experiences when using the health information technology; "(E) the business practices of developers of health information technology related to exchanging electronic health information; and "(F) the manner in which a user of the health information technology has used such technology; 

"(vi) has published application programming interfaces and allows health information from such technology to be made available, and used without special effort through the use of application programming interfaces or successor technology or standards, as provided for under applicable law, including by placing access to all data elements of a patient's electronic health record to the extent permissible under applicable privacy laws;" 

"(vii) submits reporting criteria in accordance with section 3009A(b).''. 

"(d) COMPLIANCE WITH CONDITIONS OF CERTIFICATION.—The Secretary may encourage compliance with the conditions of certification described in subparagraph (D) and take action to discourage noncompliance, as appropriate. 

"(e) EHR SIGNIFICANT HARM EXCEPTION.— (1) APPLICATION TO ELIGIBLE PROFESSIONALS.—(A) IN CASE OF DECERTIFICATION.—Section 1848(a)(7)(B) of the Social Security Act (42 U.S.C. 1395w–4(a)(7)(B)) is amended by inserting after the first sentence the following new sentence: "The Secretary shall exempt an eligible professional from the application of the payment adjustment under subparagraph (A) with respect to a year, subject to annual renewal, if the Secretary determines that compliance with the requirement for being a meaningful EHR user is not possible because the certified EHR technology used by such professional has been decisively determined by means of a program kept or recognized pursuant to section 3001(c)(5) of the Public Health Service Act." ''
provisions of subparagraphs (B) and (D) of subsection (a)(7), shall apply to assessments of MIPS eligible professionals under subsection (g) with respect to the performance category described in section 3001(c)(6) for products developed by such developer.

(2) APPLICATION TO ELIGIBLE HOSPITALS.—Section 1886(b)(3)(B)(ix)(II) of the Social Security Act (42 U.S.C. 1395ww(b)(3)(B)(ix)(II)) is amended by inserting after the first sentence the following new sentence: “The Secretary shall exempt an eligible hospital from the application of the payment adjustment under subsection (b) with respect to the performance category defined in subsection (a)(7)(A) for the fiscal year, subject to annual renewal, if the Secretary determines that compliance with the requirement for being a meaningful EHR user is not possible because the certified EHR technology used by such hospital is certified under a program kept or recognized pursuant to section 3001(c)(6) of the Public Health Service Act;”

(c) ELECTRONIC HEALTH RECORD REPORTING PROGRAM.—Subtitle A of title XXX of the Public Health Service Act (42 U.S.C. 300j-1 et seq.) is amended by adding at the end the following:

"SEC. 3009A. ELECTRONIC HEALTH RECORD REPORTING PROGRAM.

(1) IN GENERAL.—Not later than 1 year after the date of enactment of the 21st Century Cures Act, the Secretary shall convene stakeholders, as described in paragraph (2), for purposes of developing the criteria described in paragraph (1) in accordance with subsection (b).

(2) DEVELOPMENT OF REPORTING CRITERIA.—The reporting criteria under this subsection shall be developed through a public, transparent process that reflects input from relevant stakeholders, including—

(A) health care providers, including primary care and specialty care health care professionals;

(B) hospitals and hospital systems;

(C) health information technology developers;

(D) patients, consumers, and other advocates;

(E) data sharing networks, such as health information exchanges;

(F) authorized certification bodies and testing laboratories;

(G) security experts;

(H) relevant manufacturers of medical devices;

(I) experts in health information technology market economics;

(J) public and private entities engaged in the evaluation of health information technology performance;

(K) quality organizations, including the consensus-based entity described in section 1890 of the Social Security Act;

(L) experts in human factors engineering and the measurement of user-centered design; and

(M) other entities or individuals, as the Secretary determines appropriate.

(3) CONSIDERATIONS FOR REPORTING CRITERIA.—The reporting criteria developed under this subsection—

(A) shall include measures that reflect categories including—

(i) security;

(ii) usability and user-centered design;

(iii) interoperability;

(iv) conformance to certification testing; and

(v) categories as appropriate to measure the performance of electronic health record technology;

(B) may include categories such as—

(i) enabling the user to order and view the results of laboratory tests, imaging tests, and other diagnostic tests;

(ii) completing, editing, and retrieving data from registries such as clinician-led clinical data registries;

(iii) accessing and exchanging information and data from and through health information exchanges;

(iv) accessing and exchanging information and data held by Federal, State, and local agencies and other applicable entities useful to a health care provider or other applicable user in the furtherance of patient care;

(v) accessing and exchanging information from other health care providers or applicable users;

(vi) accessing and exchanging patient generated information;

(vii) providing the patient or an authorized designee with a complete copy of their health information from an electronic record in a computable format;

(viii) providing accurate patient information for the correct patient, including exchanging such information, and avoiding the duplication of patients records; and

(vi) other categories regarding performance, accessibility, as the Secretary determines appropriate; and

(C) shall be designed to ensure that small and startup health information technology developers are not unduly disadvantaged by the reporting criteria.

(4) MODIFICATIONS.—After the reporting criteria have been developed under paragraph (3), the Secretary may convene stakeholders and conduct a public comment period for the purpose of modifying the reporting criteria developed under paragraph (3).

(5) FEEDBACK.—Based on reporting criteria established under subsection (a), the recipients of grants, contracts, and agreements under paragraph (1) shall conduct a public comment period for the purpose of collecting feedback on such criteria from—

(A) health care providers, patients, and other users of certified electronic health record technology; and

(B) developers of certified electronic health record technology.

(6) REPORTS.—

(A) DEVELOPMENT OF REPORTS.—Each recipient of a grant, contract, or agreement under paragraph (1) shall submit the reports prepared under subparagraph (A) to the Secretary for public distribution in accordance with section (4).

(B) DISTRIBUTION OF REPORTS.—Each recipient of a grant, contract, or agreement under paragraph (1) shall submit the reports prepared under subparagraph (A) to the Secretary for public distribution in accordance with subsection (d).

(C) USE OF REPORTS.—The Secretary shall distribute widely, as appropriate, and publish, on the Internet website of the Office of the National Coordinator—

(i) a summary of the reporting criteria developed under subsection (a); and

(ii) the summary and detailed reports under subsection (c).

(7) ADDITIONAL RESOURCES.—The Secretary may make available additional resources on the Internet website of the Office of the National Coordinator to provide recipients of the grants, contracts, and agreements under paragraph (1) the opportunity to better inform consumers of health information technology. Such reports may be carried out through partnerships with private organizations with appropriate expertise.

(8) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated $15,000,000 for purposes of carrying out subparagraph (A) of section 3001(c)(6) of the Public Health Service Act (42 U.S.C. 300j-1) as added by subsection (a) and section 3009A of the Public Health Service Act (42 U.S.C. 300j-1) as added by subsection (b).
SEC. 4003. INTEROPERABILITY.

(a) DEFINITION.—Section 3000 of the Public Health Service Act (42 U.S.C. 300j) is amended—

(1) by redesignating paragraphs (10) through (14), as paragraphs (11) through (15), respectively; and

(2) by inserting after paragraph (9) the following:

"(10) INTEROPERABILITY.—The term ‘interoperability’, with respect to health information technology, means such health information technology that—

"(A) enables the secure exchange of electronic health information with, and use of electronic health information, across health information networks, including a common agreement among health information networks nationally. Such convention may occur at a frequency determined appropriate by the Secretary.

"(B) establishes a trusted exchange framework—

"(i) in general.—Not later than 6 months after the date of enactment of the 21st Century Health Act, the National Coordinator shall convene appropriate public and private stakeholders to develop or support a trusted exchange framework, including a common agreement among health information networks nationally, such convention may occur at a frequency determined appropriate by the Secretary.

"(ii) application of the trusted exchange framework and common agreement.—As appropriate, Federal agencies contracting or entering into agreements pursuant to subparagraph (C) shall take into account existing trust agreements.

"(iii) adoption when exchange of information is within network.—Nothing in this paragraph shall be construed to require a health information exchange network to adopt the common agreement established under paragraph (B).

"(C) rule of construction.—Nothing in this paragraph shall be construed to require a health information network to adopt the common agreement established under paragraph (B).

"(C) rule of construction.—Nothing in this paragraph shall be construed to require a health information network to adopt the common agreement established under paragraph (B).

"(ii) application of the trusted exchange framework and common agreement.—As appropriate, Federal agencies contracting or entering into agreements pursuant to subparagraph (C) shall take into account existing trust agreements.

"(iii) adoption when exchange of information is within network.—Nothing in this paragraph shall be construed to require a health information exchange network to adopt the common agreement established under paragraph (B).

"(1) IN GENERAL.—Not later than 6 months after the date of enactment of this Act, the Secretary, in consultation with the National Institute of Standards and Technology and other relevant entities, shall, in collaboration with the National Coordinator for Health Information Technology for Economic and Clinical Health Act, provide digital contact information to public health information networks a list of the health information networks that have adopted the common agreement and are capable of trusted exchange pursuant to the common agreement developed or supported under paragraph (B).";

(b) SUPPORT FOR INTEROPERABLE NETWORK EXCHANGE.—Section 3001(c) of the Public Health Service Act (42 U.S.C. 300j–11(c)) is amended by adding at the end the following:

"(C) rule of construction.—Nothing in this paragraph shall be construed to require a health information network to adopt the common agreement established under paragraph (B).

"(1) IN GENERAL.—Not later than 2 years after the date of enactment of this Act, the Secretary shall publish on its public Internet website a list of the health information networks that have adopted the common agreement and are capable of trusted exchange pursuant to the common agreement developed or supported under paragraph (B).

"(2) PROCESS.—The Secretary shall, through notice and rulemaking, establish a process for health information networks that voluntarily adopt to elect the trusted exchange framework and common agreement to attest to such adoption.

"(2) PROCESS.—The Secretary shall, through notice and rulemaking, establish a process for health information networks that voluntarily adopt to elect the trusted exchange framework and common agreement to attest to such adoption.

"(E) APPLICATION OF THE TRUSTED EXCHANGE FRAMEWORK AND COMMON AGREEMENT.—As appropriate, Federal agencies contracting or entering into agreements pursuant to subparagraph (C) shall take into account existing trust agreements.

"(F) RULE OF CONSTRUCTION.—Nothing in this paragraph shall be construed to require a health information network to adopt the common agreement established under paragraph (B).

"(2) IN GENERAL.—Not later than 3 years after the date of enactment of this Act, the Secretary shall publish on its public Internet website a list of the health information networks that have adopted the common agreement and are capable of trusted exchange pursuant to the common agreement developed or supported under paragraph (B).

"(B) general duties and target areas.—

"(A) IN GENERAL.—The HIT Advisory Committee shall require to the National Coordinator, consistent with the implementation of the strategic plan described in sections 3002 (42 U.S.C. 300jj–12) and 3003 (42 U.S.C. 300jj–13) and insert the following:

"(C) rule of construction.—Nothing in this paragraph shall be construed to require a health information network to adopt the common agreement established under paragraph (B).

"(C) rule of construction.—Nothing in this paragraph shall be construed to require a health information network to adopt the common agreement established under paragraph (B).

"(2) IN GENERAL.—Not later than 3 years after the date of enactment of this Act, the Secretary shall publish on its public Internet website a list of the health information networks that have adopted the common agreement and are capable of trusted exchange pursuant to the common agreement developed or supported under paragraph (B).

"(2) IN GENERAL.—Not later than 3 years after the date of enactment of this Act, the Secretary shall publish on its public Internet website a list of the health information networks that have adopted the common agreement and are capable of trusted exchange pursuant to the common agreement developed or supported under paragraph (B).

"(3) RELATION TO HISTORIC PROGRAMS.—Nothing in this paragraph shall be construed to require a health information network to adopt the common agreement established under paragraph (B).

"(4) PROVIDER DIGITAL CONTACT INFORMATION INDEX.—

"(i) IN GENERAL.—Not later than 3 years after the date of enactment of this Act, the Secretary of Health and Human Services (referred to in this subsection as the ‘Secretary’) shall, directly or through a partnership with a private entity, establish a provider digital contact information index to collect digital contact information for health professionals and health facilities.

"(ii) USE OF EXISTING INDEX.—In establishing the initial index under paragraph (1), the Secretary shall make available to the Secretary an existing provider directory to make such digital contact information available.

"(3) CONTACT INFORMATION.—An index established under this subsection shall ensure that contact information is available to the individual health care provider level and at the health facility or practice level.

"(4) RULE OF CONSTRUCTION.—Nothing in this paragraph shall be construed to require a health information network to adopt the common agreement established under paragraph (B).

\n
(a) Establishment.—There is established a Health Information Technology Advisory Committee (referred to in this section as the ‘HIT Advisory Committee’) to recommend to the National Coordinator, consistent with the implementation of the strategic plan described in sections 3002 (42 U.S.C. 300jj–12) and 3003 (42 U.S.C. 300jj–13) and insert the following:

"(A) IN GENERAL.—The HIT Advisory Committee shall require to the National Coordinator a policy framework for adoption by the Secretary consistent with the strategic plan described in section 3001(c)(2) for advancing the target areas described in this subsection. Such policy framework shall seek to prioritize achieving advancements in the target areas specified in subparagraph (B) of paragraph (2) to the extent consistent with this section, incorporate policy recommendations made by the HIT Policy Committee, as in existence before the date of the enactment of the 21st Century Cures Act.

"(B) updates.—The HIT Advisory Committee shall propose updates to such recommendations to the policy framework and make new recommendations, as appropriate.

"(C) GENERAL DUTIES AND TARGET AREAS.—

"(A) IN GENERAL.—The HIT Advisory Committee shall require to the National Coordinator for purposes of adoption under section 3004, standards, implementation specifications, and certification criteria and an order of priority for the development, harmonization, and recognition of such standards, specifications, and certification criteria. Such recommendations shall include recommended standards, architectures, and software to enable the electronic individually identifiable health information across disparate systems including user
posing of recommendations under this subsection as a target area described in subparagraph (B) if—

(i) the area is so identified for purposes of recommendations under paragraph (A) with respect to at least each of the following target areas:

(A) Achieving a health information technology infrastructure that allows for the electronic access, exchange, and use of health information, including through technology that provides accurate patient identification and authentication, and allows for the electronic access, exchange, and use of health information, including through technology that provides accurate patient identification and authentication.

(B) Priority target areas.—For purposes of this section, the HIT Advisory Committee shall make recommendations under subparagraph (A) with respect to at least each of the following target areas:

(i) The promotion and protection of privacy and security of health information in health information technology, including technologies that allow for an accounting of disclosures and protections against disclosures of individually identifiable health information.

(ii) The facilitation of secure access by an individual to such individual’s protected health information and access to such information by a family member, caregiver, or guardian acting on behalf of a patient, including due to age-related disability, cognitive impairment, or dementia.

(iii) The use of health information technology to improve the quality of health care, such as by promoting the coordination of health care and improving continuity of health care among health care providers, reducing medical errors, improving population health, reducing chronic disease, improving health care research and education.

(iv) The use of technologies that address the needs of children and other vulnerable populations.

(v) The use of electronic systems to ensure the comprehensive collection of patient demographic data, including at a minimum, race, ethnicity, primary language, and gender information.

(vi) The use of self-service, telemedicine, home health care, and remote monitoring technologies.

(vii) The use of technologies that meet the needs of diverse populations.

(viii) The use of technologies that support—

(1) data for use in quality and public reporting programs; and

(2) public health; or

(3) drug safety.

(ix) The use of technologies that allow individually identifiable health information to be rendered unusable, unidentifiable, or indiscernible to unauthorized individuals when such information is transmitted in a health information technology network or transported outside of the secure facilities or systems where the disclosing covered entity is responsible for security conditions.

(x) The use of technologies that are widely available for the development and adoption of health information technology infrastructure nationally and locally that allows for the electronic access, exchange, and use of health information.

(xi) The facilitation of the correct patient identification and authentication, and other disability, cognitive impairment, or dementia.

(xii) The use of self-service, telemedicine, home health care, and remote monitoring technologies.

(xiii) The use of technologies that meet the needs of diverse populations.

(xiv) The use of technologies that support—

(1) data for use in quality and public reporting programs; and

(2) public health; or

(3) drug safety.

(xv) The use of technologies that allow individually identifiable health information to be rendered unusable, unidentifiable, or indiscernible to unauthorized individuals when such information is transmitted in a health information technology network or transported outside of the secure facilities or systems where the disclosing covered entity is responsible for security conditions.

(xvi) The use of technologies that are widely available for the development and adoption of health information technology infrastructure nationally and locally that allows for the electronic access, exchange, and use of health information.

(xvii) The facilitation of the correct patient identification and authentication, and other disability, cognitive impairment, or dementia.

(xviii) The use of self-service, telemedicine, home health care, and remote monitoring technologies.

(xix) The use of technologies that meet the needs of diverse populations.

(x) SIMPLIFIED ACCESS.—The HIT Advisory Committee makes recommendations for an area as if it were a target area described in subparagraph (B).
Services and 1 of whom shall be a public health official;

“(ii) 2 members are appointed by the majority leader of the Senate;

“(iii) 2 members are appointed by the minority leader of the Senate;

“(iv) 2 members are appointed by the Speaker of the House of Representatives; and

“(v) such other members are appointed by the Comptroller General of the United States; and

“(B) at least reflect providers, ancillary health care workers, consumers, purchasers, health information technology developers, researchers, patients, relevant Federal agencies, and individuals with technical expertise on health care quality, system functions, privacy and security, and on the electronic exchange and use of health information, including the use standards for such activity.

“(3) PARTICIPATION.—The members of the HIT Advisory Committee shall represent a balance among various sectors of the health care system so that no single sector unduly influences the recommendations of the Committee.

“(4) QUORUM.—(A) In general.—The terms of the members of the HIT Advisory Committee shall be for 3 years, or until the Committee shall have designated staggered terms of the members first appointed.

“(B) Vacancies.—Any member appointed to fill a vacancy in the membership of the HIT Advisory Committee shall serve only until the expiration of the term for which the member’s predecessor was appointed. A vacancy in the HIT Advisory Committee shall be filled in the manner in which the original appointment was made.

“(C) LIMITS.—Members of the HIT Advisory Committee shall be limited to two 3-year terms, for a total of not to exceed 6 years of service on the Committee.

“(4) OUTSIDE INVOLVEMENT.—The HIT Advisory Committee shall ensure an opportunity for the participation in activities of the Committee of outside advisors, including individuals with expertise in the development of policies and standards for the electronic exchange and use of health information, including in the areas of health care quality, system functions, privacy, and security, and on the electronic exchange and use of health information, including the use standards for such activity.

“(5) PARTICIPATION.—The members of the HIT Advisory Committee shall represent a balance among various sectors of the health care system so that no single sector unduly influences the recommendations of the Committee.

“(A) In general.—The terms of the members of the HIT Advisory Committee shall be for 3 years, or until the Committee shall have designated staggered terms of the members first appointed.

“(B) Vacancies.—Any member appointed to fill a vacancy in the membership of the HIT Advisory Committee shall serve only until the expiration of the term for which the member’s predecessor was appointed. A vacancy in the HIT Advisory Committee shall be filled in the manner in which the original appointment was made.

“(C) LIMITS.—Members of the HIT Advisory Committee shall be limited to two 3-year terms, for a total of not to exceed 6 years of service on the Committee.

“(5) OUTSIDE INVOLVEMENT.—The HIT Advisory Committee shall ensure an opportunity for the participation in activities of the Committee of outside advisors, including individuals with expertise in the development of policies and standards for the electronic exchange and use of health information, including in the areas of health care quality, system functions, privacy and security, and on the electronic exchange and use of health information, including the use standards for such activity.

“SEC. 3002. INFORMATION BLOCKING.

“(a) IDENTIFICATION.—(1) IN GENERAL.—Not later than 6 months after the date on which the HIT Advisory Committee first meets, the National Coordinator shall periodically convene the HIT Advisory Committee to—

“(A) identify priority uses of health information technology, focusing on priorities—

“(i) arising from the implementation of the incentive programs for the meaningful use of certified EHR technology, the Merit-based Incentive Payment System, the Alternative Payment Models, the Hospital Value-Based Purchasing Program, and any other value-based payment program determined appropriate by the Secretary; and

“(ii) related to the quality of patient care;

“(iii) related to public health;

“(iv) related to clinical research;

“(v) related to the privacy and security of electronic health information;

“(vi) related to innovation in the field of health information technology; and

“(vii) related to the availability of health information technology;

“(B) identify existing standards and implementation specifications that support the use and exchange of electronic health information needed to meet the priorities identified in subparagraph (A); and

“(C) publish a report summarizing the findings of the analysis conducted under subparagraphs (A) and (B) and make appropriate recommendations.

“(2) PRIORITY.—In identifying such standards and implementation specifications under paragraph (1)(B), the HIT Advisory Committee shall prioritize standards and implementation specifications developed by consensus-based standards development organizations. In consultation with the consensus-based entity described in section 1890 of the Social Security Act and other Federal agencies, the analysis of existing standards under paragraph (1)(B) shall include an evaluation of the need for a core set of common data elements and associated value sets to enhance the ability of certified health information technology to capture, use, and exchange structured electronic health information.

“(3) T RANSITION TO THE HIT ADVISORY COMMITTEE.—The Secretary of Health and Human Services shall provide for an orderly and timely transition to the HIT Advisory Committee established under the amendments made by this section.

“(4) IMPLEMENTATION SPECIFICATIONS, AND CERTIFICATION CRITERIA.—Title XXX of the Public Health Service Act (42 U.S.C. 300jj–51 et seq.) is amended by—

“SEC. 3003. SETTING PRIORITIES FOR ST ANDARDS ADOPTION.

“(a) IDENTIFICATION.—(1) IN GENERAL.—Not later than 6 months after the date on which the HIT Advisory Committee first meets, the National Coordinator shall periodically convene the HIT Advisory Committee to—

“(A) identify priority uses of health information technology, focusing on priorities—

“(i) arising from the implementation of the incentive programs for the meaningful use of certified EHR technology, the Merit-based Incentive Payment System, the Alternative Payment Models, the Hospital Value-Based Purchasing Program, and any other value-based payment program determined appropriate by the Secretary; and

“(ii) related to the quality of patient care;

“(iii) related to public health;

“(iv) related to clinical research;

“(v) related to the privacy and security of electronic health information;

“(vi) related to innovation in the field of health information technology; and

“(vii) related to the availability of health information technology;

“(B) identify existing standards and implementation specifications that support the use and exchange of electronic health information needed to meet the priorities identified in subparagraph (A); and

“(C) publish a report summarizing the findings of the analysis conducted under subparagraphs (A) and (B) and make appropriate recommendations.

“(2) PRIORITY.—In identifying such standards and implementation specifications under paragraph (1)(B), the HIT Advisory Committee shall prioritize standards and implementation specifications developed by consensus-based standards development organizations. In consultation with the consensus-based entity described in section 1890 of the Social Security Act and other Federal agencies, the analysis of existing standards under paragraph (1)(B) shall include an evaluation of the need for a core set of common data elements and associated value sets to enhance the ability of certified health information technology to capture, use, and exchange structured electronic health information.

“(3) RULES OF CONSTRUCTION.—Nothing in this section shall be construed to prevent the use or adoption of novel standards that improve upon the existing health information technology infrastructure and facilitate the secure exchange of health information.”

“SEC. 4004. INFORMATION BLOCKING.

“Subtitle C of title XXX of the Public Health Service Act (42 U.S.C. 300gg–1 et seq.) is amended by adding at the end the following:

“SEC. 3002. INFORMATION BLOCKING.

“(a) DEFINITION.—In this section, the term ‘information blocking’ means a practice that—

“(i) except as required by law or specified by the Secretary pursuant to rulemaking under paragraph (3), is likely to interfere with, prevent, or materially discourage access, exchange, or use of electronic health information; and

“(B) if conducted by a health information technology developer, network, such developer, exchange, or network knows, or should know, that such practice is likely to interfere with, prevent, or materially discourage the use, access, or use of electronic health information; or

“(ii) if conducted by a health care provider, such provider knows that such practice is unreasonably and is likely to interfere with, prevent, or materially discourage access, exchange, or use of electronic health information.

“(2) PRACTICES.—The practice of information blocking practices described in paragraph (1) may include—

“(A) practices that restrict authorized access, exchange, or use under applicable State or Federal law of such information for treatment and other permitted purposes under such applicable law, including transitions between certified health information technology; or

“(B) implementing health information technology in nonstandard ways that are likely to
substantially increase the complexity or burden of accessing, exchanging, or using electronic health information; and

(C) implementing health information technology, service, exchange, and use, including care delivery enabled by health information technology.

(3) RULEMAKING.—The Secretary, through rulemaking, shall identify reasonable and necessary activities that do not constitute information blocking for purposes of paragraph (1).

(4) AUTOMATION.—In carrying out this section, the Secretary shall consider and use (for purposes of subsection (a)) the meaning of ‘automated’ and ‘automatically’ provided in section 3001(c)(5)(D)(vii) of title 42. The Secretary may take such actions as the Secretary determines appropriate to encourage the adoption of electronic health information technology.

(5) CONSULTATION.—The Secretary may consult with the Federal Trade Commission in promulgating regulations under this subsection to the extent that such regulations define practices that are necessary to promote competition and consumer welfare.

(6) APPLICATION.—The term ‘information blocking’ does not include any practice or conduct occurring prior to the date that is 30 days after the date of enactment of the 21st Century Cures Act.

(7) PROHIBITION.—Before an enforcement proceeding under paragraph (1), the Secretary shall refer the claim or suggestion of possible information blocking and the type of individual or entity involved as of the day before the date of enactment of this Act, the Secretary shall not issue a cease and desist order or an order for an injunction in such enforcement proceeding under such section 1128A(a).

(8) EXCEPTION IDENTIFIED.—The term ‘information blocking’ does not include any practice or conduct occurring prior to the date that is 30 days after the date of enactment of the 21st Century Cures Act.

(9) CONSULTATION.—The Secretary may consult with the Federal Trade Commission in promulgating regulations under this subsection, to the extent that such regulations define practices that are necessary to promote competition and consumer welfare.

(10) APPLICATION.—The term ‘information blocking’ does not include any practice or conduct occurring prior to the date that is 30 days after the date of enactment of the 21st Century Cures Act.

(11) IN GENERAL.—The Inspector General, following an investigation, may refer a violation of this section to the Department of Health and Human Services for resolution.

(12) LIMITATION ON LIABILITY.—If a health care provider or health information technology developer makes information available based on a good faith reliance on consultations with the Office for Civil Rights of the Department of Health and Human Services pursuant to a referral under subparagraph (A), with respect to such information, the health care provider or developer shall not be liable for such disclosure or disclosures made pursuant to subparagraph (A).

(c) IDENTIFYING BARRIERS TO EXCHANGE OF CERTIFIED HEALTH INFORMATION TECHNOLOGY.—

(1) TRUSTED EXCHANGE DEFINED.—In this section, the term ‘trusted exchange’ with respect to certified electronic health record technology means that the certified electronic health record technology has the technical capability to enable secure health information exchange between users and multiple certified electronic health record technology systems.

(2) GUIDANCE.—The National Coordinator, in consultation with the Office for Civil Rights of the Department of Health and Human Services, and the Federal Trade Commission, shall issue guidance on common legal, governance, and security barriers that prevent the trusted exchange of electronic health information.

(3) REFERRAL.—The National Coordinator and the Office for Civil Rights of the Department of Health and Human Services shall refer the Inspector General to the Inspector General of the Department of Health and Human Services for purposes of carrying out this section. The National Coordinator may, notwithstanding any other provision of law, share information related to claims or investigations under subsection (b) with the Federal Trade Commission. The Inspector General shall share information with the Inspector General, as required by law.

(d) ADDITIONAL PROVISIONS.—

(1) INFORMATION SHARING PROVISIONS.—The National Coordinator shall consult with the Inspector General and the Federal Trade Commission for purposes of carrying out this section. The National Coordinator may, notwithstanding any other provision of law, share information related to claims or investigations under subsection (b) with the Federal Trade Commission. The Inspector General shall share information with the Inspector General, as required by law.

(2) PROTECTION FROM DISCLOSURE OF INFORMATION.—Any information required by the National Coordinator in connection with a claim or suggestion of possible information blocking and that could reasonably be expected to facilitate identification of the source of such information—

(A) shall not be disclosed by the National Coordinator except as may be necessary to carry out the purpose of this Act; and

(B) shall be exempt from mandatory disclosure under section 552 of title 5, United States Code, in a civil case or proceeding brought by subsection (b)(3) of such section; and

(C) may be used by the Inspector General or Federal Trade Commission for purposes of carrying out this section. The Inspector General shall share information with the Federal Trade Commission, as required by law.

(3) STANDARDIZED PROCESS.—The National Coordinator shall implement a standardized process for the public to submit reports on claims of—

(i) health information technology products; or

(ii) an individual or entity using certified electronic health records.

(4) NONDUPlication OF PENALTy STRUCTURES.—In carrying out this subsection, the Secretary shall, to the extent possible, ensure that penalties do not duplicate penalty structures that would otherwise apply with respect to information blocking and the type of individual or entity involved as of the day before the date of the enactment of this section.

SEC. 4005. LEVERAGING ELECTRONIC HEALTH RECORDS TO IMPROVE PATIENT CARE.

(a) REQUIREMENT RELATING TO REGISTRIES.—

(1) IN GENERAL.—To be in compliance with the requirements of section 1128A(a) of the Social Security Act (other than subsection (a) and (b) of such section) shall apply to a civil money penalty applied under this paragraph in the same manner as such provisions apply to a civil money penalty or proceeding under such section 1128A(a).

(2) RULEMAKING.—In carrying out this paragraph, the Inspector General may, notwithstanding any other provision of law, share information related to claims or investigations under subsection (b) with the Federal Trade Commission. The Inspector General shall share information with the Inspector General, as required by law.

(b) DETERMINATION.—Any information required by the National Coordinator in connection with a claim or suggestion of possible information blocking and that could reasonably be expected to facilitate identification of the source of the information—

(A) shall not be disclosed by the National Coordinator except as may be necessary to carry out the purpose of this Act; and

(B) shall be exempt from mandatory disclosure under section 552 of title 5, United States Code, in a civil case or proceeding brought by subsection (b)(3) of such section; and

(C) may be used by the Inspector General or Federal Trade Commission for purposes of carrying out this section. The Inspector General shall share information with the Federal Trade Commission, as required by law.

(3) STANDARDIZED PROCESS.—The National Coordinator shall implement a standardized process for the public to submit reports on claims of—

(i) health information technology products; or

(ii) an individual or entity using certified electronic health records.

(4) NONDUPlication OF PENALTy STRUCTURES.—In carrying out this subsection, the Secretary shall, to the extent possible, ensure that penalties do not duplicate penalty structures that would otherwise apply with respect to information blocking and the type of individual or entity involved as of the day before the date of the enactment of this section. The Inspector General may, notwithstanding any other provision of law, share information related to claims or investigations under subsection (b) with the Federal Trade Commission. The Inspector General shall share information with the Federal Trade Commission, as required by law.
care of a population defined by a particular dis-
ease, condition, exposure or therapy;
(2) that is designed to collect detailed, standard-
dized data on an ongoing basis for medical pro-
cedures, treatments or therapies for particular diseases, conditions, or exposures;
(3) that provides feedback to participants who submit data to the registry;
(4) that meets standards for data quality in-
cluding—
(A) systematically collecting clinical and other health information, including identifiable elements and having procedures in place to verify the completeness and validity of those data; and
(B) regular data checks or peer audits to verify completeness and validity; and
(5) that provides ongoing participant training and support.
(c) STATEMENT OF HEALTH INFORMATION TECHNOLOGY DEVELOPERS WITH RESPECT TO PA-
TIENT SAFETY ORGANIZATIONS.—
(1) IN GENERAL.—In applying part C of title IX of the Public Health Service Act (42 U.S.C. 299b–2 et seq.), a health information technology developer shall be treated as a provider (as def-
ined in section 921 of such Act) for purposes of reporting under this subsection, following activities concerning improving clinical care through the use of health information technology that could result in improved patient safety, health care quality outcomes.
(2) REPORT.—Not later than 4 years after the date of enactment of this Act, the Secretary of Health and Human Services shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Represen-
tatives, a report concerning best practices and current trends voluntarily provided, with-
out identifying individual providers or dis-
closing or using protected health information or identifiable information, by patient safety organizations to improve the integration of health information technology into clinical practice.

SEC. 4006. EMPOWERING PATIENTS AND IMPROV-
ING PATIENT ACCESS TO THEIR ELECTRONIC HEALTH INFOR-
MATION.
(a) USE OF HEALTH INFORMATION EXCHANGES FOR PATIENT ACCESS.—Section 3009 of the Public Health Service Act (42 U.S.C. 300f–19) is amend-
ed by inserting after paragraph (3) the fol-
dowing:
"(c) PROMOTING PATIENT ACCESS TO ELECTRONIC HEALTH INFORMATION THROUGH HEALTH INFORMATION EXCHANGES.—
(D) by redesignating paragraph (2) as para-
graph (3); and
(2) by redesigning paragraph (2) as para-
graph (3); and
(3) by inserting after paragraph (1), the fol-
lowing:
"(2) if the individual makes a request to a busi-
business associate for access to, or a copy of, protected health information about the indi-
vidual, or if an individual makes a request to a busi-
business associate to grant such access to, or transmit such copy directly to, a person or enti-
tity designated by the individual, the business asso-
ciate may provide the individual with such ac-
ccess or copy, which may be in an electronic form, or grant or transmit such access or copy to such person or entity designated by the indi-
vidual; and"

SEC. 4007. GAO STUDY ON PATIENT MATCHING.
(a) IN GENERAL.—Not later than 2 years after the date of enactment of this Act, the Comptroller General of the United States shall con-
duct a study to—
(1) review the policies and activities of the Of-
fice of the National Coordinator for Health In-
formation Technology and other relevant stake-
holders, which may include standards develop-
ment organizations, experts in the technical as-
pects of health information technology, health information technology developers, providers of health services, health care providers, health care payers, health care quality organizations, professional organizations, compliance experts, and other appropriate entities, to ensure appropriate patient matching to protect patient privacy and security with respect to electronic health records and the exchange of electronic health information; and
(2) survey ongoing efforts related to the poli-
cy and activities described in paragraph (1) and the effectiveness of such efforts occurring in the private sector.
(b) AREAS OF CONCENTRATION.—In conducting the study under subsection (a), the Comptroller General shall—
(1) evaluate current methods used in certified electronic health records for patient matching based on performance related to factors such as
(A) the privacy of patient information;
(B) the security of patient information;
(C) improving matching rates;
(D) reducing matching errors; and
(E) reducing duplicate records; and
(2) determine whether the Office of the Na-
tional Coordinator for Health Information Tech-
ology could improve patient matching by tak-
ing steps including—
(A) defining additional data elements to assist in patient data matching;
(B) agreeing on a standard minimum set of ele-
ments that need to be collected and exchanged;
(C) requiring electronic health records to have the ability to make certain fields required and specific standards; and
(D) other options recommended by the rele-
vant stakeholders consulted pursuant to sub-
section (a).
(c) REPORT.—Not later than 2 years after the date of enactment of this Act, the Comptroller General shall submit to the appropriate commit-
teers of Congress a report concerning the find-
ings of the study conducted under subsection (a).

SEC. 4008. GAO STUDY ON PATIENT ACCESS TO HEALTH INFORMATION.
(a) STUDY.—
(1) IN GENERAL.—The Comptroller General of the United States (referred to in this section as the "Comptroller General") shall build on prior Government Accountability Office studies and other literature review and conduct a study to review patient access to their own protected health information, including barriers to such patient access and complications or difficulties providers experience in providing access to pa-
tients. In conducting such study, the Com-
ptroller General shall consider the increase in the use of health information technology and the increasing prevalence of protected health in-
formation that is maintained electronically.
(2) AREAS OF CONCENTRATION.—In conducting the review under paragraph (1), the Comptroller General shall consider—

(A) instances when covered entities charge invid-

uals in the form and format requested by the

individual, including examples of such in-

stances:

(1) site-of-service price transparency.

Section 1834 of the Social Security Act (42 U.S.C. 1395m) is amended by adding at the end the following new subsection:

(3) the ability of providers to distinguish be-

tween requests originating from an individual

who does not have coverage under a Medicare

program under title XVIII, of

such Act (42 U.S.C. 1395m(m)(4)).

Section 1903(i)(27) of the Social Security Act

should—

(a) recognized that telemedicine is the delivery

of safe, effective, quality health care services, by

a health care provider, using technology as the

mode of care delivery;

(b) meet or exceed the conditions of coverage

and payment with respect to the Medicare pro-

gram, if the service is for a beneficiary, as defined in subsection (q)(4) that,

(c) are with respect to coverage, coding, or

stenosis, if applicable until expended.''

MEDICARE SITE-OF-SERVICE PRICE TRANSPARENCY.

SEC. 4011. MEDICARE SITE-OF-SERVICE PRICE TRANSPARENCY.

Section 1834 of the Social Security Act (42 U.S.C. 1395m) is amended by adding at the end the following new subsection:

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SEC. 4011. MEDICARE SITE-OF-SERVICE PRICE TRANSPARENCY.

Section 1834 of the Social Security Act (42 U.S.C. 1395m) is amended by adding at the end the following new subsection:

SEC. 4011. MEDICARE SITE-OF-SERVICE PRICE TRANSPARENCY.
misrepresentation of a material fact in any application, proposal, bid, progress report, or other document that is required to be submitted in order to directly or indirectly receive or retain funds, or in part by any other agreement, or in any other agreement pursuant to such grant, contract, or other agreement; (3) knowingly makes, uses, or causes to be made or used, a false record or statement material to a false or fraudulent claim under such grant, contract, or other agreement; (4) knowingly conceals or knowingly and improperly avoids or decreases an obligation to pay or transmit funds or property to such contract with respect to such contract, grant, contract, or other agreement, or knowingly conceals or knowingly and improperly avoids or decreases an obligation to pay or transmit funds or property to such recipient with respect to such contract, grant, contract, or other agreement; or (5) fails to grant timely access, upon reasonable request (as defined by such Secretary in regulations), to the Inspector General of the Department, for the purpose of audits, investigations, evaluations, or other statutory functions of such Inspector General in matters involving such agreement, grant, contract, or other agreement shall be subject, in addition to any other penalties that may be prescribed by law, to a civil money penalty in cases under paragraph (1), of not more than $50,000 for each specified claim; in cases under paragraph (2), not more than $50,000 for each false statement, omission, or misrepresentation of a material fact; in cases under paragraph (3), not more than $50,000 for each false record or statement; in cases under paragraph (4), not more than $50,000 for each false record or statement or $10,000 for each day that such false record or statement remains in effect; or in cases under paragraph (5), not more than $15,000 for each day for which the failure to make such return or provide such access continues or knowingly and improperly avoids or decreases an obligation to pay; or in cases under paragraph (5), not more than $15,000 for each day that such false record or statement or $10,000 for each day that such false record or statement remains in effect.

SEC. 5004. REDUCING OVERPAYMENTS OF INFUSION DRUGS.

(a) TREATMENT OF INFUSION DRUGS FURNISHED THROUGH DURABLE MEDICAL EQUIPMENT.—Section 1842(o)(1) of the Social Security Act (42 U.S.C. 1395u(o)(1)) is amended—

(1) in subparagraph (C), by striking “and including a durable medical described in subparagraph (D)(i) furnished on or after January 1, 2017” after “2005”; and

(2) in subsection (b), by striking “subject to any such termination is effective, as specified in the notice of such termination; or (ii) the date on which such termination has been exhausted or the timeline for any such appeal has expired.”.

(b) CONTRACT REQUIREMENT FOR MANAGED CARE ENTITIES.—Section 1932(d) of the Social Security Act (42 U.S.C. 1395w–3(a)(2)(A)) is amended by adding at the end the following new paragraph:

(l) the date on which such termination is effective, as specified in the notice of such termination; or (ii) the date on which such termination has been exhausted or the timeline for any such appeal has expired.”.

(c) TERMINATION NOTIFICATION DATABASE.—Section 1902 of the Social Security Act (42 U.S.C. 1396a(n)) is amended—

(2) in paragraph (1), by inserting “(or, in the case of a penalty or assessment under subsection (o), by a specified State agency thereof, or of any specified State agency; or (2) is made to a contractor, grantee, or any other recipient if the money or property is to be spent or used on the Department’s behalf or to advance a Department program or interest, and if the Department determines that such person—

(a) provides or has provided any portion of the money or property requested or demanded; or

(b) will reimburse such contractor, grantee, or other recipient for any portion of the money or property which is requested or demanded.

(e) For purposes of subsection (o), the term ‘obligation’ means an established duty, whether or not fixed, arising from an express or implied contractual, grantor-grantee, or licensor-licensee relationship, for a fee-based or similar relationship, from statute or regulation, or from the retention of any overpayment.”.

(b) CONFORMING AMENDMENTS.—Section 1124A of the Social Security Act (42 U.S.C. 1320a–7a) is amended—

(1) in subsection (b), by inserting “or specified claim” after “claim” in the first sentence; and

(2) in subsection (c) in the matter preceding paragraph (1)—

(A) in the matter following paragraph (4), by inserting “(or, in the case of a penalty or assessment under subsection (o), by a specified State agency (as defined in subsection (q)(6))),” after “a State agency because of such case. In addition, the Secretary may make a determination in the same proceeding to exclude the person from participation in the Federal health care programs (as defined in section 1128B(f)(2)) and to direct the appropriate State agency to exclude the person from participation in any State health care program described in this paragraph.

(p) The provisions of subsections (c), (d), (g), and (h) shall apply to a civil money penalty or assessment under subsection (o) in the same manner as such provisions apply to a penalty, assessment, or demand under a grant, contract, or other agreement.

(q) For purposes of this subsection and subsection (r), the term ‘Department’ means the Department of Health and Human Services.

(r) The term ‘other agreement’ includes a cooperative agreement, grant, contract, scholarship, loan, subsidy, payment for a specified use, or other agreement, including a reference to a specified claim (as defined in subsection (r)).

(iii) the specialty of such provider’s or person’s practice; (iv) the date of birth, Social Security number, Medicare or Medicaid number, Federal taxpayer identification number, and the State license or certification number of such provider or person (if applicable); (v) the reason for the termination; (vi) a copy of the notice of termination sent to the provider or person; (vii) the date on which such termination is effective, as specified in the notice of such termination; or

(viii) any other information required by the Secretary.

(f) EFFECTIVE DATE DEFINED.—For purposes of this paragraph, the term ‘effective date’ means, with respect to a termination described in subparagraph (A), the later of—

(1) the date on which such termination is effective, as specified in the notice of such termination; or

(2) the date on which such termination has been exhausted or the timeline for any such appeal has expired.”.

(g) CONTRACT REQUIREMENT FOR MANAGED CARE ENTITIES.—Section 1932(a) of the Social Security Act (42 U.S.C. 1395w–3(a)(2)) is amended by adding at the end the following new paragraph:

(3) CONTRACT REQUIREMENT FOR MANAGED CARE ENTITIES.—With respect to any contract with a managed care entity under section 1903(m) or 1965(m)(1) (as applicable), no later than October 1, 2016, such contract shall include a provision that providers of services or persons terminated (as described in section 1902(kk)(8)) from participation under this title, title XVIII, or title XIX, shall be entitled to participate under this title as a provider in any network of such entity that serves individuals eligible to receive medical assistance under this title.
1396a) is amended by adding at the end the following new subsection:

―(II) TERMINATION NOTIFICATION DATABASE.—In the case of a provider of services or any other person whose participation under title XIX is terminated (as described in subsection (kk)(8)), the Secretary shall, not later than 30 days after the date on which the Secretary determines that such termination is appropriate, include such termination in any database or similar system developed pursuant to section 6401(b)(2) of the Patient Protection and Affordable Care Act (42 U.S.C. 1395cc note; Public Law 111–148).''.

(4) PROVIDER ENROLLMENT.—Section 1903 of the Social Security Act (42 U.S.C. 1396b) is amended—

(A) in subsection (a)(1) by striking the comma at the end and inserting a semicolon;

(B) in paragraph (3) by striking "or" at the end; and

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

"(3) No payment shall be made under this title (or under a waiver of the plan) unless the State for payment for services provided by a managed care entity (as defined under section 1902(a)(1)), under a waiver of the plan, or under a waiver of the plan (as defined in section 1932(d)(7)) and (as applied to such a waiver of the plan) to a State with respect to expenditures incurred for services for individuals eligible to receive medical assistance under the State plan under this title (or under a waiver of the plan) who are enrolled with the entity, the provider is enrolled consistent with section 1902(kk)(6) with the State agency administering the State plan under this title. Such enrollment shall include providing to the State agency the provider’s identifying information, including the name, specialty, date of birth, Social Security number, national provider identifier, Federal taxpayer identification number, and the license or certification number of the provider."

(B) RULE OF CONSTRUCTION.—Nothing in subparagraph (A) shall be construed as requiring a provider described in such subparagraph to provide services to persons who are not enrolled with a managed care entity under this title.

(C) COORDINATION WITH CHIP.—

(1) IN GENERAL.—Section 1907(e)(1) of the Social Security Act (42 U.S.C. 1397gg(e)(1)) is amended—

(A) by redesignating subparagraphs (B), (C), (D), (E), (F), (G), (H), (I), (J), (K), (L), (M), (N), and (O) as subparagraphs (D), (E), (F), (G), (H), (I), (J), (K), (N), (M), (N), (O), (P), (Q), and (R), respectively; and

(B) by inserting after subparagraph (A) the following new subparagraph:

"(3) An assessment of the extent to which providers who are included under subsection (ll) of such section and paragraph (3) of section (m) of such section, as added by subsection (a)(4), have been enrolled consistent with section 1902(kk) with the State agency administering the State plan under this title. Such enrollment shall include providing to the State agency the provider’s identifying information, including the name, specialty, date of birth, Social Security number, national provider identifier, Federal taxpayer identification number, and the license or certification number of the provider."
SEC. 5009. AMENDMENT TO THE PREVENTION AND PUBLIC HEALTH FUND.
Section 4002(b) of the Patient Protection and Affordable Care Act (42 U.S.C. 300u-11(b)) is amended—
(1) in paragraph (3), by striking "$1,250,000,000" and inserting "$900,000,000";
(2) in paragraph (4), by striking "$1,500,000,000" and inserting "$1,000,000,000"; and
(3) by striking paragraph (5) and inserting the following—
   (5) for fiscal year 2022, $1,500,000,000;
   (6) for fiscal year 2023, $1,000,000,000;
   (7) for fiscal year 2024, $1,700,000,000; and
   (8) for fiscal year 2025 and each fiscal year thereafter, $2,000,000,000.

SEC. 5100. STRATEGIC PETROLEUM RESERVE DRAWDOWN.
(a) DRAWDOWN AND SALE.
   (1) IN GENERAL.—Notwithstanding section 161 of the Energy Policy and Conservation Act (42 U.S.C. 6241), except as provided in subsections (b) and (c), the Secretary of Energy shall drawdown and sell from the Strategic Petroleum Reserve—
      (A) 10,000,000 barrels of crude oil during fiscal year 2017;
      (B) 9,000,000 barrels of crude oil during fiscal year 2018; and
      (C) 6,000,000 barrels of crude oil during fiscal year 2019.
   (b) DISPOSIT OF AMOUNTS RECEIVED FROM SALE.
      (1) IN GENERAL.—Amounts received from a sale under paragraph (1) shall be deposited in the general fund of the Treasury during the fiscal year in which the sale occurs.
      (2) EMERGENCY PROTECTION.—The Secretary shall not draw down and sell crude oil under this section in quantities that would limit the ability of the Secretary to sell petroleum products under section 161(h) of the Energy Policy and Conservation Act (42 U.S.C. 6241(h)) in the full quantity authorized by that subsection.
      (3) STRATEGIC PETROLEUM DRAWDOWN LIMITATIONS.—Subparagraphs (B) and (C) of section 161(h)(2) of the Energy Policy and Conservation Act (42 U.S.C. 6241(h)(2)(C) and (D)) are both amended by striking "$500,000,000" and inserting "$450,000,000".

SEC. 5101. RESCISSION OF PORTION OF ACA TERRITORIAL FUNDING.
Of the unobligated amounts available under section 1323(c)(1) of the Patient Protection and Affordable Care Act (42 U.S.C. 18043(c)(1)), $464,000,000 is rescinded immediately upon the date of the enactment of this Act.

SEC. 5102. MEDICARE COVERAGE OF HOME INFUSION THERAPY.
(a) IN GENERAL.—Section 1861 of the Social Security Act (42 U.S.C. 1395l) is amended—
   (1) in subsection (s)(2), by striking “and” at the end of subparagraph (E); and
   (2) by inserting “and” at the end of subparagraph (F); and
   (B) by inserting at the end of the following new subparagraph—
      “(GG) home infusion therapy (as defined in subsection (iii)(1))”; and
   (2) by adding at the end the following new subsection:
      (III) Home Infusion Therapy.—
         (1) The term ‘home infusion therapy’ means the items and services described in paragraph (2) furnished by a qualified home infusion therapy supplier (as defined in paragraph (3)(D)) for the furnishing of home infusion drugs (as defined in paragraph 7(i)(1)); and
         (2) by adding at the end the following new subsection:
             (iii) Home Infusion Therapy.—
                 (1) The term ‘home infusion therapy’ means the items and services described in paragraph (2) furnished by a qualified home infusion therapy supplier (as defined in paragraph (3)(D)) for the furnishing of home infusion drugs (as defined in paragraph (3)(C)) if such service is furnished to an individual who is under the care of an applicable provider (as defined in paragraph (3)(A)) for the individual’s home.

SEC. 5008. ELIMINATING FEDERAL FICAL CENTRALIZATION AND ADMINISTRATION WITH RESPECT TO EXPENDITURES UNDER MEDICAID FOR AGENTS USED FOR COSMETIC PURPOSES.
(a) IN GENERAL.—Section 1903(i)(2) of the Social Security Act (42 U.S.C. 1396d(i)(21)) is amended by inserting “section 1927(d)(2)(C) (relating to agents used for cosmetic purposes or hair growth) except where medically necessary,” after “‘drugs described in”.
(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall apply to expenditures under title XIX of the Social Security Act beginning on January 1, 2022.

SEC. 5007. FAIRNESS IN MEDICARE SUPPLEMENTAL BENEFITS TRUSTS.
(a) IN GENERAL.—Section 1912(d)(4)(A) of the Social Security Act (42 U.S.C. 1396p(d)(4)(A)) is amended—
   (1) by striking “the individual” after “for the benefit of such individual”; and
   (2) EFFECTIVE DATE.—The amendment made by subsection (a) shall apply to trusts established on or after the date of the enactment of this Act.

SEC. 5103. STRATEGIC PETROLEUM RESERVE DRAWDOWN.
(b) PAYMENT AND RELATED REQUIREMENTS FOR HOME INFUSION THERAPY.—
   (1) PAYMENT.—
      (A) SINGLE PAYMENT.—
         (i) IN GENERAL.—Subject to clause (ii) and subparagraphs (B) and (C), the Secretary shall implement a payment system under which a single payment is made under this section to a qualified home infusion therapy supplier for items and services described in subparagraphs (A) and (B) of section 1861(iii)(2) furnished by a qualified home infusion therapy supplier (as defined in section 1861(iii)(2)(C)) in coordination with the furnishing of home infusion drugs (as defined in section 1861(iii)(2)(C)) under part B.
         (ii) UNIFORMITY OF PAYMENT.—A uniform payment under the payment system established under this subparagraph is for each infusion drug administration calendar day in the individual’s home during the calendar quarter in which the type of infusion therapy service is furnished, calculated as appropriate, establish single payment amounts for types of infusion therapy, including to take into account variation in utilization of nursing services and related types of home infusion therapy.
      (iii) LIMITATION.—The single payment amount determined under this subparagraph.
after application of subparagraph (B) and paragraph (3) shall not exceed the amount determined under the fee schedule under section 1848 for infusion therapy services furnished in a calendar day if furnished in a physician office setting, except that such single payment shall not reflect more than 5 hours of infusion for a particular therapy in a calendar day.

**(B) ADJUSTMENTS.—The Secretary shall adjust the single payment amount determined under subparagraph (A) for home infusion therapy services under section 1861(iii)(1) to reflect outlier situations and other factors as the Secretary determines appropriate.

**(C) DISCRETIONARY ADJUSTMENTS.—

**(i) In general.—The Secretary may adjust the single payment amount determined under subparagraph (A) (after application of subparagraph (B)) to reflect unusual acuity and complexity of drug administration.

**(ii) Requirement of budget neutrality.—Any adjustment under this subparagraph shall be made in a budget-neutral manner.

**(2) Considerations.—In developing the payment system under this subsection, the Secretary may consider the costs of furnishing infusion therapy services, consult with home infusion therapy suppliers, consider payment amounts for similar items and services under this part and part A, and consider payment amounts from Medicare Advantage plans under part C and in the private insurance market for home infusion therapy (including average per treatment day payment amounts by type of home infusion therapy).

**(3) Annual updates.—

**(A) In general.—Subject to subparagraph (B), the Secretary shall update the single payment amount under this subsection from year to year beginning in 2022 by increasing the single payment amount from the prior year by the percentage increase in the Consumer Price Index for all urban consumers (United States city average) for the 12-month period ending with June of the preceding year.

**(B) Adjustment.—For each year, the Secretary shall reduce the percentage increase described in subparagraph (A) by the productivity adjustment percentage, as defined in section 1886(b)(3)(B)(i)(II). The application of the preceding sentence may result in a percentage being less than 0.0 for a year, and may result in payment being less than such payment rates for the preceding year.

**(4) Authority to apply prior authorization.—The Secretary may, as determined appropriate, apply prior authorization for home infusion therapy services under section 1861(iii)(1).

**(5) Accreditation of Qualified Home Infusion Therapy Suppliers.—

**(A) Factors for designation of accreditation organizations.—The Secretary shall consider the following factors in designating accreditation organizations under paragraph (B) and in reviewing and modifying the list of accreditation organizations designated pursuant to subparagraph (A):

**(i) The ability of the organization to conduct timely reviews of accreditation applications.

**(ii) The ability of the organization to take into account whether suppliers located in a rural area (as defined in section 1886(d)(2)(D)).

**(iii) Whether the organization has established reasonable fees to be charged to suppliers applying for accreditation.

**(iv) Such other factors as the Secretary determines appropriate.

**(B) Designation.—Not later than January 1, 2021, the Secretary shall designate organizations to accredit suppliers furnishing home infusion therapy services. Such accreditation organizations so designated may be modified pursuant to subparagraph (C).

**(C) Review and modification of list of accreditation organizations.—

**(i) In general.—The Secretary shall review the list of accreditation organizations designated under subparagraph (B) taking into account the results of such review, the Secretary may, by regulation, modify the list of accreditation organizations designated under subparagraph (B).

**(ii) Special rule for accreditations done prior to removal from list of designated accreditation organizations.—In the case where the Secretary removes an organization from the list of accreditation organizations designated under subparagraph (B), any supplier that is accredited by the organization during the period beginning on the date on which the organization is designated as an accreditation organization under subparagraph (B) and ending on the date on which the organization is removed from such list shall be considered to have been accredited by an organization designated by the Secretary under subparagraph (B) for the remaining period such accreditation is in effect.

**(D) Rule for accreditations made prior to designation.—In the case of a supplier that is accredited before January 1, 2021, by an accreditation organization designated by the Secretary under subparagraph (B) as of January 1, 2019, such supplier shall be considered to have been accredited by designation organizations designated by the Secretary under such paragraph as of January 1, 2023, for the remaining period such accreditation is in effect.

**(6) Notification of infusion therapy options available prior to furnishing home infusion therapy.—Prior to the furnishing of home infusion therapy to an individual, the physician who establishes the plan described in section 1861(iii)(1) for the individual shall provide notification (in a form, manner, and frequency determined appropriate by the Secretary) of the options available (such as home, physician’s office, hospital outpatient department) for the furnishing of infusion therapy under this part.

**(c) Conforming amendments.—

**(1) Payment reference.—Section 1833(q)(1) of the Social Security Act (42 U.S.C. 1395u(a)(1)) is amended—

**(A) by striking “and” before “(AA)”;

**(B) by inserting before the semicolon at the end the following: “, and (BB) with respect to home infusion therapy, the amount paid shall be an amount equal to 80 percent of the lesser of the actual or reasonable cost of items and services furnished on or after January 1, 2021.”;

**(2) Direct payment.—The first sentence of section 1842(b)(6) of the Social Security Act (42 U.S.C. 1395u(b)(6)) is amended—

**(A) by striking “and” before “(H)”;

**(B) by inserting before the period at the end the following: “, and (BB) with respect to home infusion therapy, payment shall be made to the qualified home infusion therapy supplier.”;

**(3) Exclusion from home health services.—Section 1861(i) of the Social Security Act (42 U.S.C. 1395x(m)) is amended, in the first sentence, by inserting the following before the period at the end: “and (BB) with respect to home infusion therapy (as defined in subsection (iii)(i)).”;

**(4) Effective date.—The amendments made by this section shall take effect on and after January 1, 2021.

**DIVISION B—HELPING FAMILIES IN MENTAL HEALTH CRISIS

**SEC. 6000. SHORT TITLE.

This division may be cited as the “Helping Families in Mental Health Crisis Reform Act of 2016”.

**TITLE VI—STRENGTHENING LEADERSHIP AND ACCOUNTABILITY

**Subtitle A—Leadership

**SEC. 6001. ASSISTANT SECRETARY FOR MENTAL HEALTH AND SUBSTANCE USE.

(a) Assistant Secretary.—Subsection (c) of section 1886(d)(2)(D) of the Public Health Service Act (42 U.S.C. 290aa(c)) is amended to read as follows:—

**(c) ASSISTANT SECRETARY AND DEPUTY ASSISTANT SECRETARY.—

**(1) Assistant secretary.—The Administration shall be headed by an official to be known as the Assistant Secretary for Mental Health and Substance Use (hereafter referred to as the ‘‘Assistant Secretary’’) who shall be appointed by the President, by and with the advice and consent of the Senate.

**(2) Deputy assistant secretary.—The Assistant Secretary, with the approval of the Secretary, may appoint a Deputy Assistant Secretary and may employ and prescribe the functions of such officers and employees, including attorneys, as are necessary to administer the activities to be carried out through the Administration.

**b) Transfer of authorities.—The Secretary of Health and Human Services shall delegate to the Assistant Secretary for Mental Health and Substance Use all duties and authorities that—

**(1) as of the day before the date of enactment of this Act, were vested in the Administrator of the Substance Abuse and Mental Health Services Administration; and

**(2) are not terminated by this Act.

**(c) Conforming amendments.—Title V of the Public Health Service Act (42 U.S.C. 290a et seq.), as amended by the previous provisions of this section, is further amended—

**(1) by striking “Administrator of the Substance Abuse and Mental Health Services Administration’’; and

**(2) by striking “Administrator” or “Administra- tor” each place it appears (including in any headings) and inserting “Assistant Secretary” or “ASSISTANT SECRETARY”, respectively, except where the term “Administrator” appears.

**(A) in each of subsections (e) and (f) of section 501 of such Act (42 U.S.C. 290a), including the headings of such subsections, within the term “Associate Administrator of the Health Resources and Services Administration’’;

**(B) in section 507(b)(6) of such Act (42 U.S.C. 290b(b)(6)), within the term “Administrator of the Health Resources and Services Administration’’;

**(C) in section 507(b)(6) of such Act (42 U.S.C. 290b(b)(6)), within the term “Administrator of the Centers for Medicare and Medicaid Services’’; and

**(D) in section 519B(c)(1)(B) of such Act (42 U.S.C. 290bb–25(b)(1)(B)), within the term “Assistant Administrator of the National Highway Traffic Safety Administration’’; and

**(E) in each of sections 519B(c)(1)(B), 520M(a), and 520Q(a) of such Act (42 U.S.C. 290bb–25(b)(1)(B), 290b–34(a) and 290b–35(a)), within the term “Administrator of the Office of Juvenile Justice and Delinquency Prevention’’;

**(f) reference.—After executing subsections (a), (b), and (c), any reference in statute, regulation, or other authority to the Assistant Secretary for Substance Abuse and Mental Health Services Administration shall be construed to be a reference to the Assistant Secretary for Mental Health and Substance Use.

**SEC. 6002. STRENGTHENING THE LEADERSHIP OF THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

**Section 501 of the Public Health Service Act (42 U.S.C. 290aa), as amended by section 6001, is further amended—

**(1) in subsection (b)—

**(A) in the subsection heading, by striking “AGENCIES” and inserting “CENTERS”;

and
(B) in the matter preceding paragraph (1), by striking "entities" and inserting "Centers";
(A) in subsection (d)—
(i) in paragraph (1)—
(I) by striking "agencies each place the term appears and inserting "Centers"; and
(ii) by striking "such agency" and inserting "such Center";
(B) in paragraph (2)—
(i) by striking "agencies" and inserting "Centers";
(ii) by striking "with respect to substance abuse" and inserting "with respect to substance use disorders"; and
(iii) by striking "individuals who are substance abusers" and inserting "individuals with mental or substance use disorders";
(C) in paragraph (5), by striking "substance abuse" and inserting "substance use disorder";
(D) paragraph (B)—
(i) by striking "the Centers for Disease Control" and inserting "the Centers for Disease Control and Prevention";
(ii) by striking "Administration develop" and inserting "Administration; develop";
(iii) by striking "HIV or tuberculosis among substance abusers and individuals with mental illness and inserting "HIV, hepatitis, tuberculosis, and other communicable diseases among individuals with mental or substance use disorders"; and
(iv) by striking "illnesses" at the end and inserting "diseases or disorders";
(E) paragraph (7), by striking "abuse utilizing anti-addiction medications, including methadone" and inserting "substance use disorders, including services that utilize drugs or devices approved or cleared by the Food and Drug Administration for the treatment of substance use disorders);
(F) paragraph (8)—
(i) by striking "Agency for Health Care Policy Research and Agency for Healthcare Research and Quality"; and
(ii) by striking "treatment and prevention" and inserting "prevention and treatment";
(G) paragraph (9)—
(i) by inserting "and maintenance" after "development";
(ii) by striking "Agency for Health Care Policy Research and Agency for Healthcare Research and Quality"; and
(iii) by striking "treatment and prevention services" and inserting "treatment, prevention, and treatment, and recovery services and are appropriately incorporated into programs carried out by the Administration";
(H) paragraph (10), by striking "abuse and inpatient substance abuse treatment";
(i) by striking paragraph (11) and inserting the following:
"(11) work with relevant agencies of the Department of Health and Human Services on integrating mental health promotion and substance use disorder prevention with general health promotion and disease prevention and integrating mental health and substance use disorders treatment services with physical health treatment services;"
(J) paragraph (13)—
(i) in the matter preceding subparagraph (A), by striking "this title, assure that" and inserting "this title or part B of title XIX, or grant programs otherwise funded by the Administration";
(ii) in subparagraph (A)—
(I) by inserting "require that" before "all grants"; and
(II) by striking "and" at the end;
(ii) by redesigning subparagraph (B) as subparagraph (C); and
(iii) by inserting after subparagraph (A) the following:
"
(3) in section 111, by striking the following:
"(B) ensure that the director of each Center of the Administration consistently documents the application and solicitation standards at the time of awarding grants and the ongoing oversight of grantees after such grants are awarded;"
(4) in subparagraph (C), as so redesignated—
(I) by inserting "require that" before "all grants"; and
(II) in clause (ii), by inserting "after the semicolon at the end; and
(III) by adding at the end the following:
"(D) inform a State when any funds are awarded through such a grant to any entity within such State;"
(K) in paragraph (16), by striking "abuse and mental health information" and inserting "use disorders, including evidence-based and promising practices for prevention, treatment, and recovery services for individuals with mental and substance use disorders;"
(L) in paragraph (17)—
(i) by striking "substance abuse" and inserting "substance use disorders";
(ii) by striking "and" at the end;
(M) in paragraph (18), by striking the period and inserting a semicolon; and
(N) by adding at the end the following:
"(19) consult with State, local, and tribal governments, nongovernmental entities, and individuals with mental illness, particularly adults with a serious mental illness, children with a serious emotional disturbance, and the family members of such adults and children, with respect to improving community-based and other mental health services;
(20) collaborate with the Secretary of Defense and the Secretary of Veterans Affairs to improve the provision of mental and substance use disorder services provided by the Department of Defense and the Department of Veterans Affairs to members of the Armed Forces, veterans, and the family members of such members and veterans, including through the provision of services using the telehealth capabilities of the Department of Defense and the Department of Veterans Affairs;
(21) collaborate with the heads of relevant Federal agencies and departments, States, communities, and nongovernmental experts to improve mental and substance use disorder services for chronically homeless individuals, including by designing strategies to provide such services in supportive housing;
(22) work with States and other stakeholders to develop and support activities to recruit and retain a workforce addressing mental and substance use disorders;
(23) collaborate with the Attorney General and representatives of the criminal justice systems to improve mental and substance use disorder services for individuals who have been arrested or incarcerated;
(24) after providing an opportunity for public input, set standards for grant programs under this title that ensure the provision of mental and substance use disorder services and prevention programs, which standards may—
(A) the capacity of the grantee to implement the award;
(B) requirements for the description of the program implementation approach;
(C) the extent to which the grantee will increase access to services and a description of measurable objectives for improving outcomes;
(D) the extent to which the grantee will collect and report on performance measures; and
(E) the extent to which the grantee is proposing to use evidence-based practices; and
(25) advance, through existing programs, the use of performance metrics, including those based on recommendations on performance metrics from the Assistant Secretary for Planning and Evaluation under section 602(d) of the Helping Families in Mental Health Crisis Reform Act of 2010 and any recommendations included in the plan submitted by the Secretary;"
(3) in subsection (m), by adding at the end the following:
"
(3) EMERGENCY RESPONSE.—Amounts made available for carrying out this subsection shall remain available through the end of the fiscal year following the fiscal year for which such amounts are appropriated;"
SEC. 6003. CHIEF MEDICAL OFFICER.
Section 501 of the Public Health Service Act (42 U.S.C. 290aa), as amended by sections 6001 and 6003, is further amended—
(1) by redesigning subsections (g) through (j) and subsections (k) through (o) as subsections (h) through (k) and subsections (m) through (q), respectively, in subsection (j)(2)(C), by striking "subsection (k)" and inserting "subsection (m)";
(2) in subsection (j)(2)(C), by striking "subsection (m)" and inserting "subsection (n)"; and
(3) by inserting after subsection (j) the following:
"(1) CHIEF MEDICAL OFFICER.—
(1) IN GENERAL.—The Assistant Secretary, with the approval of the Secretary, shall appoint a Chief Medical Officer to serve within the Administration.
(2) ELIGIBLE CANDIDATES.—The Assistant Secretary shall select the Chief Medical Officer from among individuals who—
(A) have a doctorate degree in medicine or osteopathic medicine;
(B) have experience in the provision of mental or substance use disorder services;
(C) have experience working with mental or substance use disorder programs;
(D) have an understanding of biological, psychosocial, and pharmaceutical treatments of mental or substance use disorders; and
(E) are licensed to practice medicine in one or more States.
(3) DUTIES.—The Chief Medical Officer shall—
(A) serve as a liaison between the Administration and providers of mental and substance use disorder services prevention, treatment, and recovery services;
(B) assist the Assistant Secretary in the evaluation, organization, integration, and coordination of programs operated by the Administration;
(C) promote evidence-based and promising best practices, including culturally and linguistically appropriate practices, as appropriate, for the prevention and treatment of, and recovery from, mental and substance use disorders, including serious mental illness and serious emotional disturbances;
(D) participate in regular strategic planning with the Administration;
(E) coordinate with the Assistant Secretary for Planning and Evaluation to ensure the use of performance metrics to evaluate activities within the Administration related to mental and substance use disorder services; and
(F) coordinate with the Assistant Secretary to ensure mental and substance use disorder programs within the Administration consistently utilize appropriate performance metrics to evaluate services.
SEC. 6004. IMPROVING THE QUALITY OF BEHAVIORAL HEALTH PROGRAMS.
Section 505 of the Public Health Service Act (42 U.S.C. 290aa-4), as amended by section 6001(c), is amended—
(1) by striking the section designation and heading and inserting the following:
"SEC. 505. CENTER FOR BEHAVIORAL HEALTH STATISTICS AND QUALITY.
(2) by redesigning subsections (a) through (d) as subsections (b) through (e), respectively;
(3) by striking subsection (a), as redesignated by paragraph (2), by inserting the following:
"(a) IN GENERAL.—The Assistant Secretary shall maintain within the Administration a Center for Behavioral Health Statistics and Quality which is referred to in this section as the 'Center'. The Center shall be headed by a Director (in this section referred to as the 'Director') appointed..."
by the Secretary from among individuals with extensive experience and academic qualifications in research and analysis in behavioral health care or related fields.

(4) In subsection (b), as redesignated by paragraph (2)—

(A) by redesignating paragraphs (1) and (2) as subparagraphs (A) and (B), respectively;

(B) by striking “Secretary” and inserting “Assistant Secretary”;

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

(2) provide statistical and analytical support for activities of the Administration;

(3) recommend a core set of performance metrics to evaluate activities supported by the Administration, and

(4) coordinate with the Assistant Secretary for Planning and Evaluation, and the Chief Medical Officer appointed under section 501(g), as appropriate, to improve the quality of care provided by programs of the Administration and the evaluation of activities carried out by the Administration.

(5) in subsection (c), as so redesignated—

(A) by striking “with respect to the activities” and inserting “MENTAL HEALTH.—With respect to the activities”;

(B) by striking “Assistant Secretary” each place it appears and inserting “Director”; and

(C) by striking “subsection (a)” and inserting “subsection (b)(1)”;

(6) in subsection (d), as so redesignated—

(A) by striking the subsection designation and all that follows through “With respect to the activities” and inserting the following:

“(d) SUBSTANCE ABUSE—

In general.—With respect to the activities;

(B) in paragraph (1)—

(i) in the matter before subparagraph (A)—

(I) by striking “subsection (a)” and inserting “subsection (b)(1)”;

(ii) in the matter of subparagraph (B), by striking “in-” and inserting “in coordination with the Centers for Disease Control and Prevention” before the semicolon at the end;

(C) in paragraph (2), by striking “ANNUAL SURVEYS” and inserting “ANNUAL SURVEYS; PUBLIC AVAILABILITY OF DATA.—Annual surveys”;

and

(D) in paragraph (3), by striking the following—

(i) in the matter before subparagraph (A)—

(1) by striking “Before consultation” and inserting “Consultation.—Before consultation”;

and

(2) by striking “Assistant Secretary shall develop” and inserting “Assistant Secretary shall develop and enter into existing standards and best practices to develop”;

SEC. 6005. STRATEGIC PLAN.

Section 501 of the Public Health Service Act (42 U.S.C. 290aa, as amended by sections 6001 through 6003, is further amended by inserting after subsection (k), as redesignated by section 6003, the following—

“(l) STRATEGIC PLAN.—

(I) GENERAL.—Not later than September 30, 2018, and every 4 years thereafter, the Assistant Secretary shall develop and carry out a strategic plan in accordance with this subsection for the planning and operation of activities carried out by the Administration, including evidence-based programs.

(II) COORDINATION.—In developing and carrying out the strategic plan under this subsection, the Assistant Secretary shall take into consideration the findings and recommendations of the Assistant Secretary for Planning and Evaluation under section 6021(d) of the Helping Families in Mental Health Crisis Reform Act of 2016 and the report of the Interdepartmental Subcommittee on Serious Mental Illness Coordinating Committee under section 501(k) of the Public Health Service Act (42 U.S.C. 290bb-1(p)); and the Committee on Energy and Commerce and the Committee on Appropriations of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Appropriations of the Senate; and

(III) publication of plan.—The Assistant Secretary shall prepare and submit to the Committee on Energy and Commerce and the Committee on Appropriations of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Appropriations of the Senate, a report containing at a minimum—

(I) a review of activities conducted or supported by the Administration, including progress made toward strategic priorities identified in the strategic plan developed under subsection (l);

(II) an assessment of programs and activities carried out by the Assistant Secretary, including the extent to which programs and activities under this title and part B of title XIX meet identified goals and performance measures developed for the respective programs and activities;

(III) a description of the progress made in addressing gaps in mental and substance use disorders prevention, treatment, and recovery services and improving outcomes by the Administration, including with respect to serious mental illnesses, serious emotional disturbances, and co-occurring disorders;

(IV) a description of the manner in which the Administration coordinates with partners with overlapping mission areas to support services to individuals with serious mental illness and substance use disorders, including activities related to—

(A) the implementation and dissemination of research findings into improved programs, including with respect to how advances in serious mental illness and serious emotional disturbance research have been incorporated into programs;

(B) the recruitment, training, and retention of a mental and substance use disorder workforce; and

(C) the integration of mental disorder services, substance use disorder services, and physical health services;

(V) homelessness; and

(VI) veterans;

(IV) a description of the manner in which the Administration promotes coordination by grant recipients under this title, and subpart D of title XIX, with State or local agencies; and

(V) a description of the activities carried out under section 501(a), with respect to mental and substance use disorders, including—

(A) the number and a description of grants awarded; and

(B) the total amount of funding for grants awarded;

(VI) a description of the activities supported through grants and contracts, including outcomes of programs supported; and

(IV) information on how the National Mental Health and Substance Use Policy Laboratory is pursuing work with the Assistant Secretary for Planning and Evaluation and collaborating with the Center for Substance Abuse Treatment, the Center for Substance Abuse Prevention, the Center for Behavioral Health Statistics and Quality, and the Center for Mental Health Services to carry out such activities; and

(II) recommendations made by the Assistant Secretary for Planning and Evaluation under section 6021 of the Helping Families in Mental Health Crisis Reform Act of 2016 to improve programs within the Administration, and actions taken in response to such recommendations to improve programs within the Administration.

The Assistant Secretary may meet reporting requirements established under this subsection, notwithstanding the timeline of requirements established under this title, and part B of title XIX meet any such requirements to be less frequent than biennially, unless as specified in this title.

(b) CONFORMING AMENDMENT.—Section 501(k) of the Public Health Service Act (42 U.S.C. 290bb-1(p)) is amended by striking “section 501(k)” and inserting “section 501(m)”.

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CONGRESSIONAL RECORD — HOUSE
SEC. 6007. AUTHORITIES OF CENTERS FOR MENTAL HEALTH SERVICES, SUBSTANCE ABUSE PREVENTION, AND SUBSTANCE USE DISORDER TREATMENT.

(a) CENTER FOR MENTAL HEALTH SERVICES.—Section 520(b) of the Public Health Service Act (42 U.S.C. 290bb–3(b)) is amended—

(1) by redesignating paragraphs (3) through (15) as paragraphs (4) through (16), respectively;

(2) by inserting after paragraph (2) the following:

“(2) collaborate with the Director of the National Institute of Mental Health and the Chief Medical Officer, appointed under section 501(g), to ensure that appropriate, programs related to the prevention and treatment of mental illness and the promotion of mental health and recovery support are carried out in a manner that reflects the best available science and evidence-based practices, including culturally and linguistically appropriate services, as appropriate;”;

(3) by paragraph (5), as so redesignated, by inserting “, including through programs that reduce risk and promote resiliency” before the semicolon;

(4) in paragraph (6), as so redesignated, by inserting “in collaboration with the Director of the National Institute of Mental Health,” before “before the following;”;

(5) in paragraph (8), as so redesignated, by inserting “, increase meaningful participation of individuals with mental illness in programs and activities of the Administration,” before “and protect the legal;”;

(6) in paragraph (10), as so redesignated, by striking “professional and paraprofessional personnel pursuant to section 303” and inserting “health and paraprofessional personnel and health professionals;”;

(7) in paragraph (11), as so redesignated, by inserting “and tele-mental health” after “rural mental health;”;

(8) in paragraph (12), as so redesignated, by striking “establish a clearinghouse for mental health information to assure the widespread dissemination of such information” and inserting “disseminate mental health information, including evidence-based practices;”;

(9) in paragraph (15), as so redesignated, by striking “and” at the end;

(10) in paragraph (16), as so redesignated, by striking the period and inserting “; and”;

(11) by adding at the end the following:

“(17) ensure the consistent documentation of the application of criteria when awarding grants and the ongoing oversight of grantees after such grants are awarded; and

(18) assist and support States in preventing illicit drug use, including emerging illicit drug use issues.”;

(c) DIRECTOR OF THE CENTER FOR SUBSTANCE ABUSE TREATMENT.—Section 507 of the Public Health Service Act (42 U.S.C. 290bb) is amended—

(1) in subsection (a)—

(A) by striking “treatment of substance abuse” and inserting “treatment of substance use disorders;” and

(B) by striking “use disorder treatment systems” and inserting “use disorder treatment systems;” and

(2) in subsection (b)—

(A) in paragraph (1), by striking “abuse” and inserting “use disorder;”

(B) in paragraph (3), by striking “abuse” and inserting “use disorder;”

(C) in paragraph (4), by striking “individuals who abuse drugs” and inserting “individuals who illicitly use drugs;”

(D) in paragraph (9), by striking “carried out by the Director;”

(E) by striking paragraph (10); and

(F) by redesignating paragraphs (11) through (14) as paragraphs (10) through (13), respectively.

(g) in paragraph (12), as so redesignated, by striking “; and” and inserting a semicolon;

(h) in paragraph (13), as so redesignated, and inserting the following:

“(13) ensure the consistent documentation of the application of criteria when awarding grants and the ongoing oversight of grantees after such grants are awarded; and

(14) work with States, providers, and individuals in recovery, and their families, to promote the expansion of recovery support services and systems of care oriented toward recovery.”.

SEC. 6008. ADVISORY COUNCILS.

Section 509(b) of the Public Health Service Act (42 U.S.C. 290aa–5(b)) is amended—

(1) in subsection (a), the Assistant Secretary for Planning and Evaluation shall, not later than 180 days after the date of enactment of this Act, establish an Advisory Council consisting of not more than 24 members who shall—

(A) represent the interests of the public;

(B) present the interests of Health and Human Services. The strategy shall—

(a) by redesignating paragraphs (3) through (15) as paragraphs (4) through (16), respectively;

(2) by inserting after paragraph (2) the following:

“(2) in collaboration with the Director of the National Institute on Drug Abuse, the Director of the National Institute on Alcohol Abuse and Alcoholism, and States to promote the study of substance abuse prevention and the dissemination and implementation of research findings that will improve the delivery and effectiveness of substance abuse prevention activities;”;

(3) in paragraph (b)(4), as so redesignated, by striking “literature on the adverse effects of cocaine free base (known as crack)” and inserting “educational information on the effects of drugs abused by individuals, including drugs that are emerging as abused drugs;”;

(E) by striking “and” after the following:

“(F) the Chief Medical Officer, appointed under section 501(g);”;

(2) in paragraph (b), as so redesignated—

(i) by striking “Council” and inserting “Director”;

(ii) by striking “The Office” and inserting “an Office”;

(iii) by striking “an Office” and inserting “an Office”;

(iv) by striking “a” and inserting “an”;

(v) by striking “substance abuse counselors” and inserting “health professionals who provide substance use and misuse prevention and treatment services;” and

(3) in paragraph (c), as so redesignated—

(i) by striking “Director” and inserting “Director”;

(ii) by striking “illicit drug use education and prevention;” and

(F) by amending paragraph (7), as so redesignated, to read as follows:

“(7) in cooperation with the Director of the Centers for Disease Control and Prevention, develop and disseminate educational materials to increase awareness for individuals at greatest risk for substance use disorders to prevent the transmission of communicable diseases, such as HIV, hepatitis, tuberculosis, and other communicable diseases;”;

(G) in paragraph (9), as so redesignated—

(i) by striking “to discourage” and inserting “that reduce the risk of;” and

(ii) by inserting before the semicolon “and promote resiliency;”;

(H) in paragraph (11), as so redesignated, by striking “and” after the semicolon;

(I) in paragraph (12), as so redesignated, by striking the period and inserting a semicolon; and

(J) by adding at the end the following:

“(13) ensure the consistent documentation of the application of criteria when awarding grants and the ongoing oversight of grantees after such grants are awarded; and

(14) assist and support States in preventing illicit drug use, including emerging illicit drug use issues.”;

(G) the Director of the National Institute of Mental Health for the advisory councils appointed under subsections (a)(1)(A) and (a)(1)(D);”;

(h) in paragraph (1), as so redesignated—

(i) by striking “(3) collaborate with the Director of the National Institute on Drug Abuse for the advisory councils appointed under subsections (a)(1)(A), (a)(1)(B), and (a)(1)(C);” and

(2) in paragraph (4), by adding at the end the following:

“(1) Not less than half of the members of the advisory council appointed under subsection (a)(1)(A) shall—

(I) have a medical degree;

(II) have a doctoral degree in psychology; or

(III) have an advanced degree in nursing or social work from an accredited graduate school or be a certified physician assistant; and

(ii) shall specialize in the mental health field.”;

(D) Not less than half of the members of the advisory councils appointed under subsections (a)(1)(B) and (a)(1)(C)—

(i) shall—

(1) have a medical degree;

(2) have a doctoral degree; or

(3) have an advanced degree in nursing, public health, behavioral or social sciences, or social work from an accredited graduate school or be a certified physician assistant; and

(iii) shall have expertise in prevention of substance use disorder services or the development and implementation of programs to prevent substance misuse.”.

SEC. 6009. PEER REVIEW.

Section 509(b)(2) of the Public Health Service Act (42 U.S.C. 290aa–5(b)) is amended by adding at the end the following: “In the case of any such peer review group that is reviewing a grant, co- operating agreement, or a report on mental illness treatment, not less than half of the members of such peer review group shall be licensed and experienced professionals in the prevention, diagnosis, or treatment of, or recovery from, mental illness or co-occurring mental illness and substance use disorders and have a medical degree, a doctoral degree in psychology, or an advanced degree in nursing or social work from an accredited program, and the Secretary, in consultation with the Assistant Secretary, shall, to the extent possible, ensure such peer review groups include broad geographic representation, including both urban and rural representatives.”.

Subtitle B—Oversight and Accountability

SEC. 6021. IMPROVING OVERSIGHT OF MENTAL AND SUBSTANCE USE DISORDERS PROGRAMS THROUGH THE ASSISTANT SECRETARY FOR PLANNING AND EVALUATION.

(a) IN GENERAL.—The Secretary of Health and Human Services, acting through the Assistant Secretary for Planning and Evaluation, shall ensure the efficient and effective evaluation of mental and substance use disorders prevention and treatment programs and related activities.

(b) EVALUATION STRATEGY.—In carrying out subsection (a), the Assistant Secretary for Planning and Evaluation shall, not later than 180 days after the date of enactment of this Act, develop a strategy for conducting ongoing evaluations that identifies priority programs to be evaluated by the Assistant Secretary for Planning and Evaluation and priority programs to be evaluated by other relevant offices and agencies within the Department of Health and Human Services. The strategy shall—

(1) include a plan for evaluating programs related to mental and substance use disorders, including co-occurring disorders, across agencies, as appropriate, including programs related to—
(A) prevention, intervention, treatment, and recovery support services, including such services for adults with a serious mental illness or children with a serious emotional disturbance; 
(B) a review of the programs described in such subsection that are carried out by State agencies and such programs that are carried out by private, nonprofit organizations; and 
(C) a review of the compliance of the programs described in subsection (a) with statutory and regulatory requirements, as well as— 
(1) responsibilities relating to family engagement; 
(2) responsibilities relating to the grievance procedure for clients or prospective clients of the system to be served; 
(3) a summary of advances in serious mental illness, for individuals who have received or are receiving mental health services, and for family members of individuals with mental illness, or representatives of such individuals or family members, to assure that the eligible system is operating in compliance with the provisions of the Protection and Advocacy for Individuals with Mental Illness Act, as required to be established by section 105(a)(9) of such Act (42 U.S.C. 10805(a)(9)); 
(4) investigation of alleged abuse and neglect of persons with mental illness; and 
(5) the quality of prevention and treatment programs related to serious mental illness have on public health, including public health outcomes such as— 
(A) rates of suicide, suicide attempts, incidence and prevalence of serious mental illnesses, serious emotional disturbances, and substance use disorders, overdose, overdose deaths, emergency hospitalizations, emergency room boardings, psychiatric emergency room visits, treatment in the criminal justice system, homelessness, and unemployment; 
(B) increases in law enforcement and enrollment in educational and vocational programs; 
(C) quality of mental and substance use disorder treatments services; or 
(D) any other matters as may be determined by the Secretary; and 
(3) specific recommendations for actions that agencies can take to better coordinate the administration of Federal support and services for adults with a serious mental illness or children with a serious emotional disturbance.

Subtitle C—Interdepartmental Serious Mental Illness Coordinating Committee

SEC. 6031. INTERDEPARTMENTAL SERIOUS MENTAL ILLNESS COORDINATING COMMITTEE

(a) ESTABLISHMENT.—
(1) IN GENERAL.—Not later than 3 months after the date of enactment of this Act, the Secretary of Health and Human Services, or the designee of the Secretary, shall establish a committee to be known as the Interdepartmental Serious Mental Illness Coordinating Committee (in this section referred to as the “Committee”).

(b) DETAILED ACCOUNTING.—Section 114(a) of the Protection and Advocacy for Individuals with Mental Illness Act (42 U.S.C. 10824(a)) is amended—

(1) a summary of advances in serious mental illness, for individuals who have received or are receiving mental health services, and for family members of individuals with mental illness, or representatives of such individuals or family members, to assure that the eligible system is operating in compliance with the provisions of the Protection and Advocacy for Individuals with Mental Illness Act, as required to be established by section 105(a)(9) of such Act (42 U.S.C. 10805(a)(9));

(c) CONTENTS.—In carrying out this section, the Secretary for Planning and Evaluation shall consult, as appropriate, with the Assistant Secretary for Mental Health and Substance Use, the Chief Medical Officer of the Substance Abuse and Mental Health Services Administration appointed under section 501(g) of the Public Health Service Act (42 U.S.C. 290aa(g)), as amended by section 6003, the Behavioral Health Coordinating Council of the Department of Health and Human Services, other agencies within the Department of Health and Human Services, and other relevant Federal departments and agencies.

(d) RECOMMENDATIONS.—In carrying out this section, the Secretary for Planning and Evaluation shall provide recommendations to the Secretary of Health and Human Services, the Assistant Secretary for Mental Health and Substance Use, and the Congress on improving the quality of prevention and treatment programs and activities related to mental and substance use disorders, including recommendations for the use of performance metrics. The Assistant Secretary for Mental Health and Substance Use shall include such recommendations in the biennial report required by subsection 501(m) of the Public Health Service Act, as redesignated by section 6003 of this Act.

SEC. 6032. REPORTING FOR PROTECTION AND ADVOCACY ORGANIZATIONS.

(a) PUBLIC AVAILABILITY OF REPORTS.—Section 105(a)(7) of the Protection and Advocacy for Individuals with Mental Illness Act (42 U.S.C. 10805(a)(7)) is amended by striking “is located, and make available a report.”

(b) DETAILED ACCOUNTING.—Section 114(a) of the Protection and Advocacy for Individuals with Mental Illness Act (42 U.S.C. 10824(a)) is amended—

(1) in paragraph (3), by striking “and” at the end; 
(2) in paragraph (4), by striking the period at the end and inserting “; and”; and 
(3) by adding at the end the following:

“(5) using data from the existing required annual program progress reports submitted by each system funded under this title, a detailed accounting for each such system of how funds are spent, disaggregated according to whether the funds were received from the Federal Government, the State government, a local government, or a private entity.”.

SEC. 6033. GAO STUDY.

(a) IN GENERAL.—Not later than 18 months after the date of enactment of this Act, the Comptroller General of the United States, in consultation with the Secretary of Health and Human Services and the Assistant Secretary for Mental Health and Substance Use, shall conduct an independent evaluation, and submit a report, to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Appropriations of the House of Representatives, on programs funded by allotments made under title I of the Protection and Advocacy for Individuals with Mental Illness Act (42 U.S.C. 290aa).

(b) CONTENTS.—The report and evaluation required under subsection (a) shall include—

(C) availability of adequate medical and behavioral health treatment; 
(D) denial of rights for persons with mental illness; and 
(F) compliance with the Federal prohibition on lobbying.

Subtitle C—Interdepartmental Serious Mental Illness Coordinating Committee

SEC. 6031. INTERDEPARTMENTAL SERIOUS MENTAL ILLNESS COORDINATING COMMITTEE

(a) ESTABLISHMENT.—
(1) IN GENERAL.—Not later than 3 months after the date of enactment of this Act, the Secretary of Health and Human Services, or the designee of the Secretary, shall establish a committee to be known as the Interdepartmental Serious Mental Illness Coordinating Committee (in this section referred to as the “Committee”).

(b) DETAILED ACCOUNTING.—Section 114(a) of the Protection and Advocacy for Individuals with Mental Illness Act (42 U.S.C. 10824(a)) is amended—

(1) a summary of advances in serious mental illness, for individuals who have received or are receiving mental health services, and for family members of individuals with mental illness, or representatives of such individuals or family members, to assure that the eligible system is operating in compliance with the provisions of the Protection and Advocacy for Individuals with Mental Illness Act, as required to be established by section 105(a)(9) of such Act (42 U.S.C. 10805(a)(9));

(2) NON-FEDERAL MEMBERS.—The Committee shall include—

(A) at least 1 member shall be a State mental health professional with research or clinical mental health experience in working with minorities; 
(G) at least 1 member shall be a State certified mental health professional or a child with a history of a serious emotional disturbance; 
(H) at least 1 member shall be a State certified mental health professional or a child with a history of a serious emotional disturbance; 
(I) at least 1 member shall be a judge with experience in adjudicating cases related to criminal justice or serious mental illness; 
(J) at least 1 member shall be a law enforcement officer or corrections officer with extensive experience in interfacing with adults with a serious mental illness, children with a serious emotional disturbance, and individuals in a mental health crisis; 
(K) at least 1 member shall have experience providing services for homeless individuals working with adults with a serious mental illness, children with a serious emotional disturbance, and individuals in a mental health crisis.

(T) TERMS.—A member of the Committee appointed under subsection (e)(2) shall serve for a term of 3 years, and may be reappointed for 1 or more additional 3-year terms. Any member appointed for a second or subsequent term shall be appointed for the remainder of such term. A member may serve after the expiration of the member’s term until a successor has been appointed.

(f) WORKING GROUPS.—In carrying out its functions, the Committee may establish working

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CONGRESSIONAL RECORD — HOUSE

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groups. Such working groups shall be composed of Committee members, or their designees, and may hold such meetings as are necessary.

(ii) SUNSET.—The Committee shall terminate on the date that is 6 years after the date on which the Committee is established under subsection (a)(1).

TITLE VII—ENSURING MENTAL AND SUBSTANCE USE DISORDER PREVENTION, TREATMENT, AND RECOVERY PROGRAMS KEEP PACE WITH SCIENCE AND TECHNOLOGY

SEC. 7001. ENCOURAGING INNOVATION AND EVIDENCE-BASED PROGRAMS.

Title V of the Public Health Service Act (42 U.S.C. 290aa et seq.) is amended by inserting after section 501 (42 U.S.C. 290aa) the following:

"SEC. 501A. NATIONAL MENTAL HEALTH AND SUBSTANCE USE POLICY LABORATORY.

"(a) IN GENERAL.—There shall be established within the Administration a National Mental Health and Substance Use Policy Laboratory (referred to in this section as the ‘Laboratory’).

"(b) RESPONSIBILITIES.—The Laboratory shall—

"(1) continue to carry out the authorities and activities that were in effect for the Office of Policy, Planning, and Innovation as such Office existed prior to the date of enactment of the Helping Families in Mental Health Crisis Reform Act of 2016; and

"(2) identify, coordinate, and facilitate the implementation of policy changes likely to have a significant impact on mental health, mental illness, recovery supports, and the prevention and treatment of substance use disorder services; and

"(3) work with the Center for Behavioral Health Statistics and Quality to collect, as appropriate, information from grantees under programs operated by the Administration in order to evaluate and disseminate information on evidence-based programs and practices that have been identified in the strategic plan under section 501(g); and

"(4) provide leadership in identifying and coordinating policies and programs, including evidence-based programs, related to mental and substance use disorders; and

"(5) periodically review programs and activities operated by the Administration relating to the diagnosis or prevention of, treatment for, and recovery from, mental and substance use disorders.

"(c) EVIDENCE-BASED PRACTICES AND SERVICE DELIVERY MODELS.—

"(1) IN GENERAL.—The Assistant Secretary, in coordination with the Laboratory, may award grants to States, local governments, Indian tribes or tribal organizations (as such terms are defined in section 4 of the Indian Self-Determination and Education Assistance Act), educational institutions, and nonprofit organizations to develop evidence-based interventions, including culturally and linguistically appropriate services, as appropriate, for—

"(A) evaluating a model that has been scientifically demonstrated to show promise, but which could benefit from further applied development, for—

"(i) enhancing the prevention, diagnosis, intervention, and treatment of, and recovery from, mental illness, serious mental illness, serious emotional disturbances, substance use disorders, and co-occurring illness or disorders; or

"(ii) integrating or coordinating physical health services with mental and substance use disorders services; and

"(B) expanding, replicating, or scaling evidence-based programs across a wider area to enhance effective screening, early diagnosis, intervention, and treatment with respect to mental illness, serious mental illness, serious emotional disturbances, and substance use disorders, primarily by—

"(i) applying such evidence-based programs to the delivery of care, including by training staff in effective evidence-based treatments; or

"(ii) integrating such evidence-based programs into models of care across specialties and jurisdictions.

"(2) CONSULTATION.—In awarding grants under this subsection, the Assistant Secretary shall, as appropriate, consult with the Chief Medical Officer, appointed under section 501(g), the Administrator in section 502, the National Institute of Mental Health, the National Institute on Drug Abuse, and the National Institute on Alcohol Abuse and Alcoholism, as appropriate.

"(d) REVIEW AND RATING.—

"(1) AUTHORIZATION OF APPROPRIATIONS.—

"There are authorized to be appropriated—

"(A) to carry out paragraph (1)(A), $7,000,000 for the period of fiscal years 2018 through 2020; and

"(B) to carry out paragraph (1)(B), $7,000,000 for the period of fiscal years 2018 through 2020.

"SEC. 7002. PROMOTING ACCESS TO INFORMATION ON EVIDENCE-BASED PROGRAMS AND PRACTICES.

Part D of title V of the Public Health Service Act (42 U.S.C. 290dd et seq.) is amended by inserting after section 543 of such Act (42 U.S.C. 290dd–2) the following:

"SEC. 543A. PROMOTING ACCESS TO INFORMATION ON EVIDENCE-BASED PROGRAMS AND PRACTICES.

"(a) IN GENERAL.—The Assistant Secretary shall, as appropriate, improve access to reliable and valid information on evidence-based programs and practices, including information on evidence-based programs and practices that are related to mental and substance use disorders for States, local communities, nonprofit entities, and other stakeholders, by posting on the Internet website of the Administration information on evidence-based programs and practices that have been reviewed and endorsed in accordance with the requirements of this section.

"(b) APPLICATION.—

"(1) IN GENERAL.—In carrying out subsection (a), the Assistant Secretary may establish a period for the submission of applications for evidence-based programs and practices to be posted publicly in accordance with subsection (a).

"(2) NOTICE.—In establishing the application period under paragraph (1), the Assistant Secretary shall provide for the notice of such application period in the Federal Register. Such notice may solicit applications for evidence-based programs and practices to address gaps in information identified by the Assistant Secretary, the National Mental Health and Substance Use Policy Laboratory established under section 501A, or the Assistant Secretary for Planning and Evaluation pursuant to the evaluation and recommendations under section 6021 of the Helping Families in Mental Health Crisis Reform Act of 2016 or priorities identified in the strategic plan under section 501(i).

"(3) AUTHORIZATION OF APPROPRIATIONS.—The Assistant Secretary may establish minimum requirements for the applications submitted under subsection (a), including applications related to the submission of research and evaluation.

"(D) REVIEW AND RATING.—

"(1) IN GENERAL.—The Assistant Secretary shall review applications prior to public posting in accordance with subsection (a), and may prioritize the review of applications for evidence-based programs and practices that are related to topics included in the notice provided under subsection (b)(2).

"(2) SYSTEM.—In carrying out paragraph (1), the Assistant Secretary may utilize a rating and review system, which may include information on the strength of evidence associated with the evidence-based programs and practices and a rating of the methodological rigor of the research supporting the applications.

"(E) PUBLIC ACCESS TO METRICS AND RATING.—

The Assistant Secretary shall make the metrics used to evaluate applications under this section, and any resulting ratings of such applications, publicly available.

SEC. 7003. PRIORITY MENTAL HEALTH NEEDS OF REGIONAL AND NATIONAL SIGNIFICANCE.

Section 535A of the Public Health Service Act (42 U.S.C. 290bb–32) is amended—

"(1) in subsection (a)—

"(i) by inserting paragraph (4), by inserting before the period ‘‘, which may include technical assistance centers’’; and

"(B) in the flush sentence following paragraph (4) by inserting ‘‘, contracts,’’ before ‘‘or cooperative agreements’’; and

"(i) by striking ‘‘Indian tribes and tribal organizations’’ and inserting ‘‘Indian tribes or tribal organizations’’; and

"(ii) by striking ‘‘the Indian Self-Determination and Education Assistance Act’’; and

"(ii) by striking ‘‘or’’; and

"(3) by amending subsection (f) to read as follows:

"(i) AUTHORIZATION OF APPROPRIATIONS.—

"There are authorized to be appropriated—

"(A) for carry out paragraph (1)(A), $7,000,000 for the period of fiscal years 2018 through 2020; and

"(B) to carry out paragraph (1)(B), $7,000,000 for the period of fiscal years 2018 through 2020.

"SEC. 7004. PRIORITY SUBSTANCE USE DISORDER TREATMENT, PREVENTION, REGIONAL AND NATIONAL SIGNIFICANCE.

Section 509 of the Public Health Service Act (42 U.S.C. 290bb–2) is amended—

"(1) in subsection (a)—

"(i) by inserting in the matter preceding paragraph (1), by striking ‘‘abuse’’ and inserting ‘‘use disorder’’;
(B) in paragraph (3), by inserting before the period "that permit States, local governments, communities, and Indian tribes and tribal organizations (as the terms 'Indian tribes' and 'tribal organizations' are defined in section 4 of the Indian Self-Determination and Education Assistance Act) to focus on emerging trends in substance abuse and co-occurrence of substance use disorders with mental illness or other conditions;" and

(C) in the flush sentence following paragraph (3)—

(i) by inserting ", contracts," before "or cooperative agreements;" and

(ii) by striking "Indian tribes and tribal organizations," and inserting "Indian tribes or tribal organizations (as such terms are defined in section 4 of the Indian Self-Determination and Education Assistance Act), health facilities, or programs operated by or in accordance with a contract or grant with the Indian Health Service, or;"

(2) in subsection (b)—

(A) in paragraph (1), by striking "abuse" and inserting "use disorder"; and

(B) in paragraph (2), by striking "abuse" and inserting "use disorder";

(3) in subsection (e), by striking "abuse" and inserting "use disorder"; and

(4) in subsection (f), by striking "$300,000,000" and all that follows through the period and inserting "$371,85,806,000 for each of fiscal years 2018 through 2022.";

SEC. 7005. PRIORITY SUBSTANCE USE DISORDER PREVENTION NEEDS OF REGIONAL AND NATIONAL SIGNIFICANCE.

Section 516 of the Public Health Service Act (42 U.S.C. 290bb–22) is amended—

(1) in the section heading, by striking "ABUSE" and inserting "USE DISORDER";

(2) in subsection (a)—

(A) in the matter preceding paragraph (1), by striking "abuse" and inserting "use disorder";

(B) by inserting before the period ", including such programs that focus on emerging drug abuse issues;" and

(C) in the flush sentence following paragraph (3)—

(i) by inserting ", contracts," before "or cooperative agreements;" and

(ii) by striking "Indian tribes and tribal organizations," and inserting "Indian tribes or tribal organizations (as such terms are defined in section 4 of the Indian Self-Determination and Education Assistance Act), health facilities, or programs operated by or in accordance with a contract or grant with the Indian Health Service, or;"

(3) in subsection (b)—

(A) in paragraph (1), by striking "abuse" and inserting "use disorder"; and

(B) in paragraph (2)—

(i) in subparagraph (A), by striking "abuse" and inserting "use disorder";

(ii) in subparagraph (B)—

(A) by striking "abuse" and inserting "use disorder"; and

(B) by striking paragraph (1) through (3) as paragraphs (2) through (4), respectively; and

(2) by inserting before paragraph (2) (as so redesignated) the following:

"(1) providing community mental health services for adults with a serious mental illness and children with a serious emotional disturbance as defined pursuant to section 1920 of the Public Health Service Act (42 U.S.C. 300a–1(b)) is amended—

(b) STATE PLAN.—Section 1921(b) of the Public Health Service Act (42 U.S.C. 300z–1(b)) is amended—

(1) in paragraph (3), by redesignating subparagraphs (A) through (C) as clauses (i) through (iii), respectively, and realigning the margins accordingly;

(2) by redesigning paragraphs (1) through (5) as subparagraphs (A) through (E), respectively, and realigning the margins accordingly; and

(3) in the matter preceding subparagraph (A) (as so redesignated), by striking "With respect to" and all that follows through "are as follows:" and inserting "In accordance with subsection (a), a State shall submit to the Secretary a plan every two years that, at a minimum, includes each of the following:";

(4) by inserting before subparagraph (A) (as so redesignated) the following:

"(1) SYSTEMS DESCRIPTION OF THE STATE'S SYSTEM OF CARE THAT CONTAINS THE FOLLOWING:

(2) STRATEGIC PLAN.—The plan shall—

(i) identify the single State agency to be responsible for the administration of the program under the grant, including any third party who administers mental health services and is responsible for complying with the requirements of this part with respect to the block grant funds;

(ii) provide for an organized community-based system of care for individuals with mental illness, and describe available services and resources in a coordinated system of care, including services for individuals with co-occurring disorders;

(iii) include a description of the manner in which the State and local entities will coordinate services to maximize the efficiency, effectiveness, quality, and cost-effectiveness of services and programs to produce the best possible outcomes (including health services, rehabilitation services, employment services, housing services, educational services, substance use disorder services, legal services, law enforcement services, social services, child welfare services, juvenile justice services, law enforcement services, and substance use disorder services;"

(B) by striking "Education Act);" and inserting "Education Act).";

(C) by striking clauses (ii) and (iii) (as so redesignated);

and

(3) in paragraph (4), by striking "(b)" and inserting "(c)"

(b) GOALS AND OBJECTIVES.—The establishment of a plan, including targets and milestones that are to be achieved in the implementation of the system described in paragraph (1) and inserting "present quantitative targets and outcome measures for programs and services provided under this subpart";

(C) in the first sentence, by striking "plan describes" and inserting "system describes" and all that follows through "substance abuse services" in clause (i) (as so redesignated) and all that follows through "serious emotional disturbance (as defined pursuant to subsection (c)), the plan shall provide for a system of integrated social services, educational services, child welfare services, juvenile justice services, law enforcement services, and substance use disorder services;"

(2) in the second sentence, by striking "plan describes" and inserting "plan shall describe";

(3) in subparagraph (E) (as so redesignated), by striking "serious emotional disturbance (as defined pursuant to subsection (c));" and

(4) by adding the following:

(i) in the fourth sentence, by striking "and" and inserting "; and"

(2) GOALS AND OBJECTIVES.—The establishment of goals and objectives for the period of the plan, including targets and milestones that are intended to be met, and the activities that will be undertaken to achieve those targets.

(c) EARLY SERIOUS MENTAL ILLNESS.—Section 1920 of the Public Health Service Act (42 U.S.C. 300z–9) is amended by adding at the end the following:

(1) EARLY SERIOUS MENTAL ILLNESS.—

(1) General.—Except as provided in paragraph (2), a State shall expend not less than 10 percent of the amount the State receives for carryouts under this section to support evidence-based programs that address the needs of individuals with early serious mental illness, including psychotic disorders, regardless of the age of the individual at onset.

(2) STATE FLEXIBILITY.—In lieu of expending 10 percent of the amount the State receives for carryouts under this section to support evidence-based programs that address the needs of individuals with early serious mental illness, including psychotic disorders, regardless of the age of the individual at onset.

(f) in subparagraph (B) (as so redesignated)—

(A) by striking "The plan contains" and inserting "plan shall contain"; and

(B) by striking "(ii) a description of the activities intended to reduce hospitalizations and hospital stays using the block grant funds;" and (ii) a description of the activities intended to reduce hospitalizations and hospital stays using the block grant funds.

(III) a description of how the State integrates mental health and primary care using the block grant funds, including, in the case of individuals with co-occurring mental and substance use disorders, both mental and substance use disorder services in primary care settings or arrangements to provide primary and specialty care services in community-based mental and substance use disorder settings;

and

(IV) a description of recovery and support services for adults with a serious mental illness and children with a serious emotional disturbance;"; and

(6) in subparagraph (B) (as so redesignated)—

(A) by striking "The plan contains" and inserting "The plan shall contain"; and

(B) by striking "and" and inserting "or"; and

(C) by striking clauses (ii) and (iii) (as so redesignated);
under this section for a fiscal year as required under paragraph (1), a State may elect to expend not less than 20 percent of such amount by the end of such succeeding fiscal year.”;

(d) Additional Provisions.—Section 1915(b) of the Public Health Service Act (42 U.S.C. 300x–2(b)) is amended—

(1) in paragraph (1), by striking “The Secretary” and inserting the following:

“(A) IN GENERAL.—The Secretary;”;

(2) in paragraph (4)–

(A) in subparagraph (A)—

(i) by inserting after the subparagraph designation the following:

“SUBMISSION OF INFORMATION TO THE SECRETARY.—”;

(ii) by striking “making a grant” and inserting the following:

“(i) DETERMINATION.—In making a grant;” and

(iii) by inserting at the end the following:—

“(ii) ALTERNATIVE.—A State that has failed to comply with paragraph (1) and would otherwise be subject to a reduction in the State’s allotment under section 1911 may, upon request by the State, in lieu of having the amount of the allotment under section 1911 for the fiscal year reduced, agree to comply with a negotiated agreement that is approved by the Secretary and carried out in accordance with guidelines issued by the Secretary. If a State fails to enter into or comply with a negotiated agreement, the Secretary may take action under this paragraph or the terms of the negotiated agreement.”;

(B) in subparagraph (B)—

(i) by striking “paragraph (1) in whole or in part if”;

(ii) by striking “State justify the waiver” and inserting “State in the fiscal year involved in or the preceding fiscal year justify the waiver”; and

(D) by adding at the end the following:

“(B) DATE CERTAIN FOR ACTION UPON REQUEST.—If the Secretary shall approve or deny a request for a waiver under this paragraph not later than 120 days after the date on which the request is made.”;

(C) APPLICABILITY OF WAIVER.—A waiver provided by the Secretary under this paragraph shall be applicable only to the fiscal year involved;”;

and

(2) in paragraph (4)–

(A) in subparagraph (A)—

(i) by inserting after the subparagraph designation the following:

“APPLICATION FOR GRANT.—Section 1920 of the Public Health Service Act (42 U.S.C. 300x–25) is amended—

(1) in the section heading, by striking “RECOVERING SUBSTANCE ABUSERS” and inserting “PERSONS IN RECOVERY FROM SUBSTANCE USE DISORDERS”;

and

(2) in subsection (a), in the matter preceding paragraph (1), by striking “recovery substance abusers” and inserting “persons in recovery from substance use disorders”;

(3) by striking subsection (d); and

(4) by redesignating subsection (e) as subsection (d).

(G) GROUP HOMES.—Section 1925 of the Public Health Service Act (42 U.S.C. 300x–28) is amended—

(1) in subsection (a), by striking “(relative to fiscal year 1992)”;

(2) by striking subsection (b) and inserting the following:

“(b) PROFESSIONAL DEVELOPMENT.—A funding agreement for a grant under section 1925 is that the State involved will ensure that prevention, treatment, and recovery personnel operating in the State’s substance use disorder prevention, treatment, and recovery systems have an opportunity to receive training, on an ongoing basis, concerning—

(1) recent trends in substance use disorders in the State;

(2) improved methods and evidence-based practices for providing substance use disorder prevention and treatment services;

(3) performance-based accountability;

(4) data collection and reporting requirements; and

(5) any other matters that would serve to further improve the delivery of substance use disorder prevention and treatment services within the State;.”;

and

(3) in subsection (d)(1), by striking “substance use disorder and inserting ‘substance use disorders’;

(f) FUNDING.—Section 1920 of the Public Health Service Act (42 U.S.C. 300x–9) is amended—

(1) in subsection (a)—

(A) by striking “section 505” and inserting “section 505(b)”; and

(B) by striking “$450,000,000” and all that follows through the period and inserting “$332,571,000 for each of fiscal years 2018 through 2022”;

and

(2) in subsection (b)(2) by striking “sections 505 and” and inserting “sections 505(c) and”;

SEC. 8002. SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT. (a) FORMULA GRANTS.—Section 1921(b) of the Public Health Service Act (42 U.S.C. 300x–21(b)) is amended—

(1) by inserting “carrying out the plan developed in accordance with section 1923(b) and” for “after the purpose of”; and

(2) by inserting “abuse” and inserting “use disorders”;

(b) OUTREACH TO PERSONS WHO INJECT DRUGS.—Section 1923(b) of the Public Health Service Act (42 U.S.C. 300x–23(b)) is amended—

(1) in the subsection heading, by striking “RECLUDING INTRAVENOUS SUBSTANCE ABUSE” and inserting “TO PERSONS WHO INJECT DRUGS”;

and

(2) by striking “for intravenous drug abuse” and inserting “persons who inject drugs”;

(c) REQUIREMENTS REGARDING TUBERCULOSIS AND HUMAN IMMUNODEFICIENCY VIRUS.—Section 1924 of the Public Health Service Act (42 U.S.C. 300x–24) is amended—

(1) in the matter preceding subparagraph (A), by striking “substance abuse” and inserting “substance use disorders”; and

(B) in subparagraph (A), by striking “such abuse” and inserting “such disorders”;

(2) in subsection (b)—

(A) in paragraph (1)(A), by striking “substance abuse” and inserting “substance use disorders”;

(B) in paragraph (2), by inserting “and Prevention” after “Disease Control”; and

(C) in paragraph (3)—

(i) in the paragraph heading, by striking “ABUSE” and inserting “US DISORDERS”; and

(ii) by striking “abuse” and inserting “use disorders”;

(3) by striking subsection (d); and

(4) by redesignating subsection (e) as subsection (d).

(G) GROUP HOMES.—Section 1925 of the Public Health Service Act (42 U.S.C. 300x–28) is amended—

(1) in subsection (a), by striking “(relative to fiscal year 1992)”;

(2) by striking subsection (b) and inserting the following:

“(b) PROFESSIONAL DEVELOPMENT.—A funding agreement for a grant under section 1925 is that the State involved will ensure that prevention, treatment, and recovery personnel operating in the State’s substance use disorder prevention, treatment, and recovery systems have an opportunity to receive training, on an ongoing basis, concerning—

(1) recent trends in substance use disorders in the State;

(2) improved methods and evidence-based practices for providing substance use disorder prevention and treatment services;

(3) performance-based accountability;

(4) data collection and reporting requirements; and

(5) any other matters that would serve to further improve the delivery of substance use disorder prevention and treatment services within the State;.”;

and

(3) in subsection (d)(1), by striking “substance abuse” and inserting “substance use disorders”;

(f) REPEAL.—Section 1929 of the Public Health Service Act (42 U.S.C. 300x–29) is repealed.

(g) MAINTENANCE OF EFFORT.—Section 1930 of the Public Health Service Act (42 U.S.C. 300x–30) is amended—

(1) in subsection (a) and inserting “in the State, including the number of such individuals who are pregnant women, women with dependent children, individuals with co-occurring mental health and substance use disorder persons who inject drugs, and persons who are experiencing homelessness;”;

and

(2) by striking paragraph (1) and inserting the following:

“(1) IN GENERAL.—In order for a State to be in compliance with subsection (a)(6), the State shall submit to the Secretary a plan that, at a minimum, includes the following:

(A) A description of the State’s system of care that—

(i) identifies the single State agency responsible for the administration of the program, including any third party who administers substance use disorder services and is responsible for complying with the requirements of the grant;

(ii) provides information on the need for substance use disorder prevention and treatment services in the State, including estimates on the number of individuals who need treatment, who are pregnant women, women with dependent children, individuals with co-occurring mental health and substance use disorder, persons who inject drugs, and persons who are experiencing homelessness;”;

and

(3) by inserting a description of the system that is available to provide services by modality, including the provision of recovery support services;

(4) by providing a description of the State’s comprehensive statewide prevention efforts, including the number of individuals being served in the system, target populations, and priority needs, and provides a description of the amount of funds from the prevention set-aside expended on primary prevention;

(5) by providing a description of the financial resources available;

(6) by inserting the following:

“including any third party who administers substance use disorder services and is responsible for complying with the requirements of the grant;”;

(7) by inserting the following:

“(ii) provides information on the need for substance use disorder prevention and treatment services in the State, including estimates on the number of individuals who need treatment, who are pregnant women, women with dependent children, individuals with co-occurring mental health and substance use disorder persons who inject drugs, and persons who are experiencing homelessness;”;

and

(8) by inserting the following:

“(iii) provides a description of the State’s comprehensive statewide prevention efforts, including the number of individuals being served in the system, target populations, and priority needs, and provides a description of the amount of funds from the prevention set-aside expended on primary prevention;

(9) by providing a description of the financial resources available;”;

(10) by inserting the following:

“(iv) includes a description of how the State integrates substance use disorder services and primary health care, which in the case of those individuals with co-occurring mental health and substance use disorders may include providing both mental health and substance use disorder services in primary care settings or providing primary and specialty care services in community-based mental health and substance use disorder service settings.

(B) The establishment of goals and objectives for the period of the plan, including targets and those that are intended to be met, and the activities that will be undertaken to achieve those targets.”;
“(C) A description of how the State will comply with each funding agreement for a grant under section 1922 that is applicable to the State, including a description of the manner in which the State intends to expend grant funds.”; and

(B) in paragraph (2)—
(i) in the paragraph heading, by striking “Secretary to approve the modification. Any such modification shall be in accordance with paragraph (1) and section 1941.”; and
(ii) by striking “As a condition” and inserting the following:
“(A) AUTHORITY OF SECRETARY.—As a condition;”;

(B) STATE REQUEST FOR MODIFICATION.—If the State determines that a modification to such plan is necessary, the State may request the Secretary to approve the modification. Any such modification shall be in accordance with paragraph (1) and section 1941.”; and

(C) in paragraph (3), by inserting “a substance use disorder”;

(D) by striking “substance abuse” each place it appears and inserting “substance use disorder”; and

(E) by inserting “section 1922(b)”.

SEC. 1004. STUDY OF DISTRIBUTION OF FUNDS UNDER THE SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANTS AND THE COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANTS.

(a) IN GENERAL.—The Secretary of Health and Human Services, acting through the Assistant Secretary for Mental Health and Substance Use, shall through a grant or contract, or through an agreement with an eligible entity, conduct a study on the formulas for distribution of funds under the substance abuse prevention and treatment block grant, and the community mental health services block grant, under part I of title XIX of the Public Health Service Act (42 U.S.C. 300x et seq.) and recommend changes if necessary. Such study shall include—

(1) an analysis of whether the distributions under such block grants accurately reflect the need for the services under the grants in the State;

(2) an examination of whether the indices used under the formulas for distribution of funds under such block grants are appropriate, and if not, alternatives recommended by the Secretary;

(3) where recommendations are included under paragraph (2) for the use of different indices, a description of the variables and data sources that should be used to determine the indices;

(4) an evaluation of the variables and data sources that are used for each of the indices involved, and whether such variables and data sources accurately represent the need for services, the cost of providing services, and the ability of the States to pay for such services;

(5) the effect that the minimum allotment requirements for each such block grant have on the States’ final allotment and the effect of such requirements on, on each State’s formula-based allotment;

(6) recommendations for modifications to the minimum allotment provisions to ensure an appropriate formula-based allotment;

(7) any other information that the Secretary determines appropriate.

(b) REPORT.—Not later than 2 years after the date of enactment of this Act, the Secretary of Health and Human Services shall submit to the Committee on Appropriations, the House of Representatives, a report containing the findings and recommendations of the study conducted under subsection (a) and the study conducted under section 1941(b) of the Public Health Service Act (42 U.S.C. 300x–2a) and (b) of the Public Health Service Act (42 U.S.C. 300x–2).

SEC. 1003. ADDITIONAL PROVISIONS RELATED TO THE BLOCK GRANTS.

Subpart III of part B of title XIX of the Public Health Service Act (42 U.S.C. 300x–51 et seq.) is amended—

(1) in section 1943(a)(3) (42 U.S.C. 300x– 53(a)(3)), by striking “section 505” and inserting “sections 505 and 505(d)”;

(2) in subsection (b)(1)(B) by striking “substance abuse” and inserting “substance use disorder”;

(3) by adding at the end the following:

SEC. 1957. PUBLIC HEALTH EMERGENCIES.

“In the case of a public health emergency (as determined under section 191b of the Social Security Act) the Secretary, on a State by State basis, may, as the circumstances of the emergency reasonably require and for the period of the emergency, grant an extension, or waive application deadlines or compliance with other requirements of a grant authorized under section 521, 1911, or 1921 or an allotment authorized under Public Law 99–231 (42 U.S.C. 300x–7a).

SEC. 1853. MINORITY APPLICATIONS.

“The Secretary, acting through the Assistant Secretary for Mental Health and Substance Use, shall permit a joint application to be submitted for grants under subpart I and subpart II upon the request of a State. Such application may be jointly reviewed and approved by the Secretary with respect to such subparts, consistent with the purposes and authorized activities of each such program and in accordance with such State’s joint application shall otherwise meet the requirements with respect to each such subpart.”.

SEC. 9004. CONGRESSIONAL RECORD — HOUSE

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SEC. 9002. GRANTS FOR JAIL DIVERSION PROGRAMS.

Section 520G of the Public Health Service Act (42 U.S.C. 290bb–38) is amended—

(1) by striking “substance abuse” each place such term appears and inserting “substance use disorder”; and

(2) in subsection (a)—

(A) by striking “Indian tribes, and tribal organizations” and inserting “Indian tribes and tribal organizations”; and

(B) by inserting “or a health facility or program operated by or in accordance with a contract or grant with the Indian Health Service,” after “entities.”;

(3) in subsection (c)(2)(A)(ii), by striking “best known” and inserting “evidence-based”;

(4) by redesignating subsections (d) through (i) as subsections (e) through (j), respectively;

(5) by inserting after subsection (c) the following:

“(D) SPECIAL CONSIDERATION REGARDING VETERANS.—In awarding grants under subsection (a), the Secretary shall, as appropriate, give special consideration to entities proposing to use grant funding to support jail diversion services for veterans.”;

(6) in subsection (e), as so redesignated—

(A) in paragraph (3), by striking “,” and” and inserting a semicolon;

(B) in paragraph (4), by striking the period at the end and inserting “.”;

(C) by adding at the end the following:

“(5) develop programs to divert individuals prior to booking or arrest.”; and

(7) in subsection (j), as so redesignated, by striking “$10,000,000 for fiscal year 2001, and such sums as may be necessary for fiscal years 2002 through 2003” and inserting “$4,209,000 for each of fiscal years 2018 through 2022.”.

SEC. 9003. PROMOTING INTEGRATION OF PRIMARY AND BEHAVIORAL HEALTH CARE.

Section 520K of the Public Health Service Act (42 U.S.C. 290bb–42) is amended to read as follows:

SEC. 520K. INTEGRATION INCENTIVE GRANTS AND COOPERATIVE AGREEMENTS.

“(a) DEFINITIONS.—In this section:

“(1) ELIGIBLE ENTITY.—The term ‘eligible entity’ means a State, or other appropriate State agency, in collaboration with 1 or more qualified community programs as described in section 191b(b)(1) or 1 or more community health centers as described in section 330.

“(2) INTEGRATED CARE.—The term ‘integrated care’ means collaborative models or practices offering mental and physical health services, which may include practices that share the same space in the same facility.

“(3) SPECIAL POPULATION.—The term ‘special population’ means—

“A. adults with a serious mental illness who have co-occurring physical health conditions or chronic diseases;

“(B) adults with a serious mental illness who have co-occurring physical health conditions or chronic diseases;

“(C) children and adolescents with a serious emotional disturbance with co-occurring physical health conditions or chronic diseases; or

“(D) individuals with a substance use disorder.”;

“(b) GRANTS AND COOPERATIVE AGREEMENTS.—

“(1) IN GENERAL.—The Secretary may award grants and cooperative agreements to eligible entities to support the improvement of integrated care for primary care and behavioral health care in accordance with paragraph (2).

“(2) PURPOSES.—A grant or cooperative agreement awarded under this section shall be designated to—
“(A) promote full integration and collaboration in clinical practices between primary and behavioral health care;

(B) support the improvement of integrated care delivery for people with behavioral and physical health issues and their families;

(C) promote integrated care services related to screening, diagnosis, prevention, and treatment of mental and substance use disorders, and co-occurring physical health conditions and chronic diseases.

(C) applications.—

(1) GENERAL.—An eligible entity seeking a grant or cooperative agreement under this section shall submit an application to the Secretary at such time, in such manner, and accompanied by such information as the Secretary may require, including the contents described in paragraph (2).

(2) CONTENTS.—The contents described in this paragraph are—

“(A) a description of a plan to achieve fully collaborative arrangements to provide services to special populations;

(B) a document that summarizes the policies, if any, that serve as barriers to the provision of integrated care, and the specific steps, if applicable, that will be taken to address such barriers;

(C) a description of partnerships or other arrangements with local health care providers to provide services to special populations;

(D) a plan to report to the Secretary performance measures necessary to evaluate patient outcomes and facilitate evaluations across participating projects; and

(E) a plan for sustainability beyond the grant or cooperative agreement period under subsection (e).

(3) DURATION.—A grant or cooperative agreement under this section shall cease to be effective 5 years after the date of enactment of the Helping Families in Transition Act unless the Secretary by regulations extends the period not to exceed 5 years.

(4) TARGET AMOUNT.—The target amount that an eligible entity may receive for a year through a grant or cooperative agreement under this section shall be $2,000,000.

(5) ADJUSTMENT PERMITTED.—The Secretary, in determining the amount of each allotment for the fiscal years 2018 through 2022, may adjust the target amount that an eligible entity may receive for a year through a grant or cooperative agreement under this section to administrative functions, and the funding under this section may not allocate more than 10 percent of funds awarded under this section to administrative functions, and the remaining amounts shall be allocated to health facilities that provide integrated care.

(6) DURATION.—A grant or cooperative agreement under this section shall cease to be effective 5 years after the date of enactment of the Helping Families in Transition Act unless the Secretary by regulations extends the period not to exceed 5 years.

(B) in paragraph (2)(B), by striking “substance abuse” each place such term appears and inserting “a substance use disorder’’;

(C) consulting with the Secretary of Veterans Affairs to ensure that veterans calling the suicide prevention hotline have access to a specialized veterans’ suicide prevention hotline; and

(D) in subparagraph (G) of section 9004(b), by striking “substance use disorder’’ and inserting “a substance use disorder’’.

(7) TECHNICAL ASSISTANCE.—Section 530 of the Public Health Service Act (42 U.S.C. 290cc–30) is amended by striking “through the National Institute of Mental Health, the National Institute on Alcohol Abuse and Alcoholism, and the National Institute on Drug Abuse’’ and inserting “through the Assistant Secretary to assist individuals in locating and mental and substance use disorders treatment providers.

(8)ournament concerning formula.—The term ‘substance use disorder services’ has the meaning given the term ‘substance abuse services’ in section 339(h)(5)(C).’’

(f) Definitions.—Section 534(a) of the Public Health Service Act (42 U.S.C. 290cc–35(a)) is amended by striking “$75,000,000 for each of the fiscal years 2001 through 2003’’ and inserting “$635,000 for each of fiscal years 2018 through 2022’’.

(g) Study concerning formula.—

(1) IN GENERAL.—Not later than 2 years after the date of enactment of this Act, the Assistant Secretary for Mental Health and Substance Use (referred to in this section as the ‘‘Assistant Secretary’’) shall conduct a study concerning the contents described in such section.

(f) STUDY CONCERNING FORMULA.—

(1) IN GENERAL.—Not later than 2 years after the date of enactment of this Act, the Assistant Secretary for Mental Health and Substance Use (referred to in this section as the ‘‘Assistant Secretary’’) shall conduct a study concerning the contents described in such section.

(f) STUDY CONCERNING FORMULA.—

(1) IN GENERAL.—Not later than 2 years after the date of enactment of this Act, the Assistant Secretary for Mental Health and Substance Use (referred to in this section as the ‘‘Assistant Secretary’’) shall conduct a study concerning the contents described in such section.

(f) STUDY CONCERNING FORMULA.—

(1) IN GENERAL.—Not later than 2 years after the date of enactment of this Act, the Assistant Secretary for Mental Health and Substance Use (referred to in this section as the ‘‘Assistant Secretary’’) shall conduct a study concerning the contents described in such section.

(f) STUDY CONCERNING FORMULA.—

(1) IN GENERAL.—Not later than 2 years after the date of enactment of this Act, the Assistant Secretary for Mental Health and Substance Use (referred to in this section as the ‘‘Assistant Secretary’’) shall conduct a study concerning the contents described in such section.

(f) STUDY CONCERNING FORMULA.—

(1) IN GENERAL.—Not later than 2 years after the date of enactment of this Act, the Assistant Secretary for Mental Health and Substance Use (referred to in this section as the ‘‘Assistant Secretary’’) shall conduct a study concerning the contents described in such section.

(f) STUDY CONCERNING FORMULA.—

(1) IN GENERAL.—Not later than 2 years after the date of enactment of this Act, the Assistant Secretary for Mental Health and Substance Use (referred to in this section as the ‘‘Assistant Secretary’’) shall conduct a study concerning the contents described in such section.

(f) STUDY CONCERNING FORMULA.—

(1) IN GENERAL.—Not later than 2 years after the date of enactment of this Act, the Assistant Secretary for Mental Health and Substance Use (referred to in this section as the ‘‘Assistant Secretary’’) shall conduct a study concerning the contents described in such section.
“(b) ACTIVITIES OF THE SECRETARY.—To maintain the Routing Service, the activities of the Assistant Secretary shall include administering—

(1) in paragraph (2), by striking ‘‘a nationwide, telephone number providing year-round access to information that is updated on a regular basis regarding local behavioral health providers and community-based organizations that is confidential, without requiring individuals to identify themselves, is in languages that include at least English and Spanish, and is at no cost to the individual using the Routing Service; and
(2) in paragraph (3), by striking ‘‘and residential community mental health and residential substance use disorder treatment facilities that are included in the State maintained database described in this section’’; and
(3) in paragraph (5), by inserting ‘‘and maintaining the Routing Service’’."

SEC. 9007. STRENGTHENING COMMUNITY CRISIS RESPONSE SYSTEMS.

Section 520F of the Public Health Service Act (42 U.S.C. 290bb–37) is amended to read as follows:

**SEC. 520F. STRENGTHENING COMMUNITY CRISIS RESPONSE SYSTEMS.**

“(a) IN GENERAL.—The Secretary shall award competitive grants to—

(1) Federal, State, and local governments, and Indian tribes and tribal organizations, to enhance community-oriented crisis prevention and intervention programs, for individuals using the Routing Service; and
(2) a nationwide, telephone number providing year-round access to information that is updated on a regular basis regarding local behavioral health providers and community-based organizations that is confidential, without requiring individuals to identify themselves, is in languages that include at least English and Spanish, and is at no cost to the individual using the Routing Service; and
(3) in paragraph (2), by striking ‘‘and maintaining the Routing Service’’.

(b) RULE OF CONSTRUCTION.—Nothing in this section shall be construed to prevent the Assistant Secretary from using any unobligated amounts otherwise made available to the Administration to maintain the Routing Service.”.

SEC. 9008. STRENGTHENING COMMUNITY CRISIS RESPONSE SYSTEMS.

Section 520F of the Public Health Service Act (42 U.S.C. 290bb–37) is amended to read as follows:

**SEC. 520F. STRENGTHENING COMMUNITY CRISIS RESPONSE SYSTEMS.**

“(a) IN GENERAL.—The Secretary shall award competitive grants to—

(1) State and local governments and Indian tribes and tribal organizations, to enhance community-oriented crisis response systems; or
(2) States to develop, maintain, or enhance a database of inpatient psychiatric facilities, crisis stabilization units, and residential community mental health and residential substance use disorder treatment facilities for adults, children, and individuals with a serious emotional disturbance, or individuals with a substance use disorder.

(b) APPLICATIONS.—

(1) IN GENERAL.—To receive a grant under subsection (a), an entity shall submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

(2) COMMUNITY-BASED CRISIS RESPONSE PLAN.—An application for a grant under subsection (a)(1) shall include a plan for—

(A) coordinating and coordinating between local public and private entities engaged in crisis response, including first responders, emergency health care providers, primary care providers, law enforcement, court systems, health care payers, social service providers, and behavioral health providers;
(B) developing memoranda of understanding with public and private entities to implement crisis response services; and
(C) addressing gaps in community resources for crisis intervention and prevention; and

(3) BEIDS DATABASE PLAN.—An application for a grant under subsection (a)(1) shall include a plan for developing, maintaining, or enhancing a real-time, Internet-basedbed database to collect, aggregate, and display information about beds in inpatient psychiatric facilities and crisis stabilization units, and residential community mental health and residential substance use disorder facilities that contain information on the availability of beds at a facility or unit; and

(4) DATABASE REQUIREMENTS.—A bed database described in this section is a database that—

(a) includes information on inpatient psychiatric facilities, crisis stabilization units, and residential community mental health and residential substance use disorder facilities in the State involved, including contact information for the facility or unit; and
(b) provides real-time information about the number of beds available at each facility or unit and, for each available bed, the type of patient that may be admitted, the level of security provided, and any other information that may be necessary to allow for the proper identification of appropriate treatment of individuals in mental or substance use disorder crisis; and

(2) enables searches of the database to identify available beds that are appropriate for the treatment of individuals in mental or substance use disorder crisis.

(2) IN GENERAL.—An entity receiving a grant under subsection (a)(1) shall submit to the Secretary, at such time, in such manner, and containing such information as the Secretary may require, an evaluation of the effect of such grant on—

(a) local crisis response services and measures for individuals receiving crisis planning and early intervention support; and
(b) individuals receiving regular follow-up care following a crisis.

(c) AUTHORIZATION OF APPROPRIATIONS.—

There are authorized to be appropriated $30,000,000 for each of fiscal years 2018 through 2022.

**SEC. 9009. GARETT LEE SMITH MEMORIAL ACT REAUTHORIZATION.**

(a) SUICIDE PREVENTION TECHNICAL ASSISTANCE CENTER.—Section 520C of the Public Health Service Act (42 U.S.C. 290bb–34), as amended by section 6001, is further amended—

(1) in the section heading, by striking ‘‘Youth Interagency Research, Training, and Technical Assistance Centers’’ and inserting ‘‘Youth Suicide Prevention Technical Assistance Center’’;

(2) in subsection (a), by striking ‘‘acting through the Assistant Secretary for Mental Health and Substance Use Disorder Prevention and Treatment’’ and inserting ‘‘acting through the Assistant Secretary, shall establish a research, training, and technical assistance resource center to provide appropriate information, training, and technical assistance to States, political subdivisions of States, federally recognized Indian tribes, tribes, or tribe organizations, and to all agencies that contain programs that are high risk for suicide among all ages, particularly among groups that are at a high risk for suicide’’.

(c) AUTHORIZATION OF APPROPRIATIONS.—

For the purpose of carrying out this section, there are authorized to be appropriated $35,000,000 for each of fiscal years 2018 through 2022.

**SEC. 9010. ADULT SUICIDE PREVENTION.**

Subpart 3 of part B of title V of the Public Health Service Act (42 U.S.C. 290bb–31 et seq.) is amended by adding at the end the following:

**SEC. 520L. ADULT SUICIDE PREVENTION.**

(a) GRANTS.—

(1) IN GENERAL.—The Assistant Secretary shall award grants to public and private entities described in paragraph (2) to implement suicide prevention and intervention programs, for individuals
who are 25 years of age or older, that are designed to raise awareness of suicide, establish referral processes, and improve care and outcomes for such individuals who are at risk of suicide.

“(2) ELIGIBLE ENTITIES.—To be eligible to receive a grant under this section, an entity shall be a community-based primary care or behavioral health agency, an emergency department, a state mental health agency (or state health agency with mental or behavioral health functions), public health agency, a territory of the United States, or an Indian tribe or tribal organization (as the terms ‘Indian tribe’ and ‘tribal organization’ are defined in section 4 of the Indian Self-Determination and Education Assistance Act).

“(3) USE OF FUNDS.—The grants awarded under paragraph (1) shall be used to implement programs, in accordance with such paragraph, that include one or more of the following components:

“(A) Screening for suicide risk, suicide intervention services, and services for referral treatment for individuals at risk for suicide.

“(B) Implementing evidence-based practices to provide treatment for individuals at risk for suicide, including appropriate followup services.

“(C) Raising awareness and reducing stigma of suicide.

(EVALUATIONS AND TECHNICAL ASSISTANCE.—(a) In general.—The Secretary shall—

“(1) evaluate the activities supported by grants awarded under subsection (a), and disseminate, as appropriate, the findings from such evaluations;

“(2) provide appropriate information, training, and technical assistance, as appropriate, to eligible entities that receive a grant under this section, in order to help such entities meet the requirements of this section, including assistance with selection and implementation of evidence-based interventions and frameworks to prevent suicide;

“(c) DURATION.—A grant under this section shall be for a period of not more than 5 years.

“SEC. 9012. EVIDENCE-BASED PRACTICES FOR OLDER ADULTS.

Section 520A(e) of the Public Health Service Act (42 U.S.C. 290bb–32(e)) is amended by adding at the end the following:

“(3) GERIATRIC MENTAL DISORDERS.—The Secretary shall, as appropriate, provide technical assistance to grantees regarding evidence-based practices for the prevention and treatment of geriatric mental disorders and co-occurring mental health and substance use disorders among geriatric populations, as well as disseminate information to grantees on evidence-based practices regarding geriatric mental disorders and co-occurring mental health and substance use disorders to States and nongrantees throughout the United States.”.

“SEC. 9013. NATIONAL VIOLENT DEATH REPORTING SYSTEM.

The Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention, is encouraged to increase, particularly through the inclusion of additional States, the National Violent Death Reporting System as authorized by title III of the Public Health Service Act (42 U.S.C. 241 et seq.). Participation in the system by the States shall be voluntary.

“SEC. 9014. ASSISTED OUTPATIENT TREATMENT.

Section 224 of the Protecting Access to Medicare Act of 2014 (42 U.S.C. 9500a note) is amended—

“(1) in subsection (e), by striking “and 2018,” and inserting “2018, 2019, 2020, 2021, and 2022,”; and

“(2) in subsection (g)–

“(A) in paragraph (1), by striking “2018” and inserting “2022”;

“(B) in paragraph (2), by striking “is authorized to be appropriated to carry out this section $15,000,000 for each of fiscal years 2015 through 2017” and all that follows through the period ending at the end and inserting “is authorized to be appropriated to carry out this section $15,000,000 for each of fiscal years 2015 through 2017, $20,000,000 for fiscal years 2018 through 2020, $15,000,000 for each of fiscal years 2019 and 2020, and $18,000,000 for each of fiscal years 2021 and 2022.”

“SEC. 9015. ASSERTIVE COMMUNITY TREATMENT GRANT PROGRAM.

Part B of title V of the Public Health Service Act (42 U.S.C. 290bb et seq.), as amended by section 9009, is further amended by adding at the end the following:

“(g) REDUCING UNDERAGE DRINKING THROUGH SCREENING AND BRIEF INTERVENTION.—

“(1) GRANTS TO PEDIATRIC HEALTH CARE PROVIDERS TO REDUCE UNDERAGE DRINKING.—The Assistant Secretary may make grants to eligible entities to increase implementation of practices for reducing the prevalence of alcohol use among individuals under the age of 21, including college students.

“(2) PURPOSES.—Grants under this subsection shall be made to—

“(A) screening children and adolescents for alcohol use;

“(B) offering brief interventions to children and adolescents to discourage such use;

“(C) educating parents about the dangers of, and methods of preventing, alcohol use;

“(D) diagnosing and treating alcohol use disorders; and

“(E) referring patients, when necessary, to other appropriate care.

“(2) USE OF FUNDS.—An entity receiving a grant under this subsection may use such fundings for the purposes identified in paragraph (2) by—

“(A) providing training to health care providers;
“(B) disseminating best practices, including culturally and linguistically appropriate best practices, as appropriate, and developing and distributing materials; and

“(C) supporting other activities, as determined appropriate by the Assistant Secretary.

“(4) APPLICATION.—To be eligible to receive a grant under this subsection, an entity shall submit an application to the Assistant Secretary at such time, and in such manner, and accompanied by such information as the Assistant Secretary may require. Each application shall include—

“(A) a description of the entity;

“(B) a description of activities to be completed;

“(C) a description of how the services specified in paragraphs (2) and (3) will be carried out and the qualifications for providing such services; and

“(D) a timeline for the completion of such activities.

“(5) DEFINITIONS.—For the purposes of this subsection:

“(A) BRIEF INTERVENTION.—The term ‘brief intervention’ means, after screening a patient, providing the patient with brief advice and other behavioral health interventions designed to increase the insight of the patient regarding the patient’s alcohol use, and any realized or potential consequences of such use, and affect the desired related behavioral change.

“(B) CHILDREN AND ADOLESCENTS.—The term ‘children and adolescents’ means any person under the age of 18 years.

“(C) ELIGIBLE ENTITY.—The term ‘eligible entity’ means an entity consisting of pediatric health care providers and that is qualified to support or provide the activities identified in paragraph (2).

“(D) PEDIATRIC HEALTH CARE PROVIDER.—The term ‘pediatric health care provider’ means a provider of behavioral health care to individuals under the age of 12 years.

“(E) SCREENING.—The term ‘screening’ means using validated patient interview techniques to identify and assess the existence and extent of alcohol use in a patient.

SEC. 9107. CENTER AND PROGRAM REPEALS.


Subtitle B—Strengthening the Health Care Workforce

SEC. 9021. MENTAL AND BEHAVIORAL HEALTH EDUCATION AND TRAINING GRANTS.

Section 756 of the Public Health Service Act (42 U.S.C. 294e–l) is amended—

“(1) in subsection (a)—

“(A) in the matter preceding paragraph (1), by striking ‘of higher education’ and

“(B) striking paragraphs (1) through (4) and inserting the following:

“(1) accredited institutions of higher education or accredited professional training programs that are establishing or expanding internships or other field placement programs in mental health in psychiatry, psychology, school psychology, behavioral pediatrics, psychiatric nursing, public health, social work, substance use disorder prevention and treatment, marriage and family therapy, occupational therapy, and surgical counseling, including such programs with a focus on child and adolescent mental health and transitional-age youth;

“(2) training of paraprofessional, internship, and postdoctoral residency programs of health service psychology (including clinical psychology, counseling, and school psychology) for the development and implementation of interdisciplinary training of psychology graduate students for providing behavioral health services, including substance use disorder prevention and treatment services, as well as the development of faculty in health service psychology;

“(3) accredited master’s and doctoral degree programs of social work for the development and implementation of interdisciplinary training of social work graduate students for providing behavioral health services, including substance use disorder prevention and treatment services, and the development of faculty in social work;

“(4) State-licensed mental health nonprofit and for-profit organizations to enable such organizations to pay for programs for preservice or in-service training in a behavioral health-related paraprofessional field with preference for preservice or in-service training of paraprofessional child and adolescent mental health workers;”;

“(2) in subsection (b)—

“(A) by striking paragraph (5);

“(B) by redesigning paragraphs (1) through (4) paragraphs (2) through (5), respectively;

“(C) by inserting paragraph (2), as so redesignated, the following:

“(1) an ability to recruit and place the students described in areas with a high need and high demand population;”;

“(D) in paragraph (3), as so redesignated, by striking ‘subsection (a)’ and inserting ‘paragraph (2)’; and

“(E) in paragraph (5), as so redesignated, by striking ‘subsection (a)’ and inserting ‘subsection (b)’;

“(3) in subsection (c), by striking ‘authorized under subsection (a)(1)’ and inserting ‘authorized under subsection (a)’;

“(4) by amending subsection (d) to read as follows:

“(d) PRIORITY.—In selecting grant recipients under this section, the Secretary shall give priority to—

“(1) programs that have demonstrated the ability to train psychology, psychiatry, and psychiatric social work professionals to work in integrated care settings for purposes of recipients under paragraphs (1), (2), and (3) of subsection (a); and

“(2) programs for paraprofessionals that emphasize the role of the family and the lived experience of the consumer and family-paraprofessional partnerships for purposes of recipients under subsection (a)(4);”;

“(5) by striking subsection (e) and inserting the following:

“(e) REPORT TO CONGRESS.—Not later than 4 years after the date of enactment of this Act, the Secretary shall report to Congress on the effectiveness of the grants under this section in—

“(1) providing residents support for experiential training (internship or field placement);

“(2) recruiting students interested in behavioral health practices;

“(3) recruiting students in accordance with subsection (b)(1);

“(4) developing and implementing interprofessional training and integration within primary care;

“(5) developing and implementing accredited field placements and internships; or

“(6) collecting data on the number of students trained in behavioral health care and the number of available accredited internships and field placements.

“(f) AUTHORIZATION OF APPROPRIATIONS.—For each of fiscal years 2018 through 2022, there are authorized to be appropriated to carry out this section $50,000,000, to be allocated as follows:

“(1) For grants described in subsection (a)(1), $15,000,000.

“(2) For grants described in subsection (a)(2), $15,000,000.

“(3) For grants described in subsection (a)(3), $10,000,000.

“(4) For grants described in subsection (a)(4), $10,000,000.

SEC. 9022. STRENGTHENING THE MENTAL AND SUBSTANCE USE DISORDERS WORKFORCE.

Part D of title VII of the Public Health Service Act (42 U.S.C. 294j) is amended by adding at the end the following:

“SEC. 760. TRAINING DEMONSTRATION PROGRAM.

“(a) IN GENERAL.—The Secretary shall establish a training demonstration program to award grants to entities to support—

“(1) training for medical residents and fellows to practice psychiatry and addiction medicine in underserved, community-based settings that integrate primary care with medical and substance use disorders prevention and treatment services; and

“(2) training for nurse practitioners, physicians, physician assistants, health service psychologists, and social workers to provide medical and substance use disorders services in underserved community-based settings that integrate primary care with mental and substance use disorders services; and

“(3) establishing, maintaining, or improving academic units or programs that—

“(A) provide training opportunities for faculty, including through clinical experiences and research, to improve the ability to recognize, diagnose, and treat mental and substance use disorders, with a special focus on addiction; or

“(B) develop evidence-based practices or recommendations for the design of the units or programs described in subparagraph (A), including curriculum content standards.

“(b) ACTIVITIES.—

“(1) TRAINING FOR RESIDENTS AND FELLOWS.—A recipient of a grant under subsection (a)(1)—

“(A) shall use the grant funds—

“(i) to plan, develop, and operate a training program for medical psychiatry residents and fellows in addiction medicine practicing in eligible entities described in subsection (c)(1); or

“(ii) to train new psychiatric residents and fellows in addiction medicine practicing in underserved settings and expand access to integrated mental and substance use disorders services; and

“(B) may use the grant funds to provide additional support for the administration of the program or to meet the costs of projects to establish, improve, or improve faculty development, or departments, divisions, or other units necessary to implement such training.

“(2) TRAINING FOR OTHER PROVIDERS.—A recipient of a grant under subsection (a)(2)—

“(A) shall use the grant funds to plan, develop, or operate a training program to provide...
mental and substance use disorders services in underserved, community-based settings, as appropriate, that integrate primary care and mental and substance use disorders prevention and treatment services. (B) may use the grant funds to provide additional support for the administration of the program or to meet the costs of projects to establish, maintain, or develop curriculum, or to provide personnel or services.

(2) ACADEMIC UNITS OR PROGRAMS.—A recipient of a grant under subsection (a)(3) shall enter into a partnership with organizations such as an education accrediting organization (such as the Liaison Committee on Medical Education for osteopathic medical education, the Commission on Osteopathic College Accreditation, the Accreditation Commission for Education in Nursing, the Commission on Collegiate Nursing Education, the Accreditation Council for Pharmacy Education, the Council on Social Work Education, American Psychological Association Commission on Accreditation, or the Accreditation Review Commission on Education for the Physician Assistant) to carry out activities under subsection (a)(3).

(3) ELIGIBLE ENTITIES.—(1) TRAINING FOR RESIDENTS AND FELLOWS.—To be eligible to receive a grant under subsection (a)(1), an entity shall—(A) be a consortium consisting of—(i) at least one teaching health center; and (ii) the sponsoring institution (or parent institution, in the case of a branch or central office) of at least one of the following: (I) a pharmacy residency program supported by funds provided under this Act; (II) a pharmacy residency program that is accredited by the Accreditation Council of Graduate Medical Education (or the parent institution of such a program); or (III) a fellowship in addiction medicine, as determined appropriate by the Secretary; or (B) be an entity described in subparagraph (A)(i) that provides training opportunities for residents or fellows to train in community-based settings that integrate primary care with mental and substance use disorders prevention and treatment services.

(2) TRAINING FOR OTHER PROVIDERS.—To be eligible to receive a grant under subsection (a)(2), an entity shall—(A) be a teaching health center (as defined in section 742(a)(2)); (B) be a Federally qualified health center (as defined in section 330A(c)(2)(B) of the Social Security Act); (C) a community mental health center (as defined in section 3801(a)(3)(B) of the Social Security Act); (D) a rural health clinic (as defined in section 3811(a)(1) of the Social Security Act); (E) a health center operated by the Indian Health Service, an Indian tribe, a tribal organization, or an urban Indian organization (as defined in section 4 of the Indian Health Care Improvement Act); or (F) be a health professional volunteer at an entity described in subsection (a)(1) who serves as a health professional service eligible for funding under section 224 of the Public Health Service Act (42 U.S.C. 233).

(3) ACADEMIC UNITS OR PROGRAMS.—To be eligible to receive a grant under subsection (a)(3), an entity shall—(A) be a pharmacy residency program supported by funds provided under this Act; (B) be a fellowship in addiction medicine, as determined appropriate by the Secretary; or (C) be an entity described in subparagraph (A)(i) that provides training opportunities for residents or fellows to train in community-based settings that integrate primary care with mental and substance use disorders prevention and treatment services.

(4) DURATION.—Grants awarded under this subsection shall be for a minimum of 5 years.

(5) STUDY AND REPORT.—(1) STUDY.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, shall conduct a study on the results of the demonstration program under this subsection.

(2) REPORT TO CONGRESS.—Not later than 1 year after receipt of the data described in paragraph (1), the study shall submit to Congress a report that includes—(A) an analysis of the effect of the demonstration program under this section on the quality, quantity, and location of training opportunities for residents and fellows in the provision of mental and substance use disorders services; (B) an analysis of the effect of the demonstration program on the prevalence of untreated mental and substance use disorders in the surrounding communities of health centers participating in the demonstration; and (C) recommendations on whether the demonstration program should be extended.

(6) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated $12,669,000 for each of fiscal years 2016 through 2022.

SEC. 9023. CLARIFICATION ON CURRENT ELIGIBILITY FOR LOAN REPAYMENT PROGRAM. The Administrator of the Health Resources and Services Administration shall clarify the eligibility pursuant to section 338(b)(1)(B) of the Public Health Service Act (42 U.S.C. 254i–1(b)(1)(B)) of child and adolescent psychiatrists for the National Health Service Corps Loan Repayment Program under part III of part D of title III of such Act (42 U.S.C. 254I et seq.).

SEC. 9024. MINORITY FELLOWSHIP PROGRAM.

Title V of the Public Health Service Act (42 U.S.C. 291 et seq.) is amended by adding at the end the following:

“PART K—MINORITY FELLOWSHIP PROGRAM

“SEC. 597. ELIGIBILITY. The Secretary shall maintain a program, to be known as the Minority Fellowship Program, under which the Secretary shall award fellowships, which may include stipends, to the purposes of—

“(1) increasing the knowledge of mental and substance use disorders practitioners on issues related to prevention, treatment, and recovery support for individuals who are from racial and ethnic minority populations and who have a mental or substance use disorder;

“(2) improving the quality of mental and substance use disorder prevention and treatment services delivered to racial and ethnic minority populations; and

“(3) increasing the number of culturally competent mental and substance use disorders professionals who teach, administer services, conduct research, and provide direct mental or substance use disorder services to racial and ethnic minority populations.

“(g) DURATION.—Grants awarded under this section shall be for a minimum of 5 years.

“(h) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated $12,669,000 for each of fiscal years 2016 through 2022.”.

SEC. 9025. LIABILITY PROTECTIONS FOR HEALTH PROFESSIONAL VOLUNTEERS AT COMMUNITY HEALTH CENTERS. Section 224(b) of the Public Health Service Act (42 U.S.C. 291b-2) is amended by adding at the end the following:

“(q)(1) For purposes of this section, a health professional volunteer at an entity described in subsection (g)(4) shall be in providing a health professional service eligible for funding under section 330 to an individual, be deemed to be employed by the entity for a taxable year that begins during a fiscal year for which a transfer was made under paragraph (4)(C). The preceding sentence is subject to the provisions of this subsection.

“(2) In providing a health service to an individual, a health care practitioner shall for purposes of this subsection be considered to be a health professional volunteer at an entity described in subsection (g)(4) if the following conditions are met:

“(A) The service is provided to the individual at the facilities of an entity described in subsection (g)(4), or through offsite programs or events carried out by the entity.

“(B) The entity is the health care practitioner pursuant to paragraph (3)(B).

“(C) The health care practitioner does not receive any compensation for the service from the individual, the entity described in subsection (g)(4), or any third-party payer (including reimbursement under any insurance policy or health plan, or under any Federal or State health benefit program), except that incidental costs that a health care practitioner may receive repayment from the entity described in subsection (g)(4) for reasonable expenses incurred by the health care practitioner in connection with the provision of the service to the individual, which may include travel expenses to or from the site of services.
“(D) Before the service is provided, the health care practitioner or the entity described in subsection (g)(4) posts a clear and conspicuous notice at the site where the service is provided of the extent to which the legal liability of the health care practitioner is limited pursuant to this subsection.

(E) At the time the service is provided, the entity described in subsection (g)(4) maintains relevant documentation certifying that the health care practitioner meets the requirements of this subsection.

(3) Subsection (g) (other than paragraphs (3) and (5)) and subsections (h), (i), and (l) apply to a health care practitioner for purposes of this subsection to the extent and in the same manner as such subsections apply to an officer, governing board member, employee, or contractor of an entity described in subsection (g)(4), subject to paragraph (4), and subject to the following:

(A) The first sentence of paragraph (1) applies in lieu of the first sentence of subsection (g)(1)(A).

(B) With respect to an entity described in subsection (g)(4), a health care practitioner is not a health professional volunteer at such entity unless the Secretary determines that the health care practitioner, for purposes of this subsection, the entity shall be considered to be sponsoring the health care practitioner in the same manner as to the health care practitioner, the entity submits to the Secretary an application meeting the requirements of subsection (g)(1)(D); and

(C) In the case of a health care practitioner who is determined by the Secretary pursuant to subsection (g)(1)(E), determines that the health care practitioner is deemed to be an employee of the Public Health Service.

(C) In the case of a health care practitioner who is determined by the Secretary pursuant to subsection (g)(1)(E), to be a health professional volunteer at such entity, this subsection applies to the health care practitioner (with respect to services performed on behalf of the entity sponsoring the health care practitioner pursuant to subparagraph (B)) for any cause of action arising from an act or omission of the health care practitioner occurring on or after the date on which the Secretary makes such determination.

(4) (A) Amounts in the fund established under subsection (k)(2) shall be available for transfer under subparagraph (C) for purposes of carrying out this subsection.

(B)(i) Not later than May 1 of each fiscal year, the Attorney General, in consultation with the Secretary, shall submit to the Congress a report that—

(B)(ii) In conducting the study under paragraph (1), the Comptroller General of the United States shall conduct a study of peer-support volunteer programs in up to 10 States that received grants under section 333(g) of the Public Health Service Act (42 U.S.C. 290bb–36a) and determine whether such programs meet the conditions specified in section 333(g) of such Act.

(2) With respect to an entity described in subsection (g)(4), a health care practitioner is not a health professional volunteer at such entity unless the Secretary determines that the health care practitioner, for purposes of this subsection, the entity shall be considered to be sponsoring the health care practitioner in the same manner as to the health care practitioner, the entity submits to the Secretary an application meeting the requirements of subsection (g)(1)(D); and

(C) In the case of a health care practitioner who is determined by the Secretary pursuant to subsection (g)(1)(E), determines that the health care practitioner is deemed to be an employee of the Public Health Service.

(3) Subsection (g) (other than paragraphs (3) and (5)) and subsections (h), (i), and (l) apply to a health care practitioner for purposes of this subsection to the extent and in the same manner as such subsections apply to an officer, governing board member, employee, or contractor of an entity described in subsection (g)(4), subject to paragraph (4), and subject to the following:

(A) The first sentence of paragraph (1) applies in lieu of the first sentence of subsection (g)(1)(A).

(B) With respect to an entity described in subsection (g)(4), a health care practitioner is not a health professional volunteer at such entity unless the Secretary determines that the health care practitioner, for purposes of this subsection, the entity shall be considered to be sponsoring the health care practitioner in the same manner as to the health care practitioner, the entity submits to the Secretary an application meeting the requirements of subsection (g)(1)(D); and

(C) In the case of a health care practitioner who is determined by the Secretary pursuant to subsection (g)(1)(E), determines that the health care practitioner is deemed to be an employee of the Public Health Service.

(2) CONTENTS.—The report under this subsection shall contain—

(A) national and State-level projections of the supply and demand of the mental health and substance use disorder workforce, disaggregated by profession;

(B) an assessment of the mental health and substance use disorder workforce capacity, strengths, and weaknesses as of the date of the report, including the extent to which programs and services are currently provided to prevent, screening, or referring for mental and substance use disorder services;

(C) information on trends within the mental health and substance use disorder workforce provider workforce, including the number of individuals expected to enter the mental health workforce over the next 5 years; and

(D) any additional information determined by the Administrator of the Health Resources and Services Administration, in consultation with the Assistant Secretary for Mental Health and Substance Use, to be relevant to the mental health and substance use disorder provider workforce.

(B) PEER-SUPPORT SPECIALIST PROGRAMS.—

(1) IN GENERAL.—The Comptroller General of the United States shall conduct a study of peer-support specialist programs in up to 10 States that received grants under section 333(g) of the Public Health Service Act (42 U.S.C. 290bb–36a) and determine whether such programs meet the conditions specified in section 333(g) of such Act.

(2) CONTENTS OF STUDY.—In conducting the study under paragraph (1), the Comptroller General of the United States shall examine and identify best practices, in the States selected to conduct such study:

(A) in the matter preceding paragraph (1), by striking “for—” and inserting “for or one of the following;” and

(B) by striking paragraphs (1) through (6) and inserting the following:

(1) Educating students, families, faculty, and staff to increase awareness of mental and substance use disorders;

(2) The operation of hotlines;

(3) Preparing informational material.

(C) In conducting the study under paragraph (1), the Comptroller General of the United States shall examine and identify best practices, in the States selected to conduct such study:

(1) reviewing the use of telehealth services.

(D) Before the service is provided, the health care practitioner is not a health professional volunteer at such entity unless the Secretary determines that the health care practitioner, for purposes of this subsection, the entity shall be considered to be sponsoring the health care practitioner in the same manner as to the health care practitioner, the entity submits to the Secretary an application meeting the requirements of subsection (g)(1)(D); and

(E) At the time the service is provided, the entity described in subsection (g)(4) maintains relevant documentation certifying that the health care practitioner meets the requirements of this subsection.

(3) Subsection (g) (other than paragraphs (3) and (5)) and subsections (h), (i), and (l) apply to a health care practitioner for purposes of this subsection to the extent and in the same manner as such subsections apply to an officer, governing board member, employee, or contractor of an entity described in subsection (g)(4), subject to paragraph (4), and subject to the following:

(A) The first sentence of paragraph (1) applies in lieu of the first sentence of subsection (g)(1)(A).

(B) With respect to an entity described in subsection (g)(4), a health care practitioner is not a health professional volunteer at such entity unless the Secretary determines that the health care practitioner, for purposes of this subsection, the entity shall be considered to be sponsoring the health care practitioner in the same manner as to the health care practitioner, the entity submits to the Secretary an application meeting the requirements of subsection (g)(1)(D); and

(C) In the case of a health care practitioner who is determined by the Secretary pursuant to subsection (g)(1)(E), determines that the health care practitioner is deemed to be an employee of the Public Health Service.

(2) CONTENTS.—The report under this subsection shall contain—

(1) with respect to the health care practitioner; and

(2) with respect to the health care practitioner; and

(3) CONTENTS.—The report under this subsection shall contain—

(1) in the section heading, by striking “suicide attempts,” the term “and” and inserting “or”; and

(2) in the section heading, by striking “suicide attempts,” the term “and” and inserting “or” and inserting “and” and inserting “or”; and

(3) in subsection (b)—

(A) by striking “substance abuse” and inserting “health or substance use disorders”;

(B) by striking “and behavioral health problems” and inserting “and mental health or substance use disorders”;

(C) by striking “substance abuse” and inserting “and health or substance use disorders”;

(D) by adding, after each “regarding the treatment of students at risk,” the following: “of mental and substance use disorders, reduce stigma, and improve the identification and treatment for students at risk;”;

(2) in subsection (b)—

(A) in the matter preceding paragraph (1), by striking “for—” and inserting “for or one of the following;” and

(B) by striking paragraphs (1) through (6) and inserting the following:

(1) Educating students, families, faculty, and staff to increase awareness of mental and substance use disorders;

(2) The operation of hotlines;

(3) Preparing informational material.

(C) In conducting the study under paragraph (1), the Comptroller General of the United States shall examine and identify best practices, in the States selected to conduct such study:

(1) reviewing the use of telehealth services.

(D) Before the service is provided, the health care practitioner is not a health professional volunteer at such entity unless the Secretary determines that the health care practitioner, for purposes of this subsection, the entity shall be considered to be sponsoring the health care practitioner in the same manner as to the health care practitioner, the entity submits to the Secretary an application meeting the requirements of subsection (g)(1)(D); and

(E) At the time the service is provided, the entity described in subsection (g)(4) maintains relevant documentation certifying that the health care practitioner meets the requirements of this subsection.

(3) Subsection (g) (other than paragraphs (3) and (5)) and subsections (h), (i), and (l) apply to a health care practitioner for purposes of this subsection to the extent and in the same manner as such subsections apply to an officer, governing board member, employee, and contractors of entities described in subsection (g)(4).

(4) (A) The report shall include a summary of the data relied upon for the estimate made under subparagraph (B) for the calendar year beginning in each fiscal year, subject to the extent of amounts in the fund.

(B) The Secretary shall take effect on October 1, 2017, as provided in subparagraph (B) and paragraph (6).

(5) EFFECTIVE ON DATE.—Effective on the date of enactment of this Act, the Comptroller General of the United States shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Education and the Workforce of the House of Representatives a report on the study conducted under paragraph (1).
order to carry out the program under the grant" before the period at the end; and
(D) by adding after paragraph (5) the following new paragraphs:
(6) the objectives of the program carried out under the grant.
(7) For an institution of higher education providing grant for an interagency described in paragraph (8) or (9) of subsection (b), a description of the policies and procedures of the institution of higher education that are related to applicable laws regarding access to, and sharing of, treatment records of students at any campus-based mental health center or provider of mental health services, including the policies and State laws governing when such records can be accessed and shared for non-treatment purposes and a description of the process used by the institution of higher education to notify students of these policies and procedures, including the extent to which written consent is required.
(8) An assurance that grant funds will be used to supplement and not supplant any other Federal, State, or local funds available to carry out activities of the type carried out under the grant;
(9) in subsection (e)(1), by striking "and behavioral health problems" and inserting "health and substance use disorders";
(7) in subsection (f)(2), by striking "personnel development and behavioral health" and inserting "health and substance use disorder"; and
(b) by striking "suicide and substance abuse" and inserting "suicide and substance use disorders";
(8) by redesignating subsection (h) as subsection (i);
(9) by inserting after subsection (g) the following new subsection:
"(h) TECHNICAL ASSISTANCE.—The Secretary may provide technical assistance to grantees in carrying out this section," and
in subsection (i), as redesignated by paragraph (8), by striking "+$5,000,000 for fiscal year 2005" through that period at the end and inserting "$7,000,000 for each of fiscal years 2018 through 2022.
SEC. 9032. INTERAGENCY WORKING GROUP ON COLLEGE MENTAL HEALTH.
(a) PURPOSE.—It is the purpose of this section to provide for the establishment of a College Task Force to discuss mental and behavioral health concerns on campuses of institutions of higher education.
(b) ESTABLISHMENT.—The Secretary of Health and Human Services shall establish a College Campus Task Force to discuss mental and behavioral health concerns on campuses of institutions of higher education.
(c) MEMBERSHIP.—The Task Force shall be composed of a representative from each Federal agency (as appointed by the head of the agency) that has jurisdiction over, or is affected by, mental health and education policies and projects, including:
(1) the Department of Education;
(2) the Department of Health and Human Services;
(3) the Department of Veterans Affairs; and
(4) such other Federal agencies as the Assistant Secretary for Mental Health and Substance Use, in consultation with the Secretary, determines to be appropriate.
(d) DUTIES.—The Task Force shall—
(1) serve as a centralized mechanism to coordinate the efforts of Federal agencies to improve mental and behavioral health on campuses of institutions of higher education;
(2) examine and better address the needs of the age population of students attending institutions of higher education dealing with mental illness;
(3) survey Federal agencies to determine which policies are effective in encouraging, and how best to facilitate outreach without duplicating, efforts relating to mental and behavioral health promotion, including determinations of accountability for reaching those goals;
(4) develop a strategy for allocating responsibilities and ensuring participation in mental and behavioral health promotion, and behavioral health problems, particularly in the case of competing agency priorities;
(5) coordinate plans to communicate research results relating to mental and behavioral health promotion, and behavioral health services, to institutions of higher education for the purpose of enabling institutions of higher education to report and outreach activities to produce more useful and timely information;
(6) provide a description of evidence-based practices, model programs, effective guidelines, and other strategies for promoting mental and behavioral health on campuses of institutions of higher education;
(7) make recommendations to improve Federal efforts relating to mental and behavioral health promotion on campuses of institutions of higher education, and efforts consistent with available standards, evidence, and other programs in existence as of the date of enactment of this Act;
(8) provide a description of evidence-based practices and strategies for improving mental health promotion, data collection, analysis, and services;
(9) in this section, the term "institutions of higher education" has the meaning given such term in section 101 of the Higher Education Act of 1965 (20 U.S.C. 1001).
(b) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there are authorized to be appropriated $1,000,000 for the period of fiscal years 2018 through 2022.
SEC. 9033. IMPROVING MENTAL HEALTH ON COLLEGE CAMPUSES.
Part D of title V of the Public Health Service Act (42 U.S.C. 290d et seq.) is amended by adding at the end the following:
"SEC. 549. MENTAL AND BEHAVIORAL HEALTH OUTREACH AND EDUCATION ON COLLEGE CAMPUSES.
(a) PURPOSE.—It is the purpose of this section to increase access to, and reduce the stigma associated with, mental health services to ensure that students at institutions of higher education have the support necessary to successfully complete their studies.
(b) NATIONAL PUBLIC EDUCATION CAMPAIGN.—The Secretary, acting through the Assistant Secretary and in collaboration with the Secretaries of the Departments of Education and Health and Human Services, or a Prevention, shall convene an interagency, public-private sector working group to plan, establish, and begin coordinating and evaluating a targeted public health education campaign that is designed to focus on mental and behavioral health on the campuses of institutions of higher education. Such campaign shall be designed to—
(1) improve the general understanding of mental health and mental disorders;
(2) encourage help-seeking behaviors relating to the promotion of mental health and prevention of mental disorders, and treatment of such disorders;
(3) make the connection between mental and behavioral health and academic success; and
(4) assist the general public in identifying the early warning signs and reducing the stigma of mental illness.
(2) COMPOSITION.—The working group convened under subsection (b) shall include—
(1) mental health consumers, including students and family members;
(2) representatives of institutions of higher education;
(3) representatives of national mental and behavioral health associations and associations of institutions of higher education;
(4) representatives of health promotion and prevention organizations at institutions of higher education;
(5) representatives of mental health providers, including community mental health centers; and
(6) representatives of private-sector and public-sector groups with experience in the development of effective public health education campaigns.
(3) PLAN.—The working group under subsection (b) shall develop a plan that—
(1) targets promotional and educational efforts to the age population of students at institutions of higher education and individuals who are employed in settings of institutions of higher education, including through the use of roundtables;
(2) develops and proposes the implementation of research-based public health messages and activities;
(3) provides support for local efforts to reduce stigma by using the National Health Information Center as a primary point of contact for information, publications, and service program referrals; and
(4) develops and proposes the implementation of a social marketing campaign that is targeted at the population of students attending institutions of higher education and individuals who are employed in settings of institutions of higher education.
(4) DEFINITION.—In this section, the term "institutions of higher education" has the meaning given such term in section 101 of the Higher Education Act of 1965 (20 U.S.C. 1001).
(5) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there are authorized to be appropriated $1,000,000 for the period of fiscal years 2018 through 2022.
TITLE X—STRENGTHENING MENTAL AND SUBSTANCE USE DISORDER CARE FOR CHILDREN AND ADOLESCENTS
SEC. 10001. PROGRAMS TO ADDRESS A SERIOUS EMOTIONAL DISTURBANCE.
(a) COMPREHENSIVE COMMUNITY MENTAL HEALTH SERVICES FOR CHILDREN WITH A SERIOUS EMOTIONAL DISTURBANCE.—Section 561(a)(1) of the Public Health Service Act (42 U.S.C. 290aa(1)) is amended by inserting ", which may include efforts to identify and serve children at risk" before the period.
(b) REQUIREMENTS WITH RESPECT TO CARRYING OUT PURPOSE OF GRANTS.—Section 562(b) of the Public Health Service Act (42 U.S.C. 290aa(1)) is amended by inserting "that do not provide an individual with access to the system if the individual is more than 21 years of age", and inserting "and additional provisions are necessary to ensure that the system through the age of 21 years", after the period.
(c) ADDITIONAL PROVISIONS.—Section 564(f) of the Public Health Service Act (42 U.S.C. 290a-
(f) establish mechanisms for measuring and monitoring increased access to pediatric mental health care services by pediatric primary care providers and expanded capacity of pediatric primary care providers to identify, treat, and refer children with mental health problems.

(2) PEDIATRIC MENTAL HEALTH TEAMS.—In this subsection, the term "pediatric mental health team" means a team consisting of at least one case coordinator, at least one child and adolescent psychiatrist, and at least one licensed clinical mental health professional, such as a psychologist, licensed mental health counselor. Such a team may be regionally based.

(c) APPLICATION.—A State, political subdivision of a State, Indian tribe, or tribal organization receiving a grant under this section shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may reasonably require, including a plan for the comprehensive evaluation of activities that are carried out with funds received under such grant.

(d) EVALUATION.—A State, political subdivision of a State, Indian tribe, or tribal organization that receives a grant under this section shall prepare and submit an evaluation of activities that are carried out with funds received under such grant to the Secretary at such time, in such manner, and containing such information as the Secretary may reasonably require, including a plan for the comprehensive evaluation of activities that are carried out with funds received under such grant.

(e) ACCESS TO BROADBAND.—In administering grants under this section, the Secretary may coordinate with other agencies to ensure that the most appropriate facilities are available to support access to reliable, high-speed Internet for providers.

(f) MATCHING REQUIREMENT.—The Secretary may require a State under this section unless the State, political subdivision of a State, Indian tribe, or tribal organization involved agrees, with respect to the costs to be incurred under the grant, with regard to a request of a State, Indian tribe, or tribal organization in carrying out the purpose described in this section, to make available non-Federal contributions (in cash or in kind) toward such costs in an amount that is not less than 20 percent of Federal funds provided in the grant.

(g) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there are authorized to be appropriated, $9,000,000 for the period of fiscal years 2018 through 2022.
“(1) the Secretary, in the dissemination of evidence-based and trauma-informed interventions, treatments, products, and other resources to appropriate stakeholders; and

“(2) provide to agencies that conduct or fund research within the Department of Health and Human Services, for purposes of sharing NCTSI expertise, evaluation data, and other activities associated with special education intervention programs who work with children and families.

“(4) Provide training for mental health clinicians in infant and early childhood in promising and evidence-based practices and models for infant and early childhood mental health treatment and early intervention, including with regard to practices for identifying and treating mental illness and disabilities of infants and children resulting from exposure or repeated exposure to adverse childhood experiences or child trauma.

“(5) Provide age-appropriate assessment, diagnostic, and intervention services for eligible children, including early mental health promotion, intervention, and treatment services.

“(6) According to the World Health Organization, adults with a serious mental illness have lifespans that are 10 to 25 years shorter than those without serious mental illness. The vast majority of these deaths are due to chronic medical conditions, such as cardiovascular, respiratory, and infectious diseases, as well as diabetes and hypertension.

“(7) According to the World Health Organization, the majority of deaths of adults with a serious mental illness that are due to physical medical conditions are preventable.

“(8) Support decision making can facilitate care decisions in areas where serious mental illness may impact the capacity of an individual to determine a course of treatment while still allowing an individual to make decisions independently.

“(9) Help should be provided to adults with a serious mental illness to address their acute mental health condition by informing choices about treatment, and understand and follow through with appropriate treatment.

“(2) Provide mental health consultation to personnel of early care and education programs (including licensed or regulated center-based and home-based child care, home visiting, preschools, schools, and special education intervention programs) who work with children and families.

“(3) Provide mental health consultation to personnel of early care and education programs (including licensed or regulated center-based and home-based child care, home visiting, preschools, schools, and special education intervention programs) who work with children and families.

“(4) Provide training for mental health clinicians in infant and early childhood in promising and evidence-based practices and models for infant and early childhood mental health treatment and early intervention, including with regard to practices for identifying and treating mental illness and disabilities of infants and children resulting from exposure or repeated exposure to adverse childhood experiences or child trauma.

“(5) Provide age-appropriate assessment, diagnostic, and intervention services for eligible children, including early mental health promotion, intervention, and treatment services.

“(6) According to the World Health Organization, adults with a serious mental illness have lifespans that are 10 to 25 years shorter than those without serious mental illness. The vast majority of these deaths are due to chronic medical conditions, such as cardiovascular, respiratory, and infectious diseases, as well as diabetes and hypertension.

“(7) According to the World Health Organization, the majority of deaths of adults with a serious mental illness that are due to physical medical conditions are preventable.

“(8) Support decision making can facilitate care decisions in areas where serious mental illness may impact the capacity of an individual to determine a course of treatment while still allowing an individual to make decisions independently.

“(9) Help should be provided to adults with a serious mental illness to address their acute mental health condition by informing choices about treatment, and understand and follow through with appropriate treatment.
(9) There is confusion in the health care community regarding permissible practices under the regulations promulgated under the Health Insurance Portability and Accountability Act of 1996 (commonly known as "HIPAA"); (E) listener recording of health care information or treatment preferences with appropriate caregivers; (b) There is confusion in Congress that clarification is needed regarding the privacy rule promulgated under section 264(c) of the Health Insurance Portability and Accountability Act of 1996 (42 U.S.C. 1320d–2 note) regarding existing permitted uses and disclosures of health information by health care professionals communicating with caregivers of adults with a serious mental illness to facilitate treatment.

SEC. 11002. CONFIDENTIALITY OF RECORDS.

Not later than 1 year after the date on which the Secretary of Health and Human Services (in this title referred to as the “Secretary”) first finalizes regulations updating part 2 of title 42, Code of Federal Regulations, relating to the confidentiality of alcohol and drug abuse patient records, after the date of enactment of this Act, the Secretary shall convene relevant stakeholders to determine the extent of such regulations on patient care, health outcomes, and patient privacy.

SEC. 11003. CERTIFICATION ON PERMITTED USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION.

(a) IN GENERAL.—The Secretary, acting through the Director of the Office for Civil Rights, shall ensure that health care providers, professionals, patients and their families, and others involved in mental or substance use disorder treatment have adequate, accessible, timely, and easily comprehensible resources relating to appropriate uses and disclosures of protected health information under the regulations promulgated under section 264(c) of the Health Insurance Portability and Accountability Act of 1996 (42 U.S.C. 1320d–2 note).

(b) GUIDANCE.—(1) ISSUANCE.—In carrying out subsection (a), not later than 1 year after the date of enactment of this section, the Secretary shall issue guidance on circumstances under which consistent with regulations promulgated under section 264(c) of the Health Insurance Portability and Accountability Act of 1996, a health care provider or another entity may use or disclose protected health information.

(2) CIRCUMSTANCES ADDRESSED.—The guidance issued under this section shall address circumstances under which—

(A) require the consent of the patient; or

(B) require providing the patient with an opportunity to object.

(c) (C) are based on the exercise of professional judgment regarding whether the patient would object when the opportunity to object cannot practically be provided because of the incapacity of the patient or an emergency treatment circumstance; and

(D) are determined, based on the exercise of professional judgment, to be in the best interest of the patient when the patient is not present or otherwise incapacitated.

(3) ADVICE TO PROVIDERS.—In addressing the circumstances described in paragraph (2), the guidance issued under this section shall clarify permissible uses and disclosures of protected health information for purposes of—

(A) communicating with a family member of the patient, caregiver of the patient, or other individual involved in the care of the patient; or

(B) the care of the patient if the patient is an adult, communicating with a family member of the patient, caregiver of the patient, or other individual involved in the care of the patient; or

(C) the care of the patient if the patient is a minor, communicating with the parent or caregiver of the patient; or

(D) involving the family members or caregivers of the patient, or others involved in the patient’s care or care plan, including facilitating treatment and medication adherence;

(E) issuing information with respect to the patient from the family or caregiver of the patient; (F) communicating with family members of the patient, the patient’s care team, law enforcement, or others when the patient presents a serious and imminent threat of harm to self or others; or

(G) communicating to law enforcement and family members or caregivers of the patient about the admission of the patient to receive care at, or release of a patient to a facility for an emergency psychiatric hold or involuntary treatment.

SEC. 11004. DEVELOPMENT AND DISSEMINATION OF MODEL TRAINING PROGRAMS.

(a) INITIAL PROGRAMS AND MATERIALS.—Not later than 1 year after the date of the enactment of this Act, the Secretary, in consultation with appropriate experts, shall identify the following model programs and materials, or (in the case that no such programs or materials exist) recognize private or public entities to develop and disseminate:

(1) Model programs and materials for training health care providers (including physicians, emergency medical personnel, psychiatrists, including emergency room physicians), psychologists, counselors, therapists, nurse practitioners, physician assistants, behavioral health facilities and clinics, care managers, and hospital facilities, including general hospitals, in-patient facilities, emergency medical personnel, psychiatrists, in-patient treatment, and in-patient residential treatment; the Secretary shall submit to Congress a report on the study conducted under subsection (a).

(b) PERIODIC UPDATES.—The Secretary shall—

(1) periodically review and update the model programs and materials identified under subsection (a); and

(2) disseminate the updated model programs and materials to the individuals described in subsection (a).

(c) COORDINATION.—The Secretary shall carry out this section in coordination with the Administrator of the Health Resources and Services Administration, and the heads of other relevant agencies under the Department of Health and Human Services.

(d) INITIAL OF CERTAIN ENTITIES.—In identifying, reviewing, or updating the model programs and materials under subsections (a) and (b), the Secretary shall solicit the input of relevant national, State, and local associations; medical societies; licensing boards; providers of mental and substance use disorder treatment; organizations representing the interest of such programs and materials; or (in the case that no such programs or materials exist) recognize private or public entities to develop and disseminate.

(e) FUNDING.—There are authorized to be appropriated to carry out this section—

(1) $4,000,000 for each of fiscal years 2019 and 2020; and

(2) $2,000,000 for each of fiscal years 2021 and 2022.

TITLE XII—MEDICAID MENTAL HEALTH COVERAGE

SEC. 12001. ROLE OF CONSTRUCTION RELATED TO MEDICAID COVERAGE OF MENTAL HEALTH SERVICES AND PRIMARY CARE SERVICES FURNISHED ON A BIPARTISAN BASIS.

Nothing in title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) shall be construed as prohibiting separate payment under the State plan under such an (as defined in section 1396d of the Plan) for the provision of a mental health service or primary care service under such plan, with respect to an individual, because such service is—

(1) a primary care service furnished to the individual by a provider at a facility on the same day a mental health service is furnished to such individual by such provider (or another provider) at the facility;

(2) a mental health service furnished to the individual by a provider at a facility on the same day a primary care service is furnished to such individual by such provider (or another provider) at the facility.

SEC. 12002. STUDY AND REPORT RELATED TO MEDICAID MANAGED CARE REGULATION.

(a) STUDY.—The Secretary of Health and Human Services, acting through the Administrator of the Centers for Medicare & Medicaid Services, shall conduct a study on coverage under the Medicaid program (title XIX of the Social Security Act (42 U.S.C. 1396a et seq.)) of services provided through a Medicaid managed care organization (as defined in section 1396n(b)(1)) or a prepaid inpatient health plan (as defined in section 1396d of title 42, Code of Federal Regulations (or any successor regulation)) with respect to individual, over the age of 21 and under the age of 65 for the treatment of a mental health disorder in institutions for mental diseases (as defined in section 1396n(1) of such Act (42 U.S.C. 1396n(d)));

(b) The study shall include information on the following:

(1) The extent to which States, including the District of Columbia and each territory or possession of the United States, are providing capitated payments to such organizations or plans for enrollees who are receiving services in institutions for mental diseases.

(2) The number of individuals receiving medical assistance under a State plan under such title XIX, or a waiver of such plan, who receive services in institutions for mental diseases.

(3) The range of and average number of months, and the length of stay during such months, that such individuals are receiving such services in such institutions.

(4) How such organizations or plans determine when to provide for the furnishing of such services through an inpatient facility as opposed to other benefits (including the full range of community-based services) under their contract with the State agency administering the State plan under such title XIX, or a waiver of such plan, to address psychiatric or substance use disorder treatment.

(5) The extent to which the provision of services within such institutions has affected the capitated payments for such organizations or plans.

(b) REPORT.—Not later than 3 years after the date of the enactment of this Act, the Secretary shall submit to Congress a report on the study conducted under subsection (a).

SEC. 12003. GUIDANCE ON OPPORTUNITIES FOR INNOVATION.

Not later than 1 year after the date of the enactment of this Act, the Administrator of the Centers for Medicare & Medicaid Services shall issue a guidance to providers and plans to identify opportunities to design innovative service delivery systems, including systems for providing
community-based services, for adults with a serious mental illness or children with a serious emotional disturbance who are receiving medical assistance under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) (or under a waiver of such plan), or (B) those individuals who did not receive treatment in an institution for mental diseases under the demonstration project.

Two (C) those adults with a serious mental illness who did not meet such eligibility requirements and did not receive treatment for such illness in an institution for mental diseases.

SEC. 12005. PROVIDING EPSDT SERVICES TO CHILDREN IN IEMDS.

(a) In General.—Section 1905(a)(16) of the Social Security Act (42 U.S.C. 1396d(a)(16)) is amended—

(i) by striking “effective January 1, 1973” and inserting “(A) effective January 1, 1973”; and

(ii) by inserting before the semicolon at the end of such paragraph the following: “(B) in the case of home health care services—

(a) I N GENERAL.—Section 1903 of the Social Security Act (42 U.S.C. 1396b) is amended by inserting after subsection (b) the following new subsection:

(i) is minimally burdensome;

(ii) the type of service performed;

(iii) the individual providing the service; and

(iv) the time the service begins and ends.

(1) The term ‘electronic visit verification system’ means, with respect to personal care services or home health care services, a system operated by the State that, when used in accordance with such system, provides the opportunity for training on the use of such system.

2. Persons Paragraph (a) shall not apply in the case of a State that, as of the date of the enactment of this subsection, requires the use of such system with respect to the electronic verification of visits conducted as part of personal care services or home health care services, and the State continues to require the use of such system with respect to the electronic verification of visits conducted as part of personal care services or home health care services.

(2) In the case of a State described in subparagraph (B), the reduction under paragraph (1) shall not apply with respect to such visits conducted to—

(i) the type of service performed;

(ii) the individual providing the service; and

(iii) the time the service begins and ends.

(B) By inserting after such paragraph the following:

(i) is minimally burdensome;

(ii) the type of service performed;

(iii) the individual providing the service; and

(iv) the time the service begins and ends.

(C) By inserting after such paragraph the following:

(i) is minimally burdensome;

(ii) the type of service performed;

(iii) the individual providing the service; and

(iv) the time the service begins and ends.

(2) By inserting after such paragraph the following:

(i) is minimally burdensome;

(ii) the type of service performed;

(iii) the individual providing the service; and

(iv) the time the service begins and ends.

(3) By inserting after such paragraph the following:

(i) is minimally burdensome;

(ii) the type of service performed;

(iii) the individual providing the service; and

(iv) the time the service begins and ends.

(4) By inserting after such paragraph the following:

(i) is minimally burdensome;

(ii) the type of service performed;

(iii) the individual providing the service; and

(iv) the time the service begins and ends.

(5) By inserting after such paragraph the following:

(i) is minimally burdensome;

(ii) the type of service performed;

(iii) the individual providing the service; and

(iv) the time the service begins and ends.

(6) By inserting after such paragraph the following:

(i) is minimally burdensome;

(ii) the type of service performed;

(iii) the individual providing the service; and

(iv) the time the service begins and ends.

(7) By inserting after such paragraph the following:

(i) is minimally burdensome;

(ii) the type of service performed;

(iii) the individual providing the service; and

(iv) the time the service begins and ends.

(8) By inserting after such paragraph the following:

(i) is minimally burdensome;

(ii) the type of service performed;

(iii) the individual providing the service; and

(iv) the time the service begins and ends.

(9) By inserting after such paragraph the following:

(i) is minimally burdensome;

(ii) the type of service performed;

(iii) the individual providing the service; and

(iv) the time the service begins and ends.

(10) By inserting after such paragraph the following:

(i) is minimally burdensome;

(ii) the type of service performed;

(iii) the individual providing the service; and

(iv) the time the service begins and ends.

(11) By inserting after such paragraph the following:

(i) is minimally burdensome;

(ii) the type of service performed;

(iii) the individual providing the service; and

(iv) the time the service begins and ends.

(12) By inserting after such paragraph the following:

(i) is minimally burdensome;

(ii) the type of service performed;

(iii) the individual providing the service; and

(iv) the time the service begins and ends.

(13) By inserting after such paragraph the following:

(i) is minimally burdensome;

(ii) the type of service performed;

(iii) the individual providing the service; and

(iv) the time the service begins and ends.

(14) By inserting after such paragraph the following:

(i) is minimally burdensome;

(ii) the type of service performed;

(iii) the individual providing the service; and

(iv) the time the service begins and ends.

(15) By inserting after such paragraph the following:

(i) is minimally burdensome;

(ii) the type of service performed;

(iii) the individual providing the service; and

(iv) the time the service begins and ends.

(16) By inserting after such paragraph the following:

(i) is minimally burdensome;

(ii) the type of service performed;

(iii) the individual providing the service; and

(iv) the time the service begins and ends.

(17) By inserting after such paragraph the following:

(i) is minimally burdensome;

(ii) the type of service performed;

(iii) the individual providing the service; and

(iv) the time the service begins and ends.
to utilize an electronic visit verification system that is not operated by the State or a contractor on behalf of the State.”.

(b) COLLECTION AND DISSEMINATION OF BEST PRACTICES.—On or before May 1, 2016, the Secretary of Health and Human Services shall, with respect to electronic visit verification systems (as defined in subsection (i)(5) of section 1903 of the Social Security Act (42 U.S.C. 1396b), as inserted by subsection (a)), collect and disseminate best practices to State Medicaid Directors with respect to—

(1) Public Health Officials who furnish personal care services, home health care services, or both under the State plan under title XIX of such Act (or under a waiver of the plan) on such systems or require such systems and the prevention of fraud with respect to the provision of personal care services or home health care services (as defined in such subsection (i)(5)); and

(2) the provision of notice and educational materials to family caregivers and beneficiaries with respect to the use of such electronic visit verification systems and other means to prevent such fraud.

(c) RULES OF CONSTRUCTION.—

(1) No employer-employee relationship established by the amendment made by this section may be construed to limit, with respect to personal care services or home health care services (as defined in such subsection (i)(5));

and

(2) the provision of personal care services, home health care services, or both under the plan under title XIX of such Act (or under a waiver of the plan) on such systems or require such systems and the prevention of fraud with respect to the provision of personal care services or home health care services (as defined in such subsection (i)(5)); and

(2) the provision of notice and educational materials to family caregivers and beneficiaries with respect to the use of such electronic visit verification systems and other means to prevent such fraud.

(c) RULES OF CONSTRUCTION.—

(1) No employer-employee relationship established by the amendment made by this section may be construed to limit, with respect to personal care services or home health care services (as defined in such subsection (i)(5));

and

(2) the provision of notice and educational materials to family caregivers and beneficiaries with respect to the use of such electronic visit verification systems and other means to prevent such fraud.

(c) RULES OF CONSTRUCTION.—

(1) No employer-employee relationship established by the amendment made by this section may be construed to limit, with respect to personal care services or home health care services (as defined in such subsection (i)(5));

and

(2) the provision of notice and educational materials to family caregivers and beneficiaries with respect to the use of such electronic visit verification systems and other means to prevent such fraud.

(c) RULES OF CONSTRUCTION.—

(1) No employer-employee relationship established by the amendment made by this section may be construed to limit, with respect to personal care services or home health care services (as defined in such subsection (i)(5));

and

(2) the provision of notice and educational materials to family caregivers and beneficiaries with respect to the use of such electronic visit verification systems and other means to prevent such fraud.

(c) RULES OF CONSTRUCTION.—

(1) No employer-employee relationship established by the amendment made by this section may be construed to limit, with respect to personal care services or home health care services (as defined in such subsection (i)(5));

and

(2) the provision of notice and educational materials to family caregivers and beneficiaries with respect to the use of such electronic visit verification systems and other means to prevent such fraud.
of the Internal Revenue Code of 1986, as applicable,
and any regulations promulgated pursuant to
such respective section, including—
(i) examples of methods of determining appro-
priate treatment limitations with respect to both medical and sur-
gical benefits and mental health and substance use disorder benefits, including nonquantitative treatment limitations.
(ii) medical management standards based on medical necessity or appropriateness, or whether a treatment is experimental or investigational;
(iii) limitations with respect to prescription drug formulary design; and
(iv) use of fail-first or step therapy protocols.
(ii) examples of methods of determining—
(i) network admission standards (such as credentialing);
(ii) factors used in provider reimbursement methodologies (such as service type, geographic market, demand for services, and provider supply, practice size, training, experience, and licensure) as such factors apply to network adequacy.
(iii) examples of sources of information that may serve as evidentiary standards for the purposes of making determinations regarding the development and application of nonquantitative treatment limitations; and
(iv) examples of specific factors, and the evidentiary standards used to evaluate such factors, used by such plans or issuers in performing a nonquantitative treatment limitations analysis.
(v) examples of how specific evidentiary standards may be used to determine whether treatments are considered experimental or investigational;
(vi) examples of how specific evidentiary standards may be applied to each service category or classification of benefits;
(vii) examples of methods of reaching appropriate coverage determinations for new mental health or substance use disorder treatments, such as the use of early intervention programs for individuals with a serious mental illness and types of medical management techniques;
(viii) examples of methods of reaching appropriate coverage determinations for which there is an indirect relationship between the covered mental health or substance use disorder benefit and a traditional covered medical and surgical benefit, such as residential treatment or hospitalizations involving voluntary or involuntary commitment, and good faith voluntary and negotiated contracts.
(2) additional illustrative examples of methods, processes, strategies, evidentiary standards, and other factors for which the Secretary deter-
mines that a group health plan or health insurance issuer offering group or individual health insurance coverage has violated, at least 5 times in the 2726 of the Public Health Service Act (42 U.S.C. 300gg–26), section 712 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1185a), or section 9812 of the Internal Revenue Code of 1986, respectively, the appropriate Secretary shall audit plan docu-
ments for such health plan or issuer in the plan year following the Secretary’s determination in order to help improve compliance with such sec-
tion.
(2) RULE OF CONSTRUCTION.—Nothing in this subsection shall be construed to limit the au-
dority, as in effect on the day before the date of enactment of this Act, of the Secretary of Health and Human Services, the Secretary of Labor, or the Secretary of the Treasury to audit documents of health plans or health insurance issuers.
SEC. 13002. ACTION PLAN FOR ENHANCED EN-
FORCEMENT OF MENTAL HEALTH AND SUB-
STANCE USE DISORDER COVERAGE.
(a) PUBLIC MEETING.—Not later than 6 months after the date of enactment of this Act, the Secretary of Health and Human Services shall convene a public meeting of stakeholders described in paragraph (b) of this section to develop an action plan for improved Federal and State coordination related to the enforcement of section 2726 of the Public Health Service Act (42 U.S.C. 300gg–26), section 712 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1185a), and section 9812 of the Internal Revenue Code of 1986, and any comparable provisions of State law (in this sec-
tion such sections and provisions are collectively referred to as “mental health parity and addic-
tion equity requirements”).
(b) STAKEHOLDERS.—The stakeholders de-
scribed in paragraph (b) shall include each of the fol-
lowing:
(A) The Federal Government, including repre-
sentatives from—
(i) the Department of Health and Human Services;
(ii) the Department of Labor;
(iii) the Department of the Treasury; and
(iv) the Internal Revenue Service;
(B) State governments, including—
(i) State health insurance commissioners;
(ii) appropriate State agencies, including agencies on public health or mental health; and
(iii) State attorneys general or other repre-
sentatives of State entities involved in the en-
forcement of mental health parity and addiction equity requirements.
(C) Representatives from key stakeholder groups, including—
(i) the National Association of Insurance Commissioners; and
(ii) health insurance issuers;
thereafter for the subsequent 5 years, the Assistant Secretary of Labor for the Employee Benefits Security Administration, in collaboration with the Administrator of the Centers for Medicare & Medicaid Services, the Secretary of the Treasury, shall submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate a report summarizing the results of all closed Federal investigations completed during the preceding 12-month period with findings of any serious violation resulting in enforcement actions with mental health and substance use disorder coverage requirements under section 2726 of the Public Health Service Act (42 U.S.C. 300gg-26), section 712 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1185a), and section 912 of the Internal Revenue Code of 1986.

(b) CONTENTS.—Subject to subsection (c), a report under subsection (a) shall, with respect to investigations described in such subsection, include each of the following:

(1) The number of closed Federal investigations conducted during the covered reporting period.
(2) Each benefit classification examined by any such investigation conducted during the covered reporting period.
(3) Each subject matter, including compliance with requirements for quantitative and non-quantitative limitations, of any such investigation conducted during the covered reporting period.
(4) A summary of the basis of the final decision reached for each closed investigation conducted during the covered reporting period that resulted in a finding of a serious violation.

(c) LIMITATION.—Any individually identifiable information shall be excluded from reports under subsection (a) consistent with protections under the health privacy and security rules promulgated under section 264(c) of the Health Insurance Portability and Accountability Act of 1996 (42 U.S.C. 1320d-2 note).

SEC. 13004. GAO STUDY ON PARITY IN MENTAL HEALTH AND SUBSTANCE USE DISORDER BENEFITS.
Not later than 3 years after the date of enactment of this Act, the Comptroller General of the United States, in consultation with the Secretary of Health and Human Services, the Secretary of Labor, and the Secretary of the Treasury, shall submit to the Committee on Energy and Commerce of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate a report detailing the extent to which group health plans or health insurers offering group individual health insurance coverage that provides both medical and surgical benefits and mental health or substance use disorder benefits, managed care organizations with mental health or substance use disorder benefits, including mental and physical health services; and

(4) recommendations for how additional enforcement, education, and coordination activities by responsible Federal and State departments and agencies could better ensure compliance with such sections, including recommendations regarding the need for additional legal authority.

SEC. 13005. INFORMATION AND AWARENESS ON MENTAL HEALTH AND SUBSTANCE USE DISORDERS.

(a) INFORMATION.—The Secretary of Health and Human Services, acting through the Director of the Office on Women’s Health, may—

(1) update information, related fact sheets, and resource lists related to eating disorders that are available on the public Internet website of the National Women’s Health Information Center sponsored by the Office on Women’s Health, to include:

(A) updated findings and current research related to eating disorders, as appropriate; and
(B) information about eating disorders, including information related to males and females;

(2) incorporate, as appropriate, and in coordination with the Secretary of Health and Human Services, information from publicly available resources into appropriate obesity prevention programs developed by the Office on Women’s Health; and
(3) make publicly available (through a public Internet website or other method) information, related fact sheets, and resource lists, as updated under paragraph (1), and the information incorporated into appropriate obesity prevention programs under paragraph (2).

(b) AWARENESS.—The Secretary of Health and Human Services may advance public awareness on—

(1) the types of eating disorders;
(2) the seriousness of eating disorders, including prevalence, comorbidities, and physical and mental health consequences;
(3) methods to identify, intervene, refer for treatment, and prevent behaviors that may lead to the development of eating disorders;
(4) discrimination and bullying based on body size;
(5) the effects of media on self-esteem and body image; and
(6) the signs and symptoms of eating disorders.

SEC. 13006. EDUCATION AND TRAINING ON EATING DISORDERS.
The Secretary of Health and Human Services may facilitate the identification of model programs and materials for educating and training health professionals in effective strategies to—

(1) identify individuals with eating disorders;
(2) provide early intervention services for individual eating disorders;
(3) refer patients with eating disorders for appropriate treatment;
(4) prevent the development of eating disorders; and
(5) provide appropriate treatment services for individuals with eating disorders.

SEC. 13007. CLARIFICATION OF EXISTING PARITY RULES.
If a group health plan or a health insurance issuer offering group or individual health insurance coverage provides coverage for eating disorder benefits, including residential treatment, such group health plan or health insurance issuer shall provide such benefits consistent with the requirements of section 2726 of the Public Health Service Act (42 U.S.C. 300gg-26), section 712 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1185a), and section 912 of the Internal Revenue Code of 1986.

TITLE XIV—MENTAL HEALTH AND SAFE COMMUNITIES

Subtitle A—Mental Health and Safe Communities

SEC. 14001. LAW ENFORCEMENT GRANTS FOR CRISIS INTERVENTION TEAMS, MENTAL HEALTH PROFESSIONALS, AND COMMUNITY LAW ENFORCEMENT OFFICERS.
(a) EDWARD BYRNE MEMORIAL JUSTICE ASSISTANCE GRANT PROGRAM.—Section 501(a)(1) of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 375(a)(1)) is amended by adding at the end the following:

(19) to establish collaborative programs that enhance the ability of law enforcement agencies to address the mental health, behavioral, and substance abuse problems of individuals encountered by law enforcement officers in the line of duty;
(20) to provide specialized training to correctional officers to—
(A) recognize individuals who have a mental illness; and
(B) properly interact with individuals who have a mental illness, including strategies for verbal de-escalation of crises; and
(21) to enhance the ability of correctional officers to address the mental health of individuals who are housed in correctional facilities, including specialized training and strategies for verbal de-escalation of crises; and
(22) to provide targeted and specialized training for law enforcement officers to—
(A) recognize individuals who have a mental illness; and
(B) properly interact with individuals who have a mental illness, including strategies for verbal de-escalation of crises; and
(23) in paragraph (22), as redesignated, by striking “through (17)” and inserting “through (21)”.

(b) MODIFICATIONS TO THE STAFFING FOR ADQ- UATE FIRE AND EMERGENCY RESPONSE GRANTS.—Section 34(a)(1)(B) of the Federal Fire Prevention and Control Act of 1974 (15 U.S.C. 2229a(a)(1)(B)) is amended by inserting before the period at the end the following: “and to provide specialized training to paramedics, emergency medical services workers, and other first responders to recognize individuals who have mental illness and how to properly intervene with individuals with mental illness, including strategies for verbal de-escalation of crises”.

SEC. 14002. ASSISTED OUTPATIENT TREATMENT PROGRAMS.
(a) IN GENERAL.—Section 2201 of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3766i) is amended in paragraph (3) by striking “through (17)” and inserting the following: “, or court-ordered assisted outpatient treatment when the court has determined such treatment to be necessary”.
(b) DEFINITIONS.—Section 2202 of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3766i–1) is amended—
(1) in paragraph (1), by striking “and” at the end;
(2) in paragraph (2), by striking the period at the end and inserting a semicolon; and
(3) by adding at the end the following: “, or court-ordered ‘assisted outpatient treatment’ means a program through which a court may order a treatment plan for an eligible patient that—
(A) requires such patient to obtain outpatient mental health treatment while the patient is not currently residing in a correctional facility or other patient treatment facility;
(B) is designed to improve access and adherence by such patient to intensive behavioral health services in order to prevent relapse, repeated hospitalizations, arrest, incarceration, suicide, property destruction, and violent behavior; and
(ii) provide such patient with the opportunities to obtain alternative to incarceration or involuntary hospitalization; and
“(4) the term ‘eligible offender’ means a person who—
(A)(i) previously or currently has been diagnosed by a qualified mental health professional as having a mental illness, mental retardation, or co-occurring mental illness and substance abuse disorders; or
(ii) manifests obvious signs of mental illness, mental retardation, or co-occurring mental illness and substance abuse disorders during arrest or confinement or before any court;
(B) comes into contact with the criminal justice system or is arrested or charged with an offense that is not—
(i) a crime of violence, as defined under applicable State law or in section 1643 of title 18, United States Code; or
(ii) a serious drug offense, as defined in section 924(c)(2)(A) of title 18, United States Code; and
(C) is determined by a judge to be eligible; and
(2) the term ‘mental illness’ means a diagnosable mental, behavioral, or emotional disorder—
(A) of sufficient duration to meet diagnostic criteria within the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association; and
(B) that has resulted in functional impairment that substantially interferes with or limits 1 or more major life activities.
(b) ESTABLISHMENT OF PROGRAM.—Not later than 1 year after the date of enactment of this Act, the Attorney General shall establish a pilot program to determine the effectiveness of diverting eligible offenders from Federal prosecution, Federal probation, or a Bureau of Prisons facility, and placing such eligible offenders in drug or mental health courts.
(c) PROGRAM SPECIFICATIONS.—The pilot program established under subsection (b) shall involve—
(1) continuing judicial supervision, including periodic review, of program participants who have substance abuse or mental illness; and
(2) the integrated administration of services and sanctions, which shall include—
(A) mandatory periodic testing, as appropriate, for the use of controlled substances or other addictive substances during any period of supervised release or probation for each program participant;
(B) substance abuse treatment for each program participant who requires such services;
(C) diversion, probation, or other supervised release or prosecution, including the possibility of prosecution, confinement, or incarceration based on noncompliance with program requirements or failure to show satisfactory progress toward completing programs.
(d) Programmatic offender management, including case management, and aftercare services, such as relapse prevention, health care, education, vocational training, job placement, housing placement, and child care or other family support services for each program participant who requires such services;
(E) outpatient or inpatient mental health treatment, as ordered by the court, that carries with it the possibility of dismissal of charges or reduced sentencing upon successful completion of such treatment;
(F) centralized case management, including—
(i) the consolidation of all cases, including violations of probation, of the program participants; and
(ii) coordination of all mental health treatment services, including life skills and vocational training, housing and job placement, education, health care, and relapse prevention for each program participant who requires such services;
(G) continuing supervision of treatment plan compliance by the program participant for a term not to exceed the maximum allowable sentence or probation period for the charged or relevant offense and, to the extent practicable, continuity of psychiatric care at the end of the supervised period.
(d) IMPLEMENTATION; DURATION.—The pilot program established under subsection (b) shall be conducted—
(1) in not less than 1 United States judicial district, designated by the Attorney General in consultation with the Director of the Administrative Office of the United States Courts, as appropriate for the pilot program; and
(2) for 3 years, during fiscal year 2017 through fiscal year 2020.
(e) CRITERIA FOR DESIGNATION.—Before making a designation under subsection (d)(1), the Attorney General shall—
(1) obtain the approval, in writing, of the United States Attorney for the United States judicial district to be designated for such purposes; and
(2) determine that the United States judicial district being designated has adequate behavioral health systems for treatment, including substance abuse and mental health treatment.
(f) ASSISTANCE FROM OTHER FEDERAL ENTITIES.—The Administrative Office of the United States Courts and the United States Probation Offices shall provide such assistance and carry out such functions as the Attorney General may request in monitoring, supervising, providing services to, and evaluating eligible offenders placed in a drug or mental health court under this section.
(g) REPORTS.—The Attorney General, in consultation with the Director of the Administrative Office of the United States Courts, shall report to the Secretary of Justice on the status of the drug and mental health courts under this section, and shall submit a report to Congress on the outcomes of the program at the end of the period described in subsection (d)(2).
SEC. 14004. MENTAL HEALTH IN THE JUDICIAL SYSTEM.
Part V of title I of the Omnibus Crime Control and Safe Streets Act (18 U.S.C. 3796i–1 et seq.) is amended by inserting at the end the following:
“SEC. 2209. MENTAL HEALTH RESPONSES IN THE JUDICIAL SYSTEM.
“(a) PRERIAL SCREENING AND SUPERVISION.—
“(1) IN GENERAL.—The Attorney General may award grants to States, units of local government, territories, Indian Tribes, nonprofit agencies, or any combination thereof, to develop, implement, or expand prertrial services programs to improve the identification and outcomes of individuals with mental health needs.
“(2) ALLOWABLE USES.—Grants awarded under this subsection may be used for—
(A) behavioral health needs and risk screening and evaluation of such information, such as the collection and analysis of information, mental health evaluation, and criminal history screening;
(B) assessment of risk of pretrial misconduct through objective, statistically validated means, and presentation to the court of recommendations based on such assessment, including sentencing strategies, that will reduce the risk of pretrial misconduct;
(C) followup review of defendants unable to meet the conditions of pretrial release;
(D) evaluation of process and results of pretrial services programs;
(E) supervision of defendants who are on pretrial release, including reminders to defendants of scheduled court dates;
(F) reporting on process and results of pretrial services programs to relevant public and private mental health stakeholders; and
(G) data collection and analysis necessary to make available information required for assessment of risk.
(b) BEHAVIORAL HEALTH ASSESSMENTS AND INTERVENTION.—
“(1) IN GENERAL.—The Attorney General may award grants to States, units of local government, territories, Indian Tribes, nonprofit agencies, or any combination thereof, to develop, implement, or expand a behavioral health screening program for State or local criminal justice systems.
“(2) ALLOWABLE USES.—Grants awarded under this subsection may be used for—
(A) promotion of the use of validated assessment tools to gauge the criminogenic risk, substance abuse needs, and mental health needs of individuals;
(B) initiatives to match the risk factors and needs of individuals to programs and practices associated with research-based, positive outcomes.
(C) implementing methods for identifying and treating individuals who are most likely to benefit from coordinated supervision and treatment strategies, and identifying individuals who can do well with fewer interventions; and
(D) collaborative decision-making among the heads of criminal justice agencies, mental health systems, judicial systems, substance abuse systems, and other relevant systems or agencies for determining how treatment and intensive supervision services should be allocated in order to maximize benefits, and developing and utilizing capacity accordingly.
“(3) USE OF GRANT FUNDS.—A State, unit of local government, territory, Indian Tribe, or nonprofit agency that receives a grant under this section shall, in accordance with subsection (b)(2), use grant funds for the expenses of a treatment program, including the salaries of individuals who can do well with fewer interventions; and
“(4) SUPPLEMENT OF NON-FEDERAL FUNDS.—
“(1) IN GENERAL.—Grants awarded under this section shall be used to supplement, and not supplant, non-Federal funds that would otherwise be available for programs described in this section.
“(2) FEDERAL SHARE.—The Federal share of a grant made under this section may not exceed 50 percent of the total costs of the program described in an application under subsection (e).
“(3) INTERESTS.—The Federal share of a grant made under this section, a State, unit of local government, territory, Indian Tribe, or nonprofit agency shall submit an application to the Attorney General for such programs; and in the event of noncompliance with such program requirements or failure to show satisfactory progress toward completing programs, such Federal share may be reduced or withheld if such noncompliance with such program requirements or failure to show satisfactory progress toward completing programs continues for 120 days.
uses the procedures prescribed in regulations to that is awarded a grant under this section and shall include an evaluation in such form and containing such information as the Attorney General may reasonably require. The Attorney General shall specify the dates on which such reports shall be made.

(b) ACCOUNTABILITY.—Grants awarded under this section shall be subject to the following accountability provisions:

(1) AUDIT REQUIREMENT.—

(A) DEFINITION.—In this paragraph, the term ‘unresolved audit finding’ means a finding in the final audit report of the Inspector General of the Department of Justice under subparagraph (C) that the audited grantee has used grant funds for an unauthorized expenditure or otherwise unallowable cost that is not closed or resolved within 1 year after the date on which final audit report is issued.

(B) AUDITS.—Beginning in the first fiscal year beginning after the date of enactment of this section, the 2 fiscal years thereafter, the Inspector General of the Department of Justice shall conduct audits of grantees under this section to prevent waste, fraud, and abuse of funds by grantees. The Inspector General shall determine the appropriate number of grantees to be audited each year.

(C) INITIAL AUDIT REPORT.—The Inspector General of the Department of Justice shall submit to the Attorney General a final report on each audit conducted under subparagraph (B).

(D) MANDATORY EXCLUSION.—Grantees under this section about which there is an unresolved audit finding shall not be eligible to receive a grant under this section during the 2 fiscal years following the 1-year period described in subparagraph (A).

(E) PRIORITY.—In making grants under this section, the Attorney General shall give priority to grantees that have resolved an unresolved audit finding during the 3 fiscal years before submitting an application for a grant under this section.

(F) REMINDER.—If an entity receives a grant under this section during the 2-fiscal-year period during which the entity is prohibited from receiving grants under subparagraph (D), the Attorney General shall—

(i) deposit an amount equal to the amount of the grant that was improperly awarded to the grantee into the General Fund of the Treasury; and

(ii) seek to recoup the costs of the repayment under clause (i) from the grantee that was improperly awarded grant funds.

(2) NONPROFIT AGENCY REQUIREMENTS.—

(A) DEFINITION.—For purposes of this paragraph and the grant program under this section, the term ‘nonprofit agency’ means an organization that is described in section 501(c)(3) of the Internal Revenue Code of 1986 (26 U.S.C. 501(c)(3)) and is exempt from taxation under section 501(a) of the Internal Revenue Code of 1986 (26 U.S.C. 501(a)).

(B) PROHIBITION.—The Attorney General shall not authorize a grant under this section to a nonprofit agency that is organized in whole or in part for the purpose of avoiding paying the tax described in section 511(a) of the Internal Revenue Code of 1986 (26 U.S.C. 511(a)).

(C) ACCOUNTABILITY.—The Attorney General shall ensure that, to the extent involved in reviewing and approving such commodities, the comparability data used, and contempt of the deliberation and decision. Upon request, the Attorney General shall make the information disclosed under this subparagraph available for public inspection.

(2) CONFERENCE EXPENDITURES.—

(A) LIMITATION.—Not more than $20,000 of the amounts made available to the Department of Justice under section 3797u–8(a) may be used by the Attorney General, or by any individual or entity awarded a grant under this section to host, or make any expenditures relating to, a conference unless the Deputy Attorney General provides prior written authorization that the funds may be expended to host the conference or make such expenditure.

(B) WRITTEN APPROVAL.—Written approval under subparagraph (A) shall include a written estimate of all costs associated with the conference, including the cost of all food, beverages, audio-visual equipment, honoraria for speakers, and entertainment.

(C) REPORT.—The Deputy Attorney General shall submit to the Committee on Appropriations of the Senate and the Committee on the Judiciary of the House of Representatives on all conference expenditures approved under this subparagraph.

(4) ANNUAL CERTIFICATION.—Beginning in the first fiscal year beginning after the date of enactment of this subsection, the Attorney General shall submit to the committee on Appropriations of the Senate and the Committee on the Judiciary and the Committee on Appropriations of the House of Representatives an annual certification—

(A) indicating whether—

(i) all final audit reports issued by the Office of the Inspector General under paragraph (1) have been completed and reviewed by the appropriate Assistant Attorney General or Director; (ii) all mandatory exclusions required under paragraph (1)(D) have been issued; and (iii) any reimbursements required under paragraph (1)(F) have been made; and

(B) that includes a list of any grantees excluded under paragraph (1)(D) from the previous year.

(i) PREVENTING DUPLICATE GRANTS.—

(1) IN GENERAL.—Before the Attorney General makes a grant to an applicant under this section, the Attorney General shall compare the possible grant with any other grant awarded to the applicant under this Act to determine whether the grants are for the same purpose.

(2) REPORT.—If the Attorney General awards multiple grants to the same applicant for the same purpose, the Attorney General shall submit to the Committee on Appropriations of the Senate and the Committee on the Judiciary of the House of Representatives a report that includes—

(A) a list of all duplicate grants awarded, including the total dollar amount of any such grants awarded; and

(B) the grantee that the Attorney General awarded the duplicate grants.

SEC. 14005. FORENSIC ASSERTIVE COMMUNITY TREATMENT INITIATIVES.

Section 2959 of title II of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3797u–8(a)) is amended—

(1) in paragraph (5), by striking ‘‘and’’ at the end; and

(2) in subsection (j), by inserting ‘‘including training for drug court personnel and officials on identifying and addressing co-occurring substance abuse and mental health problems’’ after ‘‘part’’.

SEC. 14006. CO-OCCURRING SUBSTANCE ABUSE AND MENTAL HEALTH CHALLENGES IN DRUG COURTS.


(1) in section 2955(a)(1), by striking ‘‘and’’; and

(2) in section 2955(a)(2), by inserting ‘‘, including training for drug court personnel and officials on identifying and addressing co-occurring substance abuse and mental health problems’’ after ‘‘problems’’.

SEC. 14008. MENTAL HEALTH TRAINING FOR FEDERALLY UNIFORMED SERVICES.

(a) IN GENERAL.—Beginning not later than the date of enactment of this Act, the Secretary of Defense, the Secretary of Homeland

...
SEC. 14009. ADVANCING MENTAL HEALTH AS PART OF OFFENDER REENTRY.

(a) REENTRY PROJECTIONS.—Section 122(b) of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3796d(a)(1)) is amended by inserting “mental illness and substance abuse disorders,” before “drug treatment”;

(b) MENTORING GRANTS.—Section 211(b)(2) of the Second Chance Act of 2007 (42 U.S.C. 13971(a)(2)) is amended by inserting “mental health care” after “community.”

SEC. 14100. SCHOOL MENTAL HEALTH CRISIS INTERVENTION TEAMS.

Section 270(b)(1) of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3796a(b)) is amended—

(1) by redesignating paragraphs (4) and (5) as paragraphs (3) and (4), respectively; and

(2) by inserting after paragraph (3) the following:

“(4) The development and operation of crisis intervention teams that may include coordination with law enforcement agencies and specialized training for school officials in responding to mental health crises.”

SEC. 14011. ACTIVE-SHOOTER TRAINING FOR LAW ENFORCEMENT.

The Attorney General, as part of the Preventing Violence Against Law Enforcement and Evading Officer Resilience and Survivability Initiative (VALOR) of the Department of Justice, may provide safety training and technical assistance to local law enforcement agencies, including active shooter and response training.

SEC. 14012. CO-OCCURRING SUBSTANCE ABUSE AND MENTAL HEALTH CHALLENGES IN RESIDENTIAL SUBSTANCE ABUSE TREATMENT PROGRAMS.

Section 1901(a) of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3796f(a)(1)) is amended by inserting “drug treatment,” before “drug treatment practices that will be utilized; and;”

SEC. 14013. MENTAL HEALTH AND DRUG TREATMENT ALTERNATIVES TO INCARCERATION PROGRAMS.

Title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3711 et seq.) is amended by striking part CC and inserting the following:

“PART C.—MENTAL HEALTH AND DRUG TREATMENT ALTERNATIVES TO INCARCERATION PROGRAMS

SEC. 2901. MENTAL HEALTH AND DRUG TREATMENT ALTERNATIVES TO INCARCERATION PROGRAMS.

(a) DEFINITIONS.—In this section—

(1) the term ‘eligible entity’ means a State, unit of local government, Indian tribe, or nonprofit organization; and

(2) the term ‘eligible participant’ means an individual who—

(A) comes into contact with the criminal justice system or is arrested or charged with an offense that is not—

(i) a crime of violence, as defined under applicable State law or under section 1356 of title 18, United States Code; or

(ii) a serious drug offense, as defined in section 924(e)(2)(A) of title 18, United States Code;

(B) has a history of, or a current—

(i) substance use disorder; or

(ii) mental illness; or

(C) has been approved for participation in a program funded under this section by the relevant law enforcement agency, prosecuting attorney, defense attorney, defense counsel, corrections official, judge, representative of a mental health agency, or representative of a substance abuse agency, as required by law.

(b) PROGRAM AUTHORIZED.—The Attorney General may make grants to eligible entities to develop, implement, or expand a treatment alternative to incarceration program for eligible participants, including—

(1) prebooking treatment alternative to incarceration programs, including—

(A) law enforcement training on substance use disorders, mental illness, and co-occurring mental illness and substance use disorders;

(B) receiving centers as alternatives to incarceration of eligible participants;

(C) specialized response units for calls related to substance use disorders, mental illness, or co-occurring mental illness and substance use disorders; and

(D) other arrest and prebooking treatment alternatives to incarceration models; or

(2) postbooking treatment alternative to incarceration programs, including—

(A) specialized clinical case management;

(B) pretrial services related to substance use disorders, mental illness, and co-occurring mental illness and substance use disorders;

(C) prosecutor and defender based programs;

(D) specialized probation;

(E) treatment and rehabilitation programs; and

(F) problem-solving courts, including mental health courts, drug courts, co-occurring mental health and substance abuse courts, DWI courts, and veterans treatment courts.

(c) APPLICATION.—

(1) IN GENERAL.—An eligible entity desiring a grant under this section shall submit an application to the Attorney General that—

(A) that meets the criteria under paragraph (2); and

(B) is act such time, in such manner, and accompanied by such information as the Attorney General may require.

(2) CRITERIA.—An eligible entity, in submitting an application, shall—

(A) demonstrate to the satisfaction of the Attorney General that—

(i) the terms and conditions of participation in the program by eligible participants, including incarceration, imposing collateral consequences of an arrest, prosecution, or criminal conviction.

(ii) the facility of a treatment provider or other appropriately licensed substance abuse agency, as required by law.

(iii) the contact information of each eligible participant

(iv) for programs described in subsection (b)(2), organize an enforcement unit comprised of appropriately trained law enforcement professionals under the supervision of the State, Tribal, or local criminal justice agency involved, the duties of which shall be—

(A) the verification of addresses and other contact information of each eligible participant who participates or desires to participate in the program; and

(B) if necessary, the location, apprehension, arrest, and return to custody of an eligible participant who is removed from the facility of a treatment provider or has otherwise significantly violated the terms and conditions of the program, consistent with Federal and State confidentiality requirements;

(C) notify the relevant criminal justice entity if any eligible participant in the program abandons the substance abuse treatment or other measured outcomes from participation in the program in each eligible participant in the program to the relevant State, Tribal, or local criminal justice agency; including mental health courts, drug courts, co-occurring mental health and substance abuse courts, DWI courts, and veterans treatment courts;

(D) describe the evidence-based methodology and outcome measurements that will be used to evaluate the program, and specifically explain how such measurements will provide valid measures of the impact of the treatment program, consistent with Federal and State confidentiality requirements;

(3) A program, that is not—

(A) a program which has been approved for participation in a program funded under this section by the relevant law enforcement agency, prosecuting attorney, defense attorney, defense counsel, corrections official, judge, representative of a mental health agency, or representative of a substance abuse agency, as required by law.

(B) a program that is not—

(i) co-occurring substance abuse and mental illness; and

(ii) a program that is not—

(B) make grants only to States or Tribal jurisdictions.

(C) demonstrate to the Attorney General that—

(ii) a program that is not—

(i) the appropriate treatment for eligible individuals who—

(A) come into contact with the criminal justice system or are arrested or charged with an offense that is not—

(i) a crime of violence, as defined under applicable State law or under section 1356 of title 18, United States Code;

(ii) a serious drug offense, as defined in section 924(e)(2)(A) of title 18, United States Code;

(B) has a history of, or a current—

(i) substance use disorder; or

(ii) mental illness; or

(C) has been approved for participation in a program funded under this section by the relevant law enforcement agency, prosecuting attorney, defense attorney, defense counsel, corrections official, judge, representative of a mental health agency, or representative of a substance abuse agency, as required by law.

(i) substance abuse agency and other costs directly related to the operation of the program, including the enforcement unit; and

(ii) payments for treatment providers that are approved by the relevant State or Tribal jurisdiction and licensed, if necessary, to provide needed treatment to eligible offenders participating in the program, including aftercare support, vocational training, education, and job placement; and

(3) payments to public and nonprofit private entities that are approved by the relevant State or Tribal jurisdiction and licensed, if necessary, to provide alcohol and drug addiction treatment to eligible offenders participating in the program.

(SUPPLEMENTARY NOTE) An eligible entity shall use Federal funds received under this section only to supplement the funds that would, in the absence of those Federal funds, be available from other Federal, State, Tribal, or non-Federal sources for the activities described in this section, and not to supplant those funds. The Federal share of the amount made available under subsection (d) shall be—

"(B) demonstrate consultation with the Single Authority for Substance Abuse of the State (as that term is defined in section 201(e) of the Second Chance Act of 2007);"
(g) GEOGRAPHIC DISTRIBUTION.—The Attorney General shall ensure that, to the extent practicable, the geographical distribution of grants under this section is equitable and includes—

(1) each State;
(2) rural, suburban, and urban areas; and
(3) all but rural areas.

(h) REPORTS AND EVALUATIONS.—Each fiscal year, each recipient of a grant under this section during that fiscal year shall submit to the Attorney General a report on the outcomes of activities carried out using that grant in such form, containing such information, and on such dates as the Attorney General shall specify.

(i) All grants awarded by the Attorney General under this section shall be subject to the following accountability provisions:

(A) AUDIT REQUIREMENT.—

(1) DEFINITION.—In this paragraph, the term ‘unresolved audit finding’ means a finding in the final audit report of the Inspector General of the Department of Justice that the audited grantee has utilized grant funds for an unauthorized expenditure or otherwise unallowable cost that is not closed or resolved within 12 months of the date on which the final audit report is issued.

(2) AUDITS.—Beginning in the first fiscal year beginning after the date of enactment of this subsection, each fiscal year beginning after the enactment of this subsection, the Inspector General of the Department of Justice shall conduct audits of recipients of grants awarded to nonprofit organizations under this section, to host or support any expenditure of funds made available by the Department of Justice, unless the head of the relevant agency or department writing the authority for the grant funds to be expended to host the conference.

(B) WRITTEN APPROVAL.—Written approval under subparagraph (A) shall include a written estimate of all costs associated with the conference, including the cost of all food, beverages, audio-visual equipment, honoraria for speakers, and entertainment.

(C) REPORT.—The Deputy Attorney General shall submit an annual report to the Committee on the Judiciary of the House of Representatives on all conferences approved under this paragraph.

(D) ANNOUNCEMENT.—Beginning in the first fiscal year beginning after the date of enactment of this subsection, the Attorney General shall submit, to the Committee on the Judiciary of the House of Representatives, an Appropriation Bill for the Senate and the Committee on the Judiciary of the House of Representatives, an annual certification—

(1) indicating whether—

(i) all audits issued by the Office of the Inspector General under paragraph (1) have been completed and reported to the appropriate Assistant Attorney General or Director;

(ii) all mandatory exclusions required under paragraph (1)(C) have been issued; and

(iii) all reimbursements required under paragraph (3)(E) have been made; and

(B) that includes a list of any grant recipients excluded under paragraph (1) from the previous year.

(5) PREVENTING DUPLICATIVE GRANTS.—

(A) IN GENERAL.—Before the Attorney General awards grants under paragraph (3) of this section, the Attorney General shall compare potential grant awards with other grants awarded under this Act to determine if duplicate grant awards are warranted.

(B) REPORT.—If the Attorney General awards duplicate grants to the same applicant for the same purpose the Attorney General shall submit to the Committee on the Judiciary of the Senate and the Committee on the Judiciary of the House of Representatives a report that includes—

(i) a list of all duplicate grants awarded, including the total dollar amount of any duplicate grants awarded; and

(ii) the reason the Attorney General awarded the duplicate grants.

SEC. 14014. NATIONAL CRIMINAL JUSTICE AND MENTAL HEALTH TRAINING AND TECHNICAL ASSISTANCE.

The Attorney General may make grants to eligible organizations to provide for the establishment of a National Criminal Justice and Mental Health Training and Technical Assistance Center to—

(a) Fund grants to eligible entities in—

(1) the provision of training for law enforcement, corrections, mental health professionals, and emergency response providers, and dispatch protocols and triage capabilities, including the establishment of learning sites;

(2) develop suicide prevention and crisis intervention training for criminal justice agencies;

(3) develop a receiving center system and provide training to personnel that provide first response, for a jurisdiction, a single point of entry into the mental health and substance abuse system for assessments and appropriate placement of individuals experiencing a crisis;

(4) disseminate information to States, units of local government, criminal justice agencies, law enforcement agencies, and other relevant entities about best practices, policy standards, and research findings relating to the provision of mental health services and treatment of individuals with mental illness.

(b) Nongovernmental organizations involved in the provision of mental health services, and Federal, State, and local agencies involved in the provision of mental health services, and nongovernmental organizations involved in the provision of mental health services.

(c) Federal, State, and local agencies involved in the provision of mental health services, and nongovernmental organizations involved in the provision of mental health services.

(d) FAMILIES.—Grants awarded under this section shall be subject to the following accountability provisions:

(A) AUDIT REQUIREMENT.—

(1) DEFINITION.—In this paragraph, the term ‘unresolved audit finding’ means a finding in the final audit report of the Inspector General of the Department of Justice under subparagraph (C) that the audited grantee has used grant funds for an unauthorized expenditure or otherwise unallowable cost that is not closed or resolved within 1 year after the date on which the final audit report is issued.
“(B) AUDITS.—Beginning in the first fiscal year beginning after the date of enactment of this section, and in each fiscal year thereafter, the Inspector General of the Department of Justice shall conduct audits of grantees under this section to prevent waste, fraud, and abuse of funds by grantees. The Inspector General shall determine the appropriate number of grantees to be audited under subsection (B).

“(C) FINAL AUDIT REPORT.—The Inspector General of the Department of Justice shall submit a final report on each audit conducted under subparagraph (B).

“(D) MANDATORY EXCLUSION.—Grantees under this section about which there is an unresolved audit finding shall not be eligible to receive a grant under this section during the 2 fiscal years beginning after the end of the 1-year period ending on the date of the final audit report required under paragraph (A).

“(E) PRIORITY.—In making grants under this section, the Attorney General shall give priority to applicants that did not have an unresolved audit finding during the 3 fiscal years before submitting an application for a grant under this section.

“(F) REIMBURSEMENT.—If an entity receives a grant under this section during the 2 fiscal years after the date on which the entity was subjected to an audit under paragraph (A), the Attorney General shall—

“(i) deposit an amount equal to the amount of the grant that was improperly awarded to the entity into a general fund of the Treasury; and

“(ii) seek to recoup the costs of the repayment under clause (i) from the entity that was erroneously awarded a grant.

“(G) ADMINISTRATIVE REQUIREMENTS.—

“(A) DEFINITION.—For purposes of this paragraph and the program under this section, the term ‘ineligible entity’ means an organization that is described in section 501(c)(3) of the Internal Revenue Code of 1986 (26 U.S.C. 501(c)(3)) and is exempt from taxation under section 501(a) of the Internal Revenue Code of 1986 (26 U.S.C. 501(a)).

“(B) PROHIBITION.—The Attorney General may not award a grant under this section to a nonprofit agency that holds money in an offshore account for the purpose of avoiding paying the tax described in section 511(a) of the Internal Revenue Code of 1986 (26 U.S.C. 511(a)).

“(C) NONELIGIBILITY.—

“(i) An entity that is awarded a grant under this section and uses the procedures prescribed in regulations to create a presumption of ineligibility for the compensation of its officers, directors, trustees, and key employees, shall disclose to the Attorney General, in the application for the grant, that the entity determined that the presumption applies to the independent persons involved in reviewing and approving such compensation, the comparability data used, and contemporaneous substantiation of the deliberation and decision. Upon request, the Attorney General shall make the information disclosed under this subparagraph available for public inspection.

“(ii) CONFERENCE EXPENSES.—

“(A) LIMITATION.—No amounts made available to the Department of Justice under this section may be used for the purpose of paying the travel expenses of the Attorney General, or by any individual or entity awarded discretionary funds under a cooperative agreement under this section, to host or support any expenditure for conferences that uses more than $20,000 in funds made available by the Department of Justice, unless the head of the relevant agency or department, provides prior written authorization to use the funds made available for the conference.

“(B) WRITTEN APPROVAL.—Written approval under clause (A) shall include a written estimate of all costs associated with the conference, including the cost of all food, beverages, audio-visual equipment, honoraria for speakers, and any other costs.

“(C) REPORT.—The Deputy Attorney General shall submit an annual report to the Committee on the Judiciary of the Senate and the Committee on the Judiciary of the House of Representatives on all conference expenditures approved under this paragraph.

“(4) ANNUAL CERTIFICATION.—Beginning in the first fiscal year beginning after the date of enactment of this subsection, the Attorney General shall submit to the Committee on the Judiciary of the Senate and the Committee on Appropriations of the House of Representatives an annual certification—

“(A) indicating that—

“(i) all final audit reports issued by the Office of the Inspector General under paragraph (1) have been performed and reviewed by the appropriate Assistant Attorney General or Director; and

“(ii) all mandatory exclusions required under paragraph (1)(D) have been issued; and

“(B) that includes a list of any grantees excluded under paragraph (1)(F) have been made; and

“(a) In general.—Chapter 55 of title 38, United States Code, is amended by inserting after section 5501 the following new section:

“§ 5501A. Beneficiaries’ rights in mental competency determinations

“(a) In general.—The Secretary may not make an adverse determination concerning the mental competency of a beneficiary to manage monetary benefits paid to or for the beneficiary by the Secretary under this title unless such beneficiary has been provided all of the following, subject to the procedures timelines provided by the Secretary for determinations of incompetency:

“(1) Notice of the proposed adverse determination and the supporting evidence.

“(2) An opportunity to request a hearing.

“(3) An opportunity to present evidence, including an opinion from a medical professional or other person, on the capacity of the beneficiary to manage monetary benefits paid to or for the beneficiary by the Secretary under this title.

“(b) An opportunity to be represented at no expense to the Government (including by counsel) at any such hearing and to bring a medical professional or other person to provide relevant testimony at any such hearing.

“(c) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter 55 is amended by inserting after the item relating to section 5501 the following new item:

“§ 5501A. Beneficiaries’ rights in mental competency determinations.”

“(c) EFFECTIVE DATE.—Section 5501A of title 38, United States Code, as amended by subsection (a), shall apply to determinations made by the Secretary of Veterans Affairs on or after the date of the enactment of this Act.

“SEC. 14018. REAUTHORIZATION OF APPROPRIATIONS.

“Subsection (a) of section 2991 of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3797aa), as redesignated by section 14006, is amended by—

“(1) in paragraph (1)(C), by striking ‘2009 through 2014’ and inserting ‘2017 through 2021’; and

“(2) by adding at the end the following:

“(v) LIMITATION.—Not more than 20 percent of the funds authorized to be appropriated under this section may be used for purposes described in paragraph (2).

“Subtitle B—Comprehensive Justice and Mental Health

“SEC. 14021. SEQUENTIAL INTERCEPT MODEL

“Section 2991 of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3797aa), as amended by section 14005, is amended by inserting after section (j), the following:

“(k) SEQUENTIAL INTERCEPT GRANTS.—In this subsection, the term ‘eligible entity’ means a State, unit of local government, Indian tribe, or tribal organization.

“(l) AUTHORIZATION.—The Attorney General may make grants under this section to an eligible entity for sequential intercept mapping and implementation in accordance with paragraph (3).

“(m) SEQUENTIAL INTERCEPT MAPPING; IMPLEMENTATION.—An eligible entity that receives a grant under this subsection may use funds for—

“(A) sequential intercept mapping, which—

“(i) shall consist of—

“(I) convening mental health and criminal justice stakeholders to—

“(aa) develop a shared understanding of the public health and justice-involved individuals with mental illnesses through the criminal justice system; and

“on DSK4SPTVN1PROD with HOUSE
“(II) developing strategies to address gaps in services that bring innovative and effective programs to scale on multiple intercepts, including—

(aa) emergency and crisis services;

(bb) crisis services that reduce risk to self and others;

(cc) court hearings and disposition alternatives;

(dd) reentry from jails and prisons; and

(ee) community supervision, treatment, and support services; and

(ii) may serve as a starting point for the development of programs to achieve positive public health and safety outcomes; and

(B) implementation, which shall—

(i) be derived from the strategic plans described in paragraph (A)(ii); and

(ii) consist of—

(I) hiring and training personnel;

(II) identifying the eligible entity’s target population;

(III) providing services and supports to reduce unnecessary penetration into the criminal justice system;

(IV) reducing recidivism;

(V) evaluating the impact of the eligible entity’s approach; and

(VI) selecting for the sustainability of effective interventions.”.

SEC. 14022. PRISON AND JAILS.

Section 2991 of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3797aa) is amended by inserting after subsection (b), as added by section 14021, the following:

(1) CORRECTIONAL FACILITIES.—

(I) DEFINITIONS.—

(A) CORRECTIONAL FACILITY.—The term ‘correctional facility’ means a jail, prison, or other detention facility used to house people who have been arrested, held for, or convicted by a criminal justice agency or a court.

(B) ELIGIBLE INMATE.—The term ‘eligible inmate’ means an individual who—

(i) is being held, detained, or incarcerated in a correctional facility; and

(ii) manifests obvious signs of a mental illness or has been diagnosed by a qualified mental health professional as having a mental illness.

(2) CORRECTIONAL FACILITY GRANTS.—The Attorney General, in awarding grants under this subsection, shall give priority to programs that law enforcement personnel and members of the mental health and substance abuse professions develop and administer cooperatively.

SEC. 14024. LAW ENFORCEMENT TRAINING.

Section 2991(h) of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3797aa(h)) is amended—

(1) in paragraph (1), by adding at the end the following:

(II) manifests obvious signs of mental illness or a substance abuse disorder or co-occurring mental health and substance abuse disorders;”;

and

(2) by adding at the end the following:

“(4) PRIORITY CONSIDERATION.—The Attorney General, in awarding grants under this subsection, shall give priority to programs that law enforcement personnel and members of the mental health and substance abuse professions develop and administer cooperatively.”.

SEC. 14025. FEDERAL LAW ENFORCEMENT TRAINING.

Not later than 1 year after the date of enactment of this Act, the Attorney General shall provide direction and guidance for the following:

(1) TRAINING PROGRAMS.—Programs that offer specialized and comprehensive training, in procedures to identify and appropriately respond to incidents in which the unique needs of individuals who have a mental illness are involved, to first responders and other Federal criminal justice agencies, and to Federal law enforcement personnel how to identify and respond to incidents involving persons with mental health disorders or co-occurring mental health and substance abuse disorders;

(2) IMPROVED TECHNOLOGY.—The establishment of, or improvement of existing, computerized information systems to provide timely information to employees of Federal law enforcement agencies, and Federal criminal justice agencies to improve the response of such employees to situations involving individuals who have a mental illness.

SEC. 14006. GAO REPORT.

Not later than 1 year after the date of enactment of this Act, the Comptroller General of the United States, in coordination with the Attorney General, shall submit to Congress a report on—

(1) the practices that Federal first responders, tactical units, and corrections officers are trained to use in responding to individuals with mental illness;

(2) procedures to identify and appropriately respond to incidents in which the unique needs of individuals who have a mental illness are involved, to Federal first responders and tactical units;

(3) the application of evidence-based practices in criminal justice settings to better address individuals with mental illnesses; and

(4) recommendations on how the Department of Justice can expand and improve information sharing and dissemination of best practices.

SEC. 14027. EVIDENCE BASED PRACTICES.

Section 2991(c) of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3797aa(c)) is amended—

(1) in paragraph (3), by striking “or” at the end;

(2) by redesignating paragraph (4) as paragraph (6); and

(3) by inserting after paragraph (3), the following:

“(4) propose interventions that have been shown by empirical evidence to reduce recidivism;”.

(5) when appropriate, use validated assessment tools to target preliminarily qualified offenders with a moderate or high risk of recidivism and a need for treatment and services; and

SEC. 14028. TRANSPARENCY, PROGRAM ACCOUNTABILITY, AND ENHANCEMENT OF LOCAL AUTHORITY.

(a) IN GENERAL.—Section 2991(a) of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3797aa(a)) is amended—

(1) in the heading, by striking “MENTAL ILLNESS” and inserting “MENTAL HEALTH”;

and

(2) by striking “term ‘mental illness’ means” and inserting “terms ‘mental illness’ and ‘mental health disorder’ mean”;

and

(3) by striking paragraph (9) and inserting the following:

“(9) PRELIMINARILY QUALIFIED OFFENDER.—

(A) IN GENERAL.—The term ‘preliminarily qualified offender’ means an adult or juvenile accused of an offense who—

(i) is preliminarily diagnosed by a qualified mental health professional as having a mental illness or substance abuse disorder; or

(ii) manifests obvious signs of mental illness or co-occurring mental illness and substance abuse disorder during arrest or confinement or before any court; or

(B) WITHIN 1 YEAR OF INITIAL ADJUDICATION.—The term ‘preliminarily qualified offender’ means an adult or juvenile accused of an offense who—

(i) has not been convicted of a violent offense;

(ii) has not been determined, by each person described in clause (ii) who is involved in approving the adult or juvenile for participation in a program funded under this section, to not pose a risk of violence to any person in the program, or the public, if selected to participate in the program, and

(iii) has not been convicted of a violent offense.

(C) RECOMMENDATION.—In determining whether to designate a defendant as a preliminarily qualified offender, the relevant prosecuting attorney, defense attorney, judge, probation or parole officer, or other Federal criminal justice agency representative shall take into account—

(1) whether the participation of the defendant in the program would pose a substantial risk of violence to the community;
(ii) the criminal history of the defendant and the nature and severity of the offense for which the defendant is charged;

(iii) the views of any relevant victims to the offense;

(iv) the extent to which the defendant would benefit from participation in the program;

(v) the extent to which the community would realize a benefit from participation in the program because of the defendant’s participation in the program; and

(vi) whether the defendant satisfies the eligibility criteria for program participation unani-
mously established by the relevant prosecuting attorney, defense attorney, probation or correc-
tions official, judge and mental health or sub-
stance abuse agency representatives.

(b) CONFORMING AMEND-
MENT.—Section 2927(2) of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3795(6)(2)) is amended by striking “has the meaning given that term in section 2921(1)” and inserting “means an organization that—

(1) does not have as an element the use, at-
 tempted use, or threatened use of physical force against the person or property of another; or

(2) is not a felony that by its nature involves a substantial risk that physical force against the person or property of another may be used in the course of committing the offense.”

SEC. 1409. GRANT ACCOUNTABILITY.

Section 2901 of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3791a) is amended by inserting after paragraph (1), the following:

(2) ACCOUNTABILITY.—All grants awarded by the Attorney General under this section shall be subject to the following accountability provisions:

(A) AUDIT REQUIREMENT.—

(i) DEFINITION.—In this paragraph, the term ‘grant audit finding’ means a finding in the final audit report of the Inspector General of the Department of Justice that the audited grantee has utilized grant funds for an unauthorized expenditure or otherwise unallowable cost that is not closed or resolved within 12 months from the date when the final audit report is issued.

(ii) AUDITS.—In the first fiscal year beginning after the date of enactment of this subsection, and in each fiscal year thereafter, the Inspector General of the Department of Justice shall conduct audits of recipients of grants under this section to prevent waste, fraud, and abuse of funds by grantees. The Inspector General shall determine the appropriate number of audits of recipients of grants under this section during the first 2 fiscal years beginning after the end of the 12-month period described in subparagraph (A).

(B) PRIORITY.—In awarding grants under this section, the Attorney General shall give priority to eligible applicants that did not have an unresolved audit finding during the 3 fiscal years prior to submitting an application for a grant under this section.

(C) MANDATORY EXCLUSION.—A recipient of grant funds under this section that is found to have an unresolved audit finding shall not be eligible to receive grant funds under this section during the first 2 fiscal years beginning after the end of the 12-month period described in subparagraph (A).

(D) REPORT.—In awarding grants under this section, the Attorney General shall:

(i) deposit an amount equal to the amount of the grant funds that were improperly awarded to the grantee into the General Fund of the Treasury; and

(ii) seek to recoup the costs of the repayment to the grantee from the grant recipient that was erroneously awarded grant funds.

(E) NONPROFIT ORGANIZATION REQUIRE-
MENT.—

(A) DEFINITION.—For purposes of this paragraph and the grant programs under this part, the term ‘nonprofit organization’ means an organization that is described in section 501(c)(3) of the Internal Revenue Code of 1986 and is exempt from taxation under section 501(a) of such Code.

(2) PROHIBITION.—The Attorney General may not award a grant under this part to a nonprofit organization that holds money in offshore accounts, avoids paying the tax described in section 511(a) of the Internal Revenue Code of 1986.

(C) DISCLOSURE.—Each nonprofit organiza-
tion that is awarded a grant under this section and uses the procedures prescribed in regulations to create a rebuttable presumption of reason-
ableness for the compensation of its officers, directors, and substantial stockholders shall disclose to the Attorney General, in the application for the grant, the process for determining such compensation, including the independent persons involved in reviewing and approving such compensation, the comparability data used, and contemporaneous substantiation of the deliberation and decision. Upon request, the Attorney General, representatives of all grantees approved under this paragraph, for all audits conducted under this section, shall make the information disclosed as a result of such audits available for public inspection.

(D) CONFERENCE EXPENDITURES.—

(1) LIMITATION.—No amounts made avail-
able to the Department of Justice under this section may be used by the Attorney General, or by any individual or entity awarded discretionary grant funds through a cooperative agreement under this section, to host or support any expenditure for conferences that uses more than $20,000 in funds unless the head of the Department of Justice, unless the head of the relevant agency or department, provides prior written authorization that the funds may be expended to host the conference.

(2) WRITTEN APPROVAL.—Written approval under subparagraph (A) shall include a written estimate of all costs associated with the conference, including the costs of travel, food, beverages, audio-visual equipment, honoraria for speakers, and entertainment.

(E) REPORT.—The Deputy Attorney General shall submit an annual report to the Committee on the Judiciary of the Senate and the Committee on the Judiciary of the House of Representatives on all conference expenditures approved under this paragraph.

(F) ANNUAL CERTIFICATION.—Beginning in the first fiscal year beginning after the date of enactment of this subsection, the Attorney General shall submit to the Committee on the Judiciary and the Committee on Appropriations of the Senate and the Committee on the Judiciary and the Committee on Appropriations of the House of Representatives, an annual certification—

(A) indicating whether—

(i) all audits issued by the Office of the Inspector General under paragraph (1) have been completed and reviewed by the appropriate As-
sistant Attorney General or Director;

(ii) all mandatory exclusions required under paragraph (2)(B) have been made; and

(iii) all audits issued by the Office of the Inspector General under paragraph (1) have been completed and reviewed by the appropriate Assistant Attorney General or Director;

(iii) all mandatory exclusions required under paragraph (2)(B) have been made; and

(iv) all reimbursements required under paragraph (2)(C) have been made; and

(B) that includes a list of any grant recipi-

ants excluded under paragraph (1) from the pre-

vious year.

(G) PREVENTING DUPLICATE GRANTS.—

(1) IN GENERAL.—Before the Attorney General awards a grant to an applicant under this section, the Attorney General shall compare the potential grant awards with other grants awarded under this Act to determine if duplicate grant awards are being made for the same purpose.

(2) REPORT.—If the Attorney General awards duplicate grants to the same applicant for the same purpose the Attorney General shall submit to the Committees on Appropriations of the Senate and the Committee on the Judiciary of the House of Representatives a report that in-

cludes—

(A) a list of all duplicate grants awarded, in-
cluding the total dollar amount of any duplicate grants awarded; and

(B) the reason the Attorney General award-
ed the duplicate grants.

DIVISION C—INCREASING CHOICE, AC-
CESS, AND QUALITY IN HEALTH CARE FOR AMERICANS.

SEC. 15000. SHORT TITLE.

This division may be cited as the “Increasing Choice, Access, and Quality in Health Care for Americans Act.”

TITLE XV—PROVISIONS RELATING TO MEDICAID AND THE AMERICANS ACT.

SEC. 15001. DEVELOPMENT OF HCPCS VERSIONS OF MS–DRG CODES FOR SIMILAR HOSPITALITY.

Section 1395ww of the Social Security Act (42 U.S.C. 1395wwu) is amended by adding at the end the following new subsection:

(2) RELATING SIMILAR INPATIENT AND OUT-
PATIENT HOSPITAL SERVICES.—

(1) DEVELOPMENT OF HCPCS VERSION OF MS-
DRG CODES.—In awarding MS–DRG definitions manual and software, under section 1886 of the Social Security Act (42 U.S.C. 1395wwu) is amended by adding at the end the following new subsection:

(1) DEVELOPMENT OF HCPCS VERSION OF MS-
DRG CODES.—In determining a hospital’s adjustment factor under this paragraph for purposes of making payments for discharges occurring in a calendar year, and after January 1, 2019, and before the application of clause (i) of subparagraph (B), the Secretary shall assign hospitals
to groups (as defined by the Secretary under clause (ii)) and apply the applicable provisions of this subsection using a methodology in a manner that allows for separate comparison of hospitals in each such group, as determined by the Secretary.

(ii) DEFINING GROUPS.—For purposes of this subparagraph, the Secretary shall define groups of hospitals by stratifying on the overall proportion of the inpatients who are entitled to, or enrolled for, benefits under part A, and who are full-benefit dual eligible individuals (as defined in section 1851(o)(6)). In defining groups, the Secretary shall consult the Medicare Payment Advisory Commission and may consider the analyses done by such Commission in preparing the portion of such Commission's report submitted to Congress in June 2013 relating to readmissions.

(iii) MINIMIZING REPORTING BURDEN ON HOSPITALS.—In carrying out this subparagraph, the Secretary shall not impose any additional reporting requirements on hospitals.

(iv) BUDGET NEUTRAL DESIGN METHODOLOGY.—The Secretary shall design the methodology to implement this subparagraph so that the estimated total amount of reductions in payments under this subsection equals the estimated total amount of reductions in payments that would have been imposed under this subsection if this subparagraph did not apply.

(b) CHANGES IN RISK ADJUSTMENT.—Section 1886(q)(3) of the Social Security Act (42 U.S.C. 1395ww(q)(3)), as amended by subsection (a), is further amended by adding at the end the following new paragraph:

“(iv) BUDGET NEUTRAL DESIGN METHODOLOGY.—The Secretary may consider modifying measures under this subsection to incorporate V or other ICD-relevant codes for removal of a readmission. The Secretary may consider modifying measures under this subsection with respect to discharges occurring on or after October 1, 2017, shall be equal to 90.5% (25.5 percent of the estimated aggregate amount of high cost outlier payments for standard Federal payment rate discharges for fiscal years beginning on or after October 1, 2017, shall be equal to 96.575 percent of the estimated aggregate amount of high cost outlier payments for standard Federal payment rate discharges for each such fiscal year.

(C) WAIVER OF BUDGET NEUTRALITY.—Any requirement under the provisions of paragraph (b) that any application of subparagraph (B) shall not be taken into account in applying any budget neutrality provision under such system.

SEC. 15005. SAVINGS FROM IPPS MACRA PAY-FOR-THROUGH NOT APPLYING DOCUMENTATION AND CODING ADJUSTMENTS.

Section 7(b)(1)(B) of the TMA, Abstinence Education, and QI Programs Extension Act of 2007 (Public Law 110–90), sections 3106(b) and 10312(b) of Public Law 111–5, sections 3106(a) and 10312(a) of the Pathway for SGR Reform Act of 2015 (Public Law 114–25), section 13092(b) of the Patient Protection and Affordable Care Act (Public Law 111–148), and section 1206(b)(1)(B) of the Pathway for SGR Reform Act of 2015 (Public Law 114–25), is amended in clause (iii) by striking “an increase of 0.5 percentage points for discharges occurring during each of fiscal years 2014 through 2023” and inserting “an increase of 0.4588 percentage points for discharges occurring during fiscal year 2014 and 0.5 percentage points for discharges occurring during each of fiscal years 2019 through 2023”.

SEC. 15006. EXTENSION OF CERTAIN LTCH MEDI-CARE PAYMENT RULES.

(a) 25-PERCENT PATIENT THRESHOLD PAYMENT ADJUSTMENT.—Section 414(c)(1)(A) of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (42 U.S.C. 1395ww note), as amended by section 4302(a) of the Children's Health Insurance Program Reauthorization Act of 2009 (Public Law 111–148), sections 3106(a) and 10312(a) of the Pathway for SGR Reform Act of 2015 (Public Law 114–25), is amended in clause (iii) by striking “for a 9-year period” and inserting “through June 30, 2016, and for discharges occurring on or after October 1, 2016, and before October 1, 2017”.

(b) PAYMENT FOR HOSPITALS-WITHIN-HOSPITAL \nSAVINGS FROM IPPS MACRA PAY-FOR-THROUGH NOT APPLYING DOCUMENTATION AND CODING ADJUSTMENTS.—Section 1414(d)(7) of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (42 U.S.C. 1395ww note), as amended by section 4302(a) of the Children's Health Insurance Program Reauthorization Act of 2009 (Public Law 111–148), sections 3106(a) and 10312(a) of the Pathway for SGR Reform Act of 2015 (Public Law 114–25), is amended by striking “for a 9-year period” and inserting “through June 30, 2016, and for discharges occurring on or after October 1, 2016, and before October 1, 2017”.

(c) MEDPAC STUDY ON READMISSIONS PROGRAM.—The Medicare Payment Advisory Commission shall conduct a study to review overall hospital readmissions described in section 1886(q)(5)(E) of the Social Security Act (42 U.S.C. 1395ww(q)(5)(E)) and whether such re-admissions are related to any changes in outpatient and emergency services furnished. The Commission shall submit to Congress a report on such study in its report to Congress in June 2018.

SEC. 15003. FIVE-YEAR EXTENSION OF THE RURAL COMMUNITY HOSPITAL DEMONSTRA-
TION PROGRAM.

(a) EXTENSION.—Section 1104 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (Public Law 108–173; 42 U.S.C. 1395ww note) is amended—

(1) in subsection (a)(5), by striking “5-year extension period” and inserting “10-year extension period”; and
(2) in subsection (g), in the section heading, by striking “FIVE-YEAR” and inserting “FIVE-YEAR”; and

(b) IN EFFECT.—In paragraph (1), by striking “additional 5-year” and inserting “additional 10-year”; and
(c) EXPANSION OF DEMONSTRATION PROGRAM TO RURAL AREAS IN ANY STATE.—

(1) IN GENERAL.—The Secretary shall, not withstanding any prohibition in paragraph (4) but are participating in the demonstration program under this section as of December 30, 2014, in a similar manner as such provisions apply to rural community hospitals described in paragraph (4), carry out the provisions of paragraph (4) to rural community hospitals that are not described in paragraph (4) but are participating in the demonstration program under this section as of December 30, 2014.

(2) CONSIDERATION OF RECOMMENDATIONS IN IMPACT REPORTS.—The Secretary may take into account the studies conducted and the recommendations made by the Secretary under section 3106(a) (of division B of the American Recovery and Reinvestment Act of 2009 (Public Law 111–5)).

(3) LIMITATION ON HIGH COST OUTLIER PAYMENT RATE.—This paragraph shall not apply with respect to the computation of the applicable site neutral payment rate under section (a).
(2) in subparagraph (B)—

(A) in clause (i), by inserting “or any similar provision,” after “Regulations,”; and

(B) in clause (ii), by inserting “or any similar provision,” after “Regulations”; and

(3) in subparagraph (C), by striking “for a 9-year period” and inserting “through June 30, 2016, and for discharges occurring on or after October 1, 2015 and before October 1, 2016.”

SEC. 15007. APPLICATION OF RULES ON THE CALCULATION OF HOSPITAL LENGTH OF STAY BY LTCHS.

(a) In General.—Section 1206(a)(3) of the Pathway for SGR Reform Act of 2013 (division B of Public Law 113–67; 42 U.S.C. 1395ww note) is amended—

(1) by striking subparagraph (B);—

(2) by striking “SITE NEURAL BASIS.—” and all that follows through “for discharges occurring”; and inserting “SITE NEURAL BASES.—For discharges occurring”;—

(3) by striking “subject to subparagraph (B),” and

(4) by redesignating clauses (i) and (ii) as subparagraphs (A) and (B), respectively, and moving each of such subparagraphs (as so redesignated) 2 ems to the left.

(b) Effective Date.—The amendments made by subsection (a) shall be effective as if included in the enactment of section 1206(a)(3) of the Pathway for SGR Reform Act of 2013 (division B of Public Law 113–67; 42 U.S.C. 1395ww note).

SEC. 15008. CHANGE IN MEDICARE CLASSIFICATION FOR CERTAIN HOSPITALS.

(a) In General.—Subsection (d)(1)(B)(iv) of section 1886 of the Social Security Act (42 U.S.C. 1395ww) is amended—

(1) in clause (I), by striking “or” at the end;—

(2) in clause (II)—

(A) by striking “,” or” at the end and inserting a semicolon;—

(B) by redesignating the semicolon as clause (iv); and

(3) in clause (v), by striking the semicolon at the end and inserting “,” or;—

(4) by striking “(iv)(I) a hospital” and inserting “(iv) a hospital”; and

(b) Conforming Payment References.—The second sentence of subsection (d)(1)(B) of such section is amended—

(1) by inserting “as in effect as of such date” after “clause (iv);” and

(2) in the case of a hospital described in clause (ii), so as in effect, shall be classified under clause (iv) on and after the effective date of such clause (iv) and for cost reporting periods beginning on or after January 1, 2017, shall not be subject to subsection (m) as of the date of such classification)” after “so classified”;

(c) Application.—

(1) In General.—For cost reporting periods beginning on or after January 1, 2015, in the case of an applicable hospital (as defined in paragraph (3)), the following shall apply.

(A) Payment for inpatient operating costs shall be made on a reasonable cost basis in the manner described in section 412.526(c)(3) of title 42, Code of Federal Regulations (as in effect on January 1, 2015) and in any subsequent modifications.

(B) Payment for capital costs shall be made in the manner provided by section 412.526(c)(4) of title 42, Code of Federal Regulations (as in effect on such date).

(C) Claims for payment for Medicare beneficiaries who are discharged on or after January 1, 2017, shall be processed as claims which are paid on a reasonable cost basis as described in section 412.526(c)(2) of title 42, Code of Federal Regulations (as in effect on such date).

(2) Applicable Hospital Defined.—In this subsection, the term ‘applicable hospital means a hospital that is classified under clause (iv)(II) of section 1886(d)(1)(B) of the Social Security Act (42 U.S.C. 1395ww(d)(1)(B)) on the day before the date of the enactment of this Act and which is classified under clause (iv) of such section, as redesignated and moved by subsection (a), on or after such date of enactment.

(3) CONFORMING TECHNICAL AMENDMENTS.—


(2) Section 1886(m)(5)(F) of such Act (42 U.S.C. 1395ww(m)(5)(F)) is amended in each of clauses (i) and (ii) by striking “(d)(1)(B)(iv)” and inserting “(d)(1)(B)(iv)(II)”.

SEC. 15009. TEMPORARY EXCEPTION TO THE APPLICATION OF THE MEDICARE LTCH SITE NEUTRAL PROVISIONS FOR CERTAIN SPINAL CORD SPECIALTY HOSPITALS.

(a) Exception.—Section 1886(m)(6) of the Social Security Act (42 U.S.C. 1395ww(m)(6)) is amended—

(1) in subparagraph (A)(ii), by striking “(B)” and inserting “(B)”; and

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

“(F) TEMPORARY EXCEPTION FOR CERTAIN SPINAL CORD SPECIALTY HOSPITALS.—For discharges in cost reporting periods beginning during fiscal years 2018 and 2019, subparagraph (A)(i) shall not apply (and payment shall be made to a long-term care hospital without regard to this paragraph) if such discharge—

(1) is from a long-term care hospital identified by the last sentence of subparagraph (B)(i);—

(II) is classified under MS–LTCH–DRG 602, 603, 339, or 540; and

(III) is with respect to a patient treated by a long-term care hospital for a severe wound.

“(G) ADDITIONAL TEMPORARY EXCEPTION FOR CERTAIN SEVERE WOUND DISCHARGES FROM CERTAIN LONG-TERM CARE HOSPITALS.—

“(1) S TUDY.—The Comptroller General of the United States shall conduct a study on long-term care hospitals that treat severe wounds, including an analysis of the following:

(ii) SIGNIFICANT OUT-OF-STATE ADMISIONS.—

“(I) IN GENERAL.—The long-term care hospital discharged inpatients (including both individuals entitled to, or enrolled for, benefits under this title and individuals not so entitled or enrolled) from the long-term care hospital for which payment was made under this section, as redesignated and moved by subsection (d)(1), on or after such date of enactment.

“(II) IMPLEMENTATION.—Notwithstanding any other provision of law, the Secretary may implement subclause (I) by program instruction or otherwise.

“(II) NON-APPLICATION OF PAPERWORK REDUCTION ACT.—Chapter 35 of title 44, United States Code, shall not apply to data collected under this paragraph.

“(J) STUDY AND REPORT TO CONGRESS.—

“(1) STUDY.—The Comptroller General of the United States shall, in consultation with relevant stakeholders, conduct a study on the treatment needs of individuals entitled to benefits under part A of title XVIII of the Social Security Act or enrolled under part B of such title who require specialized wound care, and the cost for such individuals and the Medicare program under such title, of treating severe wounds in rural and urban areas.

“(2) REPORT.—Not later than October 1, 2021, the Comptroller General shall submit to Congress a report on the study conducted under paragraph (1), including recommendations for such legislation and administrative action as the Comptroller General determines appropriate.

TITLE XV—PROVISIONS RELATING TO MEDICARE PART B

SEC. 16001. CONTINUOUS MEDICARE PAYMENT UNDER HOSP PROSPECTIVE PAYMENT SYSTEM FOR SERVICES FURNISHED BY HOSPITAL-ATTACHED CAMPUS OUTPATIENT DEPARTMENTS OF PROVIDERS.

(a) In General.—Section 1833(t)(21) of the Social Security Act (42 U.S.C. 1395ww(t)(21)) is amended—

(1) in subparagraph (B)—

(A) by striking “clause (ii)” and inserting “the subsequent provisions of this subparagraph”; and

(2) REPORT.—Not later than October 1, 2018, the Comptroller General shall submit to Congress a report on the study conducted under paragraph (1), including recommendations for such legislation and administrative action as the Comptroller General determines appropriate.
may be made under subparagraph (A) for 2017 and 2018 in the case of an eligible professional with respect to whom substantially all of the covered professional services furnished by such professional are furnished in an ambulatory surgical center.

(“ii) DETERMINATION.—The determination of whether an eligible professional is an eligible professional described in clause (ii) may be made on the basis of—

(1) the site of service (as defined by the Secretary), and

(II) an attestation submitted by the eligible professional.

Determinations made under subclauses (I) and (II) shall be made without regard to any employment or billing arrangement between the eligible professional and any other supplier or provider of services.

(“iv) SUNSET.—Clause (ii) shall no longer apply as of the first year that begins more than 3 years after the date on which the Secretary determines, on the basis of the code enforcement instruction under section 1 of Public Law 113–198, as amended by section 1 of Public Law 114–112, that such certified EHR technology applicable to the ambulatory surgical center setting is available.

SEC. 16004. CONTINUING ACCESS TO HOSPITALS

(a) EXTENSION OF ENFORCEMENT INSTRUCTION OF PROVISIONS RELATING TO HOSPITAL-BASED ELIGIBLE PROFESSIONALS AND MIPS.

Section 1833(t)(18) of the Social Security Act (42 U.S.C. 1395w–4(a)(7)(D)) is amended—

(1) by striking “January 1, 2017” and inserting “January 1, 2018”;

(b) EFFECTIVE DATE; IMPLEMENTATION.—

(1) EFFECTIVE DATE.—The amendments made by this section shall be effective as of the date of enactment of this Act.

(c) REPORT.—Not later than 1 year after the date of the enactment of this Act, the Secretary of Health and Human Services shall submit to Congress a report on the effects of the enforcement instruction under section 1 of Public Law 113–198, as amended by section 1 of Public Law 114–112 and subsection (a) of this section, on the access to health care by Medicare beneficiaries, on the economic impact and the impact upon hospital staffing needs, and on the quality of health care furnished to such beneficiaries.

SEC. 16005. DELAY OF IMPLEMENTATION OF MEDICARE FEE SCHEDULE ADJUSTMENTS FOR CLINICAL LABORATORY SERVICES AND SEATING SYSTEMS WHEN USED WITH COMPLEX REHABILITATION TECHNOLOGY (CRT) WHEELCHAIRS.

Section 2(a) of the Patient Access and Medicare Improvement Act of 2016 (Public Law 113–198), as amended by striking “January 1, 2017” and inserting “July 1, 2017”.

SEC. 16006. ALLOWING PHYSICAL THERAPISTS TO UTILIZE LOCUM TENENS ARRANGE-MENTS UNDER MEDICARE.

(a) IN GENERAL.—The first sentence of section 1861(u)(4) of the Social Security Act (42 U.S.C. 1395u(b)(4)), as amended by section 502, is further amended—

(1) by striking “and” before “(4);” and

(2) by striking before the period at the end the following: “; and (J) in the case of outpatient physical therapy services furnished by physical therapists in a health professional shortage area (as defined in section 1861(r)(1)(A) of the Public Health Service Act), a medically underserved area (as designated pursuant to section 330(c)(4)(A) of such Act), or a rural area (as defined in section 1886(d)(2)(D) of such Act), that such subparagraph (D) of this sentence shall apply to such services and therapists in the same manner as such subparagraph applies to physicians’ services furnished by physicians.

(b) EFFECTIVE DATE; IMPLEMENTATION.—

(1) EFFECTIVE DATE.—The amendments made by this section shall apply to services furnished beginning not later than 6 months after the date of the enactment of this Act.
(2) IMPLEMENTATION.—The Secretary of Health and Human Services may implement subparagraph (J) of section 1842(b)(6) of the Social Security Act (42 U.S.C. 1395a(b)(6)), as added by subsection (a)(2), by program instruction or otherwise.

SEC. 16007. EXTENSION OF THE TRANSITION TO NEW PAYMENT RATES FOR DURABLE MEDICAL EQUIPMENT UNDER THE MEDICARE PROGRAM.

(a) IN GENERAL.—The Secretary of Health and Human Services shall extend the transition period described in clause (i) of section 414.210(g)(9) of title 42, Code of Federal Regulations, from June 30, 2016, to December 31, 2016 (with the transition period described in clause (ii) of such section applying to items and services furnished with dates of service on or after January 1, 2017).

(b) STUDY AND REPORT.—

(1) STUDY.—

(A) IN GENERAL.—The Secretary of Health and Human Services shall conduct a study that examines the impact of applicable payment adjustments upon—

(i) the number of suppliers of durable medical equipment that, on a date that is not before January 1, 2017, ceased to conduct business as such suppliers; and

(ii) the availability of durable medical equipment, during the period beginning on January 1, 2016, and ending on December 31, 2016, to individuals entitled to benefits under part A of title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.), and part B of such title.

(B) DEFINITIONS.—For purposes of this subsection, the following definitions apply:

(i) SUPPLIER.—

The terms “supplier” and “durable medical equipment” have the meanings given such terms by section 1861 of the Social Security Act (42 U.S.C. 1395).  

(ii) APPlicable PAYMENT ADjustment.—The term “applicable payment adjustment” means a payment adjustment described in section 414.210(g)(9) of title 42, Code of Federal Regulations, that is phased in by paragraph (9)(i) of such section. For purposes of the preceding sentence, a payment adjustment that is phased in pursuant to the extension under subsection (a) shall be considered a payment adjustment that is phased in by such paragraph (9)(i).

(2) REPORT.—The Secretary of Health and Human Services shall, not later than January 12, 2017, submit to the Committees on Ways and Means and on Energy and Commerce of the House of Representatives, and to the Committee on Finance of the Senate, a report on the findings of the study conducted under paragraph (1).

SEC. 16008. REQUIREMENTS IN DETERMINING ADJUSTMENTS USING INFORMATION FROM COMPETITIVE BIDDING PROGRAMS.

(a) IN GENERAL.—Section 1834(h)(1)(H)(i) of the Social Security Act (42 U.S.C. 1395m(b)(1)(H)(i)) is amended by striking “‘the Secretary’ and inserting ‘subject to subsection (a)(1)(G), the Secretary’.”

(b) EFFECTIVE DATE.—

(1) IN GENERAL.—Nothing in this section shall be construed to apply to the payment adjustment under paragraph (a) of section 1834(h)(1)(H)(i) of the Social Security Act (42 U.S.C. 1395m(b)(1)(H)(i)) as amended by striking “‘the Secretary’ and inserting ‘subject to subsection 1834(a)(1)(G), the Secretary’.”

TITLE XVIII—OTHER MEDICARE PROVISIONS

SEC. 17001. DELAY IN AUTHORITY TO TERMINATE CONTRACTS FOR MEDICARE ADVANCE PLAN SERVICES FAILING TO ACHIEVE MEET QUALITY STANDARDS.

(a) FINDINGS.—Consistent with the studies provided under the IMPACT Act of 2014 (Public Law 113–185), it is the intent of Congress—

(1) to continue to request input on the effects of socioeconomic status and dual-eligible populations on the Medicare Advantage STARs rating system before reforming such system with the input of stakeholders; and

(2) pending the results of such studies and input, to provide for a temporary delay in authority of the Centers for Medicare & Medicaid Services to terminate Medicare Advantage plan contracts solely on the basis of performance of plans under the STARs rating system.

(b) DELAY IN MA CONTRACT TERMINATION AUTHORITY FOR PLANS FAILING TO ACHIEVE MINIMUM QUALITY RATINGS.—

(1) In general.—Section 1834(h)(1)(H)(ii) of the Social Security Act (42 U.S.C. 1395m–27(h)(1)) is amended by adding at the end the following new paragraph:

“(D) DELAY IN CONTRACT TERMINATION AUTHORITY FOR PLANS FAILING TO ACHIEVE MINIMUM QUALITY RATINGS.—During the period beginning on the date of the enactment of this paragraph and through the end of plan year 2018, the Secretary may not terminate a contract with respect to an item or service described in clause (ii) or (iii) of subsection (h)(1)(H)(ii) that meets the requirements of clause (iii).

(b) REQUIREMENT FOR ENROLLMENT DATA REPORTING FOR MEDICARE PART A AND PART B.

Section 17002. REQUIREMENT FOR ENROLLMENT DATA REPORTING FOR DURABLE MEDICAL EQUIPMENT.

SEC. 17002. REQUIREMENT FOR ENROLLMENT DATA REPORTING FOR DURABLE MEDICAL EQUIPMENT.

(a) IN GENERAL.—Section 1834(b)(1)(H)(ii) of the Social Security Act (42 U.S.C. 1395m(b)(1)(H)(ii)) is amended by adding a new paragraph at the end:

“(g) REQUIREMENT FOR ENROLLMENT DATA REPORTING.—

(1) IN GENERAL.—Not later than 12 months after the date of the enactment of this Act, the Secretary of Health and Human Services shall—

(A) by Congressional district and State; and

(B) in a manner that provides for such data to be presented—

(i) to Congressional committees; and

(ii) by Congress on Finance of the Senate, a report on the findings of the studies conducted under paragraph (1).

(2) CONFORMING AMENDMENTS.—

(a) IN GENERAL.—Section 1833(6)(7) of the Social Security Act (42 U.S.C. 1395c(7)) is amended by-

(i) in the paragraph heading, by inserting “; and

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

“(C) PROVIDER OF SERVICES OR SUPPLIERS WITHIN A TEMPORARY MORATORIUM AREA.

(a) MEDICARE.—Section 1866(c)(7) of the Social Security Act (42 U.S.C. 1395c(c)(7)) is amended by—

(1) in the paragraph heading, by inserting “; and

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

“(C) NONPAYMENT.—

“(I) IN GENERAL.—No payment may be made under this title or under a program described in such title with respect to an item or service described in clause (ii) furnished on or after October 1, 2017.

“(ii) ITEM OR SERVICE DESCRIBED.—An item or service described in this clause is an item or service furnished—

(I) within a geographic area with respect to which a temporary moratorium imposed under subparagraph (A) is in effect; and

(II) by a provider of services or supplier that meets the requirements of clause (iii).

(iii) REQUIREMENTS.—For purposes of clause (ii), the requirements of this clause are that a provider of services or supplier—

(1) fulfills the requirements of subparagraph (A); and

(2) is within a category of providers of services and suppliers (as described in subparagraph (A)) subject to such temporary moratorium.

(b) PROHIBITION ON CHARGES FOR SPECIFIED ITEMS OR SERVICES.—In no case shall a provider of services or supplier described in clause (ii)(II) charge an individual or other person for an item or service described in clause (ii)(II) furnished on or after October 1, 2017, to an individual entitled to benefits under part A or enrolled under part B on or after October 1, 2017, that is subject to a moratorium imposed under section 1866(e)(7) by a provider or supplier that meets the requirements of clause (ii)(II).

(c) CONFORMING AMENDMENTS.—

(1) MEDICARE.—Section 1903(b)(2) of the Social Security Act (42 U.S.C. 1395l(b)(2)), as amended by section 5005(a)(4), is further amended by—

(i) in subparagraph (C), by striking “or” at the end; and

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

“(E) with respect to any amount expended for such an item or service furnished during calendar quarters beginning on or after October 1, 2017, subject to section 1902(a)(4)(A)(ii)(II), within a geographic area that is subject to a moratorium imposed under section 1866(e)(7) by a provider or supplier that meets the requirements of subparagraph (C)(ii) of such section, during the period of such moratorium; or”.

(d) REQUIREMENTS.—

(1) IN GENERAL.—Not later than 12 months after the last date of the period for the request for the payment adjustment specified in subparagraph (b), the Secretary of Health and Human Services shall, taking into consideration information collected pursuant to subsection (b), update the information included in the Welcome to Medicare package to include information, presented in a clear and simple manner, about options for receiving benefits under the Medicare program.
(B) EXCEPTION WITH RESPECT TO ACCESS.—Section 1902(k)(4)(A)(ii) of the Social Security Act (42 U.S.C. 1396a(k)(4)(A)(ii)) is amended to read as follows:

"(ii) IN GENERAL.—Subject to clause (i) and subparagraph (B), in the original Medicare fee-for-service program under parts A and B of title XVIII of the Social Security Act, and in the Medicare Advantage program under part C of such title, no unsolicited marketing or advertising material marketed to an individual described in clause (i) during the open enrollment and disenrollment period established for the individual under clause (i), no unsolicited marketing or advertising material marketed to an individual described in clause (i) during the open enrollment and disenrollment period established for the individual under clause (i), subject to subparagraph (B), is mailed or otherwise delivered to such an individual.''

(C) STATE PLAN REQUIREMENT WITH RESPECT TO LIMITATION ON CHARGES TO BENEFICIARIES.—Section 1902(k)(4)(A) of the Social Security Act (42 U.S.C. 1396a(k)(4)(A)) is amended by adding at the end the following new clause:

"(II) LIMITATION OF ONE CHANGE DURING OPEN ENROLLMENT PERIOD EACH YEAR.—An individual may change the election pursuant to clause (i) only once during the applicable 3-month period described in such clause in each year. The limitation under this clause shall not apply to changes in elections effected during an annual, coordinated election period under paragraph (3) or during a special enrollment period under paragraph (4)."

(2) EFFECTIVE DATE.—The amendments made by this subsection shall apply with respect to plan years beginning on or after January 1, 2021.

(3) EFFECTIVE DATE.—The amendments made by this subsection shall apply with respect to plan years beginning on or after January 1, 2021.

(4) EVALUATION OF QUALITY.—(A) IN GENERAL.—In general, the Secretary of Health and Human Services (in this subsection referred to as the "Secretary") shall conduct an evaluation of whether the 5-star rating system based on the data collected under section 1852(e) of the Social Security Act (42 U.S.C. 1395w–21(e)) should include a quality measure specifically related to care for enrollees in Medicare Advantage plans under part C of title XVIII of such Act determined to have end-stage renal disease.

(B) REPORT.—Not later than December 31, 2021, the Secretary shall submit to Congress a report on the impact of the provisions of, and amendments made by, this section with respect to the following:

(I) spendings under

(a) the original Medicare fee-for-service program under parts A and B of title XVIII of the Social Security Act; and

(b) the Medicare Advantage program under part C of such title.

(II) the number of enrollees determined to have end-stage renal disease

(a) in the original Medicare fee-for-service program; and

(b) in the Medicare Advantage program.

(III) the sufficiency of the amount of data under the original Medicare fee-for-service program for individuals determined to have end-stage renal disease for purposes of determining payment rates for end-stage renal disease under the Medicare Advantage program.

(4) IMPROVEMENTS TO BASE ADJUSTMENT UNDER MEDICARE ADVANTAGE.—(A) IN GENERAL.—Section 1853(a)(1)(B) of the Social Security Act (42 U.S.C. 1395w–22(a)(1)(B)) is amended by inserting "and" and, for 2021 and subsequent years, the exclusion of payments for organ acquisitions for kidney transplants from the capitation rate as described in subsection (k)(5) before the semicolon at the end;

(B) in subparagraph (B), in the matter preceding clause (i), by striking "paragraphs (2), (4), and (5)" and inserting "paragraphs (2), (4), and (5)"; and

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

"(2) IN GENERAL.—Subject to clause (i), and subparagraph (B), in the original Medicare fee-for-service program under parts A and B of title XVIII of the Social Security Act, and in the Medicare Advantage program under part C of such title, no unsolicited marketing or advertising material marketed to an individual described in clause (i) during the open enrollment and disenrollment period established for the individual under clause (i), subject to subparagraph (B), is mailed or otherwise delivered to such an individual.''

"(II) LIMITATION OF ONE CHANGE DURING OPEN ENROLLMENT PERIOD EACH YEAR.—An individual may change the election pursuant to clause (i) only once during the applicable 3-month period described in such clause in each year. The limitation under this clause shall not apply to changes in elections effected during an annual, coordinated election period under paragraph (3) or during a special enrollment period under paragraph (4)."

(3) EFFECTIVE DATE.—The amendments made by this subsection shall apply with respect to plan years beginning on or after January 1, 2021.

(4) EVALUATION OF QUALITY.—(A) IN GENERAL.—In general, the Secretary of Health and Human Services (in this subsection referred to as the "Secretary") shall conduct an evaluation of whether the 5-star rating system based on the data collected under section 1852(e) of the Social Security Act (42 U.S.C. 1395w–21(e)) should include a quality measure specifically related to care for enrollees in Medicare Advantage plans under part C of title XVIII of such Act determined to have end-stage renal disease.

(B) REPORT.—Not later than December 31, 2023, the Secretary of Health and Human Services (in this subsection referred to as the "Secretary") shall submit to Congress a report on the impact of the provisions of, and amendments made by, this section with respect to the following:

(I) spendings under

(a) the original Medicare fee-for-service program under parts A and B of title XVIII of the Social Security Act; and

(b) the Medicare Advantage program under part C of such title.

(II) the number of enrollees determined to have end-stage renal disease

(a) in the original Medicare fee-for-service program; and

(b) in the Medicare Advantage program.

(III) the sufficiency of the amount of data under the original Medicare fee-for-service program for individuals determined to have end-stage renal disease for purposes of determining payment rates for end-stage renal disease under the Medicare Advantage program.

(4) IMPROVEMENTS TO BASE ADJUSTMENT UNDER MEDICARE ADVANTAGE.—(A) IN GENERAL.—Section 1853(a)(1)(B) of the Social Security Act (42 U.S.C. 1395w–22(a)(1)(B)) is amended by inserting "and" and, for 2021 and subsequent years, the exclusion of payments for organ acquisitions for kidney transplants from the capitation rate as described in subsection (k)(5) before the semicolon at the end;
‘‘(D) IMPROVEMENTS TO RISK ADJUSTMENT FOR 2019 AND SUBSEQUENT YEARS.—

‘‘(1) IN GENERAL.—In order to determine the appropriate adjustment for health status under subparagraph (B), the following shall apply:

‘‘(I) TAKING INTO ACCOUNT TOTAL NUMBER OF DISEASES OR CONDITIONS.—The Secretary shall take into account the total number of diseases or conditions of an individual enrolled in an MA plan. The Secretary shall make an additional adjustment under such subparagraph as the number of diseases or conditions of an individual varies.

‘‘(II) USING AT LEAST 2 YEARS OF DIAGNOSTIC DATA.—The Secretary may use at least 2 years of diagnostic data to evaluate the impact of including additional diagnosis codes related to mental health and substance use disorders in the risk adjustment model.

‘‘(III) PROVIDING SEPARATE ADJUSTMENTS FOR DUAL ELIGIBLE INDIVIDUALS.—With respect to individuals who are dualy eligible for benefits under Medicare Advantage plans, including eligibility in Title XIX, the Secretary shall make separate adjustments for each of the following:

(aa) Full-benefit dual eligible individuals (as defined in section 1922(c)(6)).

(bb) Such individuals not described in item (aa).

‘‘(IV) EVALUATION OF MENTAL HEALTH AND SUBSTANCE USE DISORDER DATA.—The Secretary shall evaluate the impact of including additional diagnosis codes related to mental health and substance use disorders in the risk adjustment model.

‘‘(V) EVALUATION OF CHRONIC KIDNEY DISEASE.—The Secretary shall evaluate the impact of including the severity of chronic kidney disease in the risk adjustment model.

‘‘(VI) EVALUATION OF PAYMENT RATES FOR END-STAGE RENAL DISEASE.—The Secretary shall evaluate whether other factors (in addition to those described in subparagraph (H)) should be taken into consideration when computing payment rates under such subparagraph.

‘‘(A) IMPLEMENTATION.—The Secretary shall phase-in any changes to risk adjustment payment amounts under subparagraph (C)(ii) under this subparagraph over a 3-year period, beginning with 2019, with such changes being fully implemented for 2022 and subsequent years.

‘‘(B) OPPORTUNITY FOR REVIEW AND PUBLIC COMMENT.—The Secretary shall provide an opportunity for review of the proposed changes to such risk adjustment payment amounts under this subparagraph and a public comment period of not less than 60 days before implementing such changes.’’.

‘‘(2) STUDIES AND REPORTS.—

(A) REPORTS ON THE RISK ADJUSTMENT SYSTEM.—

‘‘(I) MEDPAC EVALUATION AND REPORT.—

‘‘(I) EVALUATION.—The Medicare Payment Advisory Commission shall conduct an evaluation of the impact of the provisions of, and amendments made by, this section on risk scores for enrollees in Medicare Advantage plans under part C of title XVIII of the Social Security Act and payments to Medicare Advantage plans under such part, including the impact of such provisions and amendments on the overall accuracy of such scores under the Medicare Advantage program.

‘‘(II) REPORT.—Not later than July 1, 2020, the Medicare Payment Advisory Commission shall submit to Congress a report on the evaluation under subclause (I), together with recommendations for such legislation and administrative action as the Commission determines appropriate.

(B) REPORTS BY SECRETARY OF HEALTH AND HUMAN SERVICES.—Not later than December 31, 2018, and every 3 years thereafter, the Secretary of Health and Human Services shall submit to Congress a report on the impact of the risk assessment model and the ESRD risk adjustment model under the Medicare Advantage program under part C of title XVIII of the Social Security Act, including any methodology changes made since the previous report. Such report shall include information on how such revisions impact the predictive ratios under each such model for groups of enrollees in Medicare Advantage plans, including very high and very low cost enrollees, and groups defined by the number of chronic conditions.

‘‘(B) STUDY AND REPORT ON FUNCTIONAL STATUS.—

‘‘(I) STUDY.—The Comptroller General of the United States (in this subparagraph referred to as the ‘‘Comptroller General’’) shall conduct a study on how to most accurately measure the functional status of enrollees in Medicare Advantage plans under part C of title XVIII of the Social Security Act and shall include an analysis of the challenges in collecting and reporting functional status information for Medicare Advantage plans under such part, provider payment rates under such part, evaluation rates under such part, and the Centers for Medicare & Medicaid Services.

‘‘(II) REPORT.—Not later than June 30, 2018, the Comptroller General shall submit to Congress a report containing the results of the study under clause (i), together with recommendations for such legislation and administrative action as the Comptroller General determines appropriate.

‘‘(C) CERTAIN VARIATION PERMITTED.—For purposes of subparagraph (A)(ii), an arrangement shall not fail to be treated as provided on the same terms to each eligible employee merely because the employee’s reimbursement under such arrangement varies in accordance with the variation in the price of an insurance policy in the relevant individual health insurance market bearing the same or similar name.

‘‘(d) EXCEPTION FOR QUALIFIED SMALL EMPLOYER HEALTH REIMBURSEMENT ARRANGEMENT.—

‘‘(1) IN GENERAL.—For purposes of this title (except as provided in section 4980B(h)(4) and notwithstanding any other provision of this title), the term ‘employer health reimbursement arrangement’ means an arrangement which includes any of the following:

‘‘(I) An arrangement that provides an eligible employee and the employee’s family members with an additional dollar amount of payments or reimbursements for medical care (as defined in section 223(d)) incurred by the eligible employee or the eligible employee’s family members (as determined under the terms of the arrangement) that also provides for payments or reimbursements for medical care (as defined in section 223(d)) incurred by the eligible employee or the eligible employee’s family members (as determined under the terms of the arrangement).

‘‘(ii) The amount of payments and reimbursements described in clause (i) for any year do not exceed $4,950 ($10,000 in the case of an arrangement that also provides for payments or reimbursements for family members of the employee).

‘‘(2) REPORT.—Not later than December 31, 2017, the Secretary shall submit to Congress a report containing the results of the study under clause (i), together with recommendations for such legislation and administrative action as the Secretary determines appropriate.

‘‘(3) OTHER DEFINITIONS.—For purposes of this subsection—

‘‘(A) ELIGIBLE EMPLOYER.—The term ‘eligible employer’ means any employer of an eligible employee, except that the term of the arrangement must be provided from contracts or arrangements described in any clause of section 105(h)(1)(B) (applied by substituting ‘90 days’ for ‘3 years’ in clause (i) thereof).

‘‘(B) ELIGIBLE EMPLOYER.—The term ‘eligible employer’ means an employer that—

‘‘(I) is not an applicable large employer as defined in section 4980B(h)(4) (referred to in this title as the ‘employer’);

‘‘(II) does not offer a group health plan to any of its employees.

‘‘(C) PERMITTED BENEFIT.—The term ‘permitted benefit’ means, with respect to any eligible employee, the maximum dollar amount of payments and reimbursements which may be made under the terms of the qualified small employer health reimbursement arrangement for the year with respect to such employee.

‘‘(D) IN GENERAL.—An employer funding a qualified small employer health reimbursement arrangement for any year shall, not later than 180 days after the beginning of the year of the arrangement, provide written notice to each eligible employee which includes the information described in subparagraph (B).
(B) CONTENTS OF NOTICE.—The notice required under subparagraph (A) shall include each of the following: 

(i) A statement of the amount which would be subject to tax to the employee’s permitted benefit under the arrangement for the year.

(ii) A statement that the employee should provide the information described in clause (i) to any health insurance exchange to which the employee applies for advance payment of the premium assistance tax credit.

(iii) A statement that if the employee is not covered under minimum essential coverage for any month the employee may be subject to tax under section 5000A for such month and reimbursement arrangement may be includible in gross income.

(2) LIMITATION ON EXCLUSION FROM GROSS INCOME.—Section 5000A(c) of such Code is amended by adding at the end the following new paragraph:

(g) QUALIFIED SMALL EMPLOYER HEALTH REIMBURSEMENT ARRANGEMENT.—For purposes of this section and section 105, payments or reimbursements from a qualified small employer health reimbursement arrangement (as defined in section 9831(d)(4) of the Internal Revenue Code of 1986) shall be treated as paid or reimbursed under employer-provided coverage for medical expenses under an accident or health plan if the month in which such medical care is provided the individual does not have minimum essential coverage (within the meaning of section 5000A(d)).

(3) COORDINATION WITH HEALTH INSURANCE PREMIUM CREDIT.—Section 36B(c) of such Code is amended by adding at the end the following new paragraph:

(7) QUALIFIED EMPLOYER HEALTH REIMBURSEMENT ARRANGEMENTS.—

(A) IN GENERAL.—The term ‘coverage month’ shall not include any month with respect to an employee (or any spouse or dependent of such employee) if for such month the employee is provided a qualified small employer health reimbursement arrangement which constitutes affordable coverage.

(B) DENIAL OF DOUBLE BENEFIT.—In the case of any employee who is provided a qualified small employer health reimbursement arrangement for any coverage month (determined without regard to subparagraph (A)), the credit otherwise allowable under subsection (a) to the taxpayer for such month shall be reduced (but not below zero) by the amount described in subparagraph (C)(i)(II) for such month.

(C) LIMITATION ON EXCLUSION.—For purposes of subparagraph (A), a qualified small employer health reimbursement arrangement shall be treated as constituting affordable coverage for a month if—

(i) the excess of—

(1) the amount that would be paid by the employee as the premium for such month for self-only coverage under the second lowest cost silver plan offered in the relevant individual health insurance market, over

(2) 1/12 of the employee’s permitted benefit (as defined in section 9831(d)(3)(C) of the Internal Revenue Code of 1986) for such month, as determined after subtracting any exclusion applied by reason of section 105(b)(2) of the Internal Revenue Code of 1986)

(ii) the excess of—

(1) the amount that would be paid by the employee as the premium for such month for self-only coverage under the second lowest cost silver plan offered in the relevant individual health insurance market, over

(2) 1/12 of the employee’s permitted benefit (as defined in section 9831(d)(3)(C) of the Internal Revenue Code of 1986) for such month, as determined after subtracting any exclusion applied by reason of section 105(b)(2) of the Internal Revenue Code of 1986).

EXCEPTION.—No adjustment shall be made for months for which the employee is provided a qualified small employer health reimbursement arrangement.

(4) COVERAGE FOR LESS THAN ENTIRE YEAR.—In the case of an employee who is provided a qualified small employer health reimbursement arrangement for less than an entire year, subparagraphs (C)(i)(II) shall be applied by substituting ‘the number of months during the year for which such arrangement was provided’ for ‘12’.

(F) INDEXING.—In the case of plan years beginning in any calendar year after 2014, the Secretary shall adjust the 9.5 percent amount under subparagraph (C)(ii) in the same manner as the percentages are adjusted under subsection (b)(3)(A)(i)(I).
SEC. 19011. FOSTER CARE PREVENTION SERVICES AND PROGRAMS.

(a) STATE OPTION.—Section 471 of the Social Security Act (42 U.S.C. 671) is amended—

(1) in subsection (a)(1), by striking “and” and all that follows through the semicolon and inserting “(A) the results or outcomes of at least one study that—

(I) was rated by an independent systematic review for the quality of the study design and execution and determined to be well-designed and well-executed;

(II) was a rigorous random-controlled trial (or, if not available, a study using a rigorous quasi-experimental design); and

(III) was carried out in a usual care or practice setting; and

(2) in subparagraph (B), by striking “at least” and inserting “at least”;

(3) in subparagraph (C), by striking “in the collection of the results and outcomes of at least one study”.

(b) IN GENERAL.—Subject to the succeeding provisions of this subsection, the Secretary may make a payment to a State for the following services or programs for a child described in paragraph (2) and the parents or kin caregivers of the child when the need of the child, such a parent, or such a caregiver for the services or programs is directly related to the safety, permanence, or well-being of the child or to preventing the child from entering foster care:

(1) PREVENTION SERVICES AND PROGRAMS.—Mental health and substance abuse prevention and treatment services, maternal and child health services, and services or programs provided in accordance with the requirements specified in paragraph (1) may be provided.

(2) IN-PARENT SKILL-BASED PROGRAMS.—In-home parent skill-based programs for parents caring for foster children, in accordance with the requirements of this paragraph (2), may be provided.

(c) IMPLEMENTATION.—

(1) IN GENERAL.—Subject to the succeeding provisions of this subsection, the Secretary shall—

(I) identify any services or programs for the foster care prevention strategy for any child born to the youth; and

(II) develop and submit as part of the State plan required by subsection (a) a prevention services and programs plan component, with respect to each child for whom, or on whose behalf the State to be a child described in paragraph (2), the dates described in this paragraph (1) with respect to the child and the measures of important child and parent outcomes, such as mental health, substance abuse, and child safety and well-being, as established by the results or outcomes of at least two studies that—

(I) were rated by an independent systematic review for the quality of the study design and execution and determined to be well-designed and well-executed;

(II) was a rigorous random-controlled trial (or, if not available, a study using a rigorous quasi-experimental design); and

(III) was carried out in a usual care or practice setting; and

(III) comply with such other requirements as the Secretary shall establish.
programs specified in paragraph (1), including through periodic risk assessments throughout the period in which the services and programs are provided on behalf of a child and reevaluation of the extent to which the services or programs are necessary to determine the performance measures for the State under paragraph (6) and compliance with paragraph (7).

(C) REIMBURSEMENT FOR SERVICES UNDER THE PREVENTION PLAN.—The reimbursement to State agencies for services provided under the State plan under paragraph (4) for the provision of the services or programs if the State determines the risk of the child entering foster care remaining low or moderate, or to provide the services or programs:

(i) LIMITATION.—Except as provided in subclause (ii), a State may not receive a Federal payment under this part for a given promising, supported, or well-supported practice unless (in accordance with subparagraph (B)(iii)(V)) the plan includes a well-designed and rigorous evaluation strategy for that practice.

(ii) Waiver.—The Secretary may waive the requirement for a well-designed and rigorous evaluation of any well-supported practice if the Secretary determines that the evidence of the effectiveness of the practice to be compelling and the State meets the continuous quality improvement requirements included in subparagraph (B)(ii)(I) with regard to the practice.

(6) PREVENTION SERVICES MEASURES.—

(A) ESTABLISHMENT; ANNUAL UPDATES.—Beginning with fiscal year 2021, and annually thereafter, the Secretary shall establish the following prevention services measures based on information and data reported by States that elect to provide services and programs specified in paragraph (1):

(i) PERCENTAGE OF CANDIDATES FOR FOSTER CARE WHO DO NOT ENTER FOSTER CARE.—The percentage of candidates for foster care for whom, of the candidates for whom programs are provided who do not enter foster care, including those placed with a kin caregiver outside of foster care, during the 12-month period in which the services are provided for the child and for the preceding 3 years;

(ii) PER-CHILD SPENDING.—The total amount of expenditures made for mental health and substance abuse prevention and treatment services and with other public and private programs in the period in which the services or programs are provided for the child under the State plan under part B.

(B) DATA.—The Secretary shall establish and annually update the prevention services measures:

(i) based on the median State values of the information reported under each clause of subparagraph (A) for the 3 then most recent years; and

(ii) taking into account State differences in the price levels of consumption goods and services using the most recent regional price parities published by the Bureau of Labor Statistics of the Department of Commerce or such other data as the Secretary determines appropriate.

(C) PUBLICATION OF STATE PREVENTION SERVICES MEASURES.—The State shall annually make available to the public the prevention services measures of each State.

(7) MAINTENANCE OF EFFORT FOR STATE FOSTER CARE PREVENTION EXPENDITURES.—

(A) IN GENERAL.—If a State elects to provide services and programs specified in paragraph (1) for a fiscal year, the State foster care prevention expenditures for the fiscal year shall not be less than the amount of the expenditures for fiscal year 2014 (or, at the option of a State described in subparagraph (E), fiscal year 2015 or fiscal year 2016 (whichever the State elects)).

(B) STATE FOSTER CARE PREVENTION EXPENDITURES.—The term ‘State foster care prevention expenditures’ means the following:

(i) TANF; IV–IV; SSBG.—State expenditures for foster care prevention services and activities under the State program funded under part A (including from amounts made available by the Federal Government), under the State plan developed under part B (including any such amounts), or under the Social Services Block Grant Programs specified in Title XX (including any such amounts).

(ii) OTHER STATE PROGRAMS.—State expenditures for foster care prevention services and activities under the State program funded under part A (including from amounts made available by the Federal Government) or under the Social Services Block Grant Programs specified in section 471(e)(1) that are necessary to prevent the entry of the child into foster care are provided for in a prevention plan under section 474(a)(4)(A) as being at imminent risk of entering foster care by virtue of the fact that the child is eligible for foster care maintenance payments under section 474(a)(4)(A) for residing in the home of the caregiver for more than 6 months, is deemed to satisfy that requirement for purposes of determining whether the child is eligible for foster care maintenance payments under section 474(a)(4)(A).
(c) PAYMENTS UNDER TITLE IV-E.—Section 474(a) of such Act (42 U.S.C. 674(a)) is amended—

(1) in paragraph (5), by striking the period at the end and adding the following:

"(ii) not less than 50 percent of the total amount expended during the quarter for the provision of the services or programs specified in subparagraph (A) or (B) of section 474(a)(1) that are provided in accordance with well-supported practices; or

"(ii) 50 percent of so much of the expenditures as are found necessary by the Secretary, for the proper and efficient administration of the State plan for the provision of services or programs specified in section 474(e)(1), including expenditures for activities approved by the Secretary that promote the development of necessary procedures and processes to establish and implement the provision of the services and programs for individuals who are eligible for the services and programs and expenditures attributable to data collection and analysis; and

(ii) 50 percent of so much of the expenditures with respect to the provision of services and programs specified in section 474(e)(1) as are for training of personnel employed or preparing for employment by the State agency or by the local agencies administering the plan in the political subdivisions described in section 474(e)(2) and their parents or kin caregivers, including, in each case, those individuals who are eligible for the services or programs, how to identify and provide appropriate services and programs, and how to oversee and evaluate the provision of appropriate services and programs.",

(d) TECHNICAL ASSISTANCE AND BEST PRACTICES.—Clearinghouse, data collection, and evaluations relating to prevention services and programs.—

(1) TECHNICAL ASSISTANCE AND BEST PRACTICES.—The Secretary shall provide to States and, as applicable, to Indian tribes, tribal organizations, and tribal consortia, technical assistance and resources and training of personnel employed or preparing for services and programs described in section 474(e)(1) and shall disseminate best practices with respect to the provision of the services and programs, including how to plan and implement a well-designed and rigorous evaluation of a promising, supported, or well-supported practice.

(2) CLEARLY PROMISING, SUPPORTED, AND WELL-SUPPORTED PRACTICES.—The Secretary shall, directly or through grants, contracts, or interagency agreements, evaluate research on the practices specified in clauses (i), (ii), and (v), respectively, of section 474(e)(4)(C), and programs that meet the requirements described in section 474(a)(1), including culturally specific, or location- or population-based adaptations of the practices, to identify and establish a public clearinghouse of the practices that satisfy each category described by such clauses. In addition, the Secretary shall include information on the specific outcomes associated with each practice, including whether the practice has been shown to prevent child abuse and neglect and to reduce foster care placement by supporting birth families and kinship families and improving targeted supports for pregnant and parenting youth and their children.

(3) DATA COLLECTION AND EVALUATIONS.—The Secretary, directly or through grants, contracts, or interagency agreements, may collect data and conduct evaluations with respect to the provision of services and programs described in section 474(e)(1) for purposes of assessing the extent to which the provision of the services and programs—

"(A) reduces the likelihood of foster care placement;"

"(B) increases use of kinship care arrangements; or

"(C) improves child well-being."

(4) REPORTS TO CONGRESS.—

(A) IN GENERAL.—The Secretary shall submit to the Committee on Finance of the Senate and the Committee on Ways and Means of the House of Representatives reports based on the provision of services and programs described in section 474(e)(1) and the activities carried out under this subsection.

(B) PUBLIC AVAILABILITY.—The Secretary shall make the reports to Congress submitted under this paragraph publicly available.

(5) APPROPRIATION.—Out of any money in the Treasury of the United States not otherwise appropriated, there is appropriated to the Secretary $1,000,000 for fiscal year 2017 and each fiscal year thereafter to carry out this subsection.

(e) APPLICATION TO PROGRAMS OPERATED BY INDIAN TRIBAL ORGANIZATIONS.—

(1) IN GENERAL.—Section 479B of such Act (42 U.S.C. 679b) is amended—

(A) in subsection (a)(2), by striking "and (5)" after "and (3);"

(B) in subsection (a)(4), by—

(i) striking "or (4)"

(ii) by striking "and (5)" after "and (4);"

(C) the substance abuse treatment, parenting education, and family counseling is provided under an organization, and

(D) the programs for children and their parents or kin caregivers in accordance with section 474(e) and subparagraph (E); and

(2) CONFORMING AMENDMENT.—The heading of section 1108(a) of the Child Welfare Improvement and Enhanced Services Act (42 U.S.C. 672) is amended by striking "or 413(f)" and inserting "or 413(f), or 474(a)",

(f) ALLOWS FOR CONSIDERATION OF FACTORS UNIQUE TO THE CULTURE AND CONTEXT OF THE TRIBAL COMMUNITIES.—The Secretary shall allow for consideration of factors unique to the culture and context of the tribal communities served.

(g) IN GENERAL.—The Secretary shall specify the requirements applicable to States under section 474(e) and shall determine the nature and extent to which the provision of foster care services and the programs in the form of services and programs that are adapted to the culture and context of the tribal communities served.

(h) PERFORMANCE PLAN.—The Secretary shall establish specific performance measures for each tribe, organization, or consortium that elects to provide services and programs specified in section 474(e)(1) and specified performance measures shall, to the greatest extent practicable, be consistent with the requirements applicable to States under section 474(e) and shall specify the requirements applicable to States under section 474(e)(1) that are specified in the performance plans for States under section 471(e)(6) but that shall be unique to the culture and context of the tribal communities served.

(i) PERFORMANCE PLAN.—The Secretary shall establish specific performance measures for each tribe, organization, or consortium that elects to provide services and programs specified in section 474(e)(1) and specified performance measures shall, to the greatest extent practicable, be consistent with the requirements applicable to States under section 474(e)(6) but that shall be unique to the culture and context of the tribal communities served.

(j) CHILDREN PLACED WITH A PARENT RESIDING IN A LICENSED RESIDENTIAL FAMILY-BASED TREATMENT FACILITY FOR SUBSTANCE ABUSE.—

(1) IN GENERAL.—Section 472 of the Social Security Act (42 U.S.C. 672) is amended—

(A) in subsection (a), by striking "or (4)" and inserting "or (4)"

(B) in subsection (b)(2), by striking "or (4)" and inserting "or (4)"

(2) CONFORMING AMENDMENT.—The heading of section 1108(a) of the Social Security Act (42 U.S.C. 672) is amended by striking "or 413(f)" and inserting "or 413(f), or 474(a)".

(k) FOSTER CARE MAINTENANCE PAYMENTS FOR CHILDREN WITH PARENTS IN A LICENSED RESIDENTIAL FAMILY-BASED TREATMENT FACILITY FOR SUBSTANCE ABUSE.—

(1) IN GENERAL.—The requirements of paragraph (3) of subsection (b) of section 19012 of such Act (42 U.S.C. 672) are amended—

(A) in paragraph (1)(B), by striking "or (4)" and inserting "or (4)"

(B) in paragraph (2)(B), by striking "or (4)" and inserting "or (4)"

(2) CONFORMING AMENDMENT.—The heading of section 19012 of such Act (42 U.S.C. 672) is amended by striking "or (4)" and inserting "or (4)".

(l) FOSTER CARE MAINTENANCE PAYMENTS FOR CHILDREN WITH PARENTS IN A LICENSED RESIDENTIAL FAMILY-BASED TREATMENT FACILITY FOR SUBSTANCE ABUSE.—

(1) IN GENERAL.—The requirements of paragraph (3) of subsection (b) of section 19012 of such Act (42 U.S.C. 672) are amended—

(A) in paragraph (1)(B), by striking "or (4)" and inserting "or (4)"

(B) in paragraph (2)(B), by striking "or (4)" and inserting "or (4)".

(m) FOSTER CARE MAINTENANCE PAYMENTS FOR CHILDREN WITH PARENTS IN A LICENSED RESIDENTIAL FAMILY-BASED TREATMENT FACILITY FOR SUBSTANCE ABUSE.—

(1) IN GENERAL.—The requirements of paragraph (3) of subsection (b) of section 19012 of such Act (42 U.S.C. 672) are amended—

(A) in paragraph (1)(B), by striking "or (4)" and inserting "or (4)"

(B) in paragraph (2)(B), by striking "or (4)" and inserting "or (4)".
(b) CONFORMING AMENDMENT.—Section 474(a)(1) of such Act (42 U.S.C. 674(a)(1)) is amended by inserting “subject to section 472(j),” before “an amount equal to the Federal the first place in paragraphs (4), (5), and (6).

SEC. 19013. TITLE IV–E PAYMENTS FOR EVIDENCE-BASED KINSHIP NAVIGATOR PROGRAMS

Section 474(a) of the Social Security Act (42 U.S.C. 674(a), as amended by section 19011(c), is amended—

(1) in paragraph (6), by striking the period at the end and inserting “; plus”; and
(2) by adding at the end the following:

“(7) the amount equal to 50 percent of the amount expended by the State during the quarter as the Secretary determines are for kinship navigator programs that meet the requirements described in section 472(a)(4) and that the Secretary determines are operated in accordance with promising, supported, or well-supported practices that meet the applicable criteria specified for the practices in section 471(e)(4)(C), without regard to whether the expenditures are incurred on behalf of children who are, or are potentially, eligible for foster care maintenance payments under this part.”.

Subtitle B—Enhanced Support Under Title IV–B

SEC. 19021. ELIMINATION OF TIME LIMIT FOR FAMILY REUNIFICATION SERVICES WHILE IN FOSTER CARE AND PERMITTED FAMILY REUNIFICATION SERVICES WHEN A CHILD RETURNS HOME FROM FOSTER CARE

(a) IN GENERAL.—Section 431(a)(7) of the Social Security Act (42 U.S.C. 629a(a)(7)) is amended—

(1) in the heading, by striking “TIME-LIMITED FAMILY” and inserting “Family’’; and
(2) in paragraph (A)—

(A) by striking “time-limited family” and inserting “family’’; and
(B) by inserting “or a child who has been returned home” after “child care institution’’; and
(C) by striking “, but only during the 15-month period that begins on the date that the child, pursuant to section 475(f)(3), is considered to have entered foster care’’ and inserting “and to ensure the strength and stability of the reunification. In the case of a child who has been in foster care, the services and activities shall only be provided during the 15-month period that begins on the date that the child returns home’’.

(b) CONFORMING AMENDMENTS.—

(1) Section 430 of such Act (42 U.S.C. 629) is amended in the matter preceding paragraph (1), by striking “time-limited”.
(2) Subsections (a)(4), (a)(5)(A), and (b)(1) of section 432 of such Act (42 U.S.C. 629b) are amended by striking “time-limited” each place it appears.

SEC. 19022. REDUCING BUREAUCRACY AND UNNECESSARY DELAYS WHEN PLACING CHILDREN IN HOMES ACROSS STATE LINES

(a) STATE PLAN REQUIREMENT.—Section 471(a)(25) of the Social Security Act (42 U.S.C. 671(a)(25)) is amended—

(1) by striking “provide” and inserting “provides’’; and
(2) by inserting “, which, not later than October 1, 2026, shall include the use of an electronic interstate case-processing system” before the first semicolon.

(b) GRANTS FOR THE DEVELOPMENT OF AN ELECTRONIC INTERSTATE CASE-PROCESSING SYSTEM TO EXPEDITE THE INTERSTATE PLACEMENT OF CHILDREN IN FOSTER CARE OR GUARDIANSHIP, OR FOR ADOPTION.

(1) PURPOSE.—The purpose of this subsection is to facilitate the development of an electronic interstate case-processing system for the exchange of data and documents to expedite the placements of children in foster, guardianship, or adoptive homes.
(2) APPLICATION REQUIREMENTS.—A State that desires a grant under this subsection shall submit to the Secretary an application containing—

(A) a description of the goals and outcomes to be achieved during the period for which grant funds are sought, which goals and outcomes must result in—

(i) reducing the time it takes for a child to be provided with a safe and appropriate permanent living arrangement;
(ii) improving administrative processes and reducing costs in the foster care system; and
(iii) the secure exchange of relevant case files and other necessary materials in real time, and timely communications and placement decisions regarding interstate placements of children.
(B) a description of the activities to be funded in whole or in part with the grant funds, including the sequencing of the activities.
(C) a description of the strategies for integrating programs and services for children who are placed across State lines.
(D) such other information as the Secretary may require.
(3) GRANT AUTHORITY.—The Secretary may make a grant to a State that complies with paragraph (2).
(4) USE OF FUNDS.—A State to which a grant is made under this subsection shall use the grant to support the State in connecting with the electronic interstate case-processing system described in paragraph (2).
(5) EVALUATION.—Not later than 1 year after the final year in which grants are awarded under this subsection, the Secretary shall submit to the Congress, and make available to the general public by posting on a website, a report that contains the following information:

(A) how using the electronic interstate case-processing system developed pursuant to paragraph (4) has changed the time it takes for children to be placed across State lines.
(B) the number of cases subject to the Interstate Compact on the Placement of Children that were processed through the electronic interstate case-processing system, and the number of interstate child placement cases that were processed outside of the interstate case-processing system, by each State in each year.
(C) the progress made by States in implementing the electronic interstate case-processing system.
(D) how using the electronic interstate case-processing system has affected administrative costs and caseworker time spent on placing children across State lines.
(6) DATA INTEGRATION.—The Secretary, in consultation with the Secretariat for the Interstate Compact on the Placement of Children and the States, shall assess how the electronic interstate case-processing system developed pursuant to paragraph (4) could be used to better serve and protect children that come to the attention of the child welfare system, by—

(A) connecting the system with other data systems maintained by State law enforcement and judicial agencies, systems operated by the Federal Bureau of Investigation for the purposes of the Innocence Lost National Initiative, and other systems;
(B) simplifying and improving reporting related to paragraphs (34) and (35) of section 471(a) regarding children or youth who have been identified as being a sex trafficking victim or children missing from foster care; and
(C) improving the ability of States to quickly connect with background requirements of section 471(a)(20), including checks of child abuse and neglect registries as required by section 471(a)(20)(B).
(7) an amount equal to 50 percent of the amount made available for fiscal year 2017 for grants under subsection (a), and the amount so reserved shall remain available through fiscal year 2021.

SEC. 19023. ENHANCEMENTS TO GRANTS TO IMPROVE WELL-BEING OF FAMILIES AFFECTED BY SUBSTANCE ABUSE

(a) IN GENERAL.—Section 471(l) of the Social Security Act (42 U.S.C. 629l) is amended—

(1) in the subsection heading, by striking “INCREASE THE WELL-BEING OF, AND TO IMPROVE THE PERMANENCY OUTCOMES FOR, CHILDREN AFFECTED BY” and inserting “IMPLEMENT IV–E PREVENTION SERVICES, AND IMPROVE THE WELL-BEING OF, AND IMPROVE PERMANENCY OUTCOMES FOR, CHILDREN AND FAMILIES AFFECTED BY”;
(2) by striking paragraph (2) and inserting the following:

“(B) NATIONAL PARTNERSHIP DEFINED.—In this subsection, the term ‘national partnership’ means a collaboration agreement (which may be established on an interstate, State, or intrastate basis) entered into by the following:

(A) MANDATORY PARTNERS FOR ALL PARTNERSHIP GRANTS.—The State child welfare agency that is responsible for the administration of the State plan under this part and part E.
(B) The State agency responsible for administering the substance abuse prevention and treatment block grant provided under subpart II of part B of title XIX of the Public Health Service Act.
(C) PARTNERSHIP GRANTS PROPOSING TO SERVE CHILDREN IN OUT-OF-HOME PLACEMENTS.—If the partnership proposes to serve children in out-of-home placements, the Juvenile Court or Administrative Office of the Court that is most appropriate to oversee the administration of court programs in the State.
(D) MANDATORY PARTNERS FOR PARTNERSHIP GRANTS PROPOSING TO SERVE CHILDREN IN OUT-OF-HOME PLACEMENTS.—If the partnership proposes to serve children in out-of-home placements, the Juvenile Court or Administrative Office of the Court that is most appropriate to oversee the administration of court programs in the State.
(E) AN INDIAN TRIBE OR TRIBAL CONSORTIUM.
(F) NONPROFIT CHILD WELFARE SERVICES PROVIDER.
(G) FOR-PROFIT CHILD WELFARE SERVICES PROVIDER.
(H) COMMUNITY HEALTH SERVICES PROVIDER.
(I) LOCAL LAW ENFORCEMENT AGENCIES.
(J) SCHOOL PERSONNEL.
(K) TRIBAL WELFARE AGENCIES OR A CONSORCIA OF THE AGENCIES.
(L) ANY OTHER PROVIDER, AGENT, OR SUBCONTRACTOR THAT IS RESPONSIBLE FOR THE DELIVERY OF SERVICES TO CHILDREN OR YOUTH OR RECRUITMENT OF FAMILIES WHO COME TO THE ATTENTION OF THE COURT DUE TO CHILDBEING OR NEGLECT.
(M) OPTIONAL PARTNERS.—At the option of the partnership, any of the following:

(i) AN INDIAN TRIBE OR TRIBAL CONSORCIA.
(ii) NONPROFIT CHILD WELFARE SERVICES PROVIDER.
(iii) FOR-PROFIT CHILD WELFARE SERVICES PROVIDER.
(iv) COMMUNITY HEALTH SERVICES PROVIDER.
(v) LOCAL LAW ENFORCEMENT AGENCIES.
(vi) SCHOOL PERSONNEL.
(vii) TRIBAL WELFARE AGENCIES OR A CONSORCIA OF THE AGENCIES.
(viii) ANY OTHER PROVIDER, AGENT, OR SUBCONTRACTOR.

(b) GRANTS.—

(1) PURPOSE.—The purpose of this subsection is to increase the well-being of, and to improve the permanency outcomes for, children affected by—

(A) substance abuse prevention and treatment, including the sequencing of the activities.
(B) State or local governments, or State-recognized Tribal governments that desire to establish a partnership with any of the other partners described in paragraph (1).

(2) CONDUCTING AN ASSESSMENT.—(A) A State or local government, or State-recognized Tribal government, that desires to establish a partnership may apply to the Secretary for a grant to carry out an assessment of the child welfare system, by—

(i) identifying an alliance, collaborative agreement, or consortium of the agencies; and
(ii) may not enter into a collaborative agreement only with tribal child welfare agencies (or a consortium of the agencies); and
(C) if the conditions of paragraph (2)(B) apply, may include tribal court organizations in lieu of other judicial partners.”,

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(ii) by striking “in using funds made available under such grants to achieve the purpose of this subsection” and inserting “and establish a set of core indicators related to child safety, paren- tal availability, parenting capacity, and family well-being. In developing the core indicators, to the extent possible, indicators shall be made consistent with the outcome measures described in section 471(e)”; and

(B) in subparagraph (B)—

(i) in the matter preceding clause (i), by inserting ‘‘PLANNING’’ after ‘‘APPROVAL’’;

(ii) in clause (i), by striking ‘‘clause (ii)’’ and inserting ‘‘clauses (ii) and (iii)’’; and

(iii) by adding at the end the following:

‘‘(iii) Other stakeholders or constituencies as determined by the Secretary.’’;

(b) in paragraph (9)(A), by striking clause (i) and inserting the following:

‘‘(i) SEMIANNUAL REPORTS.—Not later than September 30 of each fiscal year in which a recip- ient of a grant under this subsection is paid funds under the grant, and every 6 months thereafter, the grant recipient shall submit to the Secretary a report on the services provided and activities carried out during the reporting period, progress made in achieving the goals of the program, the number of children, adults, and families receiving services, and such addi- tional information as the Secretary determines is necessary. The report due not later than Sep- tember 30 of the last such fiscal year shall in- clude, at a minimum, data on each of the per- formance indicators included in the evaluation of the regional partnership.’’;

and

(C) by adding at the end the following:

‘‘(D) LIMITATION ON PAYMENT FOR A FISCAL YEAR.—No payment shall be made under sub- paragraph (A) or (C) for a fiscal year until the Secretary determines that the eligible partner- ship grants under this subsection are coordinating to a rea- sonable degree with the other members of the el- igible partnership.’’.

(3) in paragraph (3)—

(A) in subparagraph (A)—

(i) by striking ‘‘2012 through 2016’’ and inserting ‘‘2017 through 2021’’;

(ii) in subparagraph (B), by inserting ‘‘and families receiving services, and such addi- tional information as the Secretary determines is necessary. The report due not later than Sep- tember 30 of the last such fiscal year shall in- clude, at a minimum, data on each of the per- formance indicators included in the evaluation of the regional partnership.’’;

and

(C) by adding at the end the following:

‘‘(D) LIMITATION ON PAYMENT FOR A FISCAL YEAR.—No payment shall be made under sub- paragraph (A) or (C) for a fiscal year until the Secretary determines that the eligible partner- ship grants under this subsection are coordinating to a rea- sonable degree with the other members of the el- igible partnership.’’.

(4) in paragraph (4)—

(A) in subparagraph (B)—

(i) by inserting ‘‘parents, and families’’ after ‘‘children’’;

(ii) in clause (ii), by striking ‘‘safety and per- formance for such children; and’’ and inserting ‘‘safe, permanent caregiving relationships for the children;’’;

(iii) in clause (iii), by striking ‘‘of’’ and inserting ‘‘increase reunification rates for children who have been placed out of home care, or decrease’’; and

(iv) by redesignating clause (iii) as clause (v) and inserting after clause (ii) the following:

‘‘(iii) facilitate the implementation, delivery, and effectiveness of prevention services and pro- grams under section 471(e);’’;

(B) in subparagraph (D), by striking ‘‘where appropriate’’;

and

(C) by striking subparagraphs (E) and (F) and inserting the following:

‘‘(E) Additional information needed by the Secretary to determine that the proposed activi- ties and implementation will be consistent with research or evaluations showing which practices and implementation will be consistent with the outcome measures described in section 471(e) and activities carried out during the reporting period, progress made in achieving the goals of the program, the number of children, adults, and families receiving services, and such addi- tional information as the Secretary determines is necessary. The report due not later than Sep- tember 30 of the last such fiscal year shall in- clude, at a minimum, data on each of the per- formance indicators included in the evaluation of the regional partnership.’’;

(5) in paragraph (5)—

(A) by striking ‘‘and’’ at the end of subpara- graph (C); and

(B) by redesignating subparagraph (D) as sub- paragraph (E) and inserting after subparagraph (C) the following:

‘‘(D) demonstrate a track record of successful collaboration among child welfare, substance abuse treatment, and mental health agencies;’’;

(6) in paragraph (7)—

(A) in subparagraph (A)—

(i) by striking ‘‘Family First’’ and inserting ‘‘review indicators that are’’; and

(ii) by striking ‘‘in using funds made available under such grants to achieve the purpose of this subsection’’ and inserting ‘‘and establish a set of core indicators related to child safety, paren- tal availability, parenting capacity, and family well-being. In developing the core indicators, to the extent possible, indicators shall be made consistent with the outcome measures described in section 471(e)’’;

(B) in subparagraph (B)—

(i) in the matter preceding clause (i), by inserting ‘‘PLANNING’’ after ‘‘APPROVAL’’;

(ii) in clause (i), by striking ‘‘clause (ii)’’ and inserting ‘‘clauses (ii) and (iii)’’; and

(iii) by adding at the end the following:

‘‘(iii) Other stakeholders or constituencies as determined by the Secretary.’’;

(b) in paragraph (9)(A), by striking clause (i) and inserting the following:

‘‘(i) SEMIANNUAL REPORTS.—Not later than September 30 of each fiscal year in which a recip- ient of a grant under this subsection is paid funds under the grant, and every 6 months thereafter, the grant recipient shall submit to the Secretary a report on the services provided and activities carried out during the reporting period, progress made in achieving the goals of the program, the number of children, adults, and families receiving services, and such addi- tional information as the Secretary determines is necessary. The report due not later than Sep- tember 30 of the last such fiscal year shall in- clude, at a minimum, data on each of the per- formance indicators included in the evaluation of the regional partnership.’’;

and

(C) by adding at the end the following:

‘‘(D) LIMITATION ON PAYMENT FOR A FISCAL YEAR.—No payment shall be made under sub- paragraph (A) or (C) for a fiscal year until the Secretary determines that the eligible partner- ship grants under this subsection are coordinating to a rea- sonable degree with the other members of the el- igible partnership.’’.

(3) in paragraph (3)—

(A) in subparagraph (A)—

(i) by striking ‘‘2012 through 2016’’ and inserting ‘‘2017 through 2021’’;

(ii) in subparagraph (B), by striking ‘‘and’’ after the semicolon;

and

(C) by adding at the end the following:

‘‘(D) LIMITATION ON PAYMENT FOR A FISCAL YEAR.—No payment shall be made under sub- paragraph (A) or (C) for a fiscal year until the Secretary determines that the eligible partner- ship grants under this subsection are coordinating to a rea- sonable degree with the other members of the el- igible partnership.’’.

(6) in paragraph (6)—

(A) by striking ‘‘of’’ and inserting ‘‘and’’;

and

(B) by redesignating subparagraph (D) as sub- paragraph (E) and inserting after subparagraph (C) the following:

‘‘(E) Additional information needed by the Secretary to determine that the proposed activities and implementation will be consistent with research or evaluations showing which practices and approaches are most effective.‘‘;

(5) in paragraph (5)(A), by striking ‘‘abuse treat- ment’’ and inserting ‘‘use disorder treat- ment’’; and

(C) by adding at the end the following:

‘‘(D) describes the plan for the transition of such program in the case of a State that has a 2-year legislative ses- sion, an Indian tribe, tribal organization, or tribal consortium which the Secretary of Health and Human Services determines requires State legis- lation (other than legislation appropriating funds for such program), to develop and implement of a comprehen- sive, statewide plan to prevent the fatalities that involves and engages relevant public and pri- vate agency partners, including those in public health and the courts.’’.

SEC. 19033. MODERNIZING THE TITLE AND PUR- POSE OF TITLE IV-E.

(a) PART HEADING.—The heading for part E of title IV of the Social Security Act (42 U.S.C. 667 et seq.) is amended to read as follows:

‘‘PART E—FEDERAL PAYMENTS FOR FOS- TER CARE, PREVENTION, AND PERMA- NENT PLAN TO PREVENT CHILD ABUSE’’;

(b) PURPOSE.—The first sentence of section 470 of such Act (42 U.S.C. 670) is amended—

(1) by striking ‘‘1995’’ and inserting ‘‘1996’’;

(2) by inserting ‘‘kinship guardianship assistance, and prevention services or programs speci- fied in section 471(e)(1), after ‘‘needs,’’; and

(3) by striking ‘‘(commencing with the fiscal year which begins October 1, 1980)’’.

SEC. 19034. EFFECTIVE DATES.

(a) EFFECTIVE DATES.—

(1) IN GENERAL.—Except as provided in para- graph (2), subject to subsection (b), the amend- ments made by this title shall take effect on January 1, 2017.

(2) EXCEPTIONS.—The amendments made by sections 19031 and 19032 shall take effect on the date of enactment of this Act.

(b) TRANSITION RULE.—

(1) IN GENERAL.—In the case of a State plan un- der section 429 of title IV of the Social Security Act which the Secretary of Health and Human Services determines requires State legis- lation (other than legislation appropriating funds for such program) to develop and implement of any additional requirements imposed by the amendments made by this title, the State plan shall not be re- garded as failing to comply with the require- ments of such part of title IV in the case of the failure of the plan to meet such additional require- ments before the first day of the first calen- dar quarter beginning after the close of the first regular session of the State legislature that begins after the date of enactment of this Act. For purposes of the previous sentence, in the case of a State that has a 2-year legislative ses- sion, the first regular session shall be deemed to be a separate regular session of the State legislature.

(2) APPLICATION TO PROGRAMS OPERATED BY AN INDIAN TRIBAL ORGANIZATION.—In the case of a State that has a 2-year legislative ses- sion, the first regular session shall be deemed to be a separate regular session of the State legislature.

(c) TRANSITION RULE.—

(1) IN GENERAL.—In case of a State that has a 2-year legislative ses- sion, tran-
additional requirements before being regarded as failing to comply with the requirements.

**TITLE XX—ENSURING THE NECESSITY OF A PLACEMENT THAT IS NOT IN A FOSTER FAMILY HOME**

SEC. 20010. LIMITATION ON FEDERAL FINANCIAL PARTICIPATION FOR PLACEMENTS THAT ARE NOT IN FOSTER FAMILY HOME

(a) LIMITATION ON FEDERAL FINANCIAL PARTICIPATION.—

(1) IN GENERAL.—Section 472 of the Social Security Act (42 U.S.C. 672), as amended by section 152(b), is amended by inserting after subsection (k) the following new subsection:

(B) In the case of a child placed in a qualified residential treatment program (as defined in paragraph (4)), the requirements specified in paragraph (9) of subsection (a) of section 475A(c) are met.

(2) SPECIFIED SETTINGS FOR PLACEMENT.—The settings for placement specified in this paragraph are the following:

(A) A qualified residential treatment program (as defined in paragraph (4));

(B) A setting specializing in providing pre-natal, post-partum, or parenting support for youth;

(C) In the case of a child who has attained 18 years of age, a supervised setting in which the child is living independently.

(D) A setting providing high-quality residential care and supportive services to children and youth who have been found to be, or are at risk of becoming, sex trafficking victims, in accordance with the requirements of the system established under section 475A(c)(3).”.

(3) ASSESSMENT TO DETERMINE APPROPRIATENESS OF PLACEMENT IN A QUALIFIED RESIDENTIAL TREATMENT PROGRAM.—

(A) DEADLINE FOR ASSESSMENT.—In the case of a child who is placed in a qualified residential treatment program, if the assessment required under section 475A(c)(1) is not completed within 30 days after the placement is made, no Federal payment shall be made to the State under section 474a(1) for any amounts expended for foster care maintenance payments on behalf of the child during the placement.

(B) DEADLINE FOR TRANSIT OUT OF PLACEMENT.—If the assessment required under section 475A(c)(1) determines that the placement of a child in a residential treatment program is not appropriate, a court disapproves such a placement under section 475A(c)(2), or a child who has been in an approved placement in a qualified residential treatment program is going to return home or be placed with a fit and willing relative, a legal guardian, or an adoptive parent, or in a foster family home, Federal payments shall be made to the State under section 474a(1) for amounts expended for foster care maintenance payments on behalf of the child while the child remains in the qualified residential treatment program only during the period necessary for the child to transition home or to such a placement. In no event shall a State receive Federal payments under section 474a(1) for amounts expended for foster care maintenance payments on behalf of a child who remains placed in a qualified residential treatment program after the end of the 30-day period that begins on the date a determination is made that the placement is no longer the recommended or approved placement for the child.

(4) FLEXIBILITY IN STAFFING REQUIREMENTS FOR QUALIFIED RESIDENTIAL TREATMENT PROGRAMS.—For purposes of this part, the term ‘qualified residential treatment program’ means a program that:

(A) Is a trauma-informed treatment model that is designed to address the needs, including clinical needs as appropriate, of children with serious emotional or behavioral disorders or disturbances, with respect to a child, is able to implement the treatment identified for the child by the assessment of the child required under section 475A(c);

(B) Subject to paragraph (5), has registered or licensed nursing staff and other licensed clinical staff who—

(i) provide care within the scope of their practice as defined by State law;

(ii) are on-site during business hours; and

(iii) are available 24 hours a day and 7 days a week;

(C) To extent appropriate, and in accordance with the child’s best interests, facilitates participation of family members in the child’s treatment process;

(D) Facilitates outreach to the family members of the child, including siblings, documents how the outreach is made (including contact information), and whether the outreach was for any known biological family and fictive kin of the child;

(E) Documents how family members are integrated into the treatment process for the child, including how sibling connections are maintained;

(F) Provides discharge planning and family-based aftercare support for at least 6 months post-discharge; and

(G) Is licensed in accordance with section 474a(10) and is accredited by any of the following independent, not-for-profit organizations:

(i) The Commission on Accreditation of Healthcare Organizations (JCAHO).

(ii) The Council on Accreditation (COA).

(iii) The Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

(iii) The Joint Commission.

(iv) The Commission on Accreditation of Healthcare Organizations (JCAHO).

(v) The Commission on Accreditation of Healthcare Organizations (JCAHO).

(vi) The Commission on Accreditation of Healthcare Organizations (JCAHO).

(vii) The Commission on Accreditation of Nursing Home Surveyors (JCAHO).

(viii) The Commission on Accreditation of Nursing Home Surveyors (JCAHO).

(ix) The Commission on Accreditation of Nursing Home Surveyors (JCAHO).

(x) The Commission on Accreditation of Nursing Home Surveyors (JCAHO).

(B) CONFORMING AMENDMENT.—Section 474a(4), as amended by amendments made by section 1901(b), is amended by striking ‘section 472(1)’ and inserting ‘sections (1) and (5) of section 472’.

(1) FOSTER FAMILY HOME.—In the case of a foster family home, the term ‘foster family home’ means the home of an individual or family—

(i) that is licensed or approved by the State in which it is situated as a foster family home that meets the standards established for the licensing or approval of foster family homes by the State;

(ii) in which a child in foster care has been placed in the care of an individual, who resides with the child and who has been licensed or approved by the State to be a foster parent;

(iii) that provides the care for not more than six children in foster care;

(iv) that provides care for children placed away from their parents or other caregivers; and

(v) that provides care for children placed away from their parents or other caregivers.

(2) STATE FLEXIBILITY.—The number of foster children that may be cared for in a home under subparagraph (A) may exceed the number specified in subparagraph (A), at the option of the State, for any of the following reasons:
“(i) To allow a parenting youth in foster care to remain with the child of the parenting youth.

“(ii) To allow siblings to remain together.

“(iii) To allow a child with an established meaningful relationship with the family to remain with the family.

“(iv) To allow a family with special training or skills to provide care to a child who has a severe disability.

“(v) RULE OF CONSTRUCTION.—Subparagraph (A) shall not be construed as prohibiting a foster parent from renting the home in which the parent cares for a foster child placed in the parent’s care.

“(2) CHILD-CARE INSTITUTION.—

“(A) IN GENERAL.—The term ‘child-care institution’ means a private child-care institution, or a public child-care institution which accommodates no more than 25 children, which is licensed by the State in which it is situated or has been approved by the agency of the State responsible for licensing or approval of institutions of this type as meeting the standards established for the licensing.

“(B) SUPERVISED SETTINGS.—In the case of a child who has attained 18 years of age, the term shall include a supervised setting in which the individual is provided independently, in accordance with such conditions as the Secretary shall establish in regulations.

“(C) EXCLUSIONS.—The term shall not include detention facilities, forensic camps, training schools, or any other facility operated primarily for the detention of children who are determined to be delinquent.”.

(c) TRAINING FOR STATE JUDGES, ATTORNEYS, AND OTHER LEGAL PERSONNEL IN CHILD WELFARE CASES.—Section 438(b)(1) of such Act (42 U.S.C. 629h(b)(1)) is amended in the matter preceding subparagraph (A) by inserting “shall provide for the training of judges, attorneys, and other legal personnel in child welfare cases on Federal child welfare policies and payment limitations with respect to children in foster care who are placed in settings that are not a foster family home,” after “with respect to the child,”.

(d) ASSURANCE OF NONIMPACT ON JUVENILE JUSTICE SYSTEM.—

(1) STATE PLAN REQUIREMENT.—Section 471(a) of such Act (42 U.S.C. 671(a)), as amended by section 1903, is further amended by adding at the end the following:

“(37) includes a certification that, in response to the limitation imposed under section 472(k) with respect to child welfare systems made on behalf of any child who is placed in a setting that is not a foster family home, the State will not enact or advance policies or practices that would result in a significant increase in the population of youth in the State’s juvenile justice system.”.

(2) GAO STUDY AND REPORT.—The Comptroller General of the United States shall evaluate the impact of the juvenile justice systems of the limited imposition under section 472(k) of the Social Security Act (as added by section 19061(a)(1)) on foster care maintenance payments made on behalf of any child who is placed in a setting that is not a foster family home, in accordance with the amendments made by sections (a) and (b) of this section. In particular, the Comptroller General shall evaluate the extent to which children in foster care who are also subject to the juvenile justice system of the State are placed in a facility under the jurisdiction of the juvenile justice system and whether the lack of available congregate care placement systems under the jurisdiction of the child welfare systems is a contributing factor to that result. Not later than December 31, 2022, the Comptroller General shall submit to Congress a report on the results of the evaluation.

SEC. 20002. ASSESSMENT AND DOCUMENTATION OF THE NEED FOR PLACEMENT IN A QUALIFIED RESIDENTIAL TREATMENT PROGRAM.

Section 475A of the Social Security Act (42 U.S.C. 675a) is amended by adding at the end the following:

“(c) ASSESSMENT, DOCUMENTATION, AND JUDICIAL DETERMINATION REQUIREMENTS FOR PLACEMENT IN A QUALIFIED RESIDENTIAL TREATMENT PROGRAM.—In the case of any child who is placed in a qualified residential treatment program (as defined in section 472(k)(4)), the following requirements shall apply for purposes of approving the case plan for the child and the case system setting in which the child was removed: (1) Within 30 days of the start of each placement in such a setting, a qualified individual (as defined in subparagraph (D)) shall—

“(i) assess the strengths and needs of the child using an age-appropriate, evidence-based, validated, functional assessment tool approved by the Secretary;

“(ii) determine whether the needs of the child can be met with family members or through placement in a foster family home or, if not, which setting from among the settings specified in section 472(k)(2) would provide the most effective and appropriate level of care for the child in the least restrictive environment and be in the best interest of the child; and

“(iii) develop a list of child-specific short- and long-term goals and health goals.

“(D) The State shall assemble a family and permanency team for the child in accordance with the requirements of clauses (ii) and (iii). The qualified individual conducting the assessment required under subparagraph (A) shall work in conjunction with the family of, and permanency team for, the child while conducting and making the assessment.

“(ii) The family and permanency team shall consist of all appropriate biological family members, relative, and fictive kin of the child, as well as, as appropriate, professionals who are a resource to the family of the child, such as teachers, medical or mental health providers who have treated the child, or clergy. In the case of a child who has attained age 14, the family and permanency team shall include the members of the permanency planning team for the child that are selected by the child in accordance with such conditions as the Secretary shall establish.

“(iii) The State shall document in the child’s case plan—

“(I) the reasonable and good faith effort of the State to identify and include all such individuals on the family of, and permanency team for, the child;

“(II) all contact information for members of the family and permanency team, as well as contact information for other family members and fictive kin who are not part of the family and permanency team;

“(III) evidence that meetings of the family and permanency team, including meetings relating to the assessment required under subparagraph (A), are held at a time and place convenient for family;

“(IV) if reunification is the goal, evidence demonstrating that the parent from whom the child was removed provided input on the views and preferences of the family and permanency team; and

“(V) evidence that the assessment required under subparagraph (A) is determined in conjunction with the family and permanency team, and

“(VI) the placement preferences of the family and permanency team relative to the assessment and the placement setting recommended by the qualified individual conducting the assessment under subparagraph (A), including how the preferences of the team and of the child were not recommended.

“(C) In the case of a child who the qualified individual conducting the assessment under subparagraph (A) determines should not be placed in a foster family home, the qualified individual shall specify the reasons why the needs of the child cannot be met by the family of the child in a foster family home. A shortage or lack of foster family homes shall not be an acceptable reason that a need of the child cannot be met in a foster family home. The qualified individual also shall specify in writing why the recommended placement—

“(I) is the most effective and appropriate level of care for the child in the least restrictive environment and that placement is consistent with the short- and long-term goals for the child, as specified in the permanency plan for the child.

“(II) To the extent to which the qualified individual means a trained professional or licensed clinician who is—

“(i) not an employee of the State agency and who is not connected to, or affiliated with, any placement setting in which children are placed by the State;

“(ii) The Secretary may approve a request of a State to waive any requirement in clause (i) upon a submission by the State, in accordance with criteria established by the Secretary, that demonstrates that the trained professionals or licensed clinicians with responsibility for performing the assessments described in subparagraph (A) shall maintain objectivity with respect to determining the most effective and appropriate placement for a child.

“(2) Within 60 days of the start of each placement in a qualified residential treatment program, a family or juvenile court or another court (including a tribal court) of competent jurisdiction, or an administrative body appointed or approved by the court (including a tribal court) of competent jurisdiction, shall—

“(A) consider the assessment, determination, and documentation made by the qualified individual conducting the assessment under paragraph (1);

“(B) determine whether the needs of the child can be met through placement in a foster family home or, if not, whether placement of the child in a qualified residential treatment program provides the most effective and appropriate level of care for the child in the least restrictive environment and whether that placement is consistent with the short- and long-term goals for the child, as specified in the permanency plan for the child;

“(C) approve or disapprove the placement.

“(2) The written documentation made under paragraph (1)(C) and documentation of the determination of the placement in a qualified residential treatment program by a court or administrative body under paragraph (2) shall be included in and made part of the case plan for the child.

“(4) As long as a child remains placed in a qualified residential treatment program, the State agency shall submit evidence at each status review and each permanency hearing held with respect to the child—

“(A) demonstrating that ongoing assessment of the strengths and needs of the child continued to support the conclusion that the needs of the child cannot be met through placement in a foster family home, that the placement in a qualified residential treatment program provides the most effective and appropriate level of care for the child in the least restrictive environment, and that the placement is consistent with the short- and long-term goals for the child, as specified in the permanency plan for the child;

“(B) documenting the specific treatment or service needs that will be met for the child in the least restrictive environment and the least restrictive environment that is expected to need the treatment or services; and

“(C) documenting the efforts made by the State agency to prepare the child to return home to a parent, legal guardian, or an adoptive parent, or in a foster family home.
“(5) In the case of any child who is placed in a qualified residential treatment program for more than 12 consecutive months or 18 nonconsecutive months (or, in the case of a child who has not attained the age of 13, for more than 6 consecutive or nonconsecutive months), the State agency shall submit to the Secretary—

(A) the most recent versions of the evidence and documentation specified in paragraph (4); and

(B) the signed approval of the head of the State agency for the continued placement of the child in that setting.”.

SEC. 20002. PROTOCOLS TO PREVENT INAPPROPRIATE DIAGNOSES.

(a) STATE PLAN REQUIREMENT.—Section 422(b)(15)(A) of the Social Security Act (42 U.S.C. 622(b)(15)(A)) is amended—

(1) in clause (vi), by striking “and” after the semicolon;

(2) by redesigning clause (vii) as clause (viii); and

(3) by inserting after clause (vii) the following:

“(viii) the procedures and protocols the State has established to ensure that children in foster care placements are not inappropriately diagnosed with mental illness, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities, and placed in settings of care that are not consistent with the criteria for the appropriate diagnosis;”.

(b) EVALUATION.—Section 476 of such Act (42 U.S.C. 629c) is further amended by adding at the end the following:

“(e) EVALUATION OF STATE PROCEDURES AND PROTOCOLS TO PREVENT INAPPROPRIATE DIAGNOSES.—On or before October 1, 2019, and each year thereafter, the Secretary shall conduct an evaluation of the procedures and protocols established by States in accordance with the requirements of section 422(b)(15)(A)(viii). The evaluation shall analyze the extent to which States comply with and enforce the procedures and protocols and the effectiveness of various State procedures and protocols in ensuring that the children are not inappropriately diagnosed.

Not later than January 1, 2019, the Secretary shall submit a report on the results of the evaluation to Congress.

SEC. 20004. ADDITIONAL DATA AND REPORTS REGARDING CHILDREN PLACED IN A SETTING THAT IS NOT A FOSTER FAMILY HOME.

Section 479A(a)(7)(A) of the Social Security Act (42 U.S.C. 679b(a)(7)(A)) is amended by adding at the end the following:

“(ii) in paragraph (c)(4)(A)(vii) as clauses (iv) through (vii) and inserting the following:

“(v) In the case of any child who has not attained age 13, for more than 6 consecutive months (or, in the case of a child who has not attained age 13, for more than 12 consecutive months or 18 nonconsecutive months), the State agency shall submit to the Secretary—

(1) in paragraph (4)(A), by striking “after September 30, 2019” in subparagraph (A)(ii));”.

(c) APPLICATION TO STATES WITH WAIVERS.—In the case of a State that, on the date of enactment of this Act, has in effect a waiver approved under section 1130 of the Social Security Act (42 U.S.C. 623), the amendments made by this title shall not apply with respect to the State before the expiration (determined without regard to any extensions) of the waiver to the extent the amendments are inconsistent with the terms of the waiver.

TITLE XXI—CONTINUING SUPPORT FOR CHILD AND FAMILY SERVICES

SEC. 21001. SUPPORTING AND RETAINING FOSTER FAMILIES FOR CHILDREN.

(a) SUPPORTING AND RETAINING FOSTER PARENTS AS A FAMILY SUPPORT SERVICE.—Section 431(a)(2)(B) of the Social Security Act (42 U.S.C. 631(a)(2)(B)) is amended by redesignating clauses (i) through (vii) and inserting the following:

“(vi) to support and retain foster families so they can proceed with family-based settings for children in foster care.”.

(b) SUPPORT FOR FOSTER FAMILY HOMES; Section 436 of such Act (42 U.S.C. 629b) is amended by adding at the end the following:

“(c) SUPPORT FOR FOSTER FAMILY HOMES.—Out of any money in the Treasury of the United States not otherwise appropriated, there are appropriated for the period ending September 30, 2018, $8,000,000 for the Secretary to make competitive grants to States, Indian tribes, or tribal consortia to support the recruitment and retention and to develop the capacity of family members to provide care for children in family settings, including—

(1) in subsection (b)(3)(A), by striking “youths who have aged out of foster care and have not attained 21 years of age, in the case of a State with a certification under subsection (b)(3)(A)(ii) to provide assistance and services to youths who have aged out of foster care and have not attained such age, in accordance with such subsection” after “21 years of age”; and

(2) in subsection (2), by striking “(3) in subsection (b)(3)(A) by striking “(i)” before “A certification”;

(b) By striking “children who have left foster care” and all that follows through the period and inserting “youths who have aged out of foster care and have not attained 21 years of age,;” and

(c) By adding at the end the following:

“(i) the Secretary shall make to extend eligibility for foster care to all children who have not attained 21 years of age, or if the Secretary determines that the State agency responsible for administering the State plan under part B or E of title IV of the Social Security Act (42 U.S.C. 629b) is amended by striking “2012 through 2016” and inserting “2017 through 2021”;

(2) in paragraph (3), by striking “2012 through 2016” and inserting “2017 through 2021”;

(d) Reauthorization of State Contracts.—Section 438(c)(1) of such Act (42 U.S.C. 629c(c)(1)) is amended by striking “2012 through 2016” and inserting “2017 through 2021”.

SEC. 21002. EXTENSION OF CHILD AND FAMILY SERVICES PROGRAMS.

(a) Extension of Programs.—Section 425 of the Social Security Act (42 U.S.C. 625) is amended by striking “2012 through 2016” and inserting “2017 through 2021”.

(b) Extension of Federal Share.—Section 425 of such Act (42 U.S.C. 625) is amended by striking “2012 through 2016” and inserting “2017 through 2021”.

(c) Extension of Federal Share.—Section 425 of such Act (42 U.S.C. 625) is amended by striking “2012 through 2016” and inserting “2017 through 2021”.

(d) Extension of Federal Share.—Section 425 of such Act (42 U.S.C. 625) is amended by striking “2012 through 2016” and inserting “2017 through 2021”.

(e) Extension of Federal Share.—Section 425 of such Act (42 U.S.C. 625) is amended by striking “2012 through 2016” and inserting “2017 through 2021”.

(f) Extension of Federal Share.—Section 425 of such Act (42 U.S.C. 625) is amended by striking “2012 through 2016” and inserting “2017 through 2021”. ""
(1) in paragraph (4), by inserting “or does not expend allocated funds within the time period specified under section 477(d)(3)” after “provided by the Secretary”; and
(2) by inserting the following:
“(5) REDISTRIBUTION OF UNEXPENDED AMOUNTS.—
(A) AVAILABILITY OF AMOUNTS.—To the extent that amounts paid to States under this section in a fiscal year remain unexpended by the States at the end of the succeeding fiscal year, the Secretary may make the amounts available for redistribution in the second succeeding fiscal year among the States that apply for additional funds under this section for that second succeeding fiscal year.

(B) REDISTRIBUTION.—
(i) IN GENERAL.—The Secretary shall redistribute the amounts made available under subparagraph (A) for a fiscal year among eligible applicant States. In this subparagraph, the term ‘eligible applicant State’ means a State that has applied for additional funds for the fiscal year under subparagraph (A) if the Secretary determines that the State will use the funds for the purpose for which originally allotted under this section.

(ii) AMOUNT TO BE REDISTRIBUTED.—The amount to be redistributed to each eligible applicant State shall be the amount so made available multiplied by the State foster care ratio, (as defined in subsection (c)(4), except that—
(III) all eligible applicant States (as defined in subsection (d)(5)(B)(i)) shall be substituted for all States).

(iii) TREATMENT OF REDISTRIBUTED AMOUNT.—Any amount made available to a State under this paragraph shall be regarded as part of the allotment of the State under this section for the fiscal year in which the redistribution is made.

(C) TRIBES.—For purposes of this paragraph, the term ‘State’ includes an Indian tribe, tribal organization, tribal entity, or group of tribes that receives an allotment under this section.

(d) EXPANDING AND CLARIFYING THE USE OF EDUCATION AND TRAINING VOUCHERS.—
(1) IN GENERAL.—Section 477(i)(3) of such Act (42 U.S.C. 677(i)(3)) is amended—
(A) by striking “on the date” and all that follows through “23” and inserting “to remain eligible until they attain 26;” and
(B) by inserting “, but in no event may a youth participate in the program for more than 5 years (whether or not consecutive)” before the period.

(2) CONFORMING AMENDMENT.—Section 477(i)(3) of such Act (42 U.S.C. 677(i)(3)) is amended—
(A) by striking “who have attained 14 years of age” before the period.

(d) OTHER IMPROVEMENTS.—Section 477 of such Act (42 U.S.C. 677), as amended by subsections (a), (b), and (c), is amended—
(1) in the section heading, by striking “INDEPENDENCE PROGRAM” and inserting “PROGRAM FOR SUCCESSFUL TRANSITION TO ADULTHOOD”; and
(2) in subsection (a)—
(A) in paragraph (1)—
(i) by striking “identify children who are likely to remain in foster care until 18 years of age and to help these children make the transition to self-sufficiency by providing services” and inserting “support all youth who have experienced foster care at age 14 or older achieve meaningful, permanent connections with a caring adult”;
(ii) by striking “training in daily living skills, training in budgeting and financial management skills” and inserting “training and opportunities for life skills”;
(iii) by striking “training in daily living skills” and inserting “financial literacy training and driving instruction”; and
(B) in paragraph (2), by striking “who are likely to remain in foster care until 18 years of age prepare for and enter postsecondary training and education institutions” and inserting “have experienced foster care at age 14 or older engage in age or developmentally appropriate activities for development, and experiential learning that reflects what their peers in intact families experience”;
(I) by inserting “including training on youth development” after “to provide training”; and
(II) by striking “adolescents preparing for independent living” and all that follows through “successful transition to adulthood” and making a permanent connection with a caring adult.”

(2) REPORTS TO CONGRESS.—Not later than October 1, 2017, the Secretary shall submit to the Committee on Ways and Means of the House of Representatives and the Committee on Finance of the Senate a report on the National Youth in Transition Database and any other databases in which States report outcome measures relating to children in foster care and children who have aged out of foster care or left foster care for kinship guardianship or adoption. The report shall include the following:

(A) A description of the reasons for entry into foster care and of the foster care experiences, such as length of stay, number of placement settings, case goal, and discharge reason of children in foster care and children who have exited from foster care before attaining age 17.

(B) A description of the characteristics of the individuals who report poor outcomes at ages 19 and 21 to the National Youth in Transition Database.

(C) Benchmarks for determining what constitutes a poor outcome for youth who remain in or have exited from foster care and plans the Executive branch will take to incorporate these benchmarks in efforts to evaluate child welfare agency performance in providing services to children transitioning from foster care.

(D) An analysis of the association between types of placement, number of overall placements, time spent in foster care, and other factors, and outcomes at ages 19 and 21.

(E) An analysis of the differences in outcomes for children in and formerly in foster care at age 19 and 21 among States.

(F) CLARIFYING DOCUMENTATION PROVIDED TO FOSTER YOUTH LEAVING FOSTER CARE.—Section 475(5)(I) of such Act (42 U.S.C. 675(5)(I)) is amended by inserting after “REAL ID Act of 2005 (49 U.S.C. 20701)” the following:
‘‘such children’’ and inserting “all vulnerable children under 5 years of age”.

TITLE XXII—CONTINUING INCENTIVES TO STATES TO PROMOTE ADOPTION AND LEGAL GUARDIANSHIP

SEC. 22001. REAUTHORIZING ADOPTION AND LEGAL GUARDIANSHIP INCENTIVE PROGRAMS.

Section 473A of the Social Security Act (42 U.S.C. 673b) is amended—
(1) in subsection (b)(4), by striking “2013 through 2015” and inserting “2016 through 2018”;
(2) in subsection (b)(1)(D), by striking “2016” and inserting “2017”; and
(3) in subsection (b)(2), by striking “2016” and inserting “2017”.

TITLE XXIII—TECHNICAL CORRECTIONS

SEC. 23001. TECHNICAL CORRECTIONS TO DATA EXCHANGE STANDARDS TO IMPROVE PROGRAM COORDINATION.

(a) IN GENERAL.—Section 440 of the Social Security Act (42 U.S.C. 629m) is amended to read as follows:

“SEC. 440. DATA EXCHANGE STANDARDS FOR IMPROVED INTEROPERABILITY.

“(a) DESIGNATION.—The Secretary shall, in consultation with an interagency work group established by the Office of Management and Budget and considering State government perspectives, by rule, designate data exchange standards to govern, under this part and part E—

(1) necessary categories of information that State agencies operating programs under State plans approved under this part are required under applicable Federal law to electronically exchange with another State agency; and

(2) Federal reporting and data exchange required under applicable Federal law.

(b) REQUIREMENTS.—The data exchange standards required by paragraph (1) shall, to the extent practicable—

(1) incorporate a widely accepted, non-proprietary, searchable, computer-readable format, such as the eXtensible Markup Language;

(2) contain interoperable standards developed and maintained by intergovernmental partnerships, such as the National Information Exchange Model;

(3) incorporate interoperable standards developed and maintained by Federal entities with authority over contracting and financial assistance;

(4) be consistent with and implement applicable accounting principles;

(5) be implemented in a manner that is cost-effective and improves program efficiency and effectiveness; and

(6) be capable of being continually upgraded as necessary.

(c) RULE OF CONSTRUCTION.—Nothing in this subsection shall be construed to require a change to existing data exchange standards found to be effective and efficient.

(b) EFFECTIVE DATE.—Not later than the date that is 24 months after the date of the enactment of this section, the Secretary of Health and Human Services shall issue a proposed rule that—

(1) identifies federally required data exchanges, including specification and timing of exchanges to be standardized, and address the factors used in determining whether and when to standardize data exchanges; and

(2) specifies State implementation options and describes future milestones.

SEC. 23002. TECHNICAL CORRECTIONS TO STATE REQUIREMENTS TO ADDRESS THE DEVELOPMENTAL NEEDS OF YOUNG CHILDREN.

Section 622(b)(18) of the Social Security Act (42 U.S.C. 622(b)(18)) is amended by striking “such children” and inserting “all vulnerable children under 5 years of age.”

TITLE XXIV—CONTINUING INCENTIVES TO STATES TO PROMOTE ADOPTION AND LEGAL GUARDIANSHIP
SEC. 24001. DELAY OF ADOPTION ASSISTANCE PAYMENTS.—

(a) IN GENERAL.—The table in section 473(e)(1)(B) of the Social Security Act (42 U.S.C. 673(e)(1)(B)) is amended—

(1) by striking “2016” and inserting “2016, 2017, or 2019”; and

(2) by striking “2017” and inserting “2020”; and

(b) SPECIAL RULE.—Section 473(e) of the Social Security Act (42 U.S.C. 673(e)) is amended by adding at the end the following new paragraph:

“(3) ADDITIONAL EXCEPTION.—Notwithstanding paragraph (1) of this subsection, during the period that begins on October 1, 2017, and ends on December 31, 2016, such term shall include a child—

(A) who satisfies the requirements for being considered an applicable child under subparagraph (A) (as in effect during that period);

(B) who meets the requirements of subsection (a)(2)(A)(iv) and (c)(4) on whose behalf an adoption assistance agreement is entered into under this section during that period; and

(c) ENACTING DATE.—The amendments made by this section take effect on January 1, 2017.

SEC. 24002. GAO STUDY AND REPORT ON STATE REINVESTMENT OF SAVINGS RESULTING FROM INCREASE IN ADOPTION ASSISTANCE.

(a) STUDY.—The Comptroller General of the United States shall study the extent to which States are complying with the requirements of section 473(a)(6) of the Social Security Act relating to the effects of phasing out the AFDC income eligibility requirements for adoption assistance payments under section 473 of the Social Security Act, as enacted by section 402 of the Fostering Connections to Success and Increasing Adoption Act of 2008 (Public Law 110–355; 122 Stat. 3975) and amended by section 206 of the Preventing Sex Trafficking and Strengthening Families Act (Public Law 113–183; 128 Stat. 1219). In particular, the Comptroller General shall analyze the extent to which States are complying with the following requirements under section 473(a)(6)(B) of the Social Security Act:

(1) The requirement to spend an amount equal to the amount of the savings (if any) in State expenditures under part E of title IV of the Social Security resulting from phasing out the AFDC income eligibility requirements for adoption assistance payments under section 473 of such Act to provide children of families any service that is made available under part B or E of title IV of such Act.

(2) The requirement that a State shall spend not less than 20 percent of the amount of any savings described in subparagraph (A) on post-adoption services, post-guardianship services, and services to support and sustain positive permanency for children who otherwise might enter into foster care under the responsibility of the State, with at least 2⁄3 of the spendings by the State to comply with the 30 percent requirement being spent on post-adoption and post-guardianship services.

(b) REPORT.—The Comptroller General of the United States shall submit to the Committee on Finance of the Senate, the Committee on Ways and Means of the House of Representatives, and the Secretary of Health and Human Services a report that contains the results of the study required by paragraph (a), including recommendations to ensure compliance with laws referred to in subsection (a).

TITLE XXV—SOCIAL IMPACT PARTNERSHIPS TO PAY FOR RESULTS

SEC. 25001. SHORT TITLE.

This title may be cited as the “Social Impact Partnership to Pay for Results Act”.

SEC. 25002. SOCIAL IMPACT PARTNERSHIPS TO PAY FOR RESULTS.

Section 403 of the Social Security Act (42 U.S.C. 603) is amended by adding at the end the following:

“(c) SOCIAL IMPACT DEMONSTRATION PROJECTS.—

(1) PURPOSES.—The purposes of this subsection are the following:

(A) To improve the lives of families and individuals in need in the United States by funding social programs that achieve real results.

(B) To redirect funds away from programs that, based on objective data, are ineffective, and into programs that achieve demonstrable, measurable savings.

(C) To ensure Federal funds are used effectively on social services to produce positive outcomes for both service recipients and taxpayers.

(D) To establish the use of social impact partnerships to address some of our Nation’s most pressing problems.

(E) To facilitate the creation of public-private partnerships that bundle philanthropic or other private resources with existing public spending to scale up effective social interventions already being implemented by private organizations, charitable organizations, and State and local governments across the country.

(F) To bring pay-for-performance to the social sector, allowing the United States to improve the impact and effectiveness of vital social services programs while redirecting inefficient or duplicative spending.

(G) To incorporate outcomes measurement and randomized controlled trials or other rigorous methodologies for assessing program impact.

(2) SOCIAL IMPACT PARTNERSHIP APPLICATION.—

(A) NOTICE.—Not later than 1 year after the date of the enactment of this subsection, the Secretary of the Treasury, in consultation with the Federal Interagency Council on Social Impact Partnerships, shall publish in the Federal Register a request for proposals from States or local governments for social impact partnership projects in accordance with this paragraph.

(B) REQUIRED ELEMENTS FOR SOCIAL IMPACT PARTNERSHIP PROJECT.—To qualify as a social impact partnership project under this subsection, a project must produce one or more measurable, clearly defined outcomes that result in social benefit and Federal, State, or local savings, including any estimate of the savings to the Federal Government, on a program-by-program basis and in the aggregate, if the project is implemented and outcomes are achieved as a result of the intervention.

(C) APPLICATION REQUIRED.—The notice described in subparagraph (A) shall require each entity involved in the project to submit an application for the social impact partnership project that addresses the following:

(i) The outcome goals of the project.

(ii) A description of each intervention in the project and anticipated outcomes of the intervention.

(iii) Rigorous evidence demonstrating that the intervention can be expected to produce the desired outcomes.

(iv) The target population that will be served by the project.

(v) The expected social benefits to participants who receive the intervention and others who may be impacted.

(vi) Projected Federal, State, and local government costs and other costs to conduct the project.

(vii) Projected Federal, State, and local government savings and other savings, including an estimate of the savings to the Federal Government, on a program-by-program basis and in the aggregate, if the project is implemented and outcomes are achieved as a result of the intervention.

(viii) If savings resulting from the successful completion of the proposed intervention accrue to the State or local government, the likelihood of the State or local government to realize those savings.

(ix) A plan for delivering the intervention through a social impact partnership model.

(x) A description of the expertise of each service provider that will administer the intervention, including a summary of the experience of the service provider in delivering the proposed intervention or a similar intervention, or demonstrating that the service provider has the expertise necessary to deliver the proposed intervention.

(xi) An explanation of the experience of the service provider in delivering the proposed intervention, or the service provider in raising private and philanthropic capital to fund social service investments.

(xii) The detailed roles and responsibilities of each entity involved in the project, including any State or local government entity, intermediary, service provider, independent evaluator, investor, or other stakeholder.

(xiii) A summary of the experience of the service provider in delivering the proposed intervention or a similar intervention, or a summary demonstrating that the service provider has the expertise necessary to deliver the proposed intervention.
(iv) A summary of the unmet need in the area where the intervention will be delivered or among the target population who will receive the intervention.

(e) Payment.—The Secretary, in consultation with the Federal Interagency Council on Social Impact Partnerships, shall determine whether to enter into an agreement for a social impact partnership project with a State or local government.

(f) NOTICE OF AGREEMENT AWARD.—Not later than 30 days after entering into an agreement under this paragraph, the Secretary shall publish a notice in the Federal Register that includes, with regard to the agreement, the following:

(i) The outcome goals of the social impact partnership project.

(ii) A description of each intervention in the project.

(iii) The target population that will be served by the project.

(iv) The expected social benefits to participants who receive the intervention and others who may be impacted.

(v) The detailed roles, responsibilities, and purposes of each Federal, State, or local government entity, intermediary, service provider, independent evaluator, investor, or other stakeholder.

(vi) The payment terms, the methodology used to calculate outcome payments, the payment schedule, and performance thresholds.

(vii) The project budget.

(viii) The project timeline.

(ix) The project eligibility criteria.

(x) The evaluation design.

(xi) The metrics that will be used in the evaluation to determine whether the outcomes achieved as a result of each intervention and how these metrics will be measured.

(xii) The expected social benefits to participants who receive the intervention and others who may be impacted.

(xiii) The detailed roles, responsibilities, and purposes of each Federal, State, or local government entity, intermediary, service provider, independent evaluator, investor, or other stakeholder.

(xiv) The payment terms, the methodology used to calculate outcome payments, the payment schedule, and performance thresholds.

(xv) The project budget.

(xvi) The project timeline.

(xvii) The project eligibility criteria.

(xviii) The evaluation design.

(xix) The metrics that will be used in the evaluation to determine whether the outcomes achieved as a result of each intervention and how these metrics will be measured.

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(xi) The evaluation design.

(xii) The metrics that will be used in the evaluation to determine whether the outcomes achieved as a result of each intervention and how these metrics will be measured.

(xiii) The detailed roles, responsibilities, and purposes of each Federal, State, or local government entity, intermediary, service provider, independent evaluator, investor, or other stakeholder.

(xiv) The payment terms, the methodology used to calculate outcome payments, the payment schedule, and performance thresholds.

(xv) The project budget.

(xvi) The project timeline.

(xvii) The project eligibility criteria.

(xviii) The evaluation design.

(xix) The metrics that will be used in the evaluation to determine whether the outcomes achieved as a result of each intervention and how these metrics will be measured.

(A) TIMELINE IN AWARDS AGREEMENT.—Not later than 6 months after receiving an application in accordance with paragraph (2), the Secretary, in consultation with the Federal Interagency Council on Social Impact Partnerships, shall determine whether to enter into an agreement for a social impact partnership project with a State or local government.

(B) CONTENT OF AWARDS AGREEMENT.—In determining whether to enter into an agreement for a social impact partnership project (the application for which was submitted under paragraph (2) and the Secretary, in consultation with the Federal Interagency Council on Social Impact Partnerships (established by paragraph (6)) and the head of any Federal agency administering a similar intervention or serving a population similar to that served by the project), the Secretary shall consider each of the following:

(i) The recommendations made by the Commission on Social Impact Partnerships.

(ii) The value to the Federal Government of the outcomes expected to be achieved if the outcomes specified in the agreement are achieved as a result of the intervention.

(iii) The likelihood, based on evidence provided in the application and other evidence, that the State or local government will achieve the outcomes the intervention is expected to produce, with the intermediary and the service providers.

(iv) The State or local government's experience with performance-based contracting and project).

(v) The capacity of the intermediary to provide this intervention or an expansion of the intermediary's working with service providers to provide this intervention.

(vi) The capacity of the intermediary to provide an expansion of the intermediary's working with service providers to provide this intervention.

(vii) Capacity and infrastructure to track the implementation of the capacity of the intermediary to provide this intervention or an expansion of the intermediary's working with service providers to provide this intervention.

(viii) Role in delivering the intervention.

(ix) The project eligibility criteria.

(x) The evaluation design.

(xi) The metrics that will be used in the evaluation to determine whether the outcomes achieved as a result of each intervention and how these metrics will be measured.

(xii) The detailed roles, responsibilities, and purposes of each Federal, State, or local government entity, intermediary, service provider, independent evaluator, investor, or other stakeholder.

(xiii) The payment terms, the methodology used to calculate outcome payments, the payment schedule, and performance thresholds.

(xiv) The project budget.

(xv) The project timeline.

(xvi) The project eligibility criteria.

(xvii) The evaluation design.

(xviii) The metrics that will be used in the evaluation to determine whether the outcomes achieved as a result of each intervention and how these metrics will be measured.

(xix) The detailed roles, responsibilities, and purposes of each Federal, State, or local government entity, intermediary, service provider, independent evaluator, investor, or other stakeholder.

(xx) The payment terms, the methodology used to calculate outcome payments, the payment schedule, and performance thresholds.

(xxii) summarizes the characteristics and performance of the organization that served in the project.

(A) PROJECT INTERMEDIARY INFORMATION REQUIRED.—The application described in subparagraph (C) shall also contain the following information about any intermediary for the social impact partnership project:

(I) The criterion used to determine the eligibility of an individual for the project, including how selected populations will be identified, how they will be referred to the project, and how they will be enrolled in the project.

(ii) The evaluation design.

(iii) The metrics that will be used in the evaluation to determine whether the outcomes have been achieved as a result of the intervention and how these metrics will be measured.

(iv) Experience working in a collaborative environment across government and nongovernmental entities.

(v) Previous experience collaborating with public or private entities to implement evidence-based programs.

(vi) Ability to raise or provide funding to cover operating costs (if applicable to the project).

(vii) Capacity and infrastructure to track outcomes and measure results, including:

(I) Capacity to track and analyze program performance program impact awards.

(ii) Experience with performance-based contracting and achieving project milestones and targets.

(iii) Experience in evaluating the intervention.

(iv) How the intermediary would monitor program success, including a description of the intermediary's role.

(E) FEASIBILITY STUDIES FUNDED THROUGH OTHER SOURCES.—The notice described in subparagraph (A) shall permit a State or local government to submit an application for social impact partnership project.

(F) REQUIREMENT ON FUNDING USED TO BENEFIT CHILDREN.—Not less than 50 percent of all Federal, State, or local government funds under this paragraph shall be used for initiatives that directly benefit children.

(G) FEASIBILITY STUDY FUNDING.—(A) REQUESTS FOR FEASIBILITY STUDIES.—The Secretary shall reserve a portion of the amount reserved to carry out this subsection to assist States or local governments in developing feasibility studies to apply for social impact partnership funding under paragraph (2). To be eligible to receive funding to assist with completing feasibility studies, a State or local government shall submit an application for feasibility study funding addressing the following:

(I) A description of the outcome goals of the social impact partnership project.

(ii) A description of the intervention, including anticipated program design, target population, an estimate regarding the number of individuals to be served, and setting for the intervention.

(iii) Evidence to support the likelihood that the intervention will produce the desired outcomes.

(iv) A description of the potential metrics to be used in evaluating the intervention.

(v) The expected social benefits to participants who receive the intervention and others who may be impacted.

(vi) Estimated costs to conduct the project.

(vii) Estimates of Federal, State, and local government savings and other savings if the
project is implemented and the outcomes are achieved as a result of each intervention.

‘(viii) An estimated timeline for implementation and completion of the project, which shall not exceed 10 years.

‘(ix) The extent to which actual savings aligned with projected savings, and the extent to which actual savings were realized.

‘(x) The expected resources needed to complete the feasibility study for the State or local government to apply for social impact partnership funding under paragraph (2).

‘(B) AUTHORITY TO ENTER INTO AGREEMENTS.—For each State or local government that has entered into an agreement with the Federal Interagency Council on Social Impact Partnerships under this subsection, the Secretary shall have the option to award no funds, all funds, or any funds necessary to exercise the authorities provided in this paragraph and any funds necessary to exercise the authorities.

‘(A) ESTABLISHMENT.—There is established the Federal Interagency Council on Social Impact Partnerships (in this paragraph referred to as ‘Council’).

‘(i) coordinate with the Secretary on the efforts of social impact partnership projects funded under this subsection;

‘(ii) advise and assist the Secretary in the development and implementation of the projects;

‘(iii) advise the Secretary on specific programmatic and policy matters related to the projects;

‘(iv) provide subject-matter expertise to the Secretary with regard to the projects;

‘(v) certify that each State or local government that has entered into an agreement with the Secretary for a social impact partnership project under this subsection and each evaluator selected by the head of the relevant agency under paragraph (5) has access to Federal administrative data to assist the State or local government and the evaluator in evaluating the performance and outcomes of the project;

‘(vi) address issues that will influence the future of social impact partnership projects in the United States; and

‘(vii) provide guidance to the executive branch on the future of social impact partnership projects in the United States.

‘(viii) prior to approval by the Secretary, certify that each State and local government application for a social impact partnership contains rigorous, independent data and evidence-based research methodologies to support the conclusion that the project will yield savings to the State or local government or the Federal Government if the project outcomes are achieved;

‘(ix) certify to the Secretary, in the case of each approved social impact partnership that is expected to yield savings to the Federal Government, that the project will yield a projected saving to the Federal Government if the project outcomes are achieved, and coordinate with the relevant Federal agency to produce an after-action accounting once the project is complete to determine the actual savings realized, and the extent to which actual savings aligned with projected savings; and

‘(x) provide periodic reports to the Secretary and make available reports periodically to Congress and the public on the implementation of this subsection.

‘(B) COMPOSITION OF COUNCIL.—The Council shall have 11 members, as follows:

‘(i) Chair.—The Chair of the Council shall be the Director of the Office of Management and Budget.

‘(ii) OTHER MEMBERS.—The head of each of the following entities shall designate one officer or employee of the entity to be a Council member:

‘(I) The Department of Labor;

‘(II) The Department of Health and Human Services;

‘(III) The Social Security Administration;

‘(IV) The Department of Agriculture;

‘(V) The Department of Justice;

‘(VI) The Department of Housing and Urban Development;

‘(VII) The Department of Education;

‘(VIII) The Department of Veterans Affairs;

‘(IX) The Department of the Treasury;

‘(X) The Corporation for National and Community Service;

‘(XI) The Commission on Social Impact Partnerships,”

‘(A) ESTABLISHMENT.—There is established the Commission on Social Impact Partnerships (in this paragraph referred to as ‘Commission’).

‘(B) DUTIES.—The duties of the Commission shall be to—
“(i) assist the Secretary and the Federal Interagency Council on Social Impact Partnerships in reviewing applications for funding under this subsection;”

“(ii) provide recommendations to the Secretary and the Federal Interagency Council on Social Impact Partnerships regarding the funding of social impact partnership agreements and feasibility studies that achieve or are expected to achieve an outcome specified in a contract with the Federal Government before approving a social impact partnership project, including activities conducted by—

(A) the Federal Interagency Council on Social Impact Partnerships; and

(B) any other agency consulted by the Secretary before approving a social impact partnership project or a feasibility study under paragraph (4).”

“(B) NO FEDERAL FUNDING FOR CREDIT ENHANCEMENTS.—No amount reserved to carry out this subsection may be used to provide any insurance, guarantee, or other credit enhancement to a State or local government under which a Federal payment would be made to a State or local government as the result of a State or local government failing to achieve an outcome specified in a contract.”

“(C) The members of the Committee shall—

(i) have relevant professional or personal experience in a field related to one or more of the outcomes established by this subsection; or

(ii) be experienced in finance, economics, pay for performance, or program evaluation;”

“(D) QUALIFICATIONS OF COMMISSION MEMBERS.—The members of the Commission shall—

(i) be experienced in finance, economics, pay for performance, or program evaluation;”

“(E) TIMING OF APPOINTMENTS.—The appointments of the members of the Commission shall be made not later than 120 days after the date of the enactment of this Act, or, in the event of a vacancy, not later than 90 days after the date of the vacancy.

(i) A member of the Commission shall serve for 4 years.

(ii) A member shall serve for the remainder of a term if the vacancy occurs less than 120 days before the end of the term, and shall serve for a full term if the vacancy occurs more than 120 days before the end of the term.”

“(F) ASSIGNMENT OF TERMS.—The Commission shall designate the term length that each member appointed under paragraph (C) shall serve by unanimous agreement. In the event that unanimous agreement cannot be reached, term lengths shall be assigned to the members by a random process.”

“(G) VACANCIES.—Subject to subparagraph (E), in the event of a vacancy in the Commission, whether due to the resignation of a member, the expiration of a member’s term, or any other reason, the vacancy shall be filled in the manner in which the original appointment was made and shall not affect the powers of the Commission.

“(H) APPOINTMENT POWER.—Members of the Commission appointed under subparagraph (C) shall not be subject to confirmation by the Senate.

“(I) LIMITATION ON USE OF FUNDS.—Of the amounts reserved to carry out this subsection, the Secretary shall reserve not less than $2,000,000 in any fiscal year to support the review, approval, and oversight of social impact partnership projects, including activities conducted by—

(A) the Federal Interagency Council on Social Impact Partnerships; and

(B) any other agency consulted by the Secretary before approving a social impact partnership project or a feasibility study under paragraph (4).”

“(J) NO FEDERAL FUNDING FOR CREDIT ENHANCEMENTS.—No amount reserved to carry out this subsection may be used to provide any insurance, guarantee, or other credit enhancement to a State or local government under which a Federal payment would be made to a State or local government as the result of a State or local government failing to achieve an outcome specified in a contract.”

“(K) AVAILABILITY OF FUNDS.—Amounts reserved to carry out this subsection shall remain available until 10 years after the date of the enactment of this Act.

“(L) WEBSITE.—The Federal Interagency Council on Social Impact Partnerships shall establish and maintain a public website that shall display the following information and best practices:

(A) A copy of, or method of accessing, each notice published regarding a social impact partnership project pursuant to this subsection.

(B) A copy of each feasibility study funded under this subsection.

(C) For each State or local government that has entered into an agreement with the Secretary for a social impact partnership project, the website shall contain the following information:

(i) The outcome goals of the project.

(ii) A description of each intervention in the project.

(iii) The target population that will be served by the project.

(iv) The expected social benefits to participants who receive the intervention and others who may be impacted.

(v) The detailed roles, responsibilities, and purposes of each Federal, State, or local government entity, intermediary, service provider, independent evaluator, investor, or other stakeholder.

(vi) The payment terms, methodology used to calculate outcome payments, the payment schedule, and performance thresholds.

(vii) The project budget.

(viii) The project timeline.

(ix) The performance criteria.

(x) The evaluation design.

(xi) The metrics used to determine whether the proposed outcomes have been achieved and how these metrics are measured.

(D) A copy of the progress reports and the final reports relating to each social impact partnership project.

(E) An estimate of the savings to the Federal, State, and local government, on a program-by-program basis and in the aggregate, resulting from the successful completion of the social impact partnership project.

(F) REGULATIONS.—The Secretary, in consultation with the Federal Interagency Council on Social Impact Partnerships, may issue regulations as necessary to carry out this subsection.

(G) DEFINITIONS.—In this subsection:

(A) AGENCY.—The term ‘agency’ means the meaning given that term in section 551 of title 5, United States Code.

(B) INTERVENTION.—The term ‘intervention’ means entered into an agreement with the Secretary to deliver the intervention expected to produce the outcome:

(i) A service provider to deliver the intervention to the target population; and

(ii) Investors to fund the delivery of the intervention.

(C) STATE.—The term ‘State’ means each State of the United States, the District of Columbia, each commonwealth, territory or possession of the United States, and each federally recognized Indian tribe.

(D) FUNDING.—Of the amounts made available under section 25003 (b) for fiscal year 2017, the Secretary shall reserve $100,000,000 to carry out this subsection.”

“SEC. 25003. EXTENSION OF TANF PROGRAM.

(A) FAMILY GRANTS.—Section 409(a)(1) of the Social Security Act (42 U.S.C. 609(a)(1)) is amended in each of subparagraphs (A) and (B) by striking ‘2012’ and inserting ‘2017.’

(B) HEALTHY MARRIAGE PROMOTION AND RESPONSIBLE FATHERHOOD GRANTS.—Section 409(a)(2)(D) of such Act (42 U.S.C. 609(a)(2)(D)) is amended by striking ‘2012’ each place it appears and inserting ‘2017.’

(C) TRIBAL GRANTS.—Section 412(a) of such Act (42 U.S.C. 616(a)) is amended in each of paragraphs (1) and (2) by striking ‘2012’ and inserting ‘2017.’

(D) CHILD CARE ENTITLEMENT.—Section 418(c)(3) of such Act (42 U.S.C. 6518(c)(3)) is amended by striking ‘2012’ and inserting ‘2017.’

(E) GRANTS TO THE TERRITORIES.—Section 1108(b)(2) of such Act (42 U.S.C. 1308(b)(2)) is amended by striking ‘2012’ and inserting ‘2017.’

“SEC. 25004. STRENGTHENING WELFARE REFORM AND RESPONSIBLE DEVELOPMENT OF A WHAT WORKS CLEARINGHOUSE.

(A) IN GENERAL.—Section 413 of the Social Security Act (42 U.S.C. 613) is amended to read as follows:

‘SEC. 413. EVALUATION OF TEMPORARY ASSISTANCE FOR NEEDY FAMILIES AND RELATED PROGRAMS.

(a) EVALUATION OF THE IMPACTS OF TANF.—The Secretary shall conduct research on the effects of State programs funded under this part and any other State program funded with qualified State expenditures (as defined in section 409(a)(7)(B)(ii)) on employment, self-sufficiency, child well-being, unhealthy outcomes, poverty, economic mobility, and other factors as determined by the Secretary.

(b) EVALUATION OF GRANTS TO IMPROVE CHILD WELL-BEING BY PROMOTING HEALTHY MARRIAGE AND RESPONSIBLE FATHERHOOD.—The Secretary shall conduct research to determine the effects of the grants made under section 409(a)(2) on child well-being, marriage, family stability, economic mobility, poverty, and other factors as determined by the Secretary.

(c) DISSEMINATION OF INFORMATION.—The Secretary shall, in consultation with States receiving funds provided under this part, develop methods of disseminating information on any research, evaluation, or study conducted under this section, including facilitating the sharing of information and best practices among States and localities.”
“(d) STATE-INITIATED EVALUATIONS.—A State shall be eligible to receive funding to evaluate the State program funded under this part or any other State program funded with qualified State expenditures as defined in section 409(a)(7)(B)(ii)—

“(1) the State submits to the Secretary a description of the proposed evaluation;

“(2) the Secretary determines that the design and approach of the proposed evaluation is rigorous and is likely to yield information that is credible and will be useful to other States; and

“(3) the State determines that the design and approach of the proposed evaluation will result in evaluations that are credible and will be useful to other States.

“(1) The Bureau of the Census shall implement a database of surveys of program participation, in consultation with the Secretary and the Bureau of Labor Statistics and made available to interested parties, to allow for the assessment of the outcomes of continued welfare reform on the economic and child well-being of low-income families with children, including those who received assistance or services from a State program funded under this part or any other State program funded with qualified State expenditures (as defined in section 409(a)(7)(B)(ii)). The content of the surveys should include information necessary to examine the issues of unearned child-beari

“The database shall include a separate listing of projects that used a developmental approach or a promising approach in moving welfare recipients to work, shall—

“(A) establish criteria for evidence of effectiveness;

“(B) ensure that the process for establishing the criteria—

“(i) is transparent;

“(ii) is consistent across agencies;

“(iii) provides opportunity for public comment; and

“(iv) takes into account efforts of Federal agencies to identify and publicize effective interventions, including efforts at the Department of Health and Human Services, the Department of Education, and the Department of Justice.

“(2) DEFINITIONS.—In this subsection:

“(A) APPROACH.—The term ‘approach’ means a process, product, strategy, or practice that is—

“(i) that has been evaluated using well-designed, rigorously randomized controlled trials, or, if not available, rigorous quasi-experimental research designs;

“(ii) that has demonstrated significant and substantively important positive outcomes at more than one site in terms of increasing work and earnings of participants, reducing poverty and dependence, improving child well-being, or strengthening families.

“(B) PROMISING APPROACH.—The term ‘promising approach’ means an approach—

“(i) that meets the requirements of a promising approach;

“(ii) that has demonstrated significant and substantively important positive outcomes at more than one site in terms of increasing work and earnings of participants, reducing poverty and dependence, improving child well-being, or strengthening families;

“(iii) that is 24 months after the date of the enactment of this subpart.

“(C) PROMISING APPROACHES TO MOVE WELFARE RECIPIENTS INTO WORK.—

“(1) IN GENERAL.—The Secretary, in consultation with the Secretary of Labor and organizations with experience in evaluating research on the effectiveness of various approaches of delivering services to move welfare recipients into work, shall—

“(A) establish criteria for evidence of effectiveness;

“(B) ensure that the process for establishing the criteria—

“(i) is transparent;

“(ii) is consistent across agencies;

“(iii) provides opportunity for public comment; and

“(iv) takes into account efforts of Federal agencies to identify and publicize effective interventions, including efforts at the Department of Health and Human Services, the Department of Education, and the Department of Justice.

“(2) REQUIREMENTS.—The data exchange standards required by paragraph (1) shall, to the extent practicable—

“(A) incorporate a widely accepted, non-pro

“(B) be consistent with and implement applicable accounting principles;

“(C) be capable of being continually upgraded as necessary.

“(D) RULE OF CONSTRUCTION.—Nothing in this subpart shall be construed to require a change to existing data exchange standards found to be effective and efficient.

“(E) EFFECTIVE DATE.—In general (1) the date that is 24 months after the date of the enactment of this section, the Secretary of Health and Human Services shall issue a proposed rule that—

“(1) identifies federally required data exchanges, include specification and timing of exchanges to be standardized, and address the factors used in determining whether and when to standardize data exchanges; and

“(2) specifies State implementation options and describes future milestones.

“The SPEAKER pro tempore, Pursuant to House Resolution 591, the motion to recess for 80 minutes, with 60 minutes equally divided and controlled by the chair and ranking minority member of the Committee on Energy and Commerce and 20 minutes equally divided and controlled by the chair and ranking minority member of the Committee on Ways and Means.

“The gentleman from Michigan (Mr. UPTON) and the gentleman from New Jersey (Mr. PALLONE) each will control 30 minutes. The gentleman from Texas (Mr. BRADY) and the gentleman from Michigan (Mr. LEVIN) each will control 10 minutes.

“The Chair recognizes the gentleman from Michigan (Mr. UPTON).
Brooke and Brielle, but to Barb, Becky, Lisa, Geno, the Dons, the Betsy's, little Max, and our own little Steve LaTourette who always sat in the corner. Virtually everyone here had a story to tell and for folks here to listen to.

Science and biomedical innovation have made incredible strides over the last two decades: mapping the human genome, new biomarkers, and personal healthcare apps. Each have offered new opportunities to find new treatment and cures. But the way the FDA and the NIH apply these new innovations to our regulatory process, in fact, has lagged behind.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. UPTON. Mr. Speaker, I yield myself an additional 2 minutes. These agencies and the rules and regs they produce, affecting the discovery, development, and delivery of lifesaving drugs and devices, also need modernization and innovation. They need a game-changer, and now we have it. This legislation breaks down regulatory barriers and expedites the approvals for drugs and devices, coupled with billions more for research.

The former head of the NCI and the FDA, Andy von Eschenbach, has called this the most transformational biomedical legislation in the past 3 years.

Mr. Speaker, I ask unanimous consent to bring the 21st Century Cures Act of 2018 to the floor. This bipartisan bill will ensure that our health system can keep pace with the incredible advances in science and technology. In Cures, we have got a medical innovation and regulatory process that will deliver hope to patients across the country.

We have been here before. In July of 2015 after a series of roundtables, hearings, white papers, and public feedback, the House overwhelmingly voted in support of the 21st Century Cures.

Sure, we have encountered a number of detours and obstacles along the path to Cures, but we have taken great inspiration in those patients who have partnered with us in their efforts to persevere, stay positive, and continue forward to get the job done, just like my two little Michigan girls, Brooke and Brielle, who are battling SMA, do every day. Each day, they muster incredible strength and courage, conquering challenges that most folks will never encounter in a lifetime.

So 3 years ago, we had an idea that, yes, we could do better. We needed to do something that would transform our health-care research system to effectively fight disease in this century. Finding cures and boosting research and innovation was absent from any policy-to-do list. People didn’t seem to care that the gap between biomedical innovation and our regulatory process was widening, or that of the 10,000 known diseases—7,000 of which are rare—there are treatments for only about 500. We needed to change the conversation and restore urgency. And working together, we have.

First, we listened to more than just Brooke and Brielle, but to Barb, Becky, and boosting research and innovation was absent from any policy-to-do list. People didn’t seem to care that the gap between biomedical innovation and our regulatory process was widening, or that of the 10,000 known diseases—7,000 of which are rare—there are treatments for only about 500. We needed to change the conversation and restore urgency. And working together, we have.

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treatments and cures. What we are doing today is we are voting to put vital innovations in biomedical research within reach, potentially saving countless lives. I urge all of our colleagues to think about the millions of Americans who will be heartened by this bill’s progress, and I urge you to vote “yes” on the 21st Century Cures Act.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from Texas (Mr. PALLONE), who is the former chairman and now chairman emeritus of the Energy and Commerce Committee. My friend, the Honorable JOE BARTON, really helped us push this bill every step of the way (Mr. BARTON asked and was given permission to revise and extend his remarks.)

Mr. BARTON. Mr. Speaker, the Affordable Care Act failed because it was a one-sided, partisan, and close-looped system. This bill, the 21st Century Cures Act, will succeed because it has been done just the opposite.

Chairman UPTON, DIANA DEGETTE, FRANK PALLONE, and many other people have worked together, as they said, for the last 3 years to find the best pathway forward to get new drugs and new therapies to our citizenship more quickly and efficiently. I want to congratulate some of them plus Chairman BRADY, DR. MURPHY, and the others that have worked on this.

This bill makes it possible for cures to actually be put into practice without all the red tape and regulatory overhead. Let me give you an example. This bill makes possible the use of what is called regenerative medicine which we call stem cell therapy.

My 11-year-old son, Jack, last week played football with Coach Sam Harrell of Ennis, Texas, who 3 years ago could not get out of bed because of his disease. He had to go out of the country twice to get stem cell therapy. He can now act normally.

I will mention those kinds of cures. I rise in strong support and thank Chairman Upton for his strong work on this.

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

Mr. Speaker, over the past 2 years, my colleagues and I on the Energy and Commerce Committee have worked to craft the 21st Century Cures Act with the goal of getting new treatments and cures to the people who need them the most. Let me give you an example. This bill removes certain categories of medical software from FDA oversight. This makes it difficult for FDA, in the future, to bring software that is used to support or sustain human life back under FDA’s jurisdiction.

I am also troubled by the new priority review voucher program which will likely require the FDA to issue significantly more PRVs. This could pose a burden on FDA drug reviewers when redeemed and could prevent the FDA from being able to prioritize its review of drugs based on public health priorities.

The bill includes new language added without full consideration by the House or Senate regarding FDA oversight of regenerative medicine products.

While most of the harmful language was taken out, I do remain troubled that the bill creates a new designation process under FDA’s accelerated approval pathway.
Texas Medical Center in the Houston area.

It dedicates $6.3 billion in new investments to support priorities like the Cancer Moonshot and Precision Medicine Initiative within the National Institutes of Health (NIH), and to combat prescription drug abuse.

It also provides money to the Food and Drug Administration (FDA) to advance the agency’s mission and implement the policies in the underlying bill. This influx of investment will be put towards solving today’s complex scientific problems, getting new treatments from the lab table to the bedside and improving public health.

In addition to this much-needed funding, there are so many provisions in this package worthy of support.

From facilitating the development of new antibiotics to fight against superbugs, to advancing the use of modern clinical trial designs, to fostering the next generation of medical researchers, the 21st Century Cures Act will develop hope and new treatments for Americans in need.

While some of these provisions are technical in nature, the real-world impact they will have is not abstract.

Patients and families deserve to have their elected officials respond to their needs, and this bill does that.

Eighteen months ago, 344 Members supported Cures when it passed the House of Representatives.

Since then, we have responded to feedback and tailored the bill, and it now includes additional priorities like improvements to our mental health care system and non-partisan provisions to strengthen Medicare on behalf of beneficiaries.

I want to thank Chairman Upton, Ranking Member Pallone, Congresswoman DeGette, and Chairman Pitts for their leadership, vision, and determination.

I also want to thank our staff, the House Legislative Counsel, and the countless stakeholders without whom we would not be here today.

I want to particularly thank Tiffany Guarascio, Arielle Woronoff, Rachel Pryor, Kerimbee Trzeciak, Megan Velez, Waverly Gordon, Polly Webster, Kristen O’Neill, Paul Edattel, John Stone, Carly McWilliams, Adriana Simonelli, JP Paluskiewicz, Tim Pataki, Josh Trent and others on the Energy and Commerce Committee staff for all their work.

It was a privilege to be part of this landmark effort. As an original sponsor and co-author of the 21st Century Cures Act, I urge my colleagues to vote yes.

Mr. Speaker, the following is my complete statement: I rise to express my strong support for the 21st Century Cures Act.

Almost three years ago, we set out on a mission: do something positive to boost medical research and innovation, and accelerate breakthroughs and cures and treatments.

After countless hours devoted to roundtables, whitepapers, hearings and drafts, today Cures has bipartisan support and endorsements from over 700 organizations representing the full spectrum of stakeholders, and the strong support of the Administration.

My Houston area neighbors Congressmen Pete Olson and Mike Burgess held a roundtable with the many great institutions at our Texas Medical Center.

It dedicates $6.3 billion in new investments to support priorities like the Cancer Moonshot and Precision Medicine Initiative within the National Institutes of Health (NIH), and to combat prescription drug abuse.

While additional support for NIH is vital and this is a move in the right direction, I would have much preferred that we put this in the mandatory category as we voted on in H.R. 6 earlier in the year. I know many of you agree with that, that medical research in America today shouldn’t be subject to the whims of congressional budget battles or political fights. I will continue to advocate for mandatory funding for NIH so that we can remain on the cutting edge of medical innovation and beat back the cancer and job back home.

These initiatives save lives and provide investments that we need to make sure that we are developing the cures of tomorrow.
I am very pleased that legislation I introduced with my colleague Representative HERRERA BEUTLER was included in this package. The Safe Medications for Moms and Babies Act ensures that expectant mothers and doctors have accurate information about medications and when nursing to facilitate the best health outcomes. Representative HERRERA BEUTLER has been a champion for families, and I am grateful to her for leading this effort to improve the quality of information on medication used during pregnancy and breastfeeding.

I also applaud the inclusion of language to improve our mental health system, the $1 billion to address the opioid epidemic. This is very positive. I would like to thank Chairman FRED UPTON for his devotion to the issue, to Congresswoman DEGETTE, and to all of my colleagues on the Energy and Commerce Committee.

The SPEAKER pro tempore. The time of the gentlewoman has expired.

Mr. PALLONE. I yield the gentlewoman an additional 30 seconds.

Ms. CASTOR of Florida. This is the way legislation is supposed to be developed. This is the bipartisan way, through studies, through asking, reaching out, and working with experts all across the country, because all of the answers do not emanate from a congressional committee in Washington. It is very important that we tap the expertise all across the country to get something done.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentlewoman from Tennessee (Mrs. BLACKBURN), the vice chairman of the Energy and Commerce Committee, who, again, helped so much with the medical community to rally around and provide us the input necessary to move this bill to where it is today.

Mrs. BLACKBURN. Mr. Speaker, I congratulate Chairman UPTON and all of our colleagues on the Energy and Commerce Committee for a job well done, and done in the appropriate manner. It really has, as Ms. DEGETTE said, been so interesting to work across the country and work with patients, with physicians, with researchers, with those who are innovating new concepts, who are delving into delivery systems that are necessary for precision medicine which underpins 21st century health care.

There are three components that I want to bring attention to. First of all, section 3060 is there addressing medical technology and software. This is so important that we get the FDA on the right track and move components of this way so that it does not face FDA approval processes that will slow down access to the marketplace for patients.

Also, section 2038, the Children’s Health Act—Mrs. ENSER-UPTON and I worked on this to allowing children access to clinical trials, and section 3076, the re-authorization of the Reagan-Udall language.

I congratulate my colleagues. Mr. PALLONE, Mr. Speaker, I yield 2 minutes to the gentleman from Oregon (Mr. SCHRADER).

Mr. SCHRADER. Mr. Speaker, I rise today in strong support of the 21st Century Cures Act and to thank Chairman UPTON, Representative BLACKBURN, Ms. DEGETTE, and Mr. GREEN, for their leadership and willingness to work across the aisle to produce this quality piece of legislation.

For too long, Congress has been shirking its responsibility when it comes to funding the critical research that will lead to cures and treatments at the NIH. Our scientists, physicians, and medical institutions are getting closer every day to medical breakthroughs that will help families and save lives. In my State alone, the NIH is funding research into new therapeutic avenues to combat cancer, heart disease, and illness born by pollution.

It is time to streamline the path for critically needed medical devices and pharmaceuticals for vulnerable populations that can’t afford to wait.

This bill takes a giant step forward to help fix the mental health infrastructure of our country. Currently, as a result of the mental health system’s inadequacy, our emergency rooms, our prisons, and our homeless shelters are full of people who are having trouble getting the care they need. The status quo is not okay.

This bill moves us in the right direction through innovation and integration of mental health services for the overall healthcare system. The Cures Act enhances the capabilities of our law enforcement and first responders, strengthens our crisis intervention programs, and ensures that our Medicaid program does not deny access to beneficiaries seeking mental health care. It also includes a number of Medicare provisions to make sure seniors aren’t left behind by bureaucratic red tape.

Getting to this point wasn’t easy. Democrats and Republicans didn’t always agree on every provision of this bill, but we were able to work together and find common ground and produce a bill that takes great strides toward producing better healthcare outcomes for Americans.

I hope the President-elect and Members of this body are taking note of this achievement today as we move forward instead of pushing through divisive harmful policies that will reduce access to quality health care. Let’s work together and produce better results for all Americans.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from Kentucky (Mr. GUTHRIE), a member of the committee and a leader in pushing this bill forward.

Mr. GUTHRIE. I thank the chairman for yielding.

Mr. Speaker, all of us have families who come to our offices, and they are advocating for research or for cures for diseases to which they have lost a parent or a child, or they have their children with whom they have the diseases, and they are just hoping for a move forward.

In being on the Health Subcommittee, at least weekly and sometimes daily, I see entrepreneurs come to my office, and they talk about a new procedure or a new product—something that is innovative, that will change the lives of these families—but they are having trouble getting through the system and getting them approved.

It hurts families, though, like a family in Elizabethtown, who has someone with a degenerative disease. This family is trying to beat the clock because they think there is some kind of help out there. I have a friend of mine from Bowling Green whose son went through a diabetes trial. The first time they said they got any sleep through the night was when their kid was in this trial. Then they called me, crying, saying they were out of the trial and that it may be another year before they get in. So, in taking our entrepreneurs and our innovators and putting together these cures, it is not just about getting these products to market—it is about changing the dynamics of these families who are suffering.

Our chairman and Ms. DEGETTE from Colorado put together this effort to move forward, and I urge support for this bill because it will change families’ lives.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentleman from Tennessee (Mr. COHEN).

Mr. COHEN. I thank the gentleman.

Mr. Speaker, I think everybody has been thanked who should be thanked, but I certainly want to thank Mr. UPTON for all of his work and Mr. PALLOINE for his time and Mr. PALLONE, Mr. Speaker, and Ms. DEGETTE. I also want to thank Senator ROGER WICKER, who worked on a bill that is incorporated into this bill that Congressman DUNCAN and I sponsored, called the EUREKA Act, which will incentivize and reward research on diseases for which there is not great public-private partnerships but for which there is a great handicap and problem for the American public because of the particular disease. It will reward successful treatments through a competition, which I think is a great way to go about encouraging research and then paying for it. ROGER WICKER, I think, came up with the idea, and I sponsored it with JOHN DUNCAN, and it is included in the bill. It was originally aimed at Alzheimer’s, but Alzheimer’s is one of them.

Alzheimer’s is a disease that is going to have a particularly crippling effect on our country economically in the future. Beyond that, it will affect many of us, and it will affect our pocketbook because it is likely that this bill goes after Alzheimer’s and that it deals with the opioid crisis, which is great in my State and across the country. It
works against all diseases and it encourages moneys in the National Institutes of Health.

I have long said, while we need to have a strong Defense Department, that my Secretary of Defense is Francis Collins, the head of the NIH, because my own office is crumbling, and every one of us isn’t somebody in South Korea or somebody in Iran or ISIS or one of those folk—it is cancer; it is Alzheimer’s; it is AIDS; it is diabetes; it is heart disease; it is Parkinson’s; or one of these dreadful, awful, awful diseases for which the NIH is looking for cures. That is our Secretary of Defense, and that is what we need to invest our moneys in. I don’t think there is enough money that we can put into the NIH, because it is important and it affects all Americans independent of political party, race, sexual orientation—you name it.

I thank the Members for their work on this and I am proud to vote for it.

Mr. UPTON. Mr. Speaker, I yield 2 minutes to the gentleman from Florida (Mr. BILIRAKIS), a valuable member of the Health Subcommittee and whose father once chaired that subcommittee.

Mr. BILIRAKIS. I thank the chairman and the Members for their hard work on this great bill.

Mr. Speaker, I rise to talk about the incredible impact the 21st Century Cures Act would have on so many Americans.

Deadly diseases like cancer, Alzheimer’s, ALS, and more affect each and every one of us. Within Cures, one will find the voices of patients, doctors, advocacy groups, and families I have met with from throughout Florida’s 12th Congressional District. I am proud to say that a lot of their input is reflected in this final bill.

Samantha Lindsay, from Lutz, Florida, has Alpha-1, which is a rare genetic condition that results in serious lung problems. When we met, she talked about the need to use biomarkers for the faster approval of drugs for rare diseases. We did that. We have a framework for biomarker qualifications in this legislation.

Wayne Taylor, from Hudson, Florida, was a leukemia patient. He talked about the difficulty of participating in the clinical trials that eventually saved his life. This bill has reforms to make clinical trials more patient-focused and input-driven.

Dr. David Morgan, the CEO of the Health Byrd Alzheimer’s Institute at the University of South Florida, talked about the need for stable funding for Alzheimer’s and about reforming institutional review boards.

This bill invests in the NIH, and it reforms the IRB system. Cures also includes my provisions to reform the FDA’s Office of Combination Products in order to streamline the approval of these products, to establish a new Medicare Web site to help seniors price shop; and to allow physical therapists to enter into locum tenens arrangements so they can take maternity leave or sick time without having to turn away patients.

For many families, including my own, the potential impact of 21st Century Cures could change their lives. Let’s get this meaningful bill across the finish line.

Mr. PALLONE. Mr. Speaker, I have a few additional speakers on their way; so I reserve the balance of my time.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from Ohio (Mr. JOHNSON), a valuable member of our committee who has worked so hard to get this bill to where it is today.

Mr. JOHNSON of Ohio. I thank the chairman.

Mr. Speaker, I rise in support of the 21st Century Cures Act and add my voice to the steady stream of acclaim this legislation has already received.

American families and communities are suffering from rare diseases, and this立法 works to align Federal incentives and regulations with the science and technology that make treatments and cures possible and attainable. I am proud to have supported this bill all along the way.

This package includes mental health reform—work that I am grateful to have been a part of during my time on the Oversight and Investigations Subcommittee with Chairman MURPHY. His tireless efforts will benefit many individuals struggling with mental illness and substance abuse. This bill also includes $1 billion for grants to States to fight opioid abuse. A recent report shows that my home State of Ohio leads the Nation in opioid overdose deaths. This funding is sorely needed to address the issue head on.

I ask my colleagues to support the Cures bill today.

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

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from South Carolina (Mrs. ELLMERS), a member of the important Health Subcommittee and a real proponent of this legislation from day one.

Mrs. ELLMERS of North Carolina. I thank Chairman UPTON; Ranking Member PALLONE; Ms. DEGETTE, my good friend; Tim MURPHY from Pennsylvania, who worked so hard on the mental health reform; and Chairman PITTS, the Health Subcommittee’s chairman.

Mr. Speaker, there has been a great deal of effort put into this great piece of legislation, which basically has the goal of bringing our healthcare innovation infrastructure into the 21st Century Cures so that real hope for patients and loved ones can be achieved.

From removing barriers in the mental health system, to ensuring collaboration, to modernizing the clinical trial pathways, to boosting modern medical interventions, 21st Century Cures is a win for everyone. It will accelerate the discovery, development, and delivery of lifesaving therapies in a safe and effective way. It will also empower families to support their loved ones.

In closing, Cures will change lives. I, personally, as a nurse, would like to say that this is one of the most important pieces of legislation we will pass here in the House.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentleman from Massachusetts (Mr. KENNEDY), who has been such a strong advocate on mental health issues.

Mr. KENNEDY. I thank the ranking member for yielding. I also thank him, as well as Chairman UPTON and Congresswoman DEGETTE, for being tireless throughout the entire process in their advocacy of trying to get this bill as a bipartisan compromise and for creating an environment that allows for our committee’s members to raise their hands and speak their minds.

Mr. Speaker, when we first passed the version of this bill last year, it was as a result of strong, bipartisan compromise and sacrifice. It certainly was not easy, but the legislative process is not intended to be.

While I am disappointed that the funding levels for the NIH were cut even further and that the investment is no longer mandatory, I take my Republican colleagues at their word that it will be appropriated in the years ahead. I am also pleased that this legislation includes language to remove obstacles for children who are covered by Medicaid, but my real concerns with the legislation lie with the mental health reform proposals, which don’t go nearly far enough. Mental health parity is already the law, thanks to the Mental Health Parity and Addiction Equity Act and the Affordable Care Act, but each story we hear proves that insurance companies are skirting those rules.

Instead of further guidance or meetings or studies carried years down the road, we need enforcement and transparency today. We need random audits before there have been violations, not after. We need insurers to publicly disclose the rates and reasons for denials in a way that patients and their families can understand, not in a way that mental health advocates can’t even obtain. We need to increase Medicaid reimbursements in order to expand access to care, not to reduce them or roll back expansion; and we need to appreciate the difference the ACA has made for mental health patients, especially for the most vulnerable among us. Until we do, we cannot consider these proposals comprehensible.

On both sides of the aisle we certainly can’t pretend that they are near enough.

This is an important compromise forged from an awful lot of hard work. I am happy and pleased to support this proposal, and I thank my colleagues on both sides of the aisle for getting it here today.

Mr. UPTON. Mr. Speaker, I yield myself 15 seconds.
The legislation includes $1 billion over 2 years, including $500 million in fiscal year 2017, to combat the prescription opioid and heroin epidemic as well. The legislation dedicates support for other key research initiatives with the goal of helping researchers find new ways to treat and prevent brain disorders, such as Alzheimer’s disease, epilepsy, and traumatic brain injury.

This legislation includes a much-needed renewed emphasis on evidence-based care in treating serious mental illness, improved coordination between primary care and behavioral health services, reauthorization of important programs focused on suicide prevention and other prevention services, and mental health and substance use disorder parity provisions.

I would like to thank Dr. Joseph Calabrese at Case Western Reserve University in Cleveland and my good friend, Representative Tim Murphy, who came to Ohio and helped fund roundtable on mental health that can be added to this major bill in order to move America forward.

I thank Chairman Fred Upton, knowing the deep commitment that he has to so many Americans who desperately need the help that this bill will provide. Again, to Congressman Frank Pallone of New Jersey, I want to compliment both men for working together to do something great for this country for Americans who are desperate to find answers for those who are ill. I want to thank Congresswoman Diana DeGette of Colorado who has shepherded this to this point. Although not perfect or complete, this legislation offers advances in health in that greatly outweigh any concerns we might have. I am proud to add my strong support for 21st Century Cures Act.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from Indiana (Mr. PAYNE).

Mr. PAYNE. Mr. Speaker, I rise in strong support of the 21st Century Cures legislation. This bill provides significant investments to accelerate the discovery, development, and delivery of new cures and treatments for millions of Americans. The passage of this legislation will protect and create American jobs and will ensure that the United States remains the global leader in biomedical innovation and discovery. The measure reforms and strengthens the country’s mental health system and makes mental health a strong national priority.

The legislation includes critical funding for States to prevent opioid abuse and provide the needed treatment for those suffering from this public health crisis.

Reducing bureaucratic redtape, advancing lifesaving research, reforming our broken mental health system, and tackling opioid abuse in our communities will reduce healthcare costs and give many Americans new opportunities to live long, healthy, and productive lives.

I thank Chairman UPTON for his unparalleled leadership on this issue. It is an honor to have worked with him and all of our colleagues on the Energy and Commerce Committee to have crafted this landmark legislation.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentlewoman from Ohio (Ms. KAPTUR).

Ms. KAPTUR. I thank Ranking Member Pallone for yielding me the time.

Mr. Speaker, I rise in strong support of the bipartisan 21st Century Cures Act, which dedicates more than $6 billion to implement key health priorities, such as combating the heroin and prescription opioid epidemic across this country and the Vice President’s Cancer Moonshot. It also takes steps to improve mental health, including provisions that build on the work of the President’s Mental Health and Substance Use Disorder Parity Task Force and policies to further modernize the drug approval process. This will mean so much to the researchers across this country who are trying to unlock the mysteries of the human brain and heal.
Simply stated, the goal of this legislation is to incentivize innovation to defeat disease. Today, the 21st Century Cures Act will do that and much more for patients suffering from currently incurable diseases.

This legislation provides substantial funding to the National Institutes of Health, including $1.8 billion to speed up cancer research, $1.5 billion to improve our understanding of debilitating diseases such as Alzheimer's, and another $1.5 billion to assist in genetic and other individual specific research efforts.

This bill provides funding to fight the opioid addiction crisis, which has been particularly devastating to western New York, and it includes mental health legislation to improve those services nationwide.

I am excited that this final bill contains a few provisions I authored and worked on over the past 2 years. Section 3021 encourages the broader application of innovative clinical trial designs to enhance and accelerate effective clinical trials.

Section 3071 will expedite and improve drug approval processes by increasing the allowable number of senior biomedical researchers that are allowed to hire and making their salary more competitive with the private industry. Section 9023, which I worked on with Representative Joe COURTNEY, incentivizes child and adolescent psychiatrists to begin their practices in underserved areas like those in rural western New York.

Lastly, Section 5006, which I worked on with Congressman PAUL TONKO, in New York, and it includes mental health in the past year and indicate whether those physicians are accepting new patients.

I want to thank the entrepreneurs who came to Washington to advance the President’s proposal to combat this epidemic.

This legislation we are considering today—like my bill—promises $1 billion for the opioid crisis. Though we have lost so many to this tragedy, when we lose a loved one, we owe it to them and their family to pass this bill. This funding will make a real difference in people’s lives. While I am relieved that we will soon be able to get the resources to our community, I know that my colleagues will see this as a mission accomplished instead of what it must be, which is only a first step toward healing our communities.

I can’t help but ask my Republican colleagues, who support the advances we are making today for mental health: Why are they preparing to roll back the most important advances we made for mental health in the past 8 years by promising to repeal the Affordable Care Act?

The 21st Century Cures Act shows what we can do and what can happen when we work across the aisle, and I hope we will truly continue to work together to strengthen our Nation’s health system.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from Michigan, Mr. BEN RAY LUJÁN.

Mr. LUJÁN. Mr. Speaker, I yield 3 minutes to the gentleman from New Mexico (Mr. BEN RAY LUJÁN).

Mr. LUJÁN. Mr. Speaker, I yield 3 minutes to the gentleman from New Mexico (Mr. BEN RAY LUJÁN).
Paul Edattel, John Stone, Carly McWilliams, Adrianna Simonelli, and J.P. Paluskiwicz. All of you guys have worked together as a team with my team.

I want to thank Kristen O’Neill from Mr. GREEN’s staff. I don’t think I thanked Mr. GREEN. I want to thank Mr. GREEN, who has done such an extraordinary job and who has really been my wingman. I want to thank Wendell Primus, who is Leader PELOSI’s senior adviser; and Charlene MacDonald, who is Mr. HOYER’s adviser. Finally, I want to thank the entire staff who has worked as our committee staff tirelessly: Jeff Carroll, Tiffany, Kim, Arielle, Waverly, and Megan. They have been fabulous. We haven’t always agreed on everything, but in the end we have all worked together. It really is a great team. I hope we can use this in the next Congress to get to even greater heights.

I urge the House to pass this bill on a strong bipartisan basis, and I urge the other body to take it up.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from Georgia (Mr. CARTER), the only pharmacist in the Congress.

Mr. CARTER of Georgia. Mr. Speaker, I rise today in support of H.R. 34, the 21st Century Cures Act. This long-awaited legislation promotes medical innovation by streamlining the discovery, development, and delivery of critical medicines. This bill also restores the original Medicare Advantage disenrollment period during the first 45 days of the year. Given Medicare Advantage’s popularity and history of success, seniors should be given the choice of changing a plan that addresses their needs. Restoring this 90-day open enrollment window will allow seniors who find that their plan is not working for them to make the change that does work for them.

This bill also contains very important legislation by my colleague from Pennsylvania, Representative MURPHY, to help families dealing with a mental health crisis by significantly reforming our mental healthcare system. These reforms are truly crucial to all individuals dealing with a mental health crisis and the drug addictions that can often accompany such illnesses.

I commend Chairman UPTON’s work in bringing this critical legislation to the floor. I urge its passage.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from New Jersey (Mr. SMITH), my dear friend who I have served with all my years here in Congress.

Mr. SMITH of New Jersey. I thank the chairman for doing this. Also, as cofounder and co-chairman of the Autism Caucus 16 years ago, I am thankful for the great work that this will do for those patients as well.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentlewoman from Washington (Ms. HERRERA BEUTLER).

Ms. HERRERA BEUTLER. Mr. Speaker, I am really excited about this bill, and I am excited about an inclusion in the 21st Century bill that we are voting today that is going to help moms and babies. Nearly all of the 400 million women who give birth each year in the U.S. and the 3 million women who breast-feed will take medications or receive a vaccine during their pregnancy or while they are nursing.

This bill that we are voting on, that we hope is going to pass and be signed into law, contains a provision that will reduce the health risks faced by these moms. Here is where the risk lies. Pregnant women are often not included in clinical trials on medications, so we really don’t know what the effects are of drugs on a woman and on her pregnancy.

Without reliable information, women and doctors are just playing a guessing game, trying to figure out the impacts of medication, and that could be on medication that is a prescription for a chronic disease: hypertension, diabetes, or severe depression.

The other undesirable choice for moms is whether or not to treat their condition. If they don’t know what the impact is, maybe they are just going to forgo their therapy altogether.

Moms should be able to safely manage ongoing conditions throughout their pregnancies and while breastfeeding without playing this guessing game. Fortunately, the Safe Medications for Moms and Babies Act is included in the bill that we are voting on. I urge its support.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from Pennsylvania (Mr. COSTELLO), a long-time supporter of this legislation.

Mr. COSTELLO of Pennsylvania. Mr. Speaker, I rise today in support of the 21st Century Cures Act, and I want to thank the chairman and ranking member for their advocacy and leadership to bring this bill to the floor today. I also congratulate my colleague and ranking member of the Biomedical Research and Regulatory Improvement Subcommittee, Mr. PITTs, and I represent adjoining and very similar districts in Pennsylvania, each including parts of Chester and Berks counties. He has done outstanding work for our constituencies by incorporating the concerns and issues important to southeastern Pennsylvania into the Cures Act.

This bill will make an immediate, long-lasting impact on the families and communities we represent. It supports medical research, helps fight the opioid epidemic, and would improve the delivery of mental health care by putting heavy investments and reforms to accelerate the discovery of new treatments and cures for Americans. I also applaud the inclusion of a provision I authored that is crucial for our seniors. It would restore the open enrollment period for Medicare Advantage seniors, who until 2011 had the ability to change Medicare Advantage plans during the first 3 months of the year.

Unfortunately, those 3 months of flexibility have been replaced with an annual Medicare Advantage disenrollment period during the first 45 days of the year. Given Medicare Advantage’s popularity and history of success, seniors should be given the choice of changing a plan that addresses their needs. Restoring this 90-day open enrollment window will allow seniors who find that their plan is not working for them to make the change that does work for them.

This bill also contains very important legislation by my colleague from Pennsylvania, Representative MURPHY, to help families dealing with a mental health crisis by significantly reforming our mental healthcare system. These reforms are truly crucial to all individuals dealing with a mental health crisis and the drug addictions that can often accompany such illnesses.

I commend Chairman UPTON’s work in bringing this critical legislation to the floor. I urge its passage.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from New Jersey (Mr. SMITH), my dear friend who I have served with all my years here in Congress.

Mr. SMITH of New Jersey. I thank the gentleman for yielding and for his extraordinary leadership on this legislation.

Mr. Speaker, in 1992, 24 years ago, I met—along with a great advocate, Pat Smith—with top officials of NIH and CDC on Federal guidelines that preceded the existence of chronic Lyme disease. Subsequently, every Congress, I would introduce legislation trying to get a diversity of viewpoints so that clinicians, patients, and other advocates could be heard.

Today, CDC estimates there are about 380,000 cases of Lyme disease; and a provision in this bill, an important, bipartisan provision, insists upon by Majority Leader KEVIN MCCARTHY and Chairman UPTON requires that a new working group on tickborne disease includes members with a diversity of viewpoints, including patients, clinicians, and researchers. This working group will make a difference. Those patients—and there are tens of thousands of them—have been told chronic Lyme disease doesn’t exist, what you are feeling can be attributable to some other disease, and they don’t get treatment.

I thank the chairman for doing this. Also, as cofounder and co-chairman of both the Alzheimer’s Caucus 16 years ago and the Autism Caucus 16 years ago, I am thankful for the great work that this will do for those patients as well.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentlewoman from Washington (Ms. HERRERA BEUTLER).

Ms. HERRERA BEUTLER. Mr. Speaker, I am really excited about this bill, and I am excited about an inclusion in the 21st Century bill that we are voting today that is going to help moms and babies. Nearly all of the 400 million women who give birth each year in the U.S. and the 3 million women who breast-feed will take medications or receive a vaccine during their pregnancy or while they are nursing.

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Without reliable information, women and doctors are just playing a guessing game, trying to figure out the impacts of medication, and that could be on medication that is a prescription for a chronic disease: hypertension, diabetes, or severe depression.

The other undesirable choice for moms is whether or not to treat their condition. If they don’t know what the impact is, maybe they are just going to forgo their therapy altogether.

Moms should be able to safely manage ongoing conditions throughout their pregnancies and while breastfeeding without playing this guessing game. Fortunately, the Safe Medications for Moms and Babies Act is included in the bill that we are voting on. I urge its support.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from Pennsylvania (Mr. COSTELLO), a long-time supporter of this legislation.

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This bill will make an immediate, long-lasting impact on the families and communities we represent. It supports medical research, helps fight the opioid epidemic, and would improve the delivery of mental health care by putting
patients at the center of the review process. In short, this bill includes major priorities that will make our communities healthier and safer.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from New York (Mr. G inclusion). This may be his last speech to the House floor, as he announced his retirement some time ago. He is a good Member in support of this legislation. He hounded us from the get-go.

Mr. GIBSON. Mr. Speaker, I rise in strong support of 21st Century Cures. I want to thank the chairman, and I want to thank Majority Leader KEVIN McCARTHY and my colleague CHRIS SMITH for insisting that we restore original language that deals with chronic Lyme and tickborne diseases. This was critically important to my district and to the Nation. I have so many friends and neighbors who are sick, chronically sick, and they are desperate for cures and solutions. Thank you for this bill, they now have a voice and a fighting chance. I am deeply grateful.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentlewoman from Arizona (Ms. MCSALLY), my friend who is, again, a strong advocate of this legislation.

Ms. MCSALLY. Mr. Speaker, I rise in strong support of this important legislation. I want to thank Chairman Upton for his tireless leadership on the 21st Century Cures. The bill is the result of years of hard work and brings hope to countless Americans suffering from incurable diseases in all of our districts around this country.

I also want to recognize the work of Congressman TIM MURPHY, who has served as a leader and a champion on the critical issue of mental health and is the author of legislation included in this bill that will overhaul our mental health system for the first time in 50 years.

Additionally, this legislation includes parts of a bill that I introduced with Senator John CORNYN to improve mental health collaboration between Federal, State, and local justice systems to allow better responses to mental health crises. These provisions will also divert low-level offenders from incarceration to treatment programs, help reduce recidivism and provide support to mentally ill offenders reentering the community.

Many diverse groups came together in support of these bipartisan efforts, including mental health advocates and law enforcement organizations. I urge all of my colleagues to vote in favor of this very important bill. I thank the chairman for his leadership. The bill is the result of years of hard work and brings hope to countless Americans suffering from incurable diseases in all of our districts around this country.

I also want to recognize the work of Congressman TIM MURPHY, who has served as a leader and a champion on the critical issue of mental health and is the author of legislation included in this bill that will overhaul our mental health system for the first time in 50 years.

Mr. UPTON. Mr. Speaker, I have no further speakers. Therefore, I will let Mr. PALLONE use the balance of his time to close, and then I will use the balance of mine.

Mr. PALLONE. Mr. Speaker, may I inquire how much time remains on each side?

The SPEAKER pro tempore. The gentleman from Michigan (Mr. UPTON) has 3 minutes remaining.

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

Mr. Speaker, I would like to conclude by referencing the Statement of Administration Policy because I believe it reflects my position for the most part. If I could just read some sections—I am not reading the whole thing—it says:

"The Administration strongly supports passage of the bipartisan House Amendment to the Senate Amendment to H.R. 34, the 21st Century Cures Act, which dedicates more than $6 billion to implement key priorities such as the President's proposal to combat the heroin and prescription opioid epidemic; the Vice President's Cancer Moonshot; and the President's signature biomedical research initiatives, the Precision Medicine and Brain Research through Advancing Innovative Neurotechnologies (BRAIN) Initiatives. It also takes important steps to improve mental health."

"The Administration is committed to taking immediate action to lay the groundwork to ensure that the funds in the bill would be disbursed quickly and effectively so we can begin to address these important public health challenges..."

"There are... provisions in the bill that raise concerns, but that have been modified from previous versions to help address those concerns as provisions that allow for the marketing of drugs to payers for off-label uses. In addition, a number of effective dates will be challenging to meet, especially without additional administrative funding..."

"That said, this legislation offers advances in health that far outweigh these concerns. As such, the Administration strongly supports passage of the House Amendment to the Senate Amendment to H.R. 34, the 21st Century Cures Act..."

Let me just say also in conclusion, I believe that this is an important piece of legislation that we need to pass, and I would hope that the Senate would take it up and pass it, and, obviously, the administration or the President will sign it.

From the very beginning, when we passed the 21st Century Cures Act, I thought that it would make important strides in actually dealing with those diseases for which we have not made a lot of progress in terms of advancing and finding cures, but, at the same time, I am happy that this legislation has one of a catch-all or a lot more of a catch-all, if you will, because it is addressing funding for opioids. Many of us know we passed an opioid package that the President signed in July, but it is not funded. So, there will be funding for that bill now.

As far as the mental health reforms, our committee spent a tremendous amount of time over the last 2 years trying to address that legislation. We passed a bill here in the House. Again, I am happy that this is included because the kinds of reforms that were in that bill are now in this bill, and I think they are important strides in actually addressing mental health concerns that we have in this country.

The same is true for Cancer Moonshot. The President spent a lot of time, the Vice President as well, and this will make at least a down payment on that. So, overall, this is a good bill, I support it. I urge my colleagues to support it as well.

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

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

Mr. Speaker, I just want to thank all the people who have been involved in this Chamber, our staff, our Members, the Senate as well. I want to thank all the people outside who brought their message to us because one of the things that we wanted to do from the very start was listen. You tell us what we need to do so we can find these cures for you—name the disease. I will confess that some of us had probably never heard of some of the diseases and some of the disease patient advocacy groups that actually came to us.

We are doing the right thing because, yes, we listened; yes, we knew we needed more research—and as fiscal conservatives—and we all care about the deficit, we all do—we want to make sure that we can actually have the resources and a timeline to spend it in a prudent manner, really outlining the priorities that both sides of the aisle share.

I commend the President. He was personally involved in this issue, not a Johnny-come-lately, coming up this aisle with his last couple of State of the Union Addresses on both Precision Medicine and the Cancer Moonshot. Vice President BIDEN spent weeks of his time and many hours with us helping us draft the legislation that we all care about and is included in this legislation. There are LAMAR ALEXANDER, MITCH MCCONNELL, PATTY MURRAY, CHUCK SCHUMER, and others in the Senate who care about this legislation, knowing its impact on so many millions of people—our researchers, who have devoted their lives, and, again, many of us here.

We traveled to MD Anderson, the Mayo Clinic, Ann Arbor, the Cleveland Clinic, and other great places to do research that actually can save people's lives. And we learned a lot. We learned a lot that, working together, we can get something done, and that is what this bill does.

But I will tell you why this vote is important when we take it at about 5 p.m. or so. We don't want to win by a narrow margin. We want to win by a
huge margin. We want to send a message to the Senate that what we did in countless hearings and roundtables has made a difference, that it is a strong bipartisan message, including the mental health legislation, again, which we debated for weeks and months here in the House, not only in the committee, but on the House floor. It is very important. It is important to people like Joe Kennedy, who spoke on the floor earlier today. The Ways and Means provisions that passed on a voice vote here are included so we can get the job done.

Our leadership on both sides—John Boehner, Paul Ryan, Kevin McCarthy, Steve Scalise, Cathy McMorris Rodgers, Nancy Pelosi, Steny Hoyer—have really been outstanding. They knew from the get-go that we needed to get this thing done. Patients can’t wait. They cannot wait. We are going to have the cure to get this thing done. and, yes, it will impact millions of lives.

So, in an hour or two, when we vote on this, I would urge all my colleagues on both sides of the aisle to vote “yes” for the right reasons.

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

Mr. Brady of Texas. Madam Speaker, I yield myself such time as I may consume.

America has always been a leader in developing cutting-edge medical treatments and technologies, breakthroughs that have saved countless lives; but due to outdated and burdensome Federal health care policies, medical innovation in our country is failing to keep pace with the 21st century challenges facing doctors and families.

Today, Americans nationwide are being forced to wait for the lifesaving treatments they need while important advancements are held up by unnecessary red tape. Chairman Upton’s 21st Century Cures Act provides an opportunity to put America back at the forefront of medical innovation and the delivery of cutting-edge care.

This legislation will empower America’s researchers and doctors with the tools needed to solve the biggest healthcare challenges of our time. It includes many bipartisan solutions that will increase healthcare choice, access, and affordability for the American people.

Thanks to Chairman Upton’s leadership and the hard work of many Members on both sides of the committees, the 21st Century Cures Act brings together a variety of solutions that will help Americans throughout the country.

Ten of these patient-focused measures are contained in the Ways and Means Committee. All 10 are bipartisan. More than 20 of our members crafted and introduced these bills. Many more helped move them forward.

In particular, I would like to recognize the leadership of Congressman Pat Tiberi and Jim McDermott, the chairman and ranking member of our Health Subcommittee.

Ranking Member McDermott, by the way, is retiring at the end of this Congress. I want to take this moment to thank him for his years of service and friendship. I want to thank him and Chairman Tiberi for their efforts in support of the 21st Century Cures Act.

The Ways and Means healthcare provisions in the bill will remove harmful regulations on providers to impede the delivery of care. They will increase healthcare options for job creators and families. They will expand access to high-quality care for America’s most vulnerable patients.

I am also excited that this legislation includes a policy by Representative Engel and Chairman Tiberi to ensure patients have access to new home infusion benefits. We look forward to working with the Energy and Commerce Committee next year to quickly implement this solution so that more patients have access to this vital service.

In closing, I want to thank all the Members on the aisle who helped develop the bill before us today. I again want to thank Chairman Upton for his leadership. This historic legislation has been years in the making. We would not be here today without Chairman Upton’s dedication, vision, and commitment to bipartisan collaboration.

The 21st Century Cures Act is an incredible opportunity to help Americans from all walks of life for generations to come. I urge all my colleagues to join me in supporting its passage.

Madam Speaker, I reserve the balance of my time.

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

This bill is a typical lameduck bill. It has one provision in it that people really want, and that is a giveaway to the pharmaceutical industry.

Every provision that Mr. Brady has talked about today to the Ways and Means Committee has already been passed out of here, and none of them are harmful, but the issue here is reducing the effect of the FDA in protecting the American public. My colleague, Ms. DeLauro from Connecticut, was absolutely right: the weakening of the FDA in protecting the American public is the central part of this bill.

Now, it is wrapped in $4 billion worth of inadvisable money for NIH. It would take $7 billion to keep us where we are today. The money that went out of here a few months ago was mandatory, and now it is subject to appropriation. Everybody says: Oh, well, there are commitments made. There are commitments made. Anybody who believes in the tooth fairy will believe that money is going to go to NIH. But the changes in law in how we push drugs, that is going to be in law.

Now, let me tell you what the problem with that is. If you push drugs out there quickly, there are some side effects and people die and people say, well, it is too bad; the FDA approved it. We put the FDA in the position of protecting the American public, and then we cut them out at the knees.

Once we have done these cures, we come up with these great drugs, who can afford them? That is wrong with this bill and that this House has failed to do is to deal with the cost of pharmaceuticals in this country. There is not one single thing in this bill.

There is a specialty drug called Sovaldi. It is a treatment for hepatitis C. There are actually several million people in this country who need that drug. One pill costs $1,000. Full treatment costs $84,000. Who can afford it? Who is going to pay for that? Are you going to be willing to put the money into part D of Medicare to pay for it?

The question here is: What are we doing in giving away to the pharmaceutical companies an open door to push any drug out they want or that they can get through the screen, make the screen big so that it is easy to get them out, and then we pick up the pieces for the American people? That is the reason I oppose this bill. I think there are good things in it.

I come from a university that is the number one recipient of research money in this country. The University of Washington is the number one public university. We have so little money at NIH now that you have to be 40 years old until you get a grant from NIH for a research project. It used to be that 17 percent of all the grants were approved. Now we are down to 6 percent.

That is because we have been squeezing the life out of NIH. And this $4 billion sounds like a lot of money, but it isn’t even the $7 billion to keep us at the present level. That is what is wrong with this bill.

Madam Speaker, I reserve the balance of my time.

Mr. Brady of Texas. Madam Speaker, I yield 1 minute to the gentleman from Ohio (Mr. Tiberi), the chairman of the Health Subcommittee who shepherded these bills through the House earlier and leads the effort to correct issues so important to our hospitals and cancer hospitals, as well as some new reforms for infusion healthcare patients.

Mr. Tiberi. Madam Speaker, I thank Chairman Brady for his leadership on this issue.

Madam Speaker, Chairman Upton unveiled the 21st Century Cures Act back in 2014 to initiate quicker development and pathways to approve treatments and cure diseases. This bipartisan and bicameral bill is another example how the House is delivering on health-focused solutions for Americans.

I am incredibly pleased that three of my initiatives are included in this final package, the first of which is a bill that provides necessary regulatory reform to the site-neutral policy to hospitals that were in the middle of construction when the policy went into effect.
Second, the 21st Century Cures Act gives relief to long-term care hospitals from the 25 percent rule and common-sense Medicare reforms.

Lastly, the bill includes a provision of a bill I sponsored that provides infusion drug coverage to Medicare beneficiaries in their home.

I look forward to continuing work on these issues with my colleagues in the next session of Congress. I want to congratulate Representative Upton for his incredible work on this. He solicited feedback from stakeholders, Members, patients, and has worked tirelessly to make this bill the best version possible. His accomplishments during his chairmanship are profound, and I am grateful to call him a close friend.

Let’s pass the 21st Century Cures Act on a bipartisan basis, Madam Speaker, and get America back in the driver’s seat on medical innovation.

Mr. DOGGETT. Madam Speaker, I yield 3 minutes to the gentleman from Texas (Mr. DOGGETT).

Mr. DOGGETT. Madam Speaker, while certainly saluting the many Members who have worked so diligently on this measure, I cannot vote for it.

In a wide and endless desert of support for research funding, even getting a few drops of rain is understandably welcomed by the thirsty. Under Republican rule, we have seen a dreadful drought in research funding. This is a bill that attempts to address that shortfall. I voted for the bill when it was on the floor of the House at a previous point in time. I did not, at that point, promise the hope, after this long drought of almost $10 billion in assured, certain funding, for research so that we might find cures for some of these diseases before we get them ourselves—the concern of so many PET.

Now, under this new measure, we have only about a fourth of the funding previously approved in the House, and it is no longer certain money; it is money that may be bipartisan agreement but there is not a bipartisan advancement.

At the same time that research dollars are dramatically cut—the very research dollars that were the reason for having this bill in the first place—Big Pharma got some of its wish list approved. And how very appropriate that this measure and so many other moving parts have been packed into what it calls the “Tsunami Warning bill.”

If there can be any evidence of this past year, it is that those people who rely on lifesaving drugs and who want to be able to have a prescription that the doctor prescribes have been hit by a real tsunami. They have been buried in one wave after another wave after another giant wave of pharmaceutical price gouging. Whether it is the EpiPen for a child who is might have an allergic reaction, whether it is insulin for someone who is diabetic and relies on insulin, whether it is an oncology drug that costs over $100,000, it is wave after wave of a tsunami of price gouging.

And what has this Congress done about that?

Absolutely nothing. I must say, the administration has done very little more. They have looked at it. There have been a few speeches about it, but there has been no action on it.

So what we get in this bill are a few things that Big Pharma wants that have been on its wish list for a long time, and consumers, they get nothing to look forward to other than more of those big waves of huge price increases. I am also concerned that the policy arm that publishes Consumer Reports magazine has expressed deep concerns about additional patient risk as a result of some of the provisions that the pharmaceutical companies and the medical device manufacturers have insisted as the price for getting a little additional research funding.

So I am voting “no,” not because this provides some research dollars. It ought to be providing the level of certain research funding we approved already, but because it fails to address this critical health need.

Mr. BRADY of Texas. Madam Speaker, I yield 1 minute to the gentlewoman from Kansas (Ms. JENKINS), one of our key members of the Health Subcommittee who also focuses on rural hospitals and access to care for rural communities.

Ms. JENKINS of Kansas. Madam Speaker, I rise today to support this legislation, which stops unjustified regulations from interfering with rural healthcare providers offering quality services; and the Rural ACO Provider Equity Act, which will ensure the work of PAs and nurse practitioners is recognized so that rural hospitals can join ACOs and afford to remain open and serve our communities.

Finally, it will help the 40 million Americans who deal with a mental illness each year through inclusion of my Mental Health First Aid Act. This bipartisan legislation delivers $15 million every year to train police officers, teachers, veterans’ advocates, and others to identify and aid those with a mental illness, building a stronger mental health safety net in America that addresses the needs of millions of Americans.

May I urge my colleagues to pass this legislation.

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

Mr. BRADY of Texas. Madam Speaker, I yield 1 minute to the gentleman from Ohio (Mr. RENACCI), who has, among many healthcare issues, led the charge to remove regulatory barriers that hold up medical innovation and the delivery of new treatments and cures; and it ensures that America will be a leader in the global fight for medical innovation.

Mr. RENACCI. Madam Speaker, I rise in support of H.R. 34, the 21st Century Cures Act. At its core, this legislation, while not perfect, ensures our country will continue to be at the forefront of medical innovations and breakthroughs.

Also important is what the bill does for States like Ohio that are fighting the opioid epidemic. Just today it was reported that Ohio has seen more opioid overdose deaths than any other State in the Nation. This bill would especially help Ohio reverse this devastating trend.

I also applaud the inclusion of my bill, H.R. 1393, the Establishing Equity in the Hospital Readmission Program. The Hospital Readmission Program was created due to concerns that too few resources were being spent on reducing acute care admissions. While reducing acute care hospital readmissions is important, my bill ensures that we are not disproportionately penalizing those who see a large number of our most vulnerable patients.

This is one of the many common-sense, bipartisan reforms to improve our healthcare system included in the 21st Century Cures Act. And I urge all Members to support this bill.

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

Mr. BRADY of Texas. Madam Speaker, I yield 1 minute to the gentleman from Minnesota (Mr. PAULSEN), one of our key leaders in medical devices innovation and bringing lifesaving cures to the market sooner.

Mr. PAULSEN. Madam Speaker, I rise in support of the bipartisan 21st Century Cures Act.

There are more than 10,000 known diseases in the world, and many of them are rare diseases. Yet, there are only 500 of them that have an FDA-approved treatment. Millions of Americans today feel powerless because they have a deadly disease and they have no hope of a cure because there aren’t enough resources for research or the regulatory barriers are discouraging innovation.

This bipartisan initiative today gives patients new hope. It supports more NIH research; it streamlines the regulatory approval process; and it gives patients more input in the treatment and delivery process.

I am also pleased today, Madam Speaker, that we are providing important reforms to our mental health system. For too long, patients and families, mental healthcare professionals, and law enforcement have been crying for help. This legislative effort represents the most significant improvement to the mental health system that we have seen in over a decade.

Madam Speaker, this is an innovation game-changer. It is a once-in-a-generation, transformational opportunity to change the way we treat disease; expedite the development, and the delivery of new treatments and cures; and it ensures that America will be a leader in the global fight for medical innovation.
from Pennsylvania (Mr. MEEHAN), again, another key member of our committee who is focused on health care and, in this case, increasing information to seniors about their Medicare plans in advance, and also improving physical therapy so critical to so many in health care.

Mr. MEEHAN. Madam Speaker, the 21st Century Cures Act is a historic, bipartisan legislation that will eliminate the barriers standing between us and cures for diseases like Alzheimer’s and diabetes, and cancer.

The bill fosters coordination and research related to pediatric diseases and birth defects, and we encourage the NIH and FDA to establish a global pediatric clinical study network with the hope that more collaboration will lead to new treatments, and it will help build our understanding of how treatments geared for adults can help to lead to cures for children.

Just 3 years ago, after a fight with Washington bureaucrats, Sarah Murnaghan, a 10-year-old young woman from my district, received an adult lung transplant. She is now a thriving, 14-year-old. And through “Sarah’s Heroes,” we highlight the stories of other children who are courageously working to overcome challenges presented by cystic fibrosis and lung transplant.

Schizophrenia and mental illness are among other conditions without a cure. The bill improves access to mental health by increasing the number of healthcare professionals trained to treat mental illness, and also strengthens the requirement that mental health coverage be on par with coverage for physical ailments; many good reasons to continue to support. I urge my colleagues to do so.

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

Mr. MCDERMOTT. Madam Speaker, I yield myself such time as I may consume. I want to thank, again, Chairman UPTON, Congressman MURPHY, Congresswoman DEGETTE, and all those that helped put this together, and the staff that were so instrumental in making this bill a reality today.

Mr. BRADY of Texas. Madam Speaker, I have no further speakers and I am prepared to close if the gentleman would like to close.

I reserve the balance of my time.

Mr. MCDERMOTT. Madam Speaker, I yield myself such time as I may consume. I want to thank my colleagues for their interest in children. I hear some of the speakers stand up and say they are really interested in kids, yet they oppose the CHIP program. They talk about cutting back the help to children.

Now, the problem here is that if you are talking about cures, and you are going to create a magnificent cure that costs $500 million, you can provide Medicaid, the children who are poor in this country aren’t going to get access to that cure. That is a cure for rich people who could pay it out of their clippings on their bonds and their stock.

The EPSDT program, which is the program that covers kids, the President-elect has put in the charge of that a woman from Indiana who testified against it. This is the benefit that ensures sick kids will get cures.

Now, you see something here for pharmaceutical companies to find a way to take as much money out of the system as they can with every drug they can put out there, and you are, at the same time, moving in the direction of making it impossible for poor children to be taken care of in this country.

How many States have the Governors said: We don’t believe in Medicaid; we don’t believe that the government should give Medicaid; we believe the government should stay out of medicine?

So they deny their own people health care, simple, everyday, ordinary health care; and we are talking about cures for disease. As somebody said, there were 50 cases in the United States of it last year. One feels for those 50.

I am a physician. I have listened to those people. I know that it is awful, but you have to keep and say to yourself: Are we going to spend all the money there or are we going to spend it dealing with all the Americans? That is what is wrong with this bill. The pharmaceutical industry has no control on it whatsoever. When you put in that benefit, in part D, you tied the Secretary of Health and Human Services’ hands, and he or she cannot negotiate prices. You said: Whatever the pharmaceutical company says the cost is, that is what we are going to pay.

Now, the Veterans Administration—veterans are different than ordinary people in this country. They have an administration that has the right to negotiate prices, and their pharmaceutical prices are down 50, 60 percent from what people pay in Medicare.

Now, as long as you have that kind of giveaway going on to the pharmaceutical companies, this bill is just kind of frosting on the cake, and I guess Members will vote for it. In the short run it will seem like, you know, it didn’t make any difference, but you are going to pay down the line.

This is going to be a Fram commercial. You either pay now or you are going to pay later, because if you do not screen those drugs carefully and make sure that they are really doing what they claim to do, as the 21st Century Cures Act says, you are going to pay.

I urge a “no” vote.

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

There are so many Americans who could be watching today who wonder when that lifesaving drug, that new treatment will be made available to them. They know it is in other countries. They read about it in other places, but they can’t get it here in America. The Cures Act changes that. It streamlines it, moves things faster; and when you are in that tough situation, it provides options for health care. Experimental drugs never before available to them. This is important to patients and it is important to doing it better in America. I urge its support.

I yield back the balance of my time.

Mr. THOMPSON of California. Madam Speaker, I rise in support of this bill.

H.R. 34, the 21st Century Cures Act, is the product of extensive bipartisan, bicameral collaboration between stakeholders and policy makers.

This bill stands to help us make significant progress when it comes to keeping Americans healthy, and keeping America on the forefront of medical innovation.
Included in the bill text are provisions based on legislation I authored, known as the Small Business Healthcare Relief Act. These provisions would allow small businesses with fewer than 50 employees to offer tax preferred Health Reimbursement Arrangements (HRAs) to their workforce. The HRAs can be used to buy health insurance in the individual market, or pay for qualified health expenses if an individual already has coverage. This targeted bill seeks not to override those long-standing responsibilities between employers and their employees, nor does it seek to override ERISA protections that existed before the Affordable Care Act was enacted, but to provide small employers an option for coverage in a robust individual market.

Given that this bill will be passed late in the year, it’s my hope that the incoming Administration acts promptly to ensure a smooth transition for employers, employees, and the current exchange marketplace.

Small businesses drive job creation and grow our economy. We should be going out of our way to help them support their employees so that they can focus on what they do best: running their business.

I urge my colleagues to support this bill.

Ms. EDDIE BERNICE JOHNSON of Texas. Madam Speaker, I rise in support of H.R. 34, the 21st Century Cures Act which will encourage innovation in biomedical research and development of new treatments.

The bill contains $6.3 billion in spending over the next ten years. With $4.8 billion in funding over the next ten years delivered to Innovation Funds within the National Institutes of Health and $500 million for the Food and Drug Administration over the next five years, it is clear that Congress is committed to investing in health research.

Developing a better system of funding towards high-risk high reward research and research by early stage investigators is crucial to finding better health outcomes. With a better focus on infectious disease, precision medicine, and biomarkers, I strongly believe that we will finally address these areas of unmet medical needs, which are often the most pervasive issues in our health system.

The legislation also includes elements of H.R. 2646, the Helping Families in Mental Health Crisis Act, in order to get mental health services to those most pervasive issues in our health system.

This legislation includes several provisions that I think are commendable.

Ms. JACKSON LEE. Madam Speaker, I rise in support of the House Amendment to the Senate Amendment to H.R. 34, the “21st Century Cures Act,” a bipartisan piece of legislation that is vital to the future and health of our Nation’s citizens and ecosystem.

This thoughtful legislation is the culmination of the hard work of my dedicated colleagues who have sought out and engaged in public conversations with patients, innovators, providers, regulators and researchers about how to move advances in science and medicine into new therapies.

This outreach has garnered the critical input and support of more than 370 patient and physician groups, state and local organizations, cancer centers, and research and life sciences.

I am proud to be one of the cosponsors of the 21st Century Cures Act, which represents a national effort to find treatment and cures for thousands of unknown and rare diseases.

Looking to the various policies this legislation aims to address, it is important to highlight the commendable objectives and that will not only accelerate development and delivery of new treatments and cures for thousands of serious and rare diseases, but it will also open the doors of innovation and the growth of health care system by enhancing and enriching the medical field for all Americans.

The most ambitious action calls for $6.3 billion in mandatory funding to be delivered over the next ten years to the National Institutes of Health (NIH).

NIH is part of our nation’s top ranked educational research institutions in the world. In order to maintain our global competitiveness in the biomedical field, we must invest in the industries that guarantee economic prosperity for our current and future economies.

It has been estimated that every $1 of NIH funding generates about $2.21 in local economic growth, and, in 2012, NIH-funded research supported an estimated 402,000 jobs across the U.S.

The bill’s funding for NIH would provide for an annual 3 percent increase in the NIH budget, which has been stagnant for the past few years, and which desperately needs more funding to capitalize on emerging scientific insights.

This increased funding not only aims to continue the sustainability of our economy but also supports our President’s initiative to provide more resources to the biomedical field.

The 21st Century Cures Act supports the President’s Precision Medicine Initiative, which would advance a new model of participant-centered research to accelerate biomedical discovery, develop new tools and therapies tailored to individual patients’ needs.

The Obama Administration believes we can build on the progress in improving the drug development and approval process made to date by incorporating patients’ voices into the Food and Drug Administration (FDA) decision-making; encouraging the development and qualification of reliable biomarkers to accelerate work on important new therapies; and reducing barriers to initiating medical device trials.

In furtherance of this initiative, the legislation before us allows, for the creation of an “Innovation Fund” through the National Institute of Health.

This “Innovation Fund” is a welcome effort because it promotes the maintenance of the best biomedical workforce in the world and help to increase the diversity of the biomedical workforce.

In particular, the $4.8 billion provided for the Innovation Fund, will not only increase the number of the research projects it supports but it also increases the cap for NIH’s loan repayment programs.

This would include a repayment program for clinical scientists who do research in health disparities and for clinical scientist from disadvantaged backgrounds, from $35,000 per year to $50,000 per year plus a yearly inflation for adjustment.

With the support of H.R. 34, underrepresented communities and those with disadvantaged backgrounds from across the country can undoubtedly provide the future researchers and workers of the biomedical workforce.

The Journal on STEM Education reported in 2011 that only 8.34 percent of the STEM doctors awarded in 2006 were given to underrepresented minorities, despite making up approximately 28 percent of the U.S. population. Furthermore, GAO found noted that while the percentage of underrepresented minorities nationwide increased from 13 percent to 19 percent from 1994 to 2003, the total number of STEM doctors awarded to the same group dropped during this period from 8,335 to 7,318.

In response, the National Institute of General Medical Sciences (NIGMS) created the Minority Opportunities in Research (MORE) Division and similar academic intervention programs.

The MORE programs are comprised of four primary components: research experience, mentoring and advisement, supplemental instruction, and workshops, and financial support.

In 2007, NIGMS’ annual budget was $1.9 billion, of which nearly $126 million was spent on its MORE programs.

This amount includes the Minority Biomedical Research Support-Research Initiative for Scientific Enhancement (MBRS-RISE) program, the Minority Access to Research Careers (MARC), Post-baccalaureate Research Education Program (PREP), and the Bridges to the Baccalaureate and Bridges to the PhD programs.

The amount of funds dedicated to these programs reflects the commitment by the science and research community to the goals of the MORE Division in addressing this problem.

Increased funding set forth in H.R. 34 will only strengthen NIH’s focus on diversifying the biomedical workforce by requiring NIH to focus funding on increasing participation from scientists from underrepresented communities.

In addition to addressing the needs of underrepresented communities, H.R. 34 also calls for specific action to increase representation of racial minorities.

The 21st Century Cures Act acknowledges that there are disturbing statistics on the low numbers of African Americans, Hispanics and Native Americans pursuing academic qualification and participating in scientific research.

Under H.R. 34, the National Institute on Minority Health and Health Disparities will necessarily include strategies for increasing representation of minority communities in its strategic plan.
I am proud that H.R. 34 incorporates the Jackson Lee Amendment which I offered during the initial consideration of the 21st Century Cures Act by the House which will help ensure that the national goals of finding and bringing more cures and treatments to patients and strengthening our biomedical innovation ecosystem in the United States is aided by an expanding pool of diverse and talented medical researchers.

Specifically, the Jackson Lee Amendment instructed the Secretary of Health and Human Services to conduct outreach to historically Black colleges and universities, Hispanic-serving institutions, Native American colleges, and rural colleges to ensure that health professionals from underrepresented populations are aware of research opportunities under this Act.

Many racial health disparities stem from lack of access to effective test, treatments and cures for illnesses that have devastating consequences for African American, Hispanic and Native American populations.

For example:

1. African Americans (represent 12 percent of the U.S. population but only 5 percent of clinical trial participants.
2. Hispanics make up 16 percent of the population but only 1 percent of clinical trial participants.
3. Women are under-represented in cardiovascular device trials, which have 67 percent male participation.

The most significant barriers limiting clinical participation are race, age, and sex of participants:

1. Women and minority patients are more difficult to recruit.
2. Women and minority physicians have less experience and are relatively more costly to engage.
3. Minority patients with limited English proficiency can require costly translation services.

Physicians are the gateway to the patient. Increasing diversity of those conducting research will have implications on the types of conditions that are researched and the participants in clinical trials that are seeking answers to illnesses like lupus, triple negative breast cancer and sickle cell disease that can be difficult to detect, treat and cure.

Certain medical illnesses have been known to have higher prevalence in certain demographic groups, including type II diabetes, lupus, sickle cell anemia, and Triple Negative Breast Cancer for which African Americans are more than twice as likely to be diagnosed on average.

Lupus, triple negative breast cancer and sickle cell disease are of particular concern because they are often difficult to diagnose and disproportionately impact persons of color and especially women.

In particular, Lupus is a chronic, complex and prevalent autoimmune disease that affects more than 1.5 million Americans. Yet, Lupus is one of America’s least recognized major diseases.

More than 90 percent of lupus sufferers are women, mostly young women between the ages of 15 to 44, and women of color are two to three times more at risk for lupus than Caucasians.

Triple negative breast cancer also disproportionately impacts younger women, African American women, Hispanic/Latina women, and women with a “BRCA1” genetic mutation, which is prevalent in Jewish women.

More than 30 percent of all breast cancer diagnoses in African American are of the triple negative variety, and African American women are far more susceptible to this dangerous subtype than white or Hispanic women.

Additionally, there are about 2 million people who carry the sickle cell trait and with about 100,000 having the disease. According to the Centers for Disease Control and Prevention, sickle cell trait is common among African Americans and occurs in about 1 in 12, and sickle cell disease occurs in about 1 out of every 305,000 compared to about 1 out of every 36,000 Hispanic-American births.

Treatments for Lupus, triple negative breast cancer and sickle cell disease are not progressing as quickly as desired by patients, researchers, and policy makers. We must support the advancement of legislation that will allow for the remediation and end of health care disparities and the promotion of research parity for diseases such as lupus, triple negative breast cancer, sickle cell disease, and countless other rare diseases.

Race and ethnicity have also been shown to affect the effectiveness of and response to certain drugs, such as anti-hypertensive therapies in the treatment of hypertension in African Americans and anti-depressants in Hispanics.

Increased diversity in research trials could help researchers find better, more precise ways to fight diseases that disproportionately impact certain populations, and may be important for the safe and effective use of new therapies. As one of the most diverse cities in the country, Houston is the 4th largest city in the United States and the 5th most populated metropolitan area in the nation. Houston is home to the largest medical complex in the world—the Texas Medical Center, which provides clinical health care, research and education at its 54 institutions.

The University of Houston, ranked number three out of all other colleges and universities in Texas, is an example of a premier institution that can produce students with advanced STEM degrees who would be able to join a progressing biomedical field.

Another important requirement of H.R. 34 is that it would require National Institute of Health to publically report the number of children by race and gender who participate in NIH funded clinical trials.

This legislation would help ensure that children of all races are adequately represented in clinical trials and that we can determine the safety and effectiveness of drugs on children of all demographic backgrounds.

With 10,000 known diseases, 7,000 of which are rare, and treatments for only 500 of them—clear there is much work to do. Medical research saves lives and improves the quality of life for millions of Americans because the government provides a steady and reliable commitment to basic research into cures for debilitating and deadly diseases.

Given the array of commendable initiatives, H.R. 34 is a necessary piece of legislation that will accelerate the discovery, development, and delivery of promising new treatments and cures for all patients while investing in our nation’s ability to maintain the best and most diverse biomedical workforce in the world.

Madam Speaker, I call for the support of all of my colleagues in ensuring the passage of the important legislation.

The SPEAKER pro tempore. All time for debate has expired.
The Secret Service was experiencing a staff shortage and the lack of employees, Secret Service agents had to work significantly overtime. A round-the-clock protection of Presidential candidates. No matter the number of hours worked, Secret Service agents are subject to a title 5 statutory cap on their biweekly pay. As a result, agents were not compensated for overtime hours worked. This resulted in compensation beyond the cap during any pay period. Within the Secret Service, this became known as a max-out problem.

These so-called max-outs contribute to the agency’s loss morale and exacerbate attrition. The excessive overtime also negatively impacts protective efforts. The agency needs fresh and energetic agents to fulfill a critical mission, one that they have to be in tune with at all times. This has been on the job. The bill, the Overtime Pay for Secret Service Agents Act of 2016, offers relief for agents who have not received pay due to the so-called max-out problem.

Secret Service agents who worked on the 2016 Presidential campaign would be eligible to receive compensation above normal levels up to the basic pay currently given to members of the Executive Schedule Level II for the calendar year 2016. Every Secret Service agent with outstanding overtime would receive an additional compensation for 2016 under this bill. This is not a bonus. This is not extra pay. This is simply trying to compensate them for hours that they worked. We heard story after story about Secret Service agents who would literally go weeks on end without any pay and yet continue to do their job.

At the same time, the limitation to the $330,000 in Presidential election in the bill presents a good balance and encourages Secret Service to fix its current staffing problems instead of relying on excessive and expensive overtime pay in the future. It is my expectation that the Secret Service meets its staffing goals by the next election cycle and does not have to rely on scheduling excessive overtime. It is also my expectation that the Secret Service will focus its staffing capital away from its increasing nonessential investigative and cyber-related missions which distract from the core mission of protecting the President and other protectees.

There are currently three ongoing studies analyzing the Secret Service's nonessential mission of cyber investigations. By the way, this nonprotective mission usually takes more than half of their time, but certainly during a Presidential election cycle, you can see the demand that was there.

I am very pleased with the bipartisan nature in which the committee came together to make sure that we are supporting the men and women who serve in the Secret Service. They have done so in a very admirable fashion. They have provided a great service to the Nation. But when you hear stories where people would go 43 days without a single day off, when they would work, literally, 100-plus hours in a week and there would go to work knowing that they weren’t going to be compensated for that work, that is inexcusable. This bill would provide relief to them. Again, it is not a bonus; it is not extra pay; but it is some compensation for the work that they do protecting the Nation and protecting those protectees. By all accounts, they did an exceptional job without any major incident in this 2016 election cycle.

I urge the passage of this bill. Again, I appreciate the bipartisan nature in which we are doing this.

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

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

Mr. Speaker, I rise today in support of my bill, H.R. 6302, the Overtime Pay for Secret Service Agents Act of 2016, which was approved by our committee unanimously by a voice vote. This legislation would authorize an increase in the current pay cap to Executive Schedule Level II so that Secret Service agents are permitted to receive compensation for the hours of overtime they worked in 2016.

My chairman has indicated that the Presidential campaign of 2016 has been a year of extraordinary challenges and strain on the Secret Service. The Secret Service has provided information to the committee indicating that more than 1,000 Secret Service agents—one-third of the agents on board—have worked so many hours that they maxed out their annual overtime and salary. Some agents started working overtime for free as of early June and are exceeding the pay cap by as many as $50,000 to $60,000 per agent. Current law prohibits them from receiving any additional overtime pay, and that is what this bill is intended to fix for calendar year 2016.

These spikes in overtime are a necessary factor in these election campaigns. As we know, there were 16 Republican candidates in the primary, and all received Secret Service protection, as well as several candidates on the Democratic side. There were countless stops across the country over the course of our campaign, and I don't think there is any way to avoid the need for overtime.

I am glad that this is a bipartisan bill, but every 4 years we have to have agents working without pay. There has got to be a way that we can estimate roughly what the overtime needs will be every 4 years and incorporate something that at least eliminates the need to have Secret Service agents working for free in a very dangerous job. I think we can figure out that way.

I had a proposal in committee to make this an every-4-year thing and incorporate that. It did not succeed. But
I am hoping that, in a bipartisan manner with the chairman and my Republican colleagues on the committee, we can solve this. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. Without objection, the gentleman from Arizona will control the remainder of the time.

There was no objection.

Mr. GOSAR. Mr. Speaker, I urge adoption of the bill. I yield back the balance of my time.

Mr. CUMMINGS. Mr. Speaker, I support H.R. 6302, the Overtime Pay for Secret Service Agents Act of 2016. The bill would authorize an increase in the annual salary and overtime limit up to level II of the Executive Schedule so that Secret Service agents would be eligible to receive additional back pay for the considerable hours of overtime they worked in 2016.

Last year, the Committee adopted a bipartisan report concluding that the Secret Service, after making an additional request for funds, would need an additional annual appropriation of $200 million and Overtime Cap Relief Act of 2016, to establish a legislative solution to the pay cap, and he stressed, quote, “the importance of ensuring that the pay cap has on the Secret Service will have a legislative solution in the years ahead,’’ The witness added that although, minimum, during a presidential campaign year will prove to be unique in the years ahead,”

I urge my colleagues to support this bill, but I also hope the Committee will revisit the overtime pay issue next year so that the Secret Service will have a legislative solution in time for the 2020 election season.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Utah (Mr. CHAFFETZ) that the House suspend the rules and pass the bill, H.R. 6302.

I urge my colleagues to support this bill, but I also hope the Committee will revisit the overtime pay issue next year so that the Secret Service will have a legislative solution in time for the 2020 election season.

A motion to reconsider was laid on the table.

POST OFFICE DESIGNATIONS AND ESTABLISHING NEW ZIP CODES

Mr. GOSAR. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 6303) to designate facilities of the United States Postal Service, to establish new ZIP Codes, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 6303
Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. POST OFFICE DESIGNATIONS.

(a) Special Warfare Operator Master Chief Petty Officer (SEAL) Louis ‘‘Lou’’ J. Langlais Post Office Building.—

(1) DESIGNATION.—The facility of the United States Postal Service located at 1221 State Street, Suite 12, Santa Barbara, California, shall be known and designated as the ‘‘Special Warfare Operator Master Chief Petty Officer (SEAL) Louis ‘‘Lou’’ J. Langlais Post Office Building.’’

(2) REFERENCES.—Any reference in a law, map, regulation, document, paper, or other record of the United States to the facility referred to in paragraph (1) shall be deemed to be a reference to the ‘‘Special Warfare Operator Master Chief Petty Officer (SEAL) Louis Louis ‘‘Lou’’ J. Langlais Post Office Building.’’

(b) Richard Allen Cable Post Office.—

(1) DESIGNATION.—The facility of the United States Postal Service located at 298 Shelby Road in Shelby, Indiana, shall be known and designated as the ‘‘Richard Allen Cable Post Office’’.

(2) REFERENCES.—Any reference in a law, map, regulation, document, paper, or other record of the United States to the facility referred to in paragraph (1) shall be deemed to be a reference to the ‘‘Richard Allen Cable Post Office’’.

(c) Leonard Montalto Post Office Building.—

(1) DESIGNATION.—The facility of the United States Postal Service located at 3031 Veterans Road West in Staten Island, New York, shall be known and designated as the ‘‘Leonard Montalto Post Office Building’’.

(2) REFERENCES.—Any reference in a law, map, regulation, document, paper, or other record of the United States to the facility referred to in paragraph (1) shall be deemed to be a reference to the ‘‘Leonard Montalto Post Office Building’’.

(d) Army First Lieutenant Donald C. Carwile Post Office Building.—

(1) DESIGNATION.—The facility of the United States Postal Service located at 401 Main Street in Oxford, Mississippi, shall be known and designated as the ‘‘Army First Lieutenant Donald C. Carwile Post Office Building’’.

(2) REFERENCES.—Any reference in a law, map, regulation, document, paper, or other record of the United States to the facility referred to in paragraph (1) shall be deemed to be a reference to the ‘‘Army First Lieutenant Donald C. Carwile Post Office Building’’.

(e) E. Marie Youngblood Post Office.—

(1) DESIGNATION.—The facility of the United States Postal Service located at 1421 TX-150 in Coldspur, Texas, shall be known and designated as the ‘‘E. Marie Youngblood Post Office’’.

(2) REFERENCES.—Any reference in a law, map, regulation, document, paper, or other record of the United States to the facility referred to in paragraph (1) shall be deemed to be a reference to the ‘‘E. Marie Youngblood Post Office’’.

(f) Zapata Veterans Post Office.—

(1) DESIGNATION.—The facility of the United States Postal Service located at 810 N. U.S. Highway 83 in Zapata, Texas, shall be known and designated as the ‘‘Zapata Veterans Post Office’’.

(2) REFERENCES.—Any reference in a law, map, regulation, document, paper, or other record of the United States to the facility referred to in paragraph (1) shall be deemed to be a reference to the ‘‘Zapata Veterans Post Office’’.

(g) Marine Lance Corporal Squire ‘‘Skip’’ Wells Post Office Building.—

(1) DESIGNATION.—The facility of the United States Postal Service located at 2886 Sandy Plains Road in Marietta, Georgia, shall be known and designated as the ‘‘Marine Lance Corporal Squire ‘‘Skip’’ Wells Post Office Building’’.

(2) REFERENCES.—Any reference in a law, map, regulation, document, paper, or other record of the United States to the facility referred to in paragraph (1) shall be deemed to be a reference to the ‘‘Marine Lance Corporal Squire ‘‘Skip’’ Wells Post Office Building’’.

(h) Officer Joseph P. Cali Post Office Building.—

(1) DESIGNATION.—The facility of the United States Postal Service located at 6300 N. Northwest Highway in Chicago, Illinois, shall be known and designated as the ‘‘Officer Joseph P. Cali Post Office Building’’.

(2) REFERENCES.—Any reference in a law, map, regulation, document, paper, or other record of the United States to the facility referred to in paragraph (1) shall be deemed to be a reference to the ‘‘Officer Joseph P. Cali Post Office Building’’.

(i) Segundo T. Sablan and CNMI Fallen Military Heroes Post Office Building.—

(1) DESIGNATION.—The facility of the United States Postal Service located at 1 Chalan Kanoa VLG in Saipan, Northern Mariana Islands, shall be known and designated as the ‘‘Segundo T. Sablan and CNMI Fallen Military Heroes Post Office Building’’.

(2) REFERENCES.—Any reference in a law, map, regulation, document, paper, or other record of the United States to the facility referred to in paragraph (1) shall be deemed to be a reference to the ‘‘Segundo T. Sablan and CNMI Fallen Military Heroes Post Office Building’’.

(j) Arner J. Mikva Post Office Building.—

(1) DESIGNATION.—The facility of the United States Postal Service located at 101

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Davis Street in Evanston, Illinois, shall be known and designated as the “Abner J. Mikva Post Office Building”.

(2) REFERENCES.—Any reference in a law, map, or other paper or record of the United States to the facility referred to in paragraph (1) shall be deemed to be a reference to the “Abner J. Mikva Post Office Building”.

SEC. 2. ESTABLISHING NEW ZIP CODES.

Not later than September 30, 2017, the United States Postal Service shall designate a single, unique ZIP code for, as nearly as practicable, each of the following communities:

(1) Miami Lakes, Florida.
(2) Storey County, Nevada.
(3) Flanders, Northampton, and Riverside in the Town of Southampton, New York.
(4) Ocoee, Florida.
(5) Glendale, New York.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Arizona (Mr. GOSAR) and the gentleman from Massachusetts (Mr. LYNCH) each will control 20 minutes.

The Chair recognizes the gentleman from Arizona.

Mr. GOSAR. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to review and extend their remarks and to include extraneous material on the bill under consideration.

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

There was no objection.

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

Mr. Speaker, I rise today in support of H.R. 6303, introduced by Chairman CHAFFETZ. This straightforward legislation would consolidate 10 postal facilities. The Postal Service has worked with affected communities to find solutions, and subsequently been denied. ZIP Code changes. These communities have exhausted all options to obtain the requested changes, and some local communities may not receive their fair cut of local tax revenues.

In many situations, local leaders within the new ZIP Code designations have exhausted all options to obtain the requested adjustments. Some of these communities, such as Ocoee and Miami Lakes, have even offered to pay the Postal Service for the cost of new ZIP Codes but have been rebuffed. This legislation is the last path forward for these communities.

I urge my colleagues to support H.R. 6303.

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

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

Mr. Speaker, ZIP Codes are used to organize our country to ensure the effective and efficient delivery of the mail to millions of Americans. The Postal Service has the authority to establish ZIP Codes and to adjust their boundaries based on changes in delivery and volume or operational concerns. However, communities, businesses, and other local entities can also voice their concerns about ZIP Code boundaries and petition for corresponding adjustments.

H.R. 6303 would make such adjustments by requiring the Postal Service to establish new ZIP Codes for five communities that have each requested, and subsequently been denied. ZIP Code changes. These communities have based their ZIP Code requests on delays in mail delivery and emergency response times, the denial or inconsistent application of services to their communities, and other similar community concerns.

These are important issues and they should be addressed accordingly. The Postal Service has worked with affected communities to find solutions, and I commend those efforts by the Postal Service.

The Oversight and Government Reform Committee has also worked to find solutions to these concerns in its proposed postal reform legislation, and, in fact, most of these would receive unique ZIP Codes as part of that bill. That is why I support H.R. 6303 today.

Finally, I want to highlight my strong support of the language in this bill before us today that would name ten postal offices after honorable men and women, all of whom made important contributions to our Nation. Individual legislation allowing for the naming of those postal facilities has already passed the House and is simply awaiting action in the Senate.

Mr. Speaker, I urge my colleagues to support this bill.
For almost 30 years, the residents of Glendale, New York, have sought to obtain a unique ZIP Code for their community in Queens. They have experienced mail and service-related problems due to sharing a ZIP Code with the neighboring community of Ridgewood, Queens. These problems include mail that was spoiled or not received due to mail processing errors, delays in first responder services to residents in need of care, and inaccuracies with GPS devices.

Recognizing one-quarter of Glendale’s population eligible to receive Medicare, or will become eligible in the next decade. Many use a mail-order pharmacy to receive their prescription drugs, and many more will use such services in the years to come. A single, unique ZIP Code for Glendale will ensure that mail delivery will be improved in the future.

Creating a new ZIP Code for Glendale has been an ongoing and bipartisan challenge for the Members of Congress who previously represented the area. I commend them for their efforts on behalf of the community, especially my predecessor, Representative Bob Turner.

When I took office in the 113th Congress, the only recourse left to address this matter was through legislation. I am grateful to Chairman Chaffetz for including Glendale in this legislation. It has been a long fight for the community of Glendale to receive its own ZIP Code.

Mr. Speaker, before I close, I would like to thank the local elected officials, civic associations, and community activists who have voiced their support for this issue over the years. In particular, I would like to thank Queens Borough President Melinda Katz, New York State Senator Joseph Addabbo, New York State Assemblymen Michael Miller and Andrew Hevesi, and New York City Councilwoman Rory Lancman. I also want to thank my friend, and neighbor, I would like to thank Dori Figliola, the Glendale Property Owners Association, Glendale Civic Association, and Citizens for a Better Ridgewood for their advocacy.

Mr. Speaker, I thank you for allowing this legislation to the floor for a vote today, and I urge all of my colleagues to support this important measure.

Mr. Lynch. Mr. Speaker, having no further speakers, I yield back the balance of my time.

Mr. GOSAR. Mr. Speaker, I yield 2 minutes to the gentleman from Nevada (Mr. Amodei).

Mr. Amodei. Mr. Speaker, I thank my colleague from Arizona and the ranking member. I appreciate the fact that the committee has taken this issue.

As the person who represents the only district west of the Mississippi that was fortunate enough to be considered as a special case in this, I just want to make a couple of points. From the earlier talks too, it is like none of these ZIP Codes were ones where people just said: hey, let’s go, OGR folks, and create a new one. Without exception, everybody went to the Postal Service and said: here is our stuff. And while the people in my State were good about it, what we got from the folks back here was basically: we kind of didn’t know. And if you are turned down, you can’t ask again for X number of years. It is almost an implied threat for requesting one.

So I can’t thank the committee enough for taking a look into the issue. This is particularly the largest industrial park in the Nation—the marketing people tell me, so I will assume they are right—and it helps in another area, which is the State tax department that collects sales taxes. When you are building something, there are a lot of sales taxes based on ZIP Codes. So this will make sure that those sales tax dollars are generated and credited to where those materials are actually going.

And I also note for the RECORD before I yield back that what you have here, apparently, is the three greatest States in the Nation—New York, Florida, and Nevada—and so the fourth, keep trying.

Mr. GOSAR. Mr. Speaker, I yield 2 minutes to the gentleman from Florida (Mr. Diaz-Balart).

Mr. Diaz-Balart. Mr. Speaker, let me first thank the gentleman from Arizona for the time. And I also need to, particularly, thank Chairman Chaffetz for introducing this, I think, very important piece of legislation.

We have heard what the issue is. Look, for years now the city of Miami Lakes, which I am privileged to represent, has attempted to receive a unique ZIP Code for all the same reasons that you have already heard. This would help with auto insurance rates, with branding and economic development, and, frankly, would lead to less confusion, less work, and, frankly, would lead to less work for the folks in Miami Lakes, which I am privileged to represent, and the gentleman from Arizona (Mr. Speaker). So it is a no-brainer.

But, unfortunately, the Postal Service has continued, and continues, to stonewall the city, despite absolutely no opposition from either anyone in Miami Lakes or, frankly, the areas around it. I have had meetings with the mayors from the areas around it, and everybody supports it. This legislation solves the problem and grants Miami Lakes its own ZIP Code.

I really try to do the way, give credit to then-Vice Mayor, now Mayor-elect of Miami Lakes, Manny Cid. He has made this a priority. He was told “no” time and time again, refused to accept that as an answer, and came to us. It has been a privilege to work with him. Because of his hard work, together, we were able to get the committee, with the chairman and the ranking member and all of the rest of the members of this committee, to get this done through the House.

Again, I want to thank Chairman Chaffetz. I want to thank the committee staff. His staff has been great to work with.

Mr. Speaker, I urge the passage of this legislation.

Mr. GOSAR. Mr. Speaker, I urge the adoption of the bill.

I yield back the balance of my time.

The SPEAKER. The question is on the motion offered by the gentleman from Arizona (Mr. GOSAR) that the House suspend the rules and pass the bill, H.R. 5384, and the question was taken, and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

FEDERAL REGISTER PRINTING SAVINGS ACT OF 2016

Mr. GOSAR. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5384) to amend title 44, United States Code, to restrict the distribution of free printed copies of the Federal Register to Members of Congress and other officers and employees of the United States, and for other purposes.

The Speaker read the title of the bill. The text of the bill is as follows:

H.R. 5384

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 “Federal Register Printing Savings Act of 2016”.

SEC. 2. RESTRICTIONS ON DISTRIBUTION OF FREE PRINTED COPIES OF FEDERAL REGISTER TO MEMBERS OF CONGRESS AND FEDERAL EMPLOYEES.

(a) Restrictions.—Section 1506 of title 44, United States Code, is amended—

(1) by striking “The Administrative Committee” and inserting “(a) COMPOSITION; DUTIES.—The Administrative Committee”;

(2) in subsection (a)(4), by striking “the number of copies” and inserting “subject to subsection (b), the number of copies”;

(3) by adding at the end the following new subsection:

“(b) Restrictions on Distribution of Free Printed Copies to Members of Congress and Officers and Employees of the United States—

“(1) Prohibiting Subscription to Printed Copies without Request.—Under the regulations prescribed to carry out subsection (a)(4) of the Director of the Postal Service, any Member of Congress or any other office of the United States may not provide a printed copy of the Federal Register without charge to any Member of Congress or any other office of the United States during a year unless—

“(A) the Member or office requests a printed copy of a specific issue of the Federal Register; or

“(B) during that year or during the previous year, the Member or office requested a subscription to printed copies of the Federal Register for that year, as described in paragraph (2).

“(2) Administration of Subscriptions.—The regulations prescribed to carry out subsection (a)(4) shall include—

“(A) provisions describing the process by which Members and other offices may request a specific issue of the Federal Register for purposes of paragraph (1)(A); and

“(C) provisions describing the process by which Members and other offices may request a subscription to the Federal Register

for the purpose of the Federal Register Assembly, November 30, 2016

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for purposes of paragraph (1)(B), except that such regulations shall limit the period for such a subscription to not longer than one year.”

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall take effect January 1, 2017.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Arizona, Mr. Gosar, and the gentleman from Massachusetts (Mr. Lynch) each will control 20 minutes.

The Chair recognizes the gentleman from Arizona.

Mr. GOSAR. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on the bill under consideration.

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

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

It is necessary in support of H.R. 5384, the Federal Register Printing Savings Act of 2016, introduced by my colleague on the Oversight and Government Reform Committee, the gentleman from Oklahoma (Mr. Russell).

This commonsense legislation will help curb government waste. The Federal Register is aptly described as the official newspaper of the Federal Government. Its daily editions include copies of proposed and final rules and regulations for comment, executive orders, and information concerning other government activities.

Today, virtually every Member of Congress, the White House, and many Federal agencies receive printed copies of the Federal Register. It is important to note that Members of Congress do not proactively request, or pay for this service. However, for the public, an annual subscription costs $929 annually.

In the days before the Internet, this paper-based service brought great value to Members, agencies, and the White House, allowing them to keep track of activity across the government. Today, though, the full Federal Register is available online in a completely searchable and downloadable format. As a result, offices on Capitol Hill and across the government throw away the paper version every morning, often unopened, resulting in hundreds of thousands of dollars of waste.

This legislation, H.R. 5384, would change this dynamic by banning automatic subscriptions to the Federal Register by the Federal Government. Instead, Members of Congress and officers across the Federal Government who still want to receive printed copies would be required to request individual copies, or an annual subscription.

This is a simple, good government piece of legislation that will save the American taxpayer potentially hundreds of thousands of dollars every year. I urge my colleagues to support this legislation.

I reserve the balance of my time.

Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5384) to ensure the effective processing of mail by Federal agencies, and for other purposes. The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

Mr. Speaker, I yield back the balance of my time.
(i) in subparagraph (B), by striking "and" and inserting a semicolon;

(E) in paragraph (4), as so redesignated, by striking the period at the end and inserting "and";

(F) by inserting at the end the following new paragraph:

"(5) The Administrator, in carrying out subsection (b), shall have the responsibility to promote economy and efficiency in the selection and utilization of space, staff, equipment, and supplies for processing mail at Federal facilities.",

(3) in subsection (d)—

(A) in this subsection, by striking "and" at the end and inserting a semicolon;

(B) in paragraph (2), by striking the period at the end and inserting "and";

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

"(3) by inserting at the end the following new subsection:

"(f) The Administrator (or the Administrator's designee) may inspect the mail processing practices and programs of any Federal agency in order to determine for the purpose of rendering recommendations for the improvement of mail processing practices and programs. Officers and employees of such agencies shall cooperate fully in such inspections of mail processing practices and programs.",

(4) by striking subsection (f); and

(5) by redesignating subsection (g) as subsection (f).

(b) EFFECTIVE DATE.—The amendments made by this subsection shall take effect as if included in the Presidential and Federal Records Act Amendments of 2014 (Public Law 113-187).

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Arizona (Mr. GOSAR) and the gentleman from Massachusetts (Mr. LYNCH) each will control 20 minutes.

The Chair recognizes the gentleman from Arizona.

Mr. GOSAR. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to re- vise and extend their remarks and to include extraneous material on the bill under consideration.

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

There was no objection.

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

I rise in support of H.R. 6186, the Federal Agency Mail Management Act of 2016, introduced by my colleague on the Oversight and Government Reform Committee, Representative STEVE RUSSELL of Oklahoma.

This legislation is intended to make a bipartisan technical correction to the Presidential and Federal Records Act Amendments of 2014, enacted as Public Law 113-187.

Among the provisions of that bipartisan law was language designed to eliminate outdated references to the General Services Administration, or GSA, relating to records management. These changes updated outdated references to General Services Administration, or GSA, relating to records management.

However, after the bill was enacted, the GSA and the Archives realized that the GSA had relied upon the new added provisions for its oversight and management authority for Federal agency mail processing and management, which had not previously been transferred to the Archives. It was the intent of the Congress to transfer this function.

The Archives and the GSA have been working closely together to ensure the law is being properly followed, but both agencies support clarification that this responsibility is properly the GSA’s. This legislation provides that exact clarification. Specifically, the bill makes technical corrections to the 2014 law to carve out the responsibility for mailroom management from records management to ensure that the former is properly the GSA’s duty and that the latter is the Archives.

I believe this is a commonsense, good-government bill, and I am pleased to see that my colleague Representative Gerald Connolly is a cosponsor. I urge my colleagues to support this bill, and I hope it will move quickly through the legislative process so that we can properly resolve any lingering uncertainty that has been created regarding Federal mail management.

I reserve the balance of my time.

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

I support this bipartisan bill, which simply makes a technical correction to clarify that the Administrator of the General Services Administration is responsible for managing mail in the executive branch.

The Administrator of the GSA has historically had this responsibility. When the Federal Records Act was updated in 2014, changes made to the statute made it unclear whether the Administrator’s role had changed. This bill makes clear that Congress never intended to take away the GSA Administrator’s authority to manage the executive mail.

In closing, I would like to especially thank Representatives STEVE RUSSELL from Oklahoma and Representative GERRY CONNOLLY from Virginia for their excellent work that they put into this legislation, and I hope that the Senate will take it up before the end of this Congress.

I yield back the balance of my time.

Mr. GOSAR. Mr. Speaker, I urge the adoption of the bill.

I yield back the balance of my time.

The SPEAKER pro tempore (Mr. SIMPSON). The question is on the motion offered by the gentleman from Arizona (Mr. GOSAR) that the House suspend the rules and pass the bill, H.R. 6009.

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

A motion to reconsider was laid on the table.
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Representative DUFFY of Wisconsin and
self such time as I may consume.
this legislation.
tect them when they apply what they
should provide the same sort of pre-
be governed by predictable rules. We
on the rule of law. We expect agencies
order that would require them to vio-
We should protect Federal workers
who act in good faith to abide by the
rules of their agencies. They shouldn’t
to have to choose between disobeying the
order of a supervisor and being dis-
ciplined for violating an agency’s rules
or regulations.
While nearly all Federal laws have
implementing regulations, not all reg-
ulations have a detailed basis in law. As
I’ve said before, agencies do not always
train their employees to know which
regulations are based in law. This
means Federal workers may have
to conduct extensive legal research before
deciding on the safest course of action,
in this case, whether to apply the very
standards their own agencies put into
place.

Whether the issue is regulations
aimed against whistleblowers or whis-
tleblowers acting to uphold other regu-
lations, the issue is the same: we
should incentivize and protect Federal
employees for acting as principled civil
servants. The Follow the Rules Act
would send a clear, consistent message
that Federal employees are expected to
uphold standards of good government.
It would provide Federal workers
protected if they refuse to obey an order
that would require them to vio-
late even just a rule or a regulation.

Mr. Speaker, we are a nation based
on the rule of law. We expect agencies
to act in a transparent fashion and to
be governed by predictable rules. We
should provide the same sort of pre-
dictability to whistleblowers and pro-
tect them when they apply what they
have been trained to follow. For that
reason, I urge my colleagues to support
this legislation.
I reserve the balance of my time.
Mr. LYNCH. Mr. Speaker, I yield my-
self such time as I may consume.
I rise in strong support of H.R. 6186,
the Follow the Rules Act.
I appreciate the hard work done by
Representative DUFFY of Wisconsin and
by Mr. CONNOLLY of Virginia in taking
the lead in introducing this legislation
and then in working diligently and in a
bipartisan manner to achieve its pas-
sage.
This bill would clarify that an em-
ployee who refuses to obey an order
that would require the employee to
violate the law, a rule, or a regulation
is protected from retaliation under the
Whistleblower Protection Act.
In June 2016, the U.S. Court of Ap-
peals for the Federal Circuit issued a
ruling that is contrary to congressional intent. As Mr. GOSAR of Arizona previously laid out
the facts, in Rainey v. MSPB, the court
ruled that an employee who refuses to
obey an order is protected only if the
employee would not be protected if
the order would simply violate a rule
or a regulation.
This ruling incorrectly interprets
congressional intent. Employees should
be protected from retaliation if they do
the right thing. That includes refusing
to obey orders that would violate an
agency’s rules and regulations, as well
as statutes. It is more critical than
ever that we send a message to Federal
employees that they have the right to
do their jobs free from political pres-
sure to bend or to violate the rules.
I urge my colleagues to support the
passage of this legislation today.
I reserve the balance of my time.

Mr. DUFFY. Mr. Speaker, I yield 4
minutes to the gentleman from Wis-
consin (Mr. DUFFY).
Mr. DUFFY. I thank the gentleman
from Arizona for yielding, and I thank
my friends across the aisle for their
support of this commonsense piece of
legislation that, again, rights a wrong
from the U.S. Court of Ap-
peals.
Mr. Speaker, many of us in this insti-
tution do talk about how we are a na-
tion of laws; but, unfortunately, on June 7, when the U.S. Court of Appeals
drafted down its decision, it ruled that
we are a nation of laws but not a na-
tion of rules and regulations, as least
as they apply to Federal workers.
We have been discussion about the
case. Dr. Timothy Rainey, just to
summarize again, is a State Depart-
ment employee who was asked to viol-
ate the Federal Acquisition Regula-
tion. This was brought to the Merit
Systems Protection Board, and it ruled
against Dr. Rainey. It went to the U.S.
Court of Appeals, and it also found
against Dr. Rainey. This exposed a
glaring inconsistency in the applica-
tion of the Whistleblower Protection
Act, which, again, is inconsistent with
the intent of this institution.
So we ask ourselves: What does this
mean? I chair the Financial Services
Committee’s Subcommittee on Oversight
and Investigation. Federal whistle-
blowers play an important role in ex-
posing the mismanagement at Federal
agencies and in supporting the over-
sight that all of us do in this Congress.
Critical to them is the Whistleblower
Protection Act, which provides Federal
workers with certain safeguards to dis-
close information that an employee
reasonably believes evidences gross
mismangement, a waste of funds, an
abuse of authority, or a violation of
law.
This court ruling will take away
those protections when Federal em-
ployees stand up against bad actors
within our Federal workforce. In effect,
this ruling will give permission to su-
pervisors in positions of authority to
force Federal workers to violate the
rules and regulations. Congress, through
law, directs the agencies to imple-
ment.
For example, at the Treasury De-
martment, one of the agencies that I
have testified in oversight of, that would mean that Federal workers
could be forced to violate sanctions
against Russia for a violation of
Ukraine’s territorial integrity. Many
of those sanctions are enforced through
the Code of Federal Regulations pursu-
ant to laws that are passed by this Con-
gress.
Regardless of one’s opinion about
rules and regulations—and if that were
the conversation today, I am sure one
would have a debate that was more
disagreeable, but that is not the issue.
No matter what one thinks about rules
and regulations, we should not leave
exposed Federal workers who simply
want to follow those rules and regula-
tions. This bipartisan Follow the Rules
Act, which, again, I introduced with
my good friend from Virginia (Mr. Con-
nolly), will close the loophole that
was created by the court. What we are
doing is ensuring that Federal employ-
neees aren’t just protected under our
whistleblower statute for violations of
Federal law, but that they are also pro-
tected as whistleblowers if there is a
violation of a Federal rule or regula-
tion.
This makes sense. It closes a loop-
hole. I think that is why we have seen
such bipartisan support from the far
right of this institution and the far left
of this institution. I think this is a
good bill, and I thank my friends for
so closely working with me to garner
the support.
Mr. LYNCH. Mr. Speaker, I yield
such time as he may consume to the
gentleman from Virginia (Mr. Con-
nolly), the other champion along with
Mr. DUFFY of Wisconsin.

Mr. CONNOLLY. Mr. Speaker, I yield
the gentleman from Massachusetts (Mr.
LYNCH). I thank the gen-
tleman from Arizona (Mr. GOSAR),
I thank the gentleman from Wisconsin
(Mr. DUFFY) for his leadership and col-
aboration on this important bill that
has been introduced and is on the
floor today. The Follow the Rules Act,
H.R. 6186.
I appreciate Representative DUFFY’s
efforts to work to advance this legisla-
tion that falls under the umbrella of
good government, which the Oversight
and Government Reform Committee
usually strives to promote on a bipa-
sartisan basis.
I welcome consideration of the bill, the Follow the Rules Act, to extend Congress’ commitment to whistleblowers. The Follow the Rules Act upholds the committee’s obligation to protect whistleblowers and help identify mismanagement at Federal agencies in supporting the oversight work of Congress.

The bill’s language was previously adopted by a voice vote as section 1206 of the House-passed Financial Services and General Government Appropriations Act of 2017, H.R. 5482. The bill closes a loophole in the Whistleblower Protection Act created falsely, in my view, by the ruling in Rainey v. Merit Systems Protection Board, a precedent-setting case decided on June 7 in the U.S. Court of Appeals for the Federal Circuit.

The Whistleblower Protection Act provides Federal workers with legal safeguards to disclose information that an employee reasonably believes is evidence of gross mismanagement of a contract or a grant, gross waste of funds, abuse of authority regarding a contract or grant, or violation of law, rule, or regulation regarding a contract or grant. That language ought to be fairly clear, but apparently it wasn’t to the appellate court.

In Rainey, the right-to-disobey provision of the Whistleblower Protection Act was determined to only provide protection to Federal workers who refuse to obey an order that would require the individual to violate a law, but not to Federal workers who refuse to violate rules and regulations. God know why.

This distinction leaves a gap in protections originally clearly intended for Federal employees by this Congress. In effect, the ruling exposes whistleblowers who refuse to violate the rules and regulations that were promulgated as a result of laws passed by Congress and signed by the President. That is how it flows.

This is a gap in coverage that must be addressed by Congress and clarified in the statute. Though, had the appellate court ruled correctly, it would be unnecessary.

The only way to protect whistleblowers from this court decision is to update the law to ensure that rules and regulations are covered by the right-to-disobey provision of the Whistleblower Protection Act.

I urge my colleagues to continue Congress’ longstanding support for whistleblowers and vote in the affirmative for the Follow the Rules Act.

Mr. LYNCH. Mr. Speaker, having no further speakers on our side, I yield back the balance of my time.

Mr. GOSAR. Mr. Speaker, I urge the adoption of the bill. I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Arizona (Mr. GOSAR) that the House suspend the rules and pass the bill. H.R. 6186.

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

A motion to reconsider was laid on the table.

ADOLFO ‘HARPO’ CELAYA POST OFFICE

Mr. GOSAR. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 6304) to designate the facility of the United States Postal Service located at 501 North Main Street in Florence, Arizona, as the “Adolfo ‘Harpo’ Celaya Post Office”.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 6304

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. ADOLFO ‘HARPO’ CELAYA POST OFFICE.

(a) DESIGNATION.—The facility of the United States Postal Service located at 501 North Main Street in Florence, Arizona, shall be known and designated as the “Adolfo ‘Harpo’ Celaya Post Office”.

(b) REFERENCES.—Any reference in a law, map, regulation, document, paper, or other record of the United States to the facility referred to in subsection (a) shall be deemed to be a reference to the “Adolfo ‘Harpo’ Celaya Post Office”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Arizona (Mr. GOSAR) and the gentleman from California (Mr. PLASKETT) each will control 20 minutes.

The Chair recognizes the gentleman from Arizona.

GENERAL LEAVE

Mr. GOSAR. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and to include any exceptional material on the bill under consideration.

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

There was no objection.

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

I rise today in support of my bill, H.R. 6304. The bill designates a post office in Florence, Arizona, as the Adolfo ‘Harpo’ Celaya Post Office.

Mr. Speaker, this bill honors a great man and an Arizona hero. He has served his Nation both in combat and with a lifetime of community service. That man is Adolfo ‘Harpo’ Celaya.

The bill being considered here today, H.R. 6304, would designate the United States Postal Service facility in Florence, Arizona, as the Adolfo ‘Harpo’ Celaya Post Office. This is a small gesture to honor a man who has given so much to this Nation and to his community.

By way of background, Harpo Celaya was born in Florence, Arizona, on May 16, 1927. He worked numerous jobs, including from 1941 to 1945 working at the local dairy from the time he was only 8 years old. He earned the nickname “Harpo” because he had thick black curls that reminded his friends of Harpo Marx.

When he was just 17 years old, he read a recruitment poster that boasted “Join the Navy, see the world” and he begged his father to let him join. He was assigned to the USS Indianapolis, the flagship of the 5th Fleet.

The Indy saw many battles during World War II, and Harpo was there with the ship at the battle of Iwo Jima and witnessed the explosion on the island in February of 1945. He was also aboard when the Indy went on a secret mission delivering parts for Little Boy, the atomic bomb that was dropped on Hiroshima.

His experiences on the Indy would change his life forever. On the night of July 30, 1945, the Indy was on its way back to the Philippines after a secret mission delivering the atomic bomb. Harpo and many of hismates were shaving with their felons as it was too hot to sleep in their bunks below. Despite the heat, Harpo covered himself with a blanket, as he had been his habit for many years in trying to ward off mosquitoes in the Arizona desert.

Shortly after midnight, a Japanese submarine hit the Indy with two torpedoes. Fire tore through the deck, burning Harpo and his mates. Harpo credits his blanket, which was essentially vaporized in the heat, for saving him from being burned more severely.

He was en route to retrieve his lifejacket when he ran into his friend, Santos Pena, who told him that the ship was sinking and they needed to abandon it immediately. The USS Indianapolis sank within 12 minutes.

The two friends separated after jumping into the water, and 3 days passed before they found each other again. They continued to endure excruciating conditions with their fellow sailors in the choppy open seas, most slowly succumbing to dehydration, exposure, and shark attacks.

The survivors of the Indy were eventually rescued after spending almost 5 harrowing days in the water. Of the 1,196 men aboard, only 317 survived. After this incident, Harpo was medically discharged from the Navy and awarded the Purple Heart.

Still only 17 years of age, he went back to high school in his hometown of Florence, Arizona, and was recruited to play on the Florence Gophers basketball team. Even though none of the players were over 6 feet tall, Harpo led his team to the Arizona High School Basketball Championship and was named captain of the first-string all-state team.

Harpo continued his winning streak by playing for and eventually coaching the basketball team at Palo Verde Community College in Blythe, California.

Harpo went on to become a cowboy for a few years and eventually ran his own small business, providing heating and air-conditioning services to his hometown community of San Jose, California.

Throughout his life, Harpo could often be found coaching or refereeing
games for local youth. He knew firsthand of the value of sports and exercise as a means to keep young boys out of trouble.

Harpo’s walls are adorned by many plaques and awards honoring his efforts. In the Arizona Basketball Hall of Fame at Arizona State University, the Florence High School Athletic Hall of Fame, and served as grand marshal for the Florence Junior Parade in November 2009.

Harpo Celaya is a true hero, beloved by his hometown of Florence, Arizona. There, Harpo was one of only 317 survivors of the USS Indianapolis for their sacrifice. Of the 23 survivors still alive today, Harpo is the only Native American. We are humbled to honor him today.

I would like to thank all of the survivors of the USS Indianapolis for their sacrifice. Of the 23 survivors still alive today, Harpo is the only Native American. We are humbled to honor him today.

I would like to thank the town of Florence for their support of this bill and for proposing this great honor for Mr. Celaya. Thank you to the Oversight and Government Reform Committee for their expertise and patience in bringing this bill forward.

I urge Members to support my bill. I reserve the balance of my time.

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

I rise today in strong support of H.R. 6304, to designate the facility of the United States Postal Service located at 501 North Main Street in Florence, Arizona, as the Adolfo “Harpo” Celaya Post Office Hall.

Born in 1927, Mr. Celaya overcame a childhood of poverty, neglect, and abuse. At age 17, he joined the Navy and was assigned to the USS Indianapolis during World War II. Harpo fought in the battles of Iwo Jima and Okinawa and was aboard the USS Indianapolis during its secret mission to deliver the ingredients of the atomic bomb Little Boy to the island of Tinian.

As the ship was returning from this mission, it was hit with two torpedoes from a Japanese submarine. Despite being badly burned, Harpo Celaya jumped from a sinking ship into the water, where he remained for 5 days until rescuers arrived.

Of the 1,196 men aboard the ship that day, Harpo was one of only 317 survivors. He received the Purple Heart and returned to high school in his hometown of Florence, Arizona. There, he led the basketball team to the Arizona State Basketball Championship and was named captain of the all-state team in spite of his combat injuries.

Harpo Celaya attended Pal Verde Community College and again led the basketball team to a championship. He was inducted into the Arizona Basketball Hall of Fame in 1972 and the Florence High School Athletic Hall of Fame in 2008.

Outside of basketball, Harpo led a successful career as a cowboy and then as a small-business owner, but always made time to mentor local youth by coaching or refereeing athletic sports.

Mr. Speaker, we should pass this bill to honor Harpo Celaya for both his valiant military service and his ability to overcome hardship and having a lasting positive impact on his community. I urge my colleagues to support this bill.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Arizona (Mr. GO SAR) that the House suspend the rules and pass the bill, H.R. 6304.

The question was taken. The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. GO SAR. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this question will be postponed.

The point of no quorum is considered withdrawn.

The text of the bill is as follows: H.R. 5948

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled.

SECTION 1. JONATHAN “J.D.” DE GUZMAN POST OFFICE BUILDING

Mr. GO SAR. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5948) to designate the facility of the United States Postal Service located at 830 Kuhn Drive in Chula Vista, California, as the “Jonathan ‘J.D.’ De Guzman Post Office Building”.

The Clerk read the title of the bill.

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

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

Ms. PLASKETT. Mr. Speaker, I have no further speakers. I reserve the balance of my time.

Mr. GO SAR. Mr. Speaker, I rise today in strong support of H.R. 5948, a bill to designate the facility of the United States Postal Service located at 830 Kuhn Drive in Chula Vista, California, as the “Jonathan ‘J.D.’ De Guzman Post Office Building”.

Jonathan De Guzman emigrated to the U.S. from the Philippines with a strong desire to become a contributor to his new community. His selflessness led him to join the San Diego Police Department, where he served for 16 years.

Officer De Guzman was awarded the San Diego Police Department’s Purple Heart in 2003 after surviving a stabbing while on duty. Officer De Guzman was again attacked while on duty in July of 2016. This time, however, he was shot multiple times at pointblank range and tragically did not survive.

Mr. Speaker, we should pass this bill to honor Officer Jonathan De Guzman’s courageous life of public service and ensure that the ultimate sacrifice he made is never forgotten.

I urge my colleagues to support H.R. 5948.

I reserve the balance of my time.

Mr. GO SAR. Mr. Speaker, I have no further speakers. I reserve the balance of my time.

Ms. PLASKETT. Mr. Speaker, I yield myself such time as she may consume to the gentlewoman from California (Mrs. DA VIS).

Ms. DAVIS of California. Mr. Speaker, I rise today to ask for support of H.R. 5948 in memory of Officer De Guzman’s humble role model and a courageous American hero. Officer Jonathan De Guzman, or J.D., as he was better known by family and friends, dedicated his life to protecting and serving the San Diego community that he loved.

I urge Members to support the bill.
perseverance, he achieved this dream as a San Diego law enforcement officer, serving in many different roles within the San Diego Police Department, including serving on the gang suppression unit.

A devoted public servant, J.D. felt most rewarded by the bonds he created through community engagement. J.D.’s family, his friends, and fellow officers characterized him as a selfless, honorable, and caring warrior. San Diego Police Chief Shelley Zimmerman praised J.D. saying: “He always raised the bar” and “cared deeply for his community.”

In 2003, he survived a brutal stabbing from a suspect he had stopped for speeding. A true warrior, indeed, upon recovery, he quickly returned to the force to defend the people of San Diego. In that same year, he was awarded the San Diego Police Department’s Purple Heart for bravery in the line of duty. Although he appreciated the gesture, the award that meant the most to him was the support of his family. San Diego Police Chief Shelley Zimmerman assured you, it was really a moving experience.

On August 5, 2016, Officer De Guzman, a 16-year veteran of the force, was shot multiple times at point-blank range and killed. Prosecutors on the case say the attack happened so quickly that J.D. never had the opportunity to pull his service weapon. Officer De Guzman was a true American hero who was killed in the line of duty. Born in the Philippines on September 17, 1972, De Guzman traveled to the United States at the age of 20 and eventually became an American citizen. He believed deeply in the American Dream and in the importance of public service and community involvement, leading him to join the San Diego Police Department (SDPD) in 2000.

San Diego Police Officer Johnathan ‘J.D.’ De Guzman was a true American hero who was characterized as a caring, selfless, honorable, and courageous individual. It wasn’t uncommon for him to show up at his children’s school and engage students about careers in law enforcement.

Tragically, Officer De Guzman was killed while on patrol on July 28th, 2016. He is survived by his parents, his wife Mary Jane, and his two children Amira and Jonathan De Guzman II.

I urge my colleagues to pass H.R. 5948, An Act to designate the San Diego Police Department’s Purple Heart to honor the sacrifice that Officer De Guzman made for the San Diego community and our great nation.

San Diego Police Officer Johnathan ‘J.D.’ De Guzman was a true American hero who was killed in the line of duty. Born in the Philippines on September 17, 1972, De Guzman traveled to the United States at the age of 20 and eventually became an American citizen. He believed deeply in the American Dream and in the importance of public service and community involvement, leading him to join the San Diego Police Department (SDPD) in 2000.

San Diego Police Force Officer Johnathan ‘J.D.’ De Guzman was a true American hero who was killed in the line of duty. Born in the Philippines on September 17, 1972, De Guzman traveled to the United States at the age of 20 and eventually became an American citizen. He believed deeply in the American Dream and in the importance of public service and community involvement, leading him to join the San Diego Police Department (SDPD) in 2000.

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the Vietnam and Gulf wars, and supported combat forces in Iraq. Today they continue to build and maintain bases and infrastructure for coalition forces in the global war on terror.

In addition to their military support, the Seabees also provided vital humanitarian assistance around the world in times of peace. They have helped rebuild after devastating earthquakes, such as the one in Haiti in 2010, and they have led various construction projects in a number of undeveloped countries.

Mr. Speaker, we should pass this bill to honor the brave men and women who have played such an important role in both our military and humanitarian efforts around the globe. I urge my colleagues to support H.R. 6138.

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

Mr. GOSAR. I reserve the balance of my time.

Ms. PLASKETT. Mr. Speaker, I yield such time as she may consume to the gentlewoman from California (Ms. BROWNLEY).

Ms. BROWNLEY of California. Mr. Speaker, as the very proud representative of Naval Base Ventura County, the West Coast home of the Navy Seabees, I rise today in support of H.R. 6138, which would designate the United States Postal Office in Port Hueneme, California, as the U.S. Naval Construction Battalion “Seabees” Fallen Heroes Post Office Building.

My bill is intended to honor the many brave men and women of the U.S. Naval Construction Battalion, also known as the Seabees, who have made the ultimate sacrifice for our freedom. In their more than 70-year history, the Seabees have diligently and honorably served our great Nation in times of war and peace with their renowned can-do spirit. They say: “The difficult we do immediately. The impossible takes a little longer.”

First established in 1942 after the attack on Pearl Harbor, the Seabees were created to meet the demand for capable builders who could also fight. Their motto is “We build, we fight.” During World War II, over 250,000 Seabees passed through the Naval Construction Battalion Center at Port Hueneme on their way to or from the Pacific theater.

The Seabees also played vital roles in the Korean war, the Vietnam war, the Persian Gulf war, the Iraq war, and in Afghanistan, moving the immovable and taming the untamable to build bases, roadways, airstrips, and other critical infrastructure necessary for our troops to succeed in their missions. Although primarily known as builders, many Seabees fought tenaciously throughout these conflicts, side by side with other servicemembers. For instance, Construction Mechanic Third Class Marvin Shields, who trained at Port Hueneme, battled bravely alongside U.S. Special Forces in the Battle of Dong Xoai in Vietnam despite being badly wounded. Ignoring his wounds, Marvin helped return a wounded special forces second lieutenant back to safety while destroying a Viet Cong machine gun emplacement. His bravery and heroism cost him his life. For his conspicuous gallantry, Marvin was awarded the Medal of Honor after his death.

My bill would honor the contributions of all of our fallen Seabees to our Nation. I am both honored and proud to lead this effort to recognize the heroism of many brave Seabees like Marvin Shields who have paid so dearly for our freedom. We are forever indebted to them for their immense service to our Nation.

Finally, I would like to thank the chair and ranking member of the Committee on Oversight and Government Reform for supporting my bill, as well as my colleagues from California who are all cosponsors of the bill. I urge my colleagues to support H.R. 6138.

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

Mr. GOSAR. Mr. Speaker, I urge the adoption of the bill. I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by Mr. GOSAR that the House suspend the rules and pass the bill, H.R. 6138.

Mr. GOSAR. Mr. Speaker, I urge Members to support the bill.

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

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

Mr. Speaker, I rise today in strong support of H.R. 6282, a bill to designate the facility of the United States Postal Service located at 2024 Jerome Avenue, in the Bronx, New York, as the Dr. Roscoe C. Brown, Jr. Post Office Building.

Born in 1922, Dr. Roscoe Brown, Jr. fell in love with aviation after visiting the Smithsonian Institution. During World War II, Dr. Brown joined the Tuskegee Airmen, conducting 68 missions and becoming the first African American fighter pilot to shoot down a German fighter jet. He earned the Distinguished Flying Cross for his service, and, in 2007, Dr. Brown and his fellow Tuskegee Airmen were awarded the Congressional Gold Medal by President George W. Bush.

Following his honorable military service, Dr. Brown earned his Ph.D. at New York University and served as the president of Bronx Community College for 17 years. He also served as an informal adviser to many political leaders in New York City and founded 100 Black Men, an organization dedicated to improving conditions for African Americans.

Mr. Speaker, we should pass H.R. 6282 to commemorate the selflessness exhibited by Dr. Roscoe Brown, Jr.’s military and community service. I urge my colleagues to support this bill.

I reserve the balance of my time.

Mr. GOSAR. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on the bill under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Arizona (Mr. GOSAR)?

There was no objection.

Mr. GOSAR. I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H.R. 6282, introduced by the gentleman from New York (Mr. SERRANO). The bill designates a post office in the Bronx, New York, as the Dr. Roscoe C. Brown, Jr. Post Office Building.

As a member of the Tuskegee Airmen in World War II, Dr. Brown was the first African American fighter pilot to shoot down a German fighter jet. After serving in World War II, Dr. Brown earned his Ph.D. at New York University, where he later taught, and served as the president of Bronx Community College.

His service to the Nation is admirable, and I look forward to learning more about his extraordinary life from my colleague, the gentleman from New York (Mr. SERRANO).

I urge Members to support the bill.

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

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

Mr. Speaker, I rise today in strong support of H.R. 6282, a bill to designate the facility of the United States Postal Service located at 2024 Jerome Avenue, in the Bronx, New York, as the Dr. Roscoe C. Brown, Jr. Post Office Building.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. DR. ROSCOE C. BROWN, JR. POST OFFICE BUILDING.

Mr. GOSAR. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 6282) to designate the facility of the United States Postal Service located at 2024 Jerome Avenue, in Bronx, New York, as the Dr. Roscoe C. Brown, Jr. Post Office Building.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 6282

DR. ROSCOE C. BROWN, JR. POST OFFICE BUILDING.

(a) DESIGNATION.—The facility of the United States Postal Service located at 2024 Jerome Avenue, in Bronx, New York, shall be known as the “Dr. Roscoe C. Brown, Jr. Post Office Building”.

(b) REFERENCES.—Any reference in a law, map, regulation, document, paper, or other record of the United States to the facility referred to in subsection (a) shall be deemed to be a reference to the “Dr. Roscoe C. Brown, Jr. Post Office Building”.

The SPEAKER pro tempore. Pursuant to the provisions of H.R. 6282, the gentleman from Arizona (Mr. GOSAR) and the gentlewoman from the Virgin Islands (Ms. PLASKETT) each will control 20 minutes.

The Chair recognizes the gentleman from Arizona.

GENERAL LEAVE

Mr. GOSAR. Mr. Speaker, I ask unanimous consent that all Members may
Mr. SERRANO. I thank the gentlewoman for yielding me time.

Mr. Speaker, I rise today to urge my colleagues to pass H.R. 6282. This legislation will rename the Morris Heights Post Office in the Bronx, New York, in my district, a legend. Dr. Roscoe Brown was a giant among men and a revered figure in the Bronx, New York City, and the Nation.

I had the privilege of knowing Dr. Brown for decades and considered him a dear friend. He faced the horrors of segregation early in his life, but he never let him from achieving what he wanted and set out to do. Dr. Brown was a fearless Tuskegee Airman during World War II, conducting some 68 missions and becoming one of the first fighters to shoot down a German fighter jet. The heroism he displayed paved the way for the desegregation of the Armed Forces and, decades later, earned him and his fellow airmen a Congressional Gold Medal.

After the war, he went on to further his education at York University, where he eventually served as a professor and an academic of the highest caliber. For 17 years, Dr. Brown served as president of Bronx Community College, which is located in my district, leading an institution that gave hope of a better life through education to a predominantly minority and nontraditional student population.

Throughout his life, Dr. Brown was a quiet, yet fierce advocate and leader that many turned to during the racial discord that plagued the city of New York in the sixties and seventies. His activism in the civil rights movement led him to start 100 Black Men, a civic organization devoted to improving the treatment of African Americans in New York.

Dr. Brown was also an avid runner and participated in nine New York City Marathons. During his tenure at Bronx Community College, he established the Annual 5K and 10K races to help benefit the school. His invitation to participate in one of those races inspired me to start running myself, and I have now run that particular race for more than 30 years.

While his accomplishments and contributions are far too numerous to list, it is fair to say that Dr. Brown left the world around him a much better place than where he found it. He was a unique individual with a great smile, a great storyteller to life, and a great spirit of leadership. Above all, he was a coalition builder. No one was too far for him to speak to or to bring close to him.

We will miss him, and I know that he is looking on us today. This is a small but very important tribute for a great man, Dr. Roscoe Brown.

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

Mr. GOSAR. Mr. Speaker, I urge adoption of the high that you from Arizona (Mr. GOSAR) that the House suspend the rules and pass the bill, H.R. 6282.

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

A motion to reconsider was laid on the table.

MERCHANT MARINE OF WORLD WAR II CONGRESSIONAL GOLD MEDAL ACT

Mr. HUIZENGA of Michigan. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2992) to award a Congressional Gold Medal, collectively, to the U.S. Merchant Marine of World War II, in recognition of their dedicated and vital service during World War II.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2992

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That:

SECTION 1. SHORT TITLE. This Act may be cited as the “Merchant Marine of World War II Congressional Gold Medal Act”.

SEC. 2. FINDINGS. The Congress finds the following:

(1) 2015 marks the 70th anniversary of the Allied victory in World War II and the restoration of peace and freedom across the European and Pacific theaters.

(2) The United States Merchant Marine was integral in providing the link between domestic production and the fighting forces overseas, providing combat equipment, fuel, food, commodities, and raw materials to troops stationed overseas.

(3) Fleet Admiral Ernest J. King acknowledged the indispensible of the Merchant Marine to the victory in a 1945 letter stating that without their support, “the Navy could not have accomplished its mission”.

(4) President and former Supreme Commander of the Allied Forces, Dwight D. Eisenhower, acknowledged that “through the prompt delivery of supplies and cargo to our armed forces overseas, and of cargoes representing economic and military aid to friendly nations, the American Merchant Marine has effectively helped to strengthen the forces of freedom throughout the world”.

(5) Military missions and war planning were contingent upon the availability of resources and that the United States Merchant Marine played a vital role in this regard, ensuring the efficient and reliable transoceanic transport of military equipment as well as both military and civilian personnel.

(6) The United States Merchant Marine provided for the successful transport of resources and personnel despite consistent and ongoing exposure to enemy combatants from both the air and the sea, such as enemy bomber squadrons, submarines, and mines.

(7) The efforts of the United States Merchant Marine were not without sacrifices as they bore a higher per capita casualty rate than any other branch of the military during the war.

(8) The United States Merchant Marine proved to be an instrumental asset on untold occasions, participating in every landing operation by the United States Marine Corps and armed forces as well as providing, for instance, the bulk tonnage of material necessary for the invasion of Normandy which “would not have been possible without the Merchant Marine”, as a 1944 New York Times article observed.

(9) In also assessing their performance, General Dwight D. Eisenhower stated, “every man in this Allied command is quick to express his admiration for the loyalty, courage, and fortitude of the officers and men of the Merchant Marine. We turn upon their efficiency and their utter devotion to duty as we do our own; they have never failed us.”

(10) During a September 1944 speech, President Franklin D. Roosevelt stated, the Merchant Marine has “delivered the goods when and where needed in every theater of operations and across every ocean, in the most difficult, and dangerous transportation job ever undertaken. As time goes on, there will be greater public understanding of our merchant fleet’s record during this war.”

(11) The feats and accomplishments of the Merchant Marine are deserving of broader public recognition.

(12) The United States will be forever grateful and indebted to the U.S. Merchant Marine for their effective, reliable, and continuous transport of troops and resources in enemy territory throughout theaters of every variety in World War II; that these goods and resources saved thousands of lives and enabled the Allied Powers to claim victory in World War II.

(13) The Congressional Gold Medal will be an appropriate way to shed further light on the service of the Merchant Marine in World War II and the instrumental role they played in winning World War II.

SEC. 3. CONGRESSIONAL GOLD MEDAL. (a) Award Authorized.—The Speaker of the House of Representatives and the President pro tempore of the Senate shall make appropriate arrangements for the award, on behalf of the Congress, of a single gold medal of appropriate design to the U.S. Merchant Marine of World War II, in recognition of their dedicated and vital service during World War II.

(b) DESIGN AND STRIKING.—For the purposes of the award referred to in subsection (a), the Secretary of the Treasury (hereafter referred to as the “Secretary”) shall strike the gold medal with suitable emblems, devices, and inscriptions, to be determined by the Secretary.

(c) AMERICAN MERCHANT MARINE MUSEUM.—

(1) IN GENERAL.—Following the award of the gold medal in honor of the U.S. Merchant Marine, the gold medal shall be delivered to the American Merchant Marine Museum, where it will be available for display as appropriate and available for research.

SEC. 4. DUPLICATE MEDALS.

(a) NATIONAL MEDALS.—Medals struck pursuant to this Act are national medals for purposes of chapter 51 of title 31, United States Code.

(b) NUMISMATIC ITEMS.—For purposes of section 5134 of title 31, United States Code, all medals struck under this Act shall be considered to be numismatic items.

The SPEAKER pro tempore. Pursuant to the rules, the gentleman from Michigan (Mr. HUIZENGA) and the gentleman from Illinois (Mr. FOSTER) each will control 20 minutes.
Mr. HUIZENGA of Michigan. Mr. Speaker, merchant mariners act as an auxiliary to the U.S. Navy and are recognized as an integral link between domestic production and forces overseas, delivering combat equipment, food, fuel, raw materials, and commodities to those stationed abroad.

Military success in World War II hinged on the merchant marine delivering and providing resources and provisions to the U.S. Armed Forces. It is estimated that hundreds of mariner ships and thousands of mariners were lost to enemy combatants by both air and sea. During World War II, these merchant mariners suffered the highest per capita casualty rate of any other branch in the U.S. Armed Forces. It is therefore important to recognize the contributions of the U.S. Merchant Marine who played an essential role in supplying our troops overseas with the equipment, food, and materials necessary to sustain the fight against the Axis powers.

With an estimated 9,300 total casualties, the merchant marines bore a higher per capita casualty rate than any other branch in the U.S. Armed Forces during World War II. On top of that, during World War II, a bill that I am proud to co-sponsor, Mr. Speaker, I reserve the balance of my time.

Mr. Speaker, in support of H.R. 2992, legislation to honor the dedicated and unwavering service provided by the U.S. Merchant Marine during World War II, a bill that I am proud to co-sponsor. I hope that, upon its passage in the House, the Senate will move quickly to take it up and pass this bill before the 114th Congress adjourns.

While many are familiar with the sacrifices made by those who served in the Armed Forces during World War II, less often do we stop and take time to recognize the contributions of the U.S. Merchant Marine who played an essential role in supplying our troops overseas with the equipment, food, and materials necessary to sustain the fight against the Axis powers.

Despite the mounting threat of attack and the risk to their lives, the U.S. Merchant Marine proved to be an invaluable asset on innumerable occasions, participating in every landing operation by the United States Marine Corps during World War II.

In speaking of the brave contributions made by the U.S. Merchant Marine, President Franklin Roosevelt said that the Merchant Marine “delivered the goods when and where needed in every theater of operations across every ocean in the biggest, the most difficult, and dangerous transportation job ever undertaken.” President Roosevelt also said that “as time goes on, there will be greater public understanding of our merchant fleet’s record during this war.”

In fact, during a recent visit to the National World War II Museum in New Orleans, Louisiana, I was pleased and proud to see the proper and impressive display highlighting the role of the merchant marine in that war. Indeed, more than 70 years after President Roosevelt spoke those words, the House is taking an important step today to honor and to shed light on the contributions of the merchant marines made during World War II.

To further the public’s understanding of the role the merchant marines played in securing the defeat of the Axis powers, the legislation will ensure that the Gold Medal will be given to the American Merchant Marine Museum, where it will be available for viewing by the public.

I urge my colleagues to support this legislation before us.

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

Mr. HUIZENGA of Michigan. Mr. Speaker, I yield such time as she may consume to the gentlewoman from Indiana (Mrs. Brooks).

Mrs. BROOKS of Indiana. Mr. Speaker, I rise today in support of H.R. 2992, the Merchant Marine of World War II Congressional Gold Medal Act. This measure awards a Congressional Gold Medal to the merchant mariners who served during World War II in appreciation of their dedicated and vital service to our Nation.

I also want to thank my colleague from across the aisle, Congresswoman LOHMANN of California’s 36th District, who worked with me and other Members here in the House to secure so many cosponsorships of this bill.

The Congressional Gold Medal is the highest honor Congress can bestow on an individual or group, and these brave servicemen deserve such an honor. The merchant marine was the linchpin connecting the fighting forces overseas with the production forces at home. In the face of certain peril, these brave mariners provided efficient and reliable transport of combat equipment, fuel, food, commodities, personnel, and raw materials that were pivotal in the allied victory.

Oftentimes forgotten, merchant mariners took part in every invasion from Normandy to Okinawa. Never before had the maritime power of America been so effectively utilized. The total cargo lifted by the merchant marines totaled over 300 million tons. They transported the great majority of the thousands of personnel and civilians who traveled overseas during the war and those returning to America after triumphant victories.

Risking their lives to provide the needed supplies for the war, merchant mariners faced dangers, mines, armed raiders and destroyers, aircraft, kamikaze attacks, and the elements from Mother Nature. With an estimated 9,300 total casualties, the merchant marines bore a higher per capita casualty rate than any other branch in the U.S. Armed Forces during World War II. On top of that, about 11,000 mariners were wounded in action and 663 were taken prisoners of war.

Yet, despite these heroic efforts, they were not recognized as veterans until 1988, and they never received the benefits that other World War II veterans received under the GI bill. They came home from the war without recognition for their service and still, to this day, their service is often overlooked.

Today, there are less than 5,000 surviving World War II mariners, and with nearly 500 World War II veterans dying each day, it is more important than ever to recognize these brave achievements today.

Mr. Speaker, the merchant mariners provided the greatest sealift in history and became the difference between victory and defeat. These loyal and brave men put their lives on the line for the cause of freedom and subject answered their Nation’s call to duty. It is time we give these courageous mariners the recognition they have earned with the Congressional Gold Medal.

I am proud that 312 of my colleagues agreed and are co-sponsors of this bill. Now it is time to get it across the finish line, pay respect to these deserving veterans, and recognize the sacrifices
and contributions of this brave group. I urge passage of the bill.

Mr. FOSTER. Mr. Speaker, I have no further requests for time, and I urge my colleagues to support this bill.

I yield back the balance of my time.

Mr. HUIZENGA of Michigan. Mr. Speaker, I, too, have no further speakers.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Michigan (Mr. HUIZENGA) that the House suspend the rules and pass the bill, H.R. 2992.

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

A motion to reconsider was laid on the table.

PHILIPPINE VETERANS OF WORLD WAR II CONGRESSIONAL GOLD MEDAL ACT OF 2015

Mr. HUIZENGA of Michigan. Mr. Speaker, I move to suspend the rules and pass the bill (S. 1555) to award a Congressional Gold Medal, collectively, to the Filipino veterans of World War II, in recognition of the dedicated service of the veterans during World War II.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 1555

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 “Filipino Veterans of World War II Congressional Gold Medal Act of 2015”.

SEC. 2. FINDINGS. Congress finds the following:

(1) The First Philippine Republic was founded as a result of the Spanish-American War in which Filipino revolutionaries and the United States Armed Forces fought to overthrow Spanish colonial rule. On June 12, 1898, the Philippines became an independent and sovereign nation. The Treaty of Paris negotiated between the United States and Spain ignored this declaration of independence, and the United States paid Spain $20,000,000 to cede control of the Philippines to the United States. Filipino nationalists who sought independence rather than a change in colonial rulers clashed with forces of the United States in the Islands. The Philippine-American War, which officially lasted for 3 years from 1899 to 1902, led to the establishment of the United States civil government in the Philippines.

(2) In 1901, units of Filipino soldiers who fought for the United States against the nationalist insurrection were formally incorporated into the United States Army as the Philippine Scouts.

(3) In 1901, the Philippine Independence Act (Public Law 78-234; 48 Stat. 456) established a timetable for ending colonial rule of the United States. Between 1934 and Philippine independence, the United States maintained sovereignty over Philippine foreign policy and reserved the right to call Filipinos into the service of the United States Armed Forces.

(4) On December 21, 1935, President of the Philippine Commonwealth, Manuel Quezon, signed the National Defense Act, passed by the Philippine Assembly. General Douglas MacArthur set upon the task of creating an independent army in the Philippines, consisting of a small regular force, the Philippine Constabulary, a police force created during the colonial period of the United States, and reservists. By July 1941, the Philippine army had 138,000 reservists and 6,000 officers.

(5) On July 26, 1941, as tensions with Japan rose in the Pacific, President Franklin D. Roosevelt asked the Philippine Constitution of the United States and the Philippine Independence Act to “call into service of the United States . . . all of the military, naval, and governmental forces of the Philippines.” On July 27th, 1941, in accordance with a War Department directive received a day earlier, the United States Forces in the Far East (USAFFE) was established, and Manila was designated as the command headquarters. Commander of the USAFFE, General Douglas MacArthur, planned to absorb the entire Philippine Army into the USAFFE in phases. This first phase, which began on September 1, 1941, included 25,000 men and 4,000 officers.

(6) Filipinos who served in the USAFFE included:

(A) the Philippine Scouts, who comprised half of the 22,532 soldiers in the Philippine Department, or United States Army garrison stationed in the Islands at the start of the war;

(B) the Philippine Commonwealth Army;

(C) the new Filipino service, or Filipinos who volunteered to serve with the United States Army when the United States Armed Forces returned to the island;

(D) Filipinos who volunteered to serve in the United States Armed Forces in 1945 and 1946, and who became “attached” to various units of the United States Army; and

(E) those who fought “behind enemy lines throughout the war.”

(7) Even after hostilities ceased, wartime service of the new Philippine Scouts continued as a matter of law until the end of 1946, and the force gradually disbanded until it was disestablished in 1950.

(8) On December 21, 1941, not even 24 hours after the bombing of Pearl Harbor, Japanese Imperial forces attacked bases of the United States Army in the Philippines.

(9) On December 23, 1941, the 14th Army overran the Bataan Peninsula, and, after a heroic but futile defense, more than 78,000 members of the United States Armed Forces—fully 56,000 Filipinos and 12,000 service members from the United States. The Japanese transferred the captured soldiers from Bataan to Camp O’Donnell, where they were known as the infamous Bataan Death March. Forced to march the 76-mile distance in 1 week, without adequate food, water, or medical care, more than 70,000 Filipinos died, and Japanese forces—fully 56,000 Filipinos and an estimated 6,000 to 10,000 Filipinos perished during the journey.

(10) After the fall of the Bataan Peninsula, the Japanese continued to occupy Corregidor. The estimated forces in defense of Corregidor totaled 13,000, and were comprised of members of the United States Armed Forces and Filipino troops totaling this number. Of this number, 800 were killed, 1,000 were wounded, and 11,000 were captured and forced to march through the city of Manila, after which the United States forces were “very important and sketches of enemy positions and installations” for the liberation of the Santo Tomas prisoner of war camp, an event that made front page news across the United States.

(11) Even after the fall of Corregidor, Philippine resistance, in the form of guerrilla armies, began to wage warfare on the Japanese invaders. Guerrilla armies, from Northern Luzon to Mindanao—

(A) raided Japanese camps, stealing weapons and supplies;

(B) sabotaged and ambushed Japanese troops on the move; and

(C) with little weaponry, and severely outmatched in numbers, began to extract victories.

(12) Japanese intelligence reports reveal that from the time the Japanese invaded until the return of the United States Armed Forces, the Filipinos continued to resist against Japanese forces. Filipino resistance against these forces was sustained from 1942, the Imperial Army formed the Morista Butal, a unit designated to suppress guerrillas.

(13) Because Philippine guerrillas worked to restore communication with United States forces in the Pacific, General Mac-Arthur was able to use the guerrillas in advance of a conventional operation and provided the headquarters of General Mac-Arthur with valuable information. Guerrillas captured and transmitted to the headquarters of General MacArthur Japanese naval plans for the Central Pacific, intelligence derived from guerrillas relating to aircraft, ship, and troop movements allowed for coordinated forces to attack supply lines and guerrillas and even directed United States submarines where to land agents and capture Filipinos.

(14) On December 20, 1941, President Roosevelt signed the Selective Training and Service Amendments Act (Public Law 77–360; 55 Stat. 844) which, among other things, allowed Filipinos in the United States to enlist in the United States Armed Forces. In February 1942, President Roosevelt issued the Selective Service Power of 1942 (Public Law 76–175; 56 Stat. 175), providing a simplified naturalization process for Filipinos who served in the United States Armed Forces. Subsequently, 16,000 Filipinos in California alone decided to enlist.

(15) The mobilization of forces included the activation and assumption of command of the First Filipino Infantry Regiment on April 1, 1942, at Camp San Luis Obispo, California. Orders were issued to activate the Philippines Filipino Infantry Regiment and Band Station, California in 1942. The activation of the Second Filipino Infantry Regiment occurred at Fort Ord, California on December 1, 1943. By December 1, 1943, 9,000 Filipinos and Filipino Americans fought in the United States Army 1st and 2nd Filipino Infantry Regiments.

After the victory of the 1st and 2nd Infantry Regiments participated in the bloody combat and mop-up operations at New Guinea, Leyte, Samar, Luzon, and the Southern Philippines. In 1943, 880 Filipino soldiers from the 1st and 2nd Regiments and shipped to Australia to receive training in intelligence gathering, sabotage, and demolition. Reorganized as part of the 1st Reconnaissance Battalion, this group was sent to the Philippines to coordinate with major guerrilla armies in the Islands. Members of the 1st Regiment were also attached to the United States 6th Army “Alamo Scouts,” a reconnaissance group that traveled 30 miles behind enemy lines to free Allied prisoners from the Cabanatuan death camp on January 20, 1945. In addition, in 1945, according to the 41st Counter Intelligence Unit of the United States Armed Forces, Philippine guerrillas were committed against various plans and installations in the liberation of the Santo Tomas prisoner of war camp, an event that made front page news across the United States.

(17) In March 1946, members of the 2nd Filipino Infantry Regiment were selected for...
special assignments, including intelligence missions, and reorganized as the 2nd Filipino Infantry Battalion (Separate). The 2nd Filipino Infantry Battalion (Separate) contributed to mop-up operations as a civil affairs unit.

(18) Filipinos participated in the war out of national pride, as well as out of a commitment to the Allied forces struggle against fascism. 57,000 Filipinos in uniform died in the war effort. Estimates of civilian deaths range from 700,000 to upwards of 1,000,000, or between 4.59 to 5.85 percent of the prewar population of 16,000,000.

(19) Because Filipinos who served in the Commonwealth of the Philippines were originally considered a part of the Allied struggle, the military order issued by President Roosevelt on July 26, 1941, stated that those Filipinos who served in the Commonwealth Army of the Philippines were entitled to full veterans benefits. The guarantee to pay back the service of Filipinos through veterans benefits was reversed by the Recession Acts of 1946 (Public Laws 79-301 and 79-391; 60 Stat. 6 and 60 Stat. 221), which deemed that the wartime service of the Commonwealth Army of the Philippines and the new Philippine Scouts was not considered active and, therefore, did not qualify for benefits.

(20) The loyal and valiant Filipino Veterans of World War II fought, suffered, and, in many instances, died in the same manner and under the same commander as other members of the United States Armed Forces during World War II.

(21) The Filipino Veterans of World War II fought alongside, and as an integral part of, the United States Armed Forces. The Philippines remained a territory of the United States for the duration of the war and, accordingly, the United States maintained sovereign control over the islands under its foreign relations, including Philippine laws enacted by the Philippine Government. Filipinos who fought in the Philippines were not only defending or fighting for the Philippines, but also defending, and ultimately liberating, sovereign territory held by the United States Government.

(22) The United States remains forever indebted to the bravery, valor, and dedication that the Filipino Veterans of World War II displayed. Their commitment and sacrifice demonstrates a highly uncommon and commendable sense of patriotism and honor.

SEC. 3. DEFINITIONS.

In this Act—

(a) the term ‘Filipino Veterans of World War II’ includes any individual who served—

(1) honorably at any time during the period beginning on July 26, 1941, and ending on December 31, 1946;

(2) in an active-duty status under the command of the United States Armed Forces in the Far East; and

(3) a) within the Philippine Commonwealth Army, the Philippine Scouts, the Philippine Constabulary, Recognized Guerrilla units, the New Philippine Scouts, the First Philippine Volunteer Infantry Regiment, the Second Filipino Infantry Battalion (Separate), or the First Reconnaissance Battalion; or

(b) commanding or serving in a unit described in paragraph (3)(a) as a United States military officer or enlisted soldier; and

(b) the term ‘Secretary’ means the Secretary of the Treasury.

SEC. 4. CONGRESSIONAL GOLD MEDAL.

(a) AWARD AUTHORIZED.—The President pro tempore of the Senate or the Speaker of the House of Representatives shall make appropriate arrangements for the award, on behalf of Congress, of a single gold medal of appropriate design to the Filipino Veterans of World War II in recognition of the dedicated service of the veterans during World War II.

(b) DESIGN AND STRIKING.—For the purposes of the award referred to in subsection (a), the Secretary shall strike the Gold Medal with suitable emblems, devices, and inscriptions, to be determined by the Secretary.

(c) SMITHSONIAN INSTITUTION.—

(1) IN GENERAL.—Following the award of the gold medal, the Filipino Veterans of World War II, the gold medal shall be given to the Smithsonian Institution, where it will be available for display as appropriate and made available for research.

(2) SENSIGN OF CONGRESS.—It is the sense of Congress that the Smithsonian Institution should make the gold medal received under paragraph (1) available for display elsewhere, particularly at other appropriate locations associated with the Filipino Veterans of World War II.

(d) DUPLICATE MEDALS.—

(1) IN GENERAL.—Under regulations that the Secretary may promulgate, the Secretary may strike and sell duplicates in bronze of the gold medal struck under this Act, at a price sufficient to cover the costs of the medals, including labor, materials, dies, use of machinery, and overhead expenses.

(2) SALE OF DUPLICATE MEDALS.—The amounts received from the sale of duplicate medals under paragraph (1) shall be deposited in the United States Mint Public Enterprise Fund.

SEC. 5. STATUS OF MEDALS.

(a) NATIONAL MEDALS.—Medals struck under this Act are national medals for purposes of chapter 51 of title 31, United States Code.

(b) NUMISMATIC ITEMS.—For purposes of section 5134 of title 31, United States Code, all medals struck under this Act shall be considered to be numismatic items.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Michigan (Mr. HUIZENGA) and the gentleman from Illinois (Mr. FOSTER) each have 5 legislative days in which to revise and extend their remarks and include extraneous material on the bill.

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

There was no objection.

Mr. HUIZENGA of Michigan. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on the bill.

The SPEAKER pro tempore. Pursuant to the request of the gentleman from Michigan, this is a special one for the House sponsor of the companion bill to describe the heroism of those soldiers and the sacrifices that they made in defense of the United States and their homeland; but suffice it to say that it was a difficult and costly defense.

I will note that our embassy sits right on the bay in Manila today and overlooks Corregidor and so many other places there in the Philippines that were witness to those battles, including my own uncle who, at the time, served in the Navy and helped deliver goods and services throughout the Pacific and into the Philippines as well.

Mr. Speaker, Congress has authorized Congressional Gold Medals in recognition of the heroic efforts of Japanese Americans, Native Americans, and Puerto Rican soldiers, among others, in defense of this country during World War II and in other conflicts. This recognition of Filipino veterans of World War II is long overdue, and I urge immediate passage of the bill.

I reserve the balance of my time.

Hon. JEB HENSARLING, Chairman, Committee on Financial Services, Washington, DC, November 30, 2016.
Mr. FOSTER. Mr. Speaker, I yield 5 minutes to the gentlewoman from Hawaii, Ms. GABBARD, the lead sponsor of the House version of this bill.

Ms. GABBARD. Mr. Speaker, I have the privilege of representing the Second Congressional District in Hawaii, a State that has deep cultural roots and ties to the contributions that Filipino Americans have made to our Nation throughout history, from driving Hawaii's plantation-based economy in the early 20th Century, serving in our Armed Forces, to becoming leaders in every industry and sector in our State and across the country.

It is an honor to stand here today as a voice for the more than 200,000 Filipino World War II veterans and their families, who deserve our admiration and gratitude for the sacrifices they made and the contributions they made that served our country during World War II. These loyal and courageous soldiers suffered, sacrificed, fought, and gave their lives alongside our American counterparts throughout the war. They must have waited far too long to recognize these heroes, who deserve this honor, in standing alongside units like the Tuskegee Airmen and Hawaii's own 442nd/100th Infantry Battalion with being awarded the Congressional Gold Medal, our Nation's highest civilian honor.

With just 18,000 of these Filipino World War II veterans still alive and
with us today, we cannot afford to wait any longer.

I would like to thank the 312 House Members, Republicans and Democrats, and 71 Senators that cosponsored this bipartisan legislation, representing nearly every State and territory in our country.

I also want to say a special mahalo nui loa to my colleagues, Congressman Joe Heck, who is the Republican lead on this legislation; Congresswoman Judy Chu; Congresswoman Mike Honda, for working with me to move this bill through the House; and my colleague, Senator Mazie Hirono, who is here today; as well as Senator Dean Heller, for championing this bill in the Senate; all of our staff; and both Democrat and Republican leadership for their efforts, commitment, and support to passing this legislation.

I would also like to recognize Major General Antonio Taguba, who joins us today in the gallery, and the Filipino Veterans of American Education Project for their years of commitment to this historic effort and for continuing to fight to ensure we remember and recognize the legacy of our Filipino World War II veterans as a critical part of American history.

Major General Taguba’s father, Staff Sergeant Tomas Taguba, was a soldier in the 45th Infantry Regiment Philippine Division that served alongside the U.S. Army during the war, where he fought in the Battle of Bataan. He survived the Bataan Death March.

This legislation is a testament to Staff Sergeant Tomas Taguba, and the hundreds of thousands of Filipino World War II veterans who deserve a place of recognition amongst our greatest generation. Thank you very much to all of you: “Miraming salamat sa inyong lahat.”

I urge my colleagues to join me in voting to pass this long overdue legislation to vote in support of S. 1555, so that we can give some level of recognition to those who served side by side with American soldiers under American command.

Mr. FOSTER. Mr. Speaker, I yield 2 minutes to the gentleman from California (Mr. HONDA), who is a member of the Appropriations Committee and chair emeritus of the Congressional Asian Pacific American Caucus.

Mr. HONDA. Mr. Speaker, I want to thank my colleague, Mr. FOSTER, and on the other side, Congressman HUIZenga, of Michigan, for bringing this up. It is an issue that has been a long time in coming forward. I thank Mr. Heck of Nevada, also, for the gentleman’s comments regarding the Filipino veterans’ history in World War II. We have the opportunity to award them with our Nation’s highest civilian honor by passing the Filipino Veterans of World War II Congressional Gold Medal Act. I urge my colleagues to join me in voting to pass this critical legislation to honor our Filipino World War II veterans with the recognition they have earned.

Mr. FOSTER. Mr. Speaker, I yield 4 minutes to the gentleman from California (Mr. HONDA), who is a member of the Appropriations Committee and chair of the U.S.-Philippines Friendship Caucus. I urge my colleagues to support the legislation so that approximately 18,000 surviving Filipino veterans of World War II may be recognized for their service to our Nation. We are forever indebted to these brave soldiers, and it is important that we appropriately express our gratitude for that service.

Mr. Speaker, I therefore urge my colleagues to support the bill.

Mr. Speaker, over 70 years ago, more than 200,000 brave Filipino and Filipino American soldiers answered the call to fight alongside American servicemembers during World War II. These soldiers served on the front lines and pivotal role in helping the United States to achieve victory in the Pacific. It is because of their courage that we were able to protect Americans at home while defending democracy abroad. Many of these veterans are now in their twilight years, and it is long past time that we honor them for their sacrifice and service to our Nation.

While we can never fully repay the debt that we owe these veterans, today we have the opportunity to award them with our Nation’s highest civilian honor by passing the Filipino Veterans of World War II Congressional Gold Medal Act. I urge my colleagues to join me in voting to pass this critical legislation to honor our Filipino World War II veterans with the recognition they have earned.

Mr. Speaker, I rise today in support of S. 1555, the Filipino Veterans of World War II Congressional Gold Medal Act of 2015.

Filipino Americans have contributed to American life and culture in countless ways, and one of the most noble is through military service. Over 200,000 Filipino soldiers and guerrilla fighters served with the United States Armed Forces during World War II. Their invaluable service helped provide the necessary support to defeat the Japanese in the Pacific.

For over 60 years, Filipino veterans and community advocates have fought to obtain benefits and recognition that they were promised. In 2009, Congress created the Filipino Veterans Equity Compensation Fund, where eligible veterans who are U.S. citizens could receive a one-time payment of $15,000; eligible veterans who are not U.S. citizens could receive a one-time payment of $9,000. While this fund has allowed many of them to receive some compensation, Congress has not yet worked to make sure these families get all of the benefits they earned, they deserved and were promised.

Another way that we can recognize these heroes is by awarding them the Congressional Gold Medal. The Senate, by unanimous consent, awarded the Filipino World War II Congressional Gold Medal Act in July. Mr. Speaker, as a cosponsor of the House version of the bill and co-chair of the U.S.-Philippines Friendship Caucus, I urge my colleagues to support the legislation so that approximately 18,000 surviving Filipino veterans of World War II may be recognized for their service to our Nation. We are forever indebted to these brave soldiers, and it is important that we appropriately express our gratitude for that service.

Mr. Speaker, I therefore urge my colleagues to support the bill.
The Congressional Gold Medal is a symbol of our recognition of their service, but it does very little to recognize the sacrifice and patience that they had to endure since World War II, when, as it was mentioned earlier, this Congress passed two rescission bills in the 112th Congress. In 1946, President Truman authorized the Filipino veterans from veterans' benefits and the kinds of promises that President Roosevelt and MacArthur had given to the Filipino veterans.

The story of these proud veterans begins 75 years ago, when President Roosevelt did ask Filipino and Filippino American soldiers to serve under U.S. authority during World War II. Under our flag, we drafted them and we asked for volunteers. We got both from them.

The people of the Philippines valiantly stepped up to the challenge and played a vital role in securing a victory for the U.S. and its Allies in the Pacific theater. Historians have long since concluded that these valiant efforts by the Filipino and Filippino American soldiers in Bataan helped keep Midway and the coral islands in America's hands at a crucial time during World War II.

Over 60,000 Filippino soldiers, alongside 15,000 American brothers in arms, were captured and forced to walk over 65 miles to the prison camps, which was called the infamous Bataan Death March— the infamous Bataan Death March— to the ships that would take them to Japan, where they became POWs.

Several thousand Filippino and Americans died along the way making the ultimate sacrifice in our mutual struggle against fascism and for the promise of democracy and self-determination. A lot of these Filippinos had interceded during the march to the ships, endangering themselves of being beheaded or losing their arms or their lives. And they were going to offer water as sustenance to our POWs who were being marched to the ships.

We have forgotten that. Hopefully, today, this Congressional Medal of Honor will help us remember the kinds of things that they have sacrificed.

Congress shamefully passed the Recission Act of 1946, as was mentioned earlier, betraying the promise of full eligibility of rights to Filippino soldiers turning their backs on these valiant souls. We did this consciously twice. In February of 1945, we were here in Congress and at long last passed legislation that included benefits for Filipino and World War II veterans.

The SPEAKER pro tempore, the time of the gentleman has expired.

Mr. FOSTER. Mr. Speaker, I yield the gentleman an additional 30 seconds.

Mr. HONDA. Mr. Speaker, this bitter-sweet victory comes at the end of a 50-year legislative battle which has been thought and travailed by the Filipino veterans lose their lives due to the passage of time. This year we must send a clear message to the surviving 18,000 Filippino and Filippino American World War II veterans that we are honored by their spirit and moved by the heroism and their patience—the spirit that remained hopeful for many, many years that the American people, through their Representatives in this Congress, would do the right thing.

This is the right thing to do. Join me in honoring all of the Filippino World War II veterans with the Congressional Gold Medal.

Mr. FOSTER. Mr. Speaker, I yield 3 minutes to the gentlewoman from Hawaii (Ms. HANABUSA), who is a member of the Armed Services Committee.

Ms. HANABUSA. Mr. Speaker, I just returned to the 114th Congress, and I would like to have everyone remember that when I first came here in the 112th Congress is when we gave the Congressional Gold Medals to the Japanese Americans who fought in World War II. I remember how much pride they all had to receive that Gold Medal. That is why I introduced, in a subsequent Congress, the first attempt to get the Gold Medal for the Filippino war veterans.

In 7 days, we will be commemorating, in Hawaii, the attack on Pearl Harbor—the 75th anniversary. Imagine, 75 years, and we have still not kept our promise to the Filippino war veterans. Many of them are in both Congresswoman GABBARD's and my district. I must tell you, all that they have asked for is a recognition by this country that we will keep our promises to them.

Mr. Speaker, I would like to say that it is with such pride that I stand here to see that, across the aisle, we have been able to have this piece of legislation hopefully pass and to also know the hard work of my colleagues, especially Senator HIRONO in the Senate, and, of course, Congresswoman GABBARD.

There are two gentlemen that I also want us all to remember, and that is former Senator Daniel K. Inouye and former Senator Daniel K. Akaka. The reason why is because they both said that the greatest regret they had was that we could not—they could not change— that act in 1946 and keep their word to the Filippino veterans that they would have full benefits, that they could not reunite them with their families as they had promised.

But, Mr. Speaker, this act, the act of this Gold Medal, will make things somewhat right. It will at least say that this great country recognizes the promise that they made and this great country will not forget the sacrifices that they have made for us.

Mr. Speaker, I ask that all my colleagues vote in favor of this bill.

Mr. POSTER. Mr. Speaker, I have no further requests for time. I urge my colleagues to support this bill.

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

Mr. HUZENGA of Michigan. Mr. Speaker, I, too, urge passage of this bill by my colleagues and thank the Filippino people for their support and friendship for the many, many years.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Michigan (Mr. HUZENGA) that the House suspend the rules and pass the bill (S. 2234) to award the Congressional Gold Medal, collectively, to the members of the Office of Strategic Services (OSS) in recognition of their superior service and major contributions during World War II.

The Clerk read the title of the bill.

The text of the bill is as follows: S. 2234

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 "Office of Strategic Services Congressional Gold Medal Act of 2016."

SEC. 2. FINDINGS. The Congress finds the following:

(1) The Office of Strategic Services (OSS) was America’s first effort to implement a system of strategic intelligence during World War II and provided the basis for the modern-day American intelligence and special operations communities. The U.S. Special Operations Command and the National Clandestine Service chose the OSS spearhead as their insignia.

(2) OSS founder General William J. Donovan was the only person in American history to receive our Nation’s four highest decorations, including the Medal of Honor. Upon learning of his death in 1959, President Eisenhower called General Donovan the “last hero.” In addition to founding and leading the OSS, General Donovan was also selected by President Roosevelt, who called him his “secret leg,” as an emissary to Great Britain and continental Europe before the United States entered World War II.

(3) All the military branches during World War II contributed personnel to the OSS. The present-day Special Operations Forces trace their lineage to the OSS. Its Maritime Unit was a precursor to the U.S. Navy SEALs. The OSS Operators and Jedburghs were forerunners to U.S. Army Special Forces. The 801st/92nd Bombardment Group (“Carpetbaggers”) were progenitors to the Air Force Special Operations Command. The Marines who served in the OSS, including the actor Sterling Hayden (a Silver Star recipient), Col. William Eddy (a Distinguished Service Cross recipient), were predecessors to the Marine Special Operations Command. U.S. Coast Guard personnel were recruited for the Maritime Unit and its Operational Swimmer Group.

(4) The OSS organized, trained, supplied, and fought with resistance organizations.
throughout Europe and Asia that played an important role in America’s victory during World War II. General Eisenhower credited the OSS’s covert contribution in France to the eventual survival of an entire population division. General Eisenhower told General Donovan that if it did nothing else, the photographic reconnaissance conducted by the OSS prior to the D-Day Invasion justified its creation.


(6) Women comprised more than one-third of OSS personnel and played a critical role in the organization. They included Virginia Hall, the only civil servant to receive a Distinguished Service Cross in World War II, and Julia Child.

(7) OSS recruited Fritz Kolbe, a German diplomat who became America’s most important spy against the Nazis in World War II.

(8) America’s leading scientists and scholars served in the OSS Research and Analysis Branch, including Ralph Bunche, the first African-American to receive the Nobel Peace Prize; Pulitzer Prize-winning historian Arthur Schlesinger, Jr.; Supreme Court Justice Arthur Rawson C. Kent; John DeWitt Fairbank; and Walt Rostow. Its ranks included seven future presidents of the American Historical Association, five of the American Economic Association, and two Nobel laureates.

(9) The U.S. Department of State’s Bureau of Intelligence and Research traces its creation to the OSS Research and Analysis Branch.

(10) James Donovan, who was portrayed by Tom Hanks in the Steven Spielberg movie “Bridge of Spies” and negotiated the release of U-2 pilot Francis Gary Powers, served as General Counsel of the OSS.

(11) The OSS invented and employed new technology through its Research and Development Branch, inventing new weapons and revolutionary communications equipment. Dr. Christian Lambertsen invented the first underwater rebreathing apparatus that was first utilized by the OSS and is known today as SCUBA.

(12) OSS Detachment 101 operated in Burma and pioneered the art of unconventional warfare. It was the first United States unit to deploy a large guerrilla army deep in enemy territory. Its soldiers were credited with the highest kill/loss ratio for any infantry-type unit in American military history and was awarded a Presidential Unit Citation.

(13) The OSS pioneered counterintelligence with the British and established the modern counterintelligence community. The network of contacts built by the OSS with foreign intelligence services led to enduring Cold War alliances.

(14) Operation Torch, the Allied invasion of French North Africa in November 1942, was aided by the information established and information acquired by the OSS to guide Allied landings.

(15) OSS Operation Halyard rescued more than 1,500 Allied aircrews trapped behind enemy lines in Yugoslavia, one of the most daring and successful rescue operations of World War II.

(16) The “Mercy Missions” at the end of World War II saved the lives of thousands of Allied prisoners of war whom it was feared would be murdered by the Japanese.

(17) The phrase “intelligence— Allen Dulles, William Casey, William Colby, and Richard Helms— were all OSS operatives, and at least a third of the operatives represented, including the world’s first and favorite TV chef, Julia Child, of all people.

Mr. Speaker, I rise today in support of S. 2234, the Office of Strategic Services Congressional Gold Medal Act, introduced by Senator McCaskill, Missouri. The bill, which passed the Senate on February 23, has companion legislation to H.R. 3929, introduced by our Republican colleague, Representative Latta, which has 320 House cosponsors. The bill authorizes the striking and awarding of a single gold medal of appropriate design to commemorate the members of the Office of Strategic Services in recognition of their superior service and major contributions during World War II.

After awarding the medal, it will be given to the Smithsonian museum where it will be available for display there or elsewhere, as appropriate. The Treasury secretary is authorized to make and offer for sale bronze replicas of the medal at a price, to be determined by the Secretary, that will help defray the design and production costs of the actual medal.

Mr. Speaker, long after World War II ended, most of the efforts of the OSS remained classified, and we probably still do not know all of the hair-raising tales that might be told. One thing is not secret— we owe those men and women an enormous debt of gratitude, not only for their work during the war but for the groundwork that they laid towards what is now the best intelligence service in the world today. We should recognize those contributions by awarding the Congressional Gold Medal to these heroes.

I urge immediate passage of this bill. I reserve the balance of my time.

HAROLD \textsc{HUIZENA} 
Committee on House Administration, Washington, DC, November 30, 2016

Hon. \textsc{Jeb Hensarling}, Chairman Committee on Financial Services, Washington, DC.

Mr. Speaker: I write to you regarding S. 2234. As you know, the bill was referred to the House Administration Committee on February 23, 2016 and referred to the Committee on Financial Services and in addition

SEC. 3. CONGRESSIONAL GOLD MEDAL.

(a) PRESENTATION AUTHORIZED.—The Speaker of the House of Representatives and the President pro tempore of the Senate shall make appropriate arrangements for the presentation, on behalf of the Congress, of a gold medal of appropriate design in commemoration to the members of the Office of Strategic Services for recognition of their superior service and major contributions during World War II.

(b) DESIGN AND STRIKING.—For purposes of the presentation referred to in subsection (a), the Secretary of the Treasury (referred to in this Act as the “Secretary”) shall strike a gold medal with suitable emblems, devices, and inscriptions, to be determined by the Secretary.

(c) SMITHSONIAN INSTITUTION.—(1) In general.— Following the award of the gold medal in commemoration to the members of the Office of Strategic Services under subsection (a), the gold medal shall be given to the Smithsonian Institution, where it will be displayed as appropriate and made available for research.

(2) SENSE OF CONGRESS.—It is the sense of Congress that the Smithsonian Institution should make the gold medal received under paragraph (1) available for display elsewhere, particularly at other appropriate locations associated with the Office of Strategic Services.

SEC. 4. DUPLICATE MEDALS.

The Secretary may strike and sell duplicates in bronze of the gold medal struck pursuant to the presentations as the Secretary may prescribe, at a price sufficient to cover the cost thereof, including labor, materials, dies, use of machinery, and overhead expenses, and the cost of the gold medal.

SEC. 5. STATUS OF MEDALS.

(a) NATIONAL MEDALS.—The medals struck pursuant to paragraph (1) of subsection (a) of section 51 of title 31, United States Code.

(b) NUMISMATIC ITEMS.—For purposes of section 5134 of title 31, United States Code, all medals struck under this Act shall be considered to be numismatic items.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Michigan (Mr. HUIZENA) and the gentleman from North Carolina (Mr. FOSTER) each will control 20 minutes.

The Chair recognizes the gentleman from Michigan.

[Mr. HUIZENA’s prepared remarks follow]:

GENERAL LEAVE

Mr. HUIZENA of Michigan. 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 this bill.

The SPEAKER pro tempore. Is there objection to the rule, the gentleman from Michigan?

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Michigan (Mr. HUIZENA) and the gentleman from North Carolina (Mr. FOSTER) each will control 20 minutes.

The Chair recognizes the gentleman from Michigan.

Mr. HUIZENA of Michigan. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, every wartime President of the United States—and probably every wartime leader in history—has had some clandestine help from men and women who risked life and limb to report on and sometimes to disrupt the actions of the enemy. No leader of such clandestine force was as uniformly successful, as visionary, or ultimately had as much impact on both his country’s affairs and those of the entire world as Colonel William J. “Wild Bill” Donovan.
to the Committee on House Administration. The bill seeks to award the Congressional Gold Medal, collectively, to the members of the Office of Strategic Services of the United States in recognition of their superior service and major contributions during World War II. S. 2234 passed the Senate without amendment by unanimous consent on February 22, 2016.

I realize that discharging the Committee on House Administration from further consideration of S. 2234 will serve in the best interest of the Representatives and agree to do so. It is the understanding of the Committee on House Administration that forgoing action on S. 2234 will not prejudice the Committee with respect to appointment of conferences or any future jurisdictional claim. I request that this letter and any response be included in the Congressional Record.

Sincerely,

**Candice S. Miller,**
Chairman,

HOUSE OF REPRESENTATIVES,
COMMITTEE ON HOUSE ADMINISTRATION,
Washington, DC, November 30, 2016.

Hon. Candice Miller,
Chairman, Committee on House Administration,
Washington, DC.

Dear Chairman Miller: Thank you for your November 30th letter regarding S. 2234, the “Office of Strategic Services Congressional Gold Medal Act.”

I am appreciative of your decision to forego action on S. 2234 so that it may move expeditiously to the House floor. I acknowledge that although you are waiving action on the bill, the Committee on House Administration is in no way waiving its jurisdictional interest in this or similar legislation. In addition, if a conference is necessary on this legislation, I am in full support and request that your committee be represented therein.

Finally, I shall be pleased to include your letter and this letter on S. 2234 in the Congressional Record during floor consideration of the same.

Sincerely,

**Jeb Hensarling,**
Chairman.

Mr. HUIZENGA of Michigan. Mr. Speaker, I yield myself such time as I may consume.

I rise today in support of S. 2234, legislation to award a Congressional Gold Medal to members of the Office of Strategic Services in recognition of their significant service and contributions against the Axis Powers during World War II.

I am pleased to note that the legislation has already passed the Senate with unanimous consent, and that companion legislation, introduced here in the House, has already received the endorsement of 320 cosponsors. Upon passage here in the House, the legislation will be cleared for the President’s signature.

Created at the start of World War II, the Office of Strategic Services was the Nation’s first effort to implement a coordinated intelligence system, laying the foundation for our modern-day intelligence and special operations capabilities.

In addition to honoring and recognizing the meaningful and personal sacrifices of the thousands of Americans who served as part of the Office of Strategic Services, the legacy of the OSS offers a number of lessons that continue to hold value to this day. Importantly, the legacy of the OSS serves as a reminder that effective coordination across our Nation’s intelligence agencies continues to play a foundational role in promoting our national security interests.

The OSS and its predecessor organizations continue to play a critical role in organizing, training, supplying, and fighting alongside resistance organizations throughout Europe and Asia.

Moreover, throughout the war, the OSS demonstrated that our government is at its best when it brings together a wide range of individuals with diverse backgrounds. At its height in late 1944, the Office of Strategic Services employed nearly 13,000 individuals, pearly of them that were women. The service also drew its personnel not only from the military but also from civilians from all walks of life, including economists, psychologists, geographers, and a wide range of other fields.

Upon the dissolution of the Office of Strategic Services at the close of World War II, General William J. Donovan, who headed the OSS, stated that, "We have come to the end of an unusual experiment. That experiment was to determine whether a group of American citizens constituting a cross section of racial origins, of abilities, of temperaments, and of talents could meet and risk an encounter with long-established and well-trained enemy organizations."

He went on to conclude that, "You can go with the assurance that you have made a beginning in showing the people of America that only by decisive and calculated risk-taking decisions of national policy based upon accurate information can we have the chance of a peace that will endure."

So I am pleased that we are honoring the thousands of men and women who made this service as part of the Office of Strategic Services, whose contribution was so critical to America’s ultimate triumph over the Axis Powers.

"I am also pleased that the legislation will allow future generations to appreciate these contributions to our Nation and the world. By designating the Smithsonian Institution as the custodian of the medal, and by allowing for its creation and other locations associated with the Office of Strategic Services, the legislation will ensure that the legacy and the lessons that can be drawn from the contributions made by members of the Office of Strategic Services will be preserved for future generations."

So as we enter into unchartered waters with the incoming administration, I hope that we will all take pause and heed the lessons of the OSS and remember that America is at its best when we work together with our long-standing allies and when we recruit diverse personnel to serve our government.

I also hope that it serves as a reminder of the importance of taking care of our veterans once their service has ended and they return to civilian life.

I urge adoption of the legislation. I reserve the balance of my time.

Mr. Speaker, I rise today in support of S. 2234, the Office of Strategic Services Congressional Gold Medal Act, companion legislation I introduced earlier this Congress as H.R. 3929 to honor and recognize these brave veterans for their superior service and major contributions made during World War II.

The Office of Strategic Services, the OSS as it is often referred to, was America’s first strategic intelligence agency during World War II and provided the basis for the modern-day American intelligence and special operations communities.

Under the leadership of OSS founder, General Bill Donovan, the OSS conducted acts of great heroism and daring during the war, and their efforts were another factor to the Allied victory in World War II. Let me name a few. These efforts included:

- Organizing, training, supplying, and fighting with resistance organizations throughout Europe and Asia;
- Engaging in successful guerrilla warfare deep in enemy territory;
- Establishing intelligence networks before the successful Allied invasion of French North Africa, known as Operation Torch;
- Rescuing more than 500 downed allied airmen behind enemy lines in Yugoslavia during Operation Halyard, one of the most daring and successful rescue missions of World War II;
- Conducting mercy missions at the end of the war that saved thousands of Allied prisoners of war; and
- Inventing and utilizing new technology, weapons, and revolutionary communications equipment never before seen.

General Eisenhower said that if it did nothing else, the photographic reconnaissance conducted by the OSS before the D-day invasion in June of 1944 justified its creation.

I am truly proud to be here today to honor these men and women who truly embody the greatest generation. Several members of the OSS came from northwest and west central Ohio, including Arthur Jibilian, who took part in Operation Halyard in Yugoslavia; Captain Stephanie Czech Rader; and another veteran who flew OSS missions in B-24s behind enemy lines into occupied France. They have earned and deserve this recognition. Congress and the Nation are proud of them, and we are grateful for their dedicated service.

This Congressional Gold Medal is one way we can extend our gratitude.
Mr. Speaker, I want to thank Speaker Ryan, Leader McCarthy, and all of the leadership team, Senators Blunt and Warner, Chairman Nunes and Ranking Member Schiff, Chairman Ed Royce, Representative Marcy Kaptur, and all of my other colleagues, including the 320 Members that cosponsored this legislation, for their time, hard work, and support. I would also be remiss if I did not also thank the OSS Society and all those involved for their time and hard work in keeping the legacy of these OSS veterans forever alive.

Mr. Speaker, I urge my colleagues to join me in supporting passage of S. 2234 and bestow upon the OSS the Congressional Gold Medal.

I thank the gentleman for yielding.

Mr. Foster. Mr. Speaker, I yield 4 minutes to the gentlewoman from Ohio (Ms. Kaptur), a member of the Appropriations Committee.

Ms. KAPTUR. Mr. Speaker, I thank the gentleman.

Mr. Speaker, I urge my colleagues to support this bill. Ms. Kaptur. I thank the gentleman.

As I participate in the passage of this legislation, I am reminded of how America’s greatest strength is the weaving together of intergenerational experience from one era to another within our families and communities and then extended to the American family. The SPEAKER pro tempore. The time of the gentlewoman has expired. Mr. Foster. I yield. Mr. FOSTER. Mr. Speaker, I urge my colleagues to support this bill.

We know our Nation stands on your broad shoulders. Through their patriotism and sacrifice, America still is a young nation but is growing and is keeping what we have learned close to our hearts. In paying Gold Medal tribute to our members of the OSS, America honors those who bequeathed precious liberty to us, and we must carry that torch forward as it was carried at such a great price by our forebears.

I would like to acknowledge Charles Pink, whose father served as a member of the OSS, for his commitment to educate the public about this valiant group.

May God bless the members of the OSS, their families and friends. May our efforts here award them the Gold they so nobly, royally, and selflessly earned, and may God continue to bless America.

Mr. Huizenga of Michigan. Mr. Speaker, I yield such time as he may consume to the gentleman from Pennsylvania (Mr. Rothfus).

Mr. Rothfus. Mr. Speaker, I rise in strong support of S. 2234, to award the Congressional Gold Medal to the members of the Office of Strategic Services in recognition of their superior service and major contributions during World War II.

The accomplishments of the OSS are too numerous to mention here. We cannot imagine what the world would look like today had evil forces prevailed over good in World War II, but thanks to the invaluable contribution of the brave servicemen of the OSS, we do not have to. The OSS organized, trained, supplied, and fought resistance organizations throughout Europe and Asia that played an important role in America’s victory during World War II.

The men and women of the OSS were pioneers in counterintelligence, technology, and unconventional warfare. The OSS was the prototype for modern-day American intelligence and special operations communities. The outstanding American officers we honor today as Navy SEALs, U.S. Army Special Forces, Air Force Special Operations Command, Marine Special Operations Command, and more can trace their roots to the OSS.

For these and many other reasons, it is right that we honor the servicemen of the OSS for their extraordinary contributions to American history and that future generations of Americans learn about the crucial role they played in keeping America safe.

While so many of the OSS service members have already gone to their eternal rest, including my own father-in-law, Edgar Lewis, it is fitting and good that we pass this legislation while we continue to have OSS members among us today.

Mr. Foster. Mr. Speaker, I urge my colleagues to support this bill.

I yield back the balance of my time.
Kaptur as they talked about their family members in this very important organization. With that, I urge the bill’s passage. I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Michigan (Mr. Huizenga) that the House suspend the rules and pass the bill, S. 2234. The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed. A motion to reconsider was laid on the table.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair would remind persons in the gallery that it is a violation of the rules of the House to show approval or disapproval of the proceedings of the House.

INTELLIGENCE AUTHORIZATION ACT FOR FISCAL YEAR 2017

Mr. NUNES. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 6393) to authorize appropriations for fiscal year 2017 for intelligence and intelligence-related activities of the United States Government, the Community Management Account, and the Central Intelligence Agency Retirement and Disability System, and for other purposes.

The Clerk read the title of the bill. The text of the bill is as follows:

H.R. 6393

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) Short Title.—This Act may be cited as the “Intelligence Authorization Act for Fiscal Year 2017”.

(b) Table of Contents.—The table of contents for this Act is as follows:

Sec. 2. Definitions.
Sec. 102. Classified Schedule of Authorizations.
Sec. 103. Personnel ceiling adjustments.
Sec. 104. Intelligence Community Management Account.

TITLE I—INTELLIGENCE ACTIVITIES

In this Act:

(1) CONGRESSIONAL INTELLIGENCE COMMITTEE.—The term “congressional intelligence committee” means—

(A) the Select Committee on Intelligence of the Senate; and

(B) the Permanent Select Committee on Intelligence of the House of Representatives.

(2) INTELLIGENCE COMMUNITY.—The term “intelligence community” has the meaning given that term in section 3(4) of the National Security Act of 1947 (50 U.S.C. 3003(4)).

TITLE I—INTELLIGENCE ACTIVITIES

SEC. 101. AUTHORIZATION OF APPROPRIATIONS.

Funds are hereby authorized to be appropriated for the conduct of intelligence and intelligence-related activities of the following elements of the United States Government:

(1) The Office of the Director National Intelligence.
(2) The Central Intelligence Agency.
(3) The Department of Defense.
(4) The National Security Agency.
(5) The Department of the Navy.
(6) The Department of the Army. The Department of the Air Force.
(7) The Department of the Treasury.
(8) The Department of Energy.
(9) The Department of Justice.
(10) The Federal Bureau of Investigation.
(11) The Drug Enforcement Administration.

TITLE I—INTELLIGENCE ACTIVITIES

SEC. 102. CLASSIFIED SCHEDULE OF AUTHORIZATIONS.

The amounts authorized to be appropriated under section 101 and, subject to section 103, the authorized personnel ceilings as of September 30, 2017, for the conduct of the intelligence and intelligence-related activities of the elements listed in paragraphs (1) through (6) of section 101, are those specified in the classified Schedule of

Sec. 306. Modifications to certain requirements for construction of facilities.
Sec. 307. Protections for independent inspectors general of certain elements of the intelligence community.
Sec. 308. Modification of certain whistleblowing procedures.
Sec. 309. Congressional oversight of policy directives and guidance.
Sec. 310. Notification of memoranda of understanding.
Sec. 311. Technical correction to Executive Schedule.
Sec. 312. Maximum amount charged for declassification reviews.

TITLE IV—MATTERS RELATING TO ELEMENTS OF THE INTELLIGENCE COMMUNITY

Subtitle A—Office of the Director of National Intelligence

Sec. 401. Designation of the Director of the National Counterintelligence and Security Center.
Sec. 402. Analyses and impact statements by Director of National Intelligence regarding investment into the United States.
Sec. 403. Assistance for governmental entities and private entities in recognizing online violent extremist content.

Subtitle B—Central Intelligence Agency

Sec. 411. Enhanced death benefits for personnel of the Central Intelligence Agency.
Sec. 412. Pay and retirement authorities of the Inspector General of the Central Intelligence Agency.
Sec. 413. Office of the Director of National Intelligence.

Sec. 501. Committee to counter active measures.
Sec. 502. Limitation on travel of accredited diplomats.
Sec. 503. Study and report on enhanced intelligence and information sharing with Open Skies Treaty member states.

TITLE VI—PRIVACY AND CIVIL LIBERTIES OVERSIGHT BOARD

Sec. 601. Information on activities of the Privacy and Civil Liberties Oversight Board.
Sec. 602. Authorization of appropriations for Privacy and Civil Liberties Oversight Board.

TITLE VII—REPORTS AND OTHER MATTERS

Sec. 701. Declassification review with respect to detainees transferred from United States Naval Station Guantanamo Bay, Cuba.
Sec. 702. Cyber Center for Education and Innovation Home of the National Counterintelligence and Security System.
Sec. 703. Oversight of national security systems.
exercising the authority described in paragraph (1), the Director of National Intelligence shall submit to the congressional intelligence committees, in writing—

(A) notification of exercising such authority;

(B) justification for making the conversion described in subparagraph (A) of such paragraph and

(C) certification that such conversion is cost effective.

SEC. 104. INTELLIGENCE COMMUNITY MANAGEMENT ACCOUNT—

(a) AUTHORIZATION OF APPROPRIATIONS.—

There is authorized to be appropriated for the Intelligence Community Management Account of the Director of National Intelligence for fiscal year 2017 the sum of $559,796,000. Within such amount, funds identified in the classified Schedule of Authorizations referred to in section 102(a) for advanced research and development shall remain available until September 30, 2018.

(b) AUTHORIZED PERSONNEL LEVELS.—

The elements within the Intelligence Community Management Account of the Director of National Intelligence are authorized 787 positions as of September 30, 2017. Personnel expenditures shall not exceed 10 percent of the number of personnel authorized under such Schedule except—

(1) a student program, trainee program, or fellowship program;

(2) the Director determines that the in

crease in the number of personnel authorized under such Schedule is necessary to meet the requirements of the elements within the Intelligence Community Management Account; or

(3) of an element of the intelligence community, former employees in excess of the number of personnel authorized under such Schedule as of September 30, 2017, in the classified Schedule of Authorizations referred to in section 102(a), including any exemption from such personnel levels, of employment or assignment in—

(1) a student program, trainee program, or similar program;

(2) a reserve corps or as a reemployed annuitant;

(3) shalls, joint duty, or long-term, full-time training.

(c) NOTICE TO CONGRESSIONAL INTELLIGENCE COMMITTEES.—The Director of National Intelligence shall establish guidelines that govern, for each element of the intelligence community, the treatment under the personnel levels authorized under section 102(a), including any exemption from such personnel levels, of employment or assignment in—

(1) a student program, trainee program, or similar program;

(2) a reserve corps or as a reemployed annuitant; or

(3) full-time training.

(d) CONTRACTOR CONVERSIONS.—

(1) AUTHORITY FOR INCREASES.—The Director of National Intelligence may authorize employment of civilian personnel in excess of the number authorized for fiscal year 2017 by the classified Schedule of Authorizations referred to in section 102(a) if the Director of National Intelligence determines that such action is necessary to meet the requirements of the elements within the Intelligence Community Management Account of the Director of National Intelligence for fiscal year 2017 the sum of $559,796,000. Within such amount, funds identified in the classified Schedule of Authorizations referred to in section 102(a) for advanced research and development shall remain available until September 30, 2018.

(2) AUTHORIZATION OF PERSONNEL.—In addition to the personnel authorized by subsection (a), there are authorized to be appropriated for the Intelligence Community Management Account as of September 30, 2017 such additional amounts as are specified in the classified Schedule of Authorizations referred to in section 102(a). Such additional amounts for personnel and development shall remain available until September 30, 2018.

(e) CONTRACTOR CONVERSIONS.—

(1) AUTHORITY FOR INCREASES.—In addition to the authority under subsection (a), the Director of National Intelligence may authorize employment of civilian personnel in excess of the number authorized in section 102(a), including any exemption from such personnel levels, of employment or assignment in—

(1) a student program, trainee program, or similar program;

(2) a reserve corps or as a reemployed annuitant;

(3) full-time training.

(f) CONTRACTOR CONVERSIONS.—

(1) AUTHORITY FOR INCREASES.—In addition to the authority under subsection (a), the Director of National Intelligence may authorize employment of civilian personnel in excess of the number authorized in section 102(a), including any exemption from such personnel levels, of employment or assignment in—

(1) a student program, trainee program, or similar program;

(2) a reserve corps or as a reemployed annuitant;

(3) full-time training.

(g) CONTRACTOR CONVERSIONS.—

(1) AUTHORITY FOR INCREASES.—In addition to the authority under subsection (a), the Director of National Intelligence may authorize employment of civilian personnel in excess of the number authorized in section 102(a), including any exemption from such personnel levels, of employment or assignment in—

(1) a student program, trainee program, or similar program;

(2) a reserve corps or as a reemployed annuitant;

(3) full-time training.

(h) CONTRACTOR CONVERSIONS.—

(1) AUTHORITY FOR INCREASES.—In addition to the authority under subsection (a), the Director of National Intelligence may authorize employment of civilian personnel in excess of the number authorized in section 102(a), including any exemption from such personnel levels, of employment or assignment in—

(1) a student program, trainee program, or similar program;

(2) a reserve corps or as a reemployed annuitant;

(3) full-time training.

(i) CONTRACTOR CONVERSIONS.—

(1) AUTHORITY FOR INCREASES.—In addition to the authority under subsection (a), the Director of National Intelligence may authorize employment of civilian personnel in excess of the number authorized in section 102(a), including any exemption from such personnel levels, of employment or assignment in—

(1) a student program, trainee program, or similar program;

(2) a reserve corps or as a reemployed annuitant;

(3) full-time training.

(j) CONTRACTOR CONVERSIONS.—

(1) AUTHORITY FOR INCREASES.—In addition to the authority under subsection (a), the Director of National Intelligence may authorize employment of civilian personnel in excess of the number authorized in section 102(a), including any exemption from such personnel levels, of employment or assignment in—

(1) a student program, trainee program, or similar program;

(2) a reserve corps or as a reemployed annuitant;

(3) full-time training.

(k) CONTRACTOR CONVERSIONS.—

(1) AUTHORITY FOR INCREASES.—In addition to the authority under subsection (a), the Director of National Intelligence may authorize employment of civilian personnel in excess of the number authorized in section 102(a), including any exemption from such personnel levels, of employment or assignment in—

(1) a student program, trainee program, or similar program;

(2) a reserve corps or as a reemployed annuitant;

(3) full-time training.

(l) CONTRACTOR CONVERSIONS.—

(1) AUTHORITY FOR INCREASES.—In addition to the authority under subsection (a), the Director of National Intelligence may authorize employment of civilian personnel in excess of the number authorized in section 102(a), including any exemption from such personnel levels, of employment or assignment in—

(1) a student program, trainee program, or similar program;

(2) a reserve corps or as a reemployed annuitant;

(3) full-time training.
visions have the force and effect of statute.

(b) MINTABLE SPECIAL RATE OF PAY.—A minimum rate of pay established for a category of positions under subsection (a) may not exceed the maximum rate of basic pay (exclusive of locality-based comparability payment under section 5304 of title 5, United States Code, or similar provision of law) for the position in that category of positions without the consent of the President or by more than 30 percent, and no rate may be established under this section in excess of the rate of basic pay payable for level IV of the Executive Schedule under section 5315 of title 5, United States Code.

(c) NOTIFICATION OF REMOVAL FROM SPECIAL RATE OF PAY.—If the head of an element of the intelligence community removes a category of positions from coverage under a rate of pay authorized by subsection (a) after that rate has been established, the head shall—

(i) the head of such element shall provide notice of the loss of coverage of the special rate of pay to each individual in such category; and

(ii) the loss of coverage will take effect on the first day of the first pay period after the date of the notice.

(d) REVOCATION OF SPECIAL RATE OF PAY.—Subject to the limitations in this section, rates of pay established under this section by the head of the element of the intelligence community may be revised from time to time by the head of such element and the revisions have the force and effect of statute.

(e) REGULATIONS.—The head of each element of the intelligence community shall promulgate regulations to carry out this section with respect to such element, which shall, to the extent practicable, be comparable to the regulations promulgated to carry out section 5305 of title 5, United States Code.

(f) REPORTS.—

(1) REQUIREMENT FOR REPORTS.—Not later than 90 days after the date of the enactment of the Intelligence Authorization Act for Fiscal Year 2020 of each element of the intelligence community that establishes a special rate of pay under subsection (a), or any other policies of the Director determined appropriate.

(2) CONTENTS.—Each report required by paragraph (1) shall contain for each element of the intelligence community—

(A) a description of any rates of pay established under subsection (a); and

(B) the number of positions in such element that will be subject to such rates of pay established under subsection (a).

(g) TABLE OF CONTENTS AMENDMENT.—The table of contents of this section in the first section of the National Security Act of 1947 is amended by inserting after the item relating to section 113A the following:

"Sec. 113B. Special pay authority for science, technology, engineering, or math positions."

(h) MODIFICATION OF CERTAIN REQUIREMENTS FOR CONSTRUCTION OF FACILITIES.

(a) INCLUSION IN BUDGET REQUESTS OF CERTAIN PROJECTS.—Section 8313 of the Department of Defense Appropriations Act, 1995 (50 U.S.C. 3303) is repealed.

(b) MODIFICATION OF SECTION 602(a)(2) OF THE INTELLIGENCE AUTHORIZATION ACT FOR FISCAL YEAR 1995 (50 U.S.C. 3303(a)(2)) is amended by striking "improvement project to" and inserting "project for the improvement, repair, or modification of".

SEC. 307. PROTECTIONS FOR INDEPENDENT INSPECTOR GENERAL OF CERTAIN ELEMENTS OF THE INTELLIGENCE COMMUNITY.

(a) LIMITATION ON ACTIVITIES OF EMPLOYEES OF AN OFFICE OF INSPECTOR GENERAL.—

(1) LIMITATIONS.—Not later than 180 days after the date of the enactment of this Act, the Director of National Intelligence shall develop and implement a uniform policy for each covered office of an inspector general to better ensure the independence of each such office from the element in which such inspector general is located.

(A) provisions to prevent any conflict of interest related to a matter any employee of a covered office of an inspector general personally and substantially participated in during previous employment;

(B) standards to ensure personnel of a covered office of an inspector general are free both in fact and in appearance from personal, external, and organizational impairments to independence;

(C) provisions to permit the head of each covered office of an inspector general to waive the application of the policy with respect to an individual if such head—

(i) prepares a written and signed justification for such waiver, provided that such a waiver shall not be issued for fact in impropriations to independence; and

(ii) submits to congressional intelligence committees each such justification; and

(D) any other protections the Director determines appropriate.

(2) COVERED OFFICE OF AN INSPECTOR GENERAL DEFINED.—The term "covered office of an inspector general" means—

(A) the Office of the Inspector General of the Intelligence Community;

(B) the office of an inspector general for—

(i) the Office of the Director of National Intelligence;

(ii) the Central Intelligence Agency;

(iii) the National Security Agency;

(iv) the Defense Intelligence Agency;

(v) the National Geospatial-Intelligence Agency; or

(vi) the National Reconnaissance Office.

(3) BRIEFING TO THE CONGRESSIONAL INTELLIGENCE COMMITTEES.—The Director of National Intelligence shall, to the extent practicable, be consulted with respect to such element, which promulgate regulations to carry out this section in such element.

(b) LIMITATION ON ROTATION OF EMPLOYEES OF AN OFFICE OF INSPECTOR GENERAL.—

(1) IN GENERAL.—Section 102A1(a)(3) of the National Security Act of 1947 (50 U.S.C. 3517(d)(5)) is amended—

(A) in subparagraph (A), by striking the "Director, through the Inspector General," and inserting the "Inspector General," and inserting the "Inspector General, in consultation with the Director,".

(B) in subparagraph (B), by striking the "Director, through the Inspector General," and inserting the "Inspector General, in consultation with the congressional intelligence committees;"

(C) in subparagraph (C), by striking the "Director, through the Inspector General," and inserting "the Inspector General, in consultation with the congressional intelligence committees;"

(D) in subparagraph (D), by striking the "Director, through the Inspector General," and inserting "the Inspector General, in consultation with the congressional intelligence committees;"

(2) LIMITATION ON ACTIVITIES OF EMPLOYEES.—Section 17(d)(5) of the Intelligence Reform and Terrorism Prevention Act of 2004 (50 U.S.C. 3301(j)(1)(C)(ii)) is amended by striking "subparagraphs (A), (D), and (H)" and inserting "subparagraphs (A), (C), (G)".

(3) OTHER ELEMENTS OF INTELLIGENCE COMMUNITY.—

(A) in general.—Section 17(d)(5) of such Act is further amended—

(i) by striking subparagraph (C); and

(ii) by striking paragraphs (D) through (H) as subparagraphs (C) through (G), respectively.

(B) INTELLIGENCE REFORM AND TERRORISM PREVENTION ACT OF 2004.—Section 3001(j)(1)(C)(ii) of the Intelligence Reform and Terrorism Prevention Act of 2004 (50 U.S.C. 3301(j)(1)(C)(ii)) is amended by striking "subparagraphs (A), (D), and (H)" and inserting "subparagraphs (A), (C), and (G)".

(c) OTHER ELEMENTS OF INTELLIGENCE COMMUNITY.—

(A) in general.—Section 17(d)(5) of such Act is further amended—

(i) by striking subparagraph (A); and

(ii) by striking "Signed" and inserting "Not"; and

(iii) by striking "to the head of the establishment" and inserting "to the intelligence committees;" and

(B) in subsection (d)—

(i) in paragraph (1), by striking "the head of the establishment" and inserting "the intelligence committees;" and

(ii) in paragraph (2)—

(i) in subparagraph (A), by striking the "head of the establishment, through the Inspector General," and inserting "the Inspector General"; and

(ii) in subparagraph (B), by striking the "head of the establishment, through the Inspector General," and inserting the "Inspector General, in consultation with the head of the establishment;"

(2) CONFORMING AMENDMENTS.—Section 8H of such Act is further amended—

(A) by striking subsection (c); and

(B) by redesignating subsections (d) through (i) as subsections (e) through (h), respectively; and

(C) in subsection (e), as so redesignated, by striking "subsection (a) through (e)" and inserting "subsections (a) through (d)".

(d) OFFICE OF THE DIRECTOR OF NATIONAL INTELLIGENCE.—

(A) in general.—Section 103h(k)(5) of the National Security Act of 1947 (50 U.S.C. 3303(k)(5)) is amended—

(i) in clause (i), by striking "the Director" and inserting "the congressional intelligence committees;" and

(ii) in clause (ii)—
(I) in subclause (I), by striking “the Director, through the Inspector General,” and inserting “the Inspector General”; and

(II) in subclause (II), by striking “the Director, through the Inspector General,” and inserting “the Inspector General, in consultation with the Director.”

(2) CONFORMING AMENDMENTS.—Section 1002(b)(2) of title II of the Foreign Intelligence Surveillance Act of 1978 (50 U.S.C. 1809(b)(2)) is amended—

(A) by striking subparagraph (C); and

(B) by redesignating subparagraphs (D) through (I) as subparagraphs (C) through (H), respectively.

(e) RULE OF CONSTRUCTION.—None of the amendments made by this section may be construed to prohibit or otherwise affect the authority of the Director of the Intelligence Community, the Inspector General of the Central Intelligence Agency, or the Director of National Intelligence to submit to the Congress any memorandum of operational or policy developments or other documentation that is in effect on the date of the enactment of this Act, for any covered policy document, a copy of such guidance or document or implements a covered policy document.

(b) SUBMISSIONS TO CONGRESS.—The Director of National Intelligence shall submit to the congressional intelligence committees any memorandum of operational or information otherwise authorized by law.

SEC. 309. CONGRESSIONAL OVERSIGHT OF POLICY DIRECTIVES AND GUIDANCE.

(a) COVERED POLICY DOCUMENT.—In this section, the term “covered policy document” means any classified or unclassified Presidential Policy Directive, Presidential Memorandum, or other document, that assigns takes, issues, or other document, that assigns takes, issues, or a description of such implementation as the ‘Director’,” who shall be appointed by the President, and a summary of the subject matter addressed by such covered policy document.

(2) Not later than 15 days after the date that the Director issues any guidance or direction on implementation of a covered policy document or implements a covered policy document, a copy of such guidance or direction or a description of such implementation.

(3) Not later than 15 days after the date of the enactment of this Act, for any covered policy document, a copy of such guidance or document or implements a covered policy document.

(c) DUTY OF DIRECTOR.—The Director shall be the head of the element of the intelligence community, the Director of the Central Intelligence Agency, or the Director of National Intelligence, as the case may be, of a complaint or information otherwise authorized by law.

(b) SUBMISSIONS TO CONGRESS.—The Director of National Intelligence shall submit to the congressional intelligence committees any memorandum of operational or policy developments or other documentation that is in effect on the date of the enactment of this Act, for any covered policy document, a copy of such guidance or document or implements a covered policy document.

SEC. 310. NOTIFICATION OF MEMORANDA OF UNDERSTANDING.

(a) IN GENERAL.—The head of each element of the intelligence community shall submit to the congressional intelligence committees a copy of each memorandum of understanding or other agreement regarding significant operational activities or policy between or among such element and any other entity or entities of the United States Government.

(b) OVERRIDING PROVISION.—For purposes of section 701 of the National Security Act of 1947 (50 U.S.C. 3131) and section 9 of the Central Intelligence Agency Act of 1949 (50 U.S.C. 3383), the term “intelligence” shall be construed to require an element of the intelligence community to submit to the congressional intelligence committees any memorandum of understanding or other agreement regarding joint duty or other routine personnel assignments.

SEC. 311. TECHNICAL CORRECTION TO EXECUTIVE SCHEDULE.

Section 5013 of title 5, United States Code, is amended by striking the item relating to “Director of the Counterintelligence Proclamation Center.”

SEC. 312. MAXIMUM AMOUNT CHARGED FOR DECLASSIFICATION REVIEWS.

In reviewing and processing a request by a person for the mandatory declassification of information pursuant to Executive Order No. 13526, a successor executive order, or any other provision of law, the head of an element of the intelligence community—

(1) may not charge the person reproduction fees in excess of the amount of fees that the head of another element of the intelligence community would charge the person for reproduction required in the course of processing a request for information under section 503 of title 5, United States Code (commonly referred to as the “Freedom of Information Act”); and

(2) may waive or reduce any processing fees in the same manner as the head waives or reduces fees under such section 503.

TITLE IV—MATTERS RELATING TO ELEMENTS OF THE INTELLIGENCE COMMUNITY

Subtitle A—Office of the Director of National Intelligence

SEC. 401. DESIGNATION OF THE DIRECTOR OF THE NATIONAL COUNTERINTELLIGENCE AND SECURITY CENTER.

(a) IN GENERAL.—(1) In general.—Section 902 of the Counterintelligence Enhancement Act of 2002 (50 U.S.C. 3382) is amended to read as follows:

“SEC. 902. DIRECTOR OF THE NATIONAL COUNTERINTELLIGENCE AND SECURITY CENTER.

“(a) ESTABLISHMENT.—There shall be a Director of the National Counterintelligence and Security Center.

“(b) MISSION.—The mission of the Director is to carry out the mission referred to in section 904 of this Act.

“(c) DUTIES.—Subject to the direction and control of the Director of National Intelligence, the duties of the Director are as follows:

“(1) To carry out the mission referred to in subsection (b).

“(2) To act as chairperson of the National Counterintelligence Policy Board established under section 811 of the Counterintelligence and Security Enhancements Act of 1994 (50 U.S.C. 3391).

“(3) To act as head of the National Counterintelligence and Security Center established under section 904.

“(4) To participate as an observer on such boards, committees, and entities of the executive branch as the Director of National Intelligence considers appropriate for the discharge of the mission and functions of the Director and the National Counterintelligence and Security Center under section 904.

“(b) TABLE OF CONTENTS.—The table of contents in section 1(b) of the Intelligence Authorization Act for Fiscal Year 2003 (Public Law 107–306; 116 Stat. 2383) is amended by striking the item relating to section 902 and inserting the following:

“Sec. 902. Director of the National Counterintelligence and Security Center.”

(2) TECHNICAL EFFECTIVE DATE.—The amendment made by section (a) of section 401 of the Intelligence Authorization Act for Fiscal Year 2016 (division M of Public Law 114–133) shall not take effect if the date of the enactment of this Act is on or after the effective date specified in subsection (b) of such section, such amendment shall be deemed to have been not having taken effect.

(b) NATIONAL COUNTERINTELLIGENCE AND SECURITY CENTER.—

(1) IN GENERAL.—Section 904 of the Counterintelligence Enhancement Act of 2002 (50 U.S.C. 3383) is amended—

(A) by striking the section heading and inserting “NATIONAL COUNTERINTELLIGENCE AND SECURITY CENTER”; and

(B) by striking subsections (a), (b), and (c) and inserting the following:

“(a) ESTABLISHMENT.—There shall be a National Counterintelligence and Security Center.

“(b) HEAD OF CENTER.—The Director of the National Counterintelligence and Security Center shall be the head of the National Counterintelligence and Security Center.

“(c) LOCATION OF CENTER.—The National Counterintelligence and Security Center shall be located in the Office of the Director of National Intelligence.”.

(2) FUNCTIONS.—Section 904(d) of the Counterintelligence Enhancement Act of 2002 (50 U.S.C. 3383(d)) is amended—

(A) in the matter preceding paragraph (1), by striking “National Counterintelligence Executive” and inserting “Director of the National Counterintelligence Executive” and inserting “Director of the National Counterintelligence and Security Center, the functions of the National Counterintelligence and Security Center”;

(B) in paragraph (b), in the matter preceding subparagraph (A), by striking “Office” and inserting “Director of the National Counterintelligence and Security Center”;

(C) in paragraph (c), in the matter preceding subparagraph (A), by striking “Office” and inserting “Director of the National Counterintelligence and Security Center”;

(3) PERSONNEL.—Section 904(f) of the Counterintelligence Enhancement Act of 2002 (50 U.S.C. 3383(f)) is amended—

(A) in paragraph (1), by striking “Office of the National Counterintelligence Executive may consist of personnel employed by the Office” and inserting “National Counterintelligence and Security Center may consist of personnel employed by the Center”; and

(B) in paragraph (2), by striking “National Counterintelligence Executive Agency for purposes of section 701 of the National Security Act of 1947 (50 U.S.C. 411)” and inserting “National Counterintelligence and Security Center Agency for purposes of section 701 of the National Security Act of 1947 (50 U.S.C. 3141)”.

(4) TREATMENT OF ACTIVITIES UNDER CERTAIN ADMINISTRATIVE LAWS.—Section 904(g) of the Counterintelligence Enhancement Act of 2002 (50 U.S.C. 3383(g)) is amended by striking “Office shall be treated as operational files of the Office” and inserting “National Counterintelligence and Security Center shall be treated as operational files of the National Counterintelligence Agency for purposes of section 701 of the National Security Act of 1947 (50 U.S.C. 411)”. This section applies with respect to actions by congress.—Section 904(h) of the Counterintelligence Enhancement Act of 2002 (50 U.S.C. 3383(h)) is amended—
(A) in the matter preceding paragraph (1), by striking “Office of the National Counterintelligence Executive” and inserting “National Counterintelligence and Security Center”; and

(B) in paragraphs (1) and (2), by striking “Office” and inserting “Center” both places that term appears.

(6) OVERSIGHT OF NATIONAL INTELLIGENCE CENTERS.—Section 102A(f)(2) of the National Security Act of 1947 (50 U.S.C. 3024(f)(2)) is amended by inserting “., the National Counterproliferation Center, and the National Counterintelligence and Security Center” after “National Counterterrorism Center”.

(d) DIRECTOR OF THE NATIONAL COUNTERINTELLIGENCE AND SECURITY CENTER.—Section 102A(f)(2) of the National Security Act of 1947 (50 U.S.C. 3024(f)(2)) is amended by inserting “Director of the National Counterintelligence and Security Center” after “National Counterterrorism Center”.

(e) DUTIES OF THE DIRECTOR OF THE NATIONAL COUNTERINTELLIGENCE AND SECURITY CENTER.—

(1) IN GENERAL.—Section 103F of the National Security Act of 1947 (50 U.S.C. 3381) is amended—

(A) by striking the section heading and inserting “Director of the National Counterintelligence and Security Center”;

(B) in subsection (a)—

(i) by striking the subsection heading and inserting “Director of the National Counterintelligence and Security Center.”;

(ii) by striking “Director of Counterintelligence Executive” and inserting “Director of the National Counterintelligence and Security Center.”;

(2) by striking the section heading and inserting “Director of the National Counterintelligence and Security Center”;

(C) amendment—The table of contents in section 1(b) of the Intelligence Authorization Act for Fiscal Year 2003 (Public Law 107–206; 116 Stat. 2383), as amended by subsection (a)(2), is further amended by striking such section relating to and inserting the following:

“Sec. 904. National Counterintelligence and Security Center.”

CO. 1—Director of the National Counterintelligence and Security Center appointed under section 902 of the Counterintelligence Enhancement Act of 1995 (50 U.S.C. 3382)’’; and

(c) INTELLIGENCE AND NATIONAL SECURITY AFFAIRS.—Section 314(b) of the Intelligence Authorization Act for Fiscal Year 2004 (Public Law 108–177, 28 U.S.C. 519 note) is amended by striking “Director of the National Counterintelligence Executive,” and inserting “National Counterintelligence and Security Center.”

SEC. 402. ANALYSES AND IMPACT STATEMENTS BY DIRECTOR OF NATIONAL INTELLIGENCE REGARDING INVESTMENT INTO THE UNITED STATES.—

Section 102A of the National Security Act of 1947 (50 U.S.C. 3024) is amended by adding at the end the following new subsection:

“(y) ANALYSES AND IMPACT STATEMENTS REGARDING PROPOSED INVESTMENT INTO THE UNITED STATES.—

“(1) IN GENERAL.—Not later than 20 days after the completion of a review or an investigation of any proposed investment into the United States for which the Director has prepared analytic materials, the Director shall submit to the Select Committee on Intelligence of the Senate and the Permanent Select Committee on Intelligence of the House of Representatives, such reports as the Director deems necessary to inform Congress on the potential impact of such an investment on United States national security and the economy and the anticipated benefits and risks.

“(2) IMPACT STATEMENTS.—Not later than 60 days after the completion of consideration by the United States Government of any investment described in paragraph (1), the Director shall determine whether such investment will have an operational impact on the National Security agencies, such as the impact on the overall national security threat, and shall submit a report on such impact to the appropriate committees of both houses of Congress and the Select Committee on Intelligence of the Senate and the Permanent Select Committee on Intelligence of the House of Representatives. Each such report shall—

“(A) describe the operational impact of the investment on the intelligence community; and

“(B) describe any actions that have been or will be taken to mitigate such impact.”;

SEC. 403. ASSISTANCE FOR GOVERNMENTAL ENTITIES IN RECOGNIZING ONLINE VIOLENT EXTREMIST CONTENT.

(a) ASSISTANCE TO RECOGNIZE ONLINE VIOLENT EXTREMIST CONTENT.—

(1) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Homeland Security shall submit a report to the Select Committee on Intelligence of the Senate and the Permanent Select Committee on Intelligence of the House of Representatives, such reports as the Director deems necessary to inform Congress on the potential impact of such an investment on United States national security and the economy and the anticipated benefits and risks.

(b) IN GENERAL.—Section 17(e)(7) of the Central Intelligence Agency Act of 1949 (50 U.S.C. 3317(e)(7)), as added by subsection (a), may not be construed to confer on the Inspector General the ability to perform the functions, powers, and duties of an agency head or appointing authority with respect to the Office.

(c) RULE OF CONSTRUCTION.—Subparagraph (C) of section 17(e)(7) of the Central Intelligence Agency Act of 1949 (50 U.S.C. 3317(e)(7)), as added by subsection (a), may not be construed to confer on the Inspector General of the Central Intelligence Agency, or any other officer or employee of the Agency, any police or law enforcement or internal security functions or authorities.

Title C—Other Elements

SEC. 421. CLARIFICATION OF AUTHORITY, DIRECTION, AND CONTROL OVER THE INTELLIGENCE COMMUNITY.

SEC. 422. ENHANCING THE TECHNICAL WORKFORCE IN THE FEDERAL BUREAU OF INVESTIGATION.

(a) REPORT REQUIRED.—Building on the bipartisan human capital plan proposal to the congressional intelligence committees in 2013, not later than 180 days after the date of the enactment of this Act and updated two years thereafter, the Director of the Federal Bureau of Investigation shall submit to the congressional intelligence committees a comprehensive strategic workforce plan that includes initiatives to effectively integrate information technology expertise in the investigative process.

(b) ELEMENTS.—The report required by subsection (a) shall include—

(1) An assessment, including measurable benchmarks, of progress on initiatives to recruit, train, and retain personnel with the necessary skills and expertise in vital areas, including encryption, cryptography, and big data analytics;
(2) An assessment of whether officers of the Federal Bureau of Investigation who possess such skills are fully integrated into the Bureau’s work, including Agent-led investigations.

(3) A description of the quality and quantity of the collaborations between the Bureau and private sector entities on cyber issues, including status of efforts to benefit from employees with experience transitioning between the public and private sectors.

(4) An assessment of the utility of reinstituting, if applicable, and leveraging the Director’s Advisory Board, which was originally instituted in 2005, to provide outside advice on how to better integrate technical expertise with the investigative process and on emerging concerns in cyber-related issues.

SEC. 423. PLAN ON ASSUMPTION OF CERTAIN WEATHER MISSIONS BY THE NATIONAL RECONNAISSANCE OFFICE.

(a) PLAN.—

(1) IN GENERAL.—Except as provided in subsection (c), the Director of the National Reconnaissance Office shall develop a plan for the National Reconnaissance Office to address how to carry out covered space-based environmental monitoring missions. Such plan shall include:

(A) a description of the related national security requirements for such missions;

(B) a description of the appropriate manner to meet such requirements; and

(C) the amount of funds that would be necessary to be transferred from the Air Force to the National Reconnaissance Office during fiscal years 2018 through 2022 to carry out such plan.

(2) ACTIVITIES.—In developing the plan under paragraph (1), the Director may conduct or support activities, including with respect to requests for information, analyses of alternatives, study contracts, modeling and simulation, and other activities the Director determines necessary to develop such plan.

(3) SUBMISSION.—Not later than July 1, 2017, and except as provided in subsection (c), the Director shall submit to the appropriate congressional committees the plan under paragraph (1).

(b) INDEPENDENT COST ESTIMATE.—The Director of the Cost Assessment Improvement Group of the Office of the Director of National Intelligence, in coordination with the Director of Cost Assessment and Program Evaluation, shall certify to the appropriate congressional committees that the amounts of funding specified in subsection (a)(C) as being necessary to transfer are appropriate and include funding for positions and personnel to support program office costs.

(c) WAIVER BASED ON REPORT AND CERTIFICATION OF AIR FORCE ACQUISITION PROGRAM.—The Director of the National Reconnaissance Office may waive the requirement to develop a plan under subsection (a), if the Under Secretary of Defense for Acquisition Technology, and Logistics and the Chairman of the Joint Chiefs of Staff jointly submit to the appropriate congressional committees a report by not later than July 1, 2017, that contains:

(1) a certification that the Secretary of the Air Force is carrying out a formal acquisition program that has received milestone A approval to address the cloud characterization and theater weather imagery requirements of the Department of Defense; and

(2) an identification of the cost, schedule, requirements or acquisition strategy of such acquisition program.

(d) DEFINITIONS.—In this section:

(A) the congressional intelligence committees; and

(B) the congressional defense committees (as defined in section 101(a)(16) of title 10, United States Code).

(2) The term “covered space-based environmental monitoring mission” means the acquisition programs necessary to meet the national security requirements for cloud characterization and theater weather imagery.

TITLE VIII. ASSUMPTION OF CERTAIN MISSIONS BY FOREIGN COUNTRIES

SEC. 501. COMMITTEE TO COUNTER ACTIVE MEASURES BY THE RUSSIAN FEDERATION TO EXERT COVERT INFLUENCE OVER PEOPLES AND GOVERNMENTS.

(a) DEFINITIONS.—In this section:

(1) ACTIVE MEASURES BY RUSSIA TO EXERT COVERT INFLUENCE.—The term “active measures by Russia to exert covert influence” means activities intended to influence a person or government that are carried out in coordination with, or at the behest of, political leaders or the security services of the Russian Federation and the role of the Russian Federation has been hidden or not acknowledged publicly, including the following:

(A) Establishment or funding of a front group.

(B) Covert broadcasting.

(C) Media manipulation.

(D) Disinformation and forgeries.

(E) Funding influence.

(F) Incitement and offensive counterintelligence.

(G) Assassinations.

(H) Terrorist attacks.

(2) APPROPRIATE COMMITTEES OF CONGRESS.—The term “appropriate committees of Congress” means—

(A) the congressional intelligence committees;

(B) the Committee on Armed Services and the Committee on Foreign Relations of the Senate; and

(C) the Committee on Armed Services and the Committee on Foreign Affairs of the House of Representatives.

(b) ESTABLISHMENT.—There is established within the executive branch an interagency group, including significant incidents and notable trends.

(c) MEMBERSHIP.—

(1) IN GENERAL.—Each head of an agency or department of the United States Government set out under this section (a) shall be a member of the interagency group.

(2) MATTERS INCLUDED.—Each report under paragraph (1) shall include a summary of the following:

(A) Active measures by Russia to exert covert influence during the previous year, including significant incidents and notable trends.

(B) Key initiatives of the committee.

(C) Implementation of the committee’s initiatives by the heads of the agencies and departments of the United States Government specified in subsection (c)(1)(B).

(D) Analysis of the success of such initiatives.

(E) Changes to such initiatives from the previous year.

(3) SEPARATE REPORTING REQUIREMENT.—The Committee shall submit a report under paragraph (1) in addition to any other reporting requirements with respect to Russia.

SECTION 502. LIMITATION ON TRAVEL OF ACCREDITED DIPLOMATS AND CONSULARS OF THE RUSSIAN FEDERATION IN THE UNITED STATES FROM THEIR DIPLOMATIC POST.

(a) APPROPRIATE COMMITTEES OF CONGRESS DEFINED.—In this section, the term “appropriate committees of Congress” means—

(1) the congressional intelligence committees;

(2) the Committee on Foreign Relations and the Committee on the Judiciary of the Senate; and

(3) the Committee on Foreign Affairs and the Committee on the Judiciary of the House of Representatives.

(b) QUARTERLY LIMITATION ON TRAVEL DISTANCE.—Accredited diplomatic personnel and consulars of the Russian Federation in the United States may not be permitted to travel a distance in excess of 25 miles from their diplomatic post in the United States in a calendar quarter unless, on or before the last day of the preceding calendar quarter, the Director of the Federal Bureau of Investigation has certified in writing to the appropriate committees of Congress that during the preceding calendar quarter the Bureau did not identify any violations by accredited diplomatic personnel and consulars of the Russian Federation of applicable requirements to notify the United States Government in connection with travel by such diplomatic personnel and consuls of a diplomatic post in the United States.

(c) APPLICABILITY.—Subsection (b) shall apply to each calendar quarter that begins more than 90 days after the date of the enactment of this Act.

(d) WAIVER AUTHORITY.—
(1) **In General.**—The Director of the Federal Bureau of Investigation may waive any travel distance limitation imposed by subsection (b) if the Director determines that such waiver is necessary for the protection of intelligence or national security interests of the United States.

(2) **Notification.**—Not later than 15 days after issuing a waiver under paragraph (1), the Director of the Federal Bureau of Investigation shall submit to the appropriate committees of Congress a notification that such waiver has been issued and the justification for the issuance of such waiver.

**SEC. 503. STUDY AND REPORT ON ENHANCED INTELLIGENCE AND INFORMATION SHARING WITH OPEN SKIES TREATY MEMBER STATES.**

(a) **Definitions.**—In this section:

(1) APPROPRIATE COMMITTEES OF CONGRESS.—The term "appropriate committees of Congress" means—

(A) congressional intelligence committees;

(B) the Committee on Armed Services and the Committee on Foreign Relations of the Senate; and

(C) the Committee on Armed Services and the Committee on Foreign Affairs of the House of Representatives.

(2) COVERED STATE PARTY.—The term "covered state party" means a foreign country, that—

(A) was a state party to the Open Skies Treaty on February 22, 2016; and

(B) is not the Russian Federation or the Republic of Belarus.


(b) **Feasibility Study.**—

(1) **Requiment for Study.**—Not later than 180 days after the date of the enactment of this Act, the Director of National Intelligence shall conduct and submit to the appropriate committees of Congress a study to determine the feasibility of creating an intelligence sharing arrangement and database to provide covered state parties with imagery that is comparable, delivered more frequently, and in equal or higher resolution than imagery available through the database established under the Open Skies Treaty.

(2) **Study Required by Paragraph (1) shall include an evaluation of the following:**

(A) The methods by which the United States, and other covered state parties, including any statutory barriers, insufficiencies in the ability to collect the imagery or funding, under such an arrangement, and database referred to in paragraph (1).

(B) The ability of other covered state parties to contribute imagery to the arrangement and database.

(C) Any impediments to the United States and other covered states parties providing such imagery, including any statutory barriers, insufficiencies in the ability to collect the imagery or funding, under such an arrangement.

(D) Whether imagery of Moscow, Chechnya, the international border between Russia and Georgia, Kaliningrad, or the Republic of Belarus could be provided under such an arrangement.

(E) The annual and projected costs associated with the establishment of such an arrangement and database, as compared with costs incurred by the United States and other covered state parties of being parties to the Open Skies Treaty, including Open Skies Treaty plane maintenance, aircraft fuel, crew expenses, and measures necessary associated with Russian Federation overflights over the United States or covered state parties, and new sensor development and acquisition.

(F) SUPPORT FROM OTHER FEDERAL AGENCIES.—Each head of a Federal agency shall submit to the appropriate committees of Congress a report describing the effects of the provisions of this subsection.

(G) **Report Required.**—Not later than 180 days after the date of the enactment of this Act, the Director of National Intelligence shall submit to the appropriate committees of Congress a report described in this subsection.

(2) **Content of Report.**—The report required by paragraph (1) shall include the following:

(A) An intelligence assessment on Russian Federation warfighting doctrine and the extent to which Russian Federation flights under the Open Skies Treaty contribute to such doctrine.

(B) A counterintelligence analysis as to whether the Russian Federation has, could have, or intends to have the capability to exceed the imagery limits set forth in the Open Skies Treaty.

(C) A list of intelligence exchanges with covered state parties that have been updated on the information described in subparagraphs (A) and (B) and the date and form such information was provided.

(D) **Specific Authorization Required.**—The study required by subsection (b) and the report required by subsection (c) shall be submitted in an unclassified form but may include a classified annex.

**TITLE VI—PRIVACY AND CIVIL LIBERTIES OVERSIGHT BOARD**

**SEC. 601. INFORMATION ON ACTIVITIES OF THE INTELLIGENCE COMMUNITY.**

Subsection (e) of section 1061 of the Intelligence Reform and Terrorism Prevention Act of 2004 (42 U.S.C. 2000ee(e)) is amended by striking the subsection heading and inserting "REPORTS AND OVERSIGHT ACTIVITIES.—;" and—

(3) **Information.**—

(A) **Oversight Activities.**—In addition to the reports submitted under paragraph (1) of that subsection, the Director of National Intelligence shall—

(i) The Director of National Intelligence.

(ii) The head of any element of the intelligence community (as defined in section 3(4) of the National Security Act of 1947 (50 U.S.C. 403(4)) the activities of which are, or are anticipated to be, the subject of the Board's oversight activities.

(iii) The Select Committee on Intelligence of the Senate and the Permanent Select Committee on Intelligence of the House of Representatives.

(C) **Exemption for Statutory Advice Function.**—This paragraph shall not apply to exercises of the Board's advice function as set out in subsection (d)(1).";

(2) **Oversight and Reporting.**—Whenever an element of the intelligence community acts in contravention of the advice provided by the element of the intelligence community—

(1) **Transfer or Release Prior to Enactment of this Act.**—Not later than 30 days after the date of the enactment of this Act, the Director of National Intelligence shall submit the report...
(a) Authority To Establish and Operate Center.—(1) In general.—The Secretary may establish at United States Naval Station, Guantanamo Bay, a cyber center for education and innovation home of the National Cryptologic Museum.

(b) Establishment.—(1) The Secretary of Defense may establish at a publicly accessible location at Fort George G. Meade the Cyber Center for Education and Innovation Home of the National Cryptologic Museum.

(c) Designation.—The Director of National Intelligence may designate the Cyber Center as the Home of the National Cryptologic Museum (in this section referred to as the ‘‘Center’’).

(d) Designation.—Before an element of the National Security Agency may make use of the Center under subsection (a), the element of the National Security Agency shall serve as the National Manager.

(e) Responsibilities.—The Center shall have the following responsibilities:

(1) To provide education, training, and information sharing among elements of the intelligence community.

(2) To develop and implement policies and systems for the appointment, training, and management of personnel of the Center.

(3) To develop and provide services to the intelligence community.

(4) To maintain joint or interagency oversight.

(5) To maintain and operate the Center.

(f) Funding.—The Center shall use funds available for the purpose of carrying out the responsibilities described in subsection (e).

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prospective joint facilities in the vicinity have been considered and the element is unable to identify a joint facility that meets the operational requirements of such element; or

(2) a listing of the reasons for not participating in the prospective joint facilities considered by the element.

SEC. 705. LEADERSHIP AND MANAGEMENT OF SPACE ACTIVITIES.

(a) APPROPRIATE COMMITTEES OF CONGRESS DEFINED.—In this section, the term "appropriate Committees of Congress" means—

(1) the Committee on Armed Services of the House of Representatives;

(2) the Committee on Armed Services of the Senate;

(3) the Committee on Commerce, Science, and Transportation of the House of Representatives;

(b) UPDATE TO STRATEGY FOR COMPREHENSIVE INTERAGENCY REVIEW OF THE UNITED STATES STRATEGIC SPACE SATELLI TES ARCHITECTURE.—Not later than 180 days after the date of the enactment of this Act, the Director of National Intelligence, in consultation with the Secretary of Defense and the Chairman of the Joint Chiefs of Staff, shall issue an update to the strategy required by section 312 of the Intelligence Authorization Act for Fiscal Year 2016 (division M of Public Law 114–113; 129 Stat. 2919).

(c) UNITY OF EFFORT IN SPACE OPERATIONS BETWEEN INTELLIGENCE COMMUNITY AND DEPARTMENT OF DEFENSE.—

(1) REQUIREMENT FOR PLAN.—Not later than 30 days after the date of the enactment of this Act, the Director of National Intelligence, in consultation with the Secretary of Defense, shall submit to the appropriate committees of Congress a plan to functionally integrate the governance, operations, analysis, collection, policy, and acquisition activities related to space and counterspace carried out by the intelligence community. The plan shall include—

(A) an analysis of the current collection and analytical posture of the life sciences and biotechnology portfolio as it relates to the intelligence community's ability to provide a comprehensive view of advances in genetic editing technologies and the implications of such advances on future biodefense requirements; and

(B) an analysis of organizational requirements and responsibilities, including potentially creating new positions.

(2) REPORT TO CONGRESS.—Not later than 180 days after the date of the enactment of this Act, the Director of National Intelligence shall submit to the appropriate committees of Congress a report and provide a briefing to the Committees a report with—

(A) the findings of the Director with respect to the review conducted under paragraph (1); and

(B) the recommendations developed under paragraph (2).

(d) JOINT INTERAGENCY COMBINED SPACE OPERATIONS CENTER.—

(1) SUBMISSION TO CONGRESS.—The Director of National Intelligence shall submit to the appropriate committees of Congress a report on the progress of the Joint Interagency Combined Space Operations Center by the date that is—

(A) the completion of the experimental phase of such Center; or

(B) 30 days after the date of the enactment of this Act.

(2) QUARTERLY BRIEFINGS.—The Director of the National Reconnaissance Office and the Commander of the United States Strategic Command shall brief the appropriate committees of Congress biannually on the governance, operations, analysis, collection, policy, and acquisition activities and progress of the Joint Interagency Combined Space Operations Center to begin 30 days after the date of the enactment of this Act. Such briefings shall be quarterly for the first year following enactment, and annually thereafter.

SEC. 706. ADVANCES IN LIFE SCIENCES AND BIOTECHNOLOGY.

(a) REQUIREMENT FOR PLAN.—Not later than 180 days after the date of the enactment of this Act, the Director of National Intelligence shall submit to the appropriate committees of Congress a proposed plan to—

(A) monitor advances in life sciences and biotechnology to include developing expert capabilities within and outside the intelligence community on a routine and contingency basis;

(B) assess the current collection and analytical posture of the life sciences and biotechnology portfolio as it relates to United States competitiveness and the global bio-economy; threats evolving with advances in genetic editing technologies, and the implications of such advances on future biodefense requirements; and

(C) an analysis of organizational requirements and responsibilities, including potentially creating new positions.

(b) REPORT.—Not later than 180 days after the date of the enactment of this Act, the Director of National Intelligence shall submit to the appropriate committees of Congress a report and provide a briefing to the Committees on a proposed plan to—

(A) support the appropriate declassification of information; and

(B) submit to the congressional intelligence committees a report and provide a briefing to the Committees on a proposed plan to—

(1) review the system by which the Government classifies and declassifies information;

(2) develop recommendations—

(A) to make such system a more effective tool for the protection of information relating to national security;

(B) to improve the sharing of information with partners and allies of the Government; and

(C) to support the appropriate declassification of information; and

(3) submit to the congressional intelligence committees a report on the progress of the elements of the intelligence community in producing the covered studies.

SEC. 708. IMPROVEMENT IN GOVERNMENT CLASSIFICATION AND DECLASSIFICATION.

(a) REVIEW OF GOVERNMENT CLASSIFICATION AND DECLASSIFICATION.—Not later than 180 days after the date of the enactment of this Act, the Director of National Intelligence shall—

(1) review the system by which the Government classifies and declassifies information;

(2) develop recommendations—

(A) to make such system a more effective tool for the protection of information relating to national security;

(B) to improve the sharing of information with partners and allies of the Government; and

(C) to support the appropriate declassification of information; and

(3) submit to the congressional intelligence committees a report and provide a briefing to the Committees on a proposed plan to—

(A) monitor advances in life sciences and biotechnology to include developing expert capabilities within and outside the intelligence community on a routine and contingency basis;

(B) assess the current collection and analytical posture of the life sciences and biotechnology portfolio as it relates to United States competitiveness and the global bio-economy; threats evolving with advances in genetic editing technologies, and the implications of such advances on future biodefense requirements; and

(C) an analysis of organizational requirements and responsibilities, including potentially creating new positions.

(b) ANNUAL CERTIFICATION OF CONTROLLED ACCESS PROGRAMS.—

(1) IN GENERAL.—Not less frequently than once each year, the Director of National Intelligence shall certify to the congressional intelligence committees whether the criteria for certification, including termination, for all existing and proposed controlled access programs, and the compartments and subcompartmentalizations within each, are substantiated and justified based on the information required by paragraph (2).

(2) INFORMATION REQUIRED.—Each certification pursuant to paragraph (1) shall include—

(A) the rationale for the revalidation, validation, or substantial modification, including termination, of each controlled access program, compartment, and subcompartment;

(B) the identification of a control officer for each controlled access program; and

(C) a statement of protection requirements for each controlled access program.

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SEC. 709. REPORT ON IMPLEMENTATION OF RESEARCH AND DEVELOPMENT RECOMMENDATIONS.

Not later than 120 days after the date of the enactment of this Act, the Director of National Intelligence shall submit to the congressional intelligence committees a report that includes—

(1) an assessment of the actions each element of the intelligence community has taken to implement the recommendations made by the National Commission for the Review of the Research and Development Programs of the United States Intelligence Community established under section 1002 of the Intelligence Authorization Act for Fiscal Year 2003 (Public Law 107-306; 50 U.S.C. 3001 note);

(2) an analysis of the balance between short-, medium-, and long-term research efforts carried out by each element of the intelligence community.

SEC. 710. REPORT ON INTELLIGENCE COMMUNITY.—Not later than 120 days after the date of the enactment of this Act, the Director of National Intelligence shall submit to the congressional intelligence committees a report and a briefing on a plan, with milestones and benchmarks, to implement an Intelligence Community established under section 1002 of the Intelligence Authorization Act for Fiscal Year 2003 (Public Law 107-306; 50 U.S.C. 3001 note).

SEC. 711. REPORT ON INFORMATION RELATING TO ACADEMIC PROGRAMS, SCHOLARSHIPS, FELLOWSHIPS, AND INTERNSHIPS SPONSORED, ADMINISTERED, OR USED BY THE INTELLIGENCE COMMUNITY.—(a) REPORT.—Not later than 120 days after the date of the enactment of this Act, the Director of National Intelligence shall submit to the congressional intelligence committees a report regarding covered academic programs.

Such report shall include—

(1) a description of the extent to which the Director of National Intelligence has determined that an element of the intelligence community independently collected information on covered academic programs, including with respect to—

(A) the number of applicants for such programs;

(B) the number of individuals who have participated in such programs; and

(C) the number of individuals who have participated in such programs and were hired by an element of the intelligence community after completing such program;

(2) to the extent that the Director and the heads independently collect the information described in paragraph (1), a chart, table, or other compilation illustrating such information for each covered academic program and element of the intelligence community, as appropriate, during the three-year period preceding the date of the report; and

(3) to the extent that the Director and the heads do not independently collect the information described in paragraph (1) as of the date of the report.

(b) COVERED ACADEMIC PROGRAMS DEFINED.—In this section, the term ‘covered academic programs’ means—

(1) the Federal Cyber Scholarship-for-Service Program under the National Cybersecurity Enhancement Act of 2014 (15 U.S.C. 7442);

(2) the National Security Education Program under the National Security Education Act of 1991 (50 U.S.C. 1901 et seq.);

(3) the Science, Mathematics, and Research for Transformation Defense Education Program under section 2392a of title 10, United States Code;

(4) the National Centers of Academic Excellence in Intelligence and Cyber Defense of the National Security Agency and the Department of Homeland Security; and

(5) any other academic program, scholarship, fellowship program, or internship program sponsored, administered, or used by an element of the intelligence community.

SEC. 712. REPORT ON INTELLIGENCE COMMUNITY EMPLOYEES DETAILED TO NATIONAL SECURITY COUNCIL.—Not later than 120 days after the date of the enactment of this Act, the Director of National Intelligence shall submit to the congressional intelligence committees a report listing, by year, the number of employees of the National Security Council during the 10-year period preceding the date of the report.

SEC. 713. INTELLIGENCE COMMUNITY REPORTING TO CONGRESS ON FOREIGN FIGHTER FLOWS.—

(a) REPORTS REQUIRED.—Not later than 60 days after the date of the enactment of this Act, and every 180 days thereafter, the Director of National Intelligence, consistent with the protection of intelligence sources and methods, shall submit to the appropriate congressional committees a report on foreign fighter flows to and from terrorist safe havens abroad.

(b) CONTENTS.—Each report submitted under subsection (a) shall include, with respect to each terrorist safe haven, the following:

(1) the total number of foreign fighters who have traveled or are suspected of having traveled to or from terrorist safe havens since 2011, including the countries of origin of such foreign fighters.

(2) the total number of United States citizens present in such terrorist safe havens.

(3) the total number of foreign fighters who have left the terrorist safe haven or whose whereabouts are unknown.

(c) FORM.—The reports submitted under subsection (a) may be submitted in unclassified summary.

(d) REPORTS.—Not later than 60 days after the enactment of this Act, the Permanent Select Committee on Intelligence; the Select Committee on Intelligence; and the Select Committee on Foreign Relations shall report to the Committees on Foreign Relations, Armed Services, and Intelligence the results of the review conducted by the Permanent Select Committee on Intelligence.

SEC. 714. REPORT ON CYBERSECURITY THREATS TO SEAPORTS OF THE UNITED STATES AND MARITIME SHIPPING.—

(a) REPORT.—Not later than 180 days after the date of the enactment of this Act, the Under Secretary of Homeland Security for Intelligence and Analysis, in consultation with the Director of National Intelligence, the Secretary of Defense, and the Secretary of State, shall submit to the appropriate congressional committees a report on the cybersecurity threats to, and the cyber vulnerabilities within, the software, communications networks, computer networks, or other systems employed by—

(1) entities conducting significant operations at seaports in the United States;

(2) the maritime shipping concerns of the United States; and

(3) entities conducting significant operations at transshipment points in the United States.

(b) MATTERS INCLUDED.—The report under subsection (a) shall include—

(1) a description of any recent and significant cyberattacks or cybersecurity threats directed against software, communications networks, computer networks, or other systems employed by the entities and concerns described in paragraphs (1) through (3) of subsection (a);

(2) an assessment of—

(A) any planned cyberattacks directed against such software, networks, and systems;

(B) any significant vulnerabilities to such software, networks, and systems; and

(C) how such entities and concerns are mitigating such vulnerabilities;

(3) an update on the status of the efforts of the Coast Guard to include cybersecurity concerns in the National Response Framework, Emergency Support Functions, or both, relating to the shipping or ports of the United States.

(c) APPROPRIATE CONGRESSIONAL COMMITTEES DEFINED.—In this section, the term ‘appropriate congressional committees’ means—

(1) the congressional intelligence committees; and

(2) the Committees on Homeland Security and Governmental Affairs of the Senate and the Committee on Homeland Security of the House of Representatives.

SEC. 715. REPORT ON COUNTER-MESSAGING ACTIVITIES.—

(a) REPORT.—Not later than 60 days after the date of the enactment of this Act, the Under Secretary of Homeland Security for Intelligence and Analysis, consistent with the protection of sources and methods, shall submit to the appropriate congressional committees a report on the counter-messaging activities of the Department of Homeland Security with respect to the Islamic State and other extremist groups.

(b) ELEMENTS.—The report under subsection (a) shall include the following:

(1) a description of whether, and to what extent, the Secretary of Homeland Security, in conducting counter-messaging activities with respect to the Islamic State and other extremist groups, consults or coordinates with the Secretary of State, and describing the counter-messaging activities undertaken by the Department of State with respect to the Islamic State and other extremist groups, including the counter-messaging activities conducted by the Global Engagement Center of the Department of State.
Mr. NUNES. Mr. Speaker, I yield myself such time as I may consume.

Passing an annual intelligence authorization bill is the most important tool Congress has to conduct effective oversight of the activities of the United States Intelligence Community. Today, Ranking Member SCHIFF and I are bringing a fiscal year 2017 intelligence authorization bill to the floor for the second time this year. When enacted, it will mark the seventh consecutive Intelligence Authorization Act.

In May, H.R. 5077 passed the House with a strong bipartisan vote. I am pleased to say that this bill, H.R. 6393, is likewise a bipartisan product that reflects the contributions of all of the committee’s members.

The bill contains provisions from H.R. 5077 that won wide bipartisan support in May and, after extensive negotiations with the Senate, incorporates numerous provisions from S. 3017, which was reported by the Senate Select Committee on Intelligence in June.

Because most of the intelligence budget is classified, neglecting to authorize high-priority classified programs, the committee’s schedule of authorizations and the bulk of the committee’s direction is found in the classified annex to the bill. This classified annex has been available in HVC–394 for all Members to review since yesterday.

At the unclassified level, I can report that the total funding authorized by H.R. 6393 balances fiscal discipline and national security. This bill will keep the intelligence dollars in a challenging budget environment. The bill funds high-priority initiatives at the same level of the Bipartisan Budget Act discretionary cap as in fiscal year 2016 and is consistent with the administration’s amended budget request for overseas contingency operations. Furthermore, the bill funds the Military Intelligence Program in line with the levels of the conference version of the National Defense Authorization Act for Fiscal Year 2017.

The agreement preserves key committee, House, and Senate funding initiatives that are vital to national security. The bill funds high-priority initiatives not included in the President’s request and trims requested increases that lack clear justifications. It reflects careful judgments as to which programs represent the best value for intelligence dollars in a challenging budget environment.

The bill will ensure that the men and women of the intelligence community have the funding, authorities, and support they need to carry out their mission and to keep us safe.

Before closing, I want to take a moment to thank the men and women of the intelligence community and thank the families of those who have lost their lives while serving in silence. I am honored to have gotten to know so many dedicated intelligence personnel in the course of the committee’s oversight work.

I would also like to thank all of the committee’s members—majority and minority—for their contributions to this bill. The many hearings, briefings, and oversight visits by our members carried out during the year provide the inputs for the authorization and direction in this annual bill and ensure the intelligence community remains accountable to the robust oversight of the people’s elected Representatives.

I would like to thank my staff, including our staff director—Damon Nelson—George Pappas, Derek Harvey, Geof Kahn, Shannon Stuart, Michael Ellis, Scott Glabe, Jack Langer, Nick Carlarte, Marissa Skaggs, Bill Flanigan, Lisa Major, Chelsey Campbell, Doug Presley, Andrew House, Steve Keck, and Angel Sing, and also like to thank our two fellows from Los Alamos National Laboratory—Scott Miller and Phil Tubesing. I would also like to thank the committee’s shared staff—Brandon Smith, Kristin Jepson, and Kimberlee Kerr.

In closing, I would like to thank Mr. SCHIFF, my ranking member, who has been just a pleasure to work with over the last couple of years. Without his work and his staff, we would not be in a position today in which we could stand up here with a strong bipartisan product.

Mr. Speaker, I would like to outline the joint explanatory statement to accompany the Intelligence Authorization Act of Fiscal Year 2017: Joint Explanatory Statement to Accompany the Intelligence Authorization Act for Fiscal Year 2017.

This joint explanatory statement reflects negotiations between the House Permanent Select Committee on Intelligence and the Senate Select Committee on Intelligence (hereinafter, “the Agreement”). The joint explanatory statement shall have the same effect with respect to the implementation of this Act as if it were a joint explanatory statement of a conference committee.

The joint explanatory statement comprises three parts: an overview of the legislation, including an unclassified Schedule of Authorizations and the bulk of the committee’s direction; and a section-by-section analysis of the legislative text.

Part I: Application of the Classified Annex

The classified nature of U.S. intelligence activities prevents the congressional intelligence committees from publicly disclosing many details concerning the conclusions and recommendations of the Agreement. Therefore, a classified Schedule of Authorizations and a classified annex are required to describe in detail the scope and intent of the congressional intelligence committees’ actions. The Agreement authorizes the Intelligence Community to expend funds not altered or modified by the classified Schedule of Authorizations as requested in the President’s budget, subject to modification under applicable reprogramming procedures.

The classified annex is the result of negotiations between the House Permanent Select Committee on Intelligence and the Senate Select Committee on Intelligence. It recognizes the differences between the committees’ respective versions of the bill for the National Intelligence Program (NIP) and the Homeland Security Intelligence Program (HSIP) for Fiscal Year 2017. The Agreement also makes recommendations for the Military Intelligence Program (MIP), and the Information Systems Security Program.
THE AGREEMENT SUPERSIDES THE CLASSIFIED ANNEX TO THE REPORTS ACcompanyING H.R. 5077—PASSED BY THE House ON MAY 24, 2016—and S. 3017—REPORTED BY THE Senate SELECT COMMITTEE ON INtelligence ON June 15, 2016. All references to the House-passed and Senate-reported annexes are made solely to provide the heritage of, and context for, specific provisions contained in the agreement. The agreement supersedes the classified annexes to the reports accompanying H.R. 5077—passed by the House on May 24, 2016—and S. 3017—reported by the Senate Select Committee on Intelligence on June 15, 2016. All references to the House-passed and Senate-reported annexes are made solely to provide the heritage of, and context for, specific provisions contained in the agreement. The agreement supersedes the classified annexes to the reports accompanying H.R. 5077—passed by the House on May 24, 2016—and S. 3017—reported by the Senate Select Committee on Intelligence on June 15, 2016. All references to the House-passed and Senate-reported annexes are made solely to provide the heritage of, and context for, specific provisions contained in the agreement. The agreement supersedes the classified annexes to the reports accompanying H.R. 5077—passed by the House on May 24, 2016—and S. 3017—reported by the Senate Select Committee on Intelligence on June 15, 2016. All references to the House-passed and Senate-reported annexes are made solely to provide the heritage of, and context for, specific provisions contained in the agreement.

The classified schedule of authorizations is incorporated into the bill pursuant to Section 102. It has the status of law. The classified annexes to the reports accompanying H.R. 5077—passed by the House on May 24, 2016—and S. 3017—reported by the Senate Select Committee on Intelligence on June 15, 2016. All references to the House-passed and Senate-reported annexes are made solely to provide the heritage of, and context for, specific provisions contained in the agreement. The agreement supersedes the classified annexes to the reports accompanying H.R. 5077—passed by the House on May 24, 2016—and S. 3017—reported by the Senate Select Committee on Intelligence on June 15, 2016. All references to the House-passed and Senate-reported annexes are made solely to provide the heritage of, and context for, specific provisions contained in the agreement.

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(7) Review the size and mix of the ODNI workforce—to include the ratio between cadre and detailees, the balance between government contractors, and grade structures. Recommend how to best perform its roles, missions and functions; and
(8) Make recommendations regarding the above.

The Agreement directs the President, no later than 30 days after the enactment of this Act, to select the individuals who will serve on the review panel and identify the congressional intelligence committees of such selection.

In addition, the Agreement directs the panel to provide any work product and data after the enactment of this Act, to provide a report on this review to the congressional intelligence committees. This report shall be unclassified, but may be classified aide memoir.

The Agreement further directs ODNI to reimburse the Executive Office of the President for any costs associated with the review.

Improving pre-publication review

Consistent with H. Rept. 114–573 accompanying H.R. 5077, the Agreement directs that, no later than 180 days after the enactment of this Act, the DNI shall issue an IC-wide policy regarding pre-publication review. The DNI shall transmit this policy to the congressional intelligence committees concurrently with its issuance. The policy should include guidance to determine and maintain a pre-publication policy that contains, at a minimum, the following elements:

(1) Identification of the individuals subject to pre-publication review requirements (“covered individuals”);
(2) Guidance on the types of information that should be reviewed for pre-publication review, including works (a) unrelated to an individual’s IC employment; or (b) published in cooperation with a third party, e.g.—
(a) authored jointly by covered individuals and third parties;
(b) Authored by covered individuals but published under the name of a third party; or
(c) Authored by a third party but with substantial input from covered individuals.
(3) Guidance on a process by which covered individuals can participate in pre-publication review, and communicate openly and frequently with reviewers;
(4) Requirements for timely responses, as well as reasoned edits and decisions by reviewers;
(5) Requirements for a prompt and transparent appeal process;
(6) Guidelines for the assertion of interagency equities in pre-publication review;
(7) A summary of the lawful measures each agency has in place to enforce its policy, to include civil and criminal referrals; and
(8) A description of procedures for post-publication review of documents that are alleged or determined to reveal classified information but were not submitted for pre-publication review.

Additionally, the Agreement directs ODNI, no later than 180 days after the enactment of this Act, to provide to the congressional intelligence committees a report on the adequacy of IC classification and declassification efforts to improve and expedite pre-publication review processes, and the resources needed to ensure that IC elements can meet this direction.

The Agreement further directs the DNI, no later than 270 days after the enactment of this Act, to certify to the congressional intelligence committees that IC elements’ pre-publication review policies, non-disclosure agreements, and any other agreements imposing pre-publication review obligations reflect the policy described above.

Student loan debt report

Consistent with H. Rept. 114–573 accompanying H.R. 5077, the Agreement directs ODNI, no later than 180 days after the enactment of this Act, to provide a report to the congressional intelligence committees on programs that seek to help IC personnel manage their student loan debt. The report shall include details about each IC element’s program, including loan forgiveness, loan repayment, and financial counseling programs; efforts to inform the IC on matters of employees about such programs; and the number of employees who use such programs.

The report shall also include an analysis of the benefits and drawbacks of creating new programs and expanding existing programs, and shall identify any barriers to the establishment of IC-wide programs.

Workforce development pipeline

Consistent with H. Rept. 114–573 accompanying H.R. 5077, the Agreement directs the DNI to provide to the congressional intelligence committees an interagency briefing on new approaches, including outreach and advertising, the IC is considering or conducing to attract a diverse, robust Information technology and Science, Technology, Engineering, and Math workforce to meet the increasing demands in the IC.

Distributed Common Ground/Surface System-Army

Consistent with H. Rept. 114–573 accompanying H.R. 5077, the Agreement requests that the Army, no later than 90 days after the enactment of this Act, develop a plan to ensure that the congressional intelligence and defense committees on how the Army will fully incorporate Distributed Common Ground/Surface System-Army into the readiness cycle for Army personnel. The plan should specifically address any lessons learned from the fielding of DCGS-A Increment 4.0. The briefing should include instructions to improve the roll-out of Increment 1, Release 2.

Common controller for unmanned aircraft systems

Consistent with H. Rept. 114–573 accompanying H.R. 5077, the Agreement requests that the Army and the Marine Corps Intelligence Activity (MCIA), no later than 90 days after the enactment of this Act, jointly submit a report to the congressional intelligence and defense committees on options to separate the Army and Marine Corps unmanned aircraft systems (UAS) airframes, as well as U.S. Marine Corps small unit UAS. The report should address the potential and operational benefits of a common controller, anticipated development costs, and anticipated life-cycle cost savings of a common controller.

Review dual-hatting relationship

The congressional intelligence committees support further evaluation of the dual-hatting of a single individual as both Commander of U.S. Cyber Command (USCYBERCOM) and Director of the National Security Agency (DINSA).

Therefore, the Agreement directs the Secretary of Defense, no later than 180 days after the enactment of this Act, to provide to the congressional intelligence and defense committees a briefing that reviews and provides an assessment of the dual-hatting of DINSA and Commanders of USCYBERCOM. This briefing should address:

(1) Roles and responsibilities, including Intelligence authorities, of USCYBERCOM and NSA;
(2) Assessment of the current impact of the dual-hatting relationship, including advantages and disadvantages; and
(3) Plans and recommendations on courses of action that would be necessary to end the dual-hatting of DINSA and Commander, USCYBERCOM;
(4) Suggested timelines for carrying out such courses of action;
(5) Recommendations for any changes in law that would be required by the end of dual-hatting; and
(6) Any additional topics as identified by the intelligence and defense committees.

The congressional intelligence committees further believe that a larger organizational review of NSA should be conducted with respect to the eventual termination of the dual-hatting relationship. The congressional intelligence committees seek to promote the effective and efficient execution of NSA’s national intelligence mission. Specifically, the congressional intelligence committees believe that the organization of NSA should be reviewed to account for the evolution of its mission since its establishment, the current structure of the intelligence community, and the fact that the NSA is predominantly funded through the NIP.

Therefore, the Agreement further directs the DNI, no later than 180 days after the enactment of this Act, to conduct an assessment of the feasibility of separating NSA to report to the congressional intelligence committees on options to better align the structure, budgetary procedures, and oversight of NSA with its national intelligence mission in the event of a termination of the dual-hatting relationship. This briefing should include:

(1) An assessment of the feasibility of terminating NSA to report to the congressional intelligence committees consistent with H. Rept. 114–573 accompanying H.R. 5077, the Agreement requests that the DNI, no later than 180 days after the enactment of this Act, submit a report to the congressional intelligence committees on options to separate the Army and Marine Corps unmanned aircraft systems (UAS) airframes, as well as U.S. Marine Corps small unit UAS. The report should address the potential and operational benefits of a common controller, anticipated development costs, and anticipated life-cycle cost savings of a common controller. The report shall also include an analysis of the benefits and drawbacks of creating new programs and expanding existing programs, and shall identify any barriers to the establishment of IC-wide programs.

Acquisition security improvement

Consistent with H. Rept. 114–573 accompanying H.R. 5077, the Agreement directs ODNI, no later than 180 days after the enactment of this Act, to review and consider amendments to Intelligence Community Directive (ICD) 801 to better reflect and anticipate current and future threats and risks, as well as to outline policies to mitigate both risks and threats. In particular, the review should examine whether to

(1) Expand risk management criteria in the acquisition process to include cyber and supply chain threats;
(2) Require counterintelligence and security assessments as part of the acquisition and procurement process;
(3) Propose and adopt new education requirements for acquisition professionals on cyber and supply chain threats; and
(4) Factor in the cost of cyber and supply chain security.

The Agreement further directs ODNI, no later than 210 days after the enactment of this Act, to provide to the congressional intelligence committees a briefing that reviews and provides an assessment of the dual-hatting of DINSA and Commanders of USCYBERCOM. This briefing should address:

(1) Roles and responsibilities, including Intelligence authorities, of USCYBERCOM and NSA;
(2) Assessment of the current impact of the dual-hatting relationship, including advantages and disadvantages; and
(3) Plans and recommendations on courses of action that would be necessary to end the dual-hatting of DINSA and Commander, USCYBERCOM;
This briefing shall specifically address types of information shared, metrics on output, tabulation of low output producing agencies, recommendations on how low output agencies can increase sharing, timeliness of data information, and average total time it takes for information to transit the system.

The Agreement also directs ODNI, in coordination with DHS Office of Intelligence and Analysis (I&A), to conduct a survey of government and private sector participants of the National Cybersecurity and Communications Integration Center (NCCIC). The survey shall be anonymous, provide an accurate assessment of the usefulness and timeliness of the data received, and determine if the participants have satisfied the Intelligence briefings on threats impacting their specific industry. The Agreement further directs ODNI, no later than one year after the enactment of this Act, to provide to the congressional intelligence and homeland security committees an unclassified report detailing the results of this survey.

Department of Homeland Security utilization of National Labs expertise

Consistent with H. Rept. 114-573 accompanying H.R. 5077, the Agreement directs, no later than 180 days after the enactment of this Act, the Director of National Intelligence (DNI) in coordination with the DOE Office of Intelligence and Counterintelligence (DOE-IN), to provide to the congressional intelligence committees a report on the current utilization of Department of Energy (DOE) National Labs expertise by DHS I&A. This report should address opportunities to improve cybersecurity training within DOE, to increase DHS I&A’s utilization of cybersecurity experts from the National Labs as well as the budgetary implications of taking advantage of these potential opportunities. Cybersecurity courses for Centers of Academic Excellence

Consistent with H. Rept. 114-573 accompanying H.R. 5077, the Agreement directs ODNI, no later than 180 days after the enactment of this Act, to submit to the congressional intelligence committees a report on the current utilization of Department of Energy (DOE) National Labs expertise by DHS I&A. This report should address opportunities to increase DHS I&A’s utilization of cybersecurity experts from the National Labs as well as the budgetary implications of taking advantage of these potential opportunities.

PART III: SECTION-BY-SECTION ANALYSIS AND EXPLANATION OF LEGISLATIVE TEXT

The following is a section-by-section analysis and explanation of the Intelligence Authorization Act of Fiscal Year 2017.

Title I—Intelligence Activities

Section 101. Authorization of appropriations

Section 101 lists the United States Government departments, agencies, and other elements for which the Act authorizes appropriations for intelligence and related activities for Fiscal Year 2017.

Section 102. Classified Schedule of Authorizations

Section 102 provides that the details of the amounts authorized to be appropriated for intelligence and intelligence-related activities and the applicable personnel levels by program for Fiscal Year 2017 are contained in the classified Schedule of Authorizations and that the classified Schedule of Authorizations shall be made available to the Commit-tees on Appropriations of the Senate and House of Representatives and to the President.

Section 103. Personnel ceiling adjustments

Section 103 provides that the DNI may authorize personnel ceilings for each intelligence community (except an element under Section 102, if necessary to) to the performance of any function of the element by contractors to performance by civilian personnel. The congressional intelligence committees shall, in the purpose of this Act, to submit to the congressional intelligence committees a report on the results of the survey. This briefing shall specifically address types of information shared, metrics on output, tabulation of low output producing agencies, recommendations on how low output agencies can increase sharing, timeliness of data information, and average total time it takes for information to transit the system.

The Agreement also directs ODNI, in coordination with DHS Office of Intelligence and Analysis (I&A), to conduct a survey of government and private sector participants of the National Cybersecurity and Communications Integration Center (NCCIC). The survey shall be anonymous, provide an accurate assessment of the usefulness and timeliness of the data received, and determine if the participants have satisfied the Intelligence briefings on threats impacting their specific industry. The Agreement further directs ODNI, no later than one year after the enactment of this Act, to provide to the congressional intelligence and homeland security committees an unclassified report detailing the results of this survey.
Section 309 further requires the DNI to notify the congressional intelligence committees when the DNI has issued guidance or direction to implement such policies, and to submit a copy to the congressional intelligence committees.

Section 310, Notification of memoranda of understanding

Section 310 requires the head of each element of the IC to submit to the congressional intelligence committees copies of each memorandum of understanding or other agreement regarding significant operational activities or policy enter into between, or among, any element or any other entity or entities of the federal government within specified timeframes.

Section 310 does not require an IC element to submit to the congressional intelligence committees any memorandum or agreement that is solely administrative in nature, including a memorandum or agreement regarding joint duty or other routine personnel assignments. An IC element also may redact any personally identifiable information from a memorandum or agreement that must be submitted to the intelligence committees.

Section 311, Technical correction to Executive Schedule

Section 311 contains a technical correction regarding the annual rate of basic pay for the Director of the National Counterproliferation Center.

Section 312, Maximum amount charged for declassification reviews

Section 312 provides the head of an element of the IC that charging reproduction fees for a mandatory declassification review in excess of reproduction fees that the head would charge for a request for information under the Freedom of Information Act (FOIA). It also permits agency heads to waive processing fees for declassification reviews in the same manner as for FOIA.

TITLE IV—MATTERS RELATING TO ELEMENTS OF THE INTELLIGENCE COMMUNITY

SUBTITLE A—OFFICE OF THE DIRECTOR OF NATIONAL INTELLIGENCE

Section 401, Designation of the Director of the National Counterintelligence and Security Center

Section 401 redesignates the National Counterintelligence and Security Center as the "National Counterintelligence and Security Center," with conforming amendments.

Section 402, Analyses and impact statements by Director of National Intelligence regarding proposed investment in the United States

Section 402 directs the DNI to submit to the congressional intelligence committees, after the completion of a review or an investigation of any proposed investment into the United States, any analytic materials prepared by the Director of National Intelligence on the requirement for such investment including but not limited to, national security threat assessments provided to the Committee on Foreign Investment in the United States (CFIUS) in connection with national security reviews and investigations conducted by CFIUS pursuant to Section 721(b) of the Defense Production Act of 1950 (50 U.S.C. 4514). This section is not included to limit the ability of the DNI to transmit supplemental materials to the congressional intelligence committees along with the threat assessments.

Section 402 also directs the DNI to provide the congressional intelligence committees with impact statements when the DNI determines any proposed investment into the United States will have an operational impact on the IC.

Section 403, Assistance for governmental entities and private entities in recognizing online violent extremist content

Section 403 requires the DNI to publish on a publicly available Internet website a list of all logos, symbols, insignia, and other markings commonly associated with, or adopted by, State Department-designated foreign terrorist organizations by the Russian Federation.

Subtitle B—Central Intelligence Agency

Section 411, Enhanced death benefits for personnel of the Central Intelligence Agency

Section 411 authorizes the Director of the CIA to pay death benefits substantially similar to those authorized for members of the Foreign Service, and requires the Director to submit implementing regulations to the congressional intelligence committees.

Section 412, Pay and retirement authorities of the Inspector General of the Central Intelligence Agency

Section 412 amends the Central Intelligence Agency Act of 1949 to authorize the IG of the CIA to consider certain positions as law enforcement officers for purposes of calculating retirement eligibility and entitlements under Title 5 of the United States Code, if such officer or employee is appointed to a position with regard to suspicious financial transactions against the criminal laws of the United States.

Section 412 may be construed to confer on the IG of the CIA, or any other officer or employee of the IG, the authority to engage in any police or law enforcement or internal security functions or authorities.

Subtitle C—Other Elements

Section 421, Clarity of authority, direction, and control over the Information Assurance Directorate of the National Security Agency

Section 421 restores authority, direction, and control over the Information Assurance Directorate of the Under Secretary of Defense for Intelligence.

Section 422, Enhancing the technical workforce for the Federal Bureau of Investigation

Section 422 requires the Federal Bureau of Investigation (FBI) to produce a comprehensive strategic workforce report to demonstrate progress in expanding initiatives to effectively integrate information technology expertise in the investigative process. Section 422 further requires the report to include assessments of: (1) progress on training, recruitment, retention, and retraining of cyber-related personnel; (2) whether FBI officers with these skill sets are fully integrated in the FBI's workforce; (3) the FBI's collaboration with the private sector, the cyber issues; and (4) the utility of reinstating and leveraging the FBI Director's Advisory Board.

Section 423, Plan on assumption of certain weather missions by the National Reconnaissance Office

Section 423 requires the Director of the NRO to develop a plan to carry out certain space-based environmental monitoring missions currently performed by the Air Force. It also authorizes certain pre-acquisition activities and directs that an independent cost estimate be submitted to the congressional intelligence and defense committees. The Director of NRO may waive the requirement of Section 423 if the Under Secretary of Defense for Acquisition, Technology, and Logistics, and the Chairman of the Joint Chiefs of Staff, jointly submit a certification to the DNI to implement such policies, and to submit a copy to the Committee to counter active measures by the Russian Federation to exert covert influence over peoples and governments, and requires the Committee to report to appropriate committees of Congress on any covert influence of the Russian Federation and on the Committee's key initiatives.

Section 502, Limitation on travel of accredited diplomatic and consular representatives of the Russian Federation in the United States from their diplomatic post

Section 502 requires the Director of the FBI to certify that the FBI did not identify any violations by Russian diplomats and consuls of the applicable requirements to notify the United States Government in connection with the Russian diplomats' and consuls' travel, before the 25-mile radius of State can permit Russian diplomats or consuls to travel in excess of 25 miles outside their diplomatic post. Section 502 also permits the Director to waive the aforementioned travel distance restrictions if the Director determines that such a waiver will further the law enforcement or national security interests of the United States.

Section 503, Study and report on enhanced intelligence and information sharing with Open Skies Treaty member states

Section 503 requires the DNI, with support from other federal agencies, to conduct a study to determine the feasibility of creating an intelligence sharing arrangement and data sharing agreements with parties to the Open Skies Treaty with higher frequency, quality, and efficiency than that currently provided by the parameters of the OST.

The requirement also requires the Director to issue a report that includes an intelligence assessment on Russian Federation warfighting doctrine, the extent to which Russian Federation contribution to the warfighting doctrine, a counterintelligence analysis as to the Russian Federation's capabilities, and a list of treaties that have been updated with this information.

TITLE VI—PRIVACY AND CIVIL LIBERTIES

OVERSIGHT BOARD

Section 601, Information on activities of the Privacy and Civil Liberties Oversight Board

Section 601 requires the PCLOB to keep Congress and relevant IC elements fully and currently informed of its oversight activities.

Section 602, Authorization of appropriations for Privacy and Civil Liberties Oversight Board

Section 602 requires funds available to the PCLOB to be obligated or expended during a fiscal year only if such funds were specifically authorized by Congress for that fiscal year, and authorizes the full amount of the Administration's budget request for PCLOB for Fiscal Year 2017.

TITLE VII—REPORTS AND OTHER MATTERS

Section 701, Classification review with respect to detainees transferred from United States Naval Station, Guantanamo Bay, Cuba

Section 701 requires the DNI to conduct a declassification review of intelligence reports prepared by the National Counterterrorism Center (NTC) on past terrorist activities of each Guantanamo detainee held at Guantanamo after September 11, 2001, for the detainees' Periodic Review Board (PRB) sessions, transfers, or release from Guantanamo. The requirement applies to both detainees who have been transferred or released previously and to detainees transferred or released in the future. The provision also applies for detainees whose transfers or release predate the establishment of the PRB or NCTC, or the latter's production of intelligence reports for PRB sessions, transfers, or release.

Section 701 further requires the President to make any declassified intelligence reports
Section 701 requires the DNI to submit to the congressional intelligence committees a report on the final feasibility studies produced by elements of the IC and an implementation plan for each initiative.

Section 706. Improvement in government classification and declassification
Section 708 assesses government classification and declassification in the digital era by requiring the DNI to review the system by which the IC classifies and declassifies national security information to improve the protection of such information, enable information sharing with allies and partners, and prevent the misuse or unauthorized access to such information.

Section 708 requires the DNI to submit a report with its findings and recommendations to the congressional intelligence committees.

Section 709. Report on implementation of R&D Programs of the IC
Section 709 requires the DNI to conduct and provide to the congressional intelligence committees a current assessment of the IC’s implementation of the recommendations issued in 2013 by the National Commission for the Review of the Research and Development (R&D) Programs of the IC.

Section 710. Report on Intelligence Community Research and Development Corps
Section 710 requires the DNI to develop and brief the congressional intelligence committees on a plan, with milestones and benchmarks, to implement a R&D Reserve Corps, as recommended in 2013 by the bipartisan National Commission for the Review of the R&D Programs of the IC, including any funding and potential changes to existing authorities that would be needed to allow for the Corps’ implementation.

Section 711. Report on information relating to academy programs, scholarships, fellowships, internships sponsored, administered, adjudicated, or used by the intelligence community
Section 711 requires the DNI to submit to congressional intelligence committees a report on information that the IC collects on certain academic programs, scholarships, and internships sponsored, administered, or used by the IC.

Section 712. Report on intelligence community employees detailed to National Security Council
Section 712 requires the DNI to submit to the congressional intelligence committees a report listing, by year, the number of employees of the IC who have been detailed to the National Security Council during each of the previous ten years.

Section 713. Intelligence community reporting to Congress on foreign fighter flows
Section 713 directs the DNI to submit to the congressional intelligence committees a report on foreign fighter flows and, from and to terrorist safe havens abroad.

Section 714. Report on cybersecurity threats to seaports of the United States and maritime shipping
Section 714 directs the Under Secretary of Homeland Security for Intelligence and Analysis (IA) to submit to the congressional intelligence committees a report on the cybersecurity threats to seaports of the United States and maritime shipping.

Section 715. Report on counter-messaging activities
Section 715 directs the Under Secretary of Homeland Security for I&A to submit to the congressional intelligence committees a report on the counter-messaging activities of the Department of Homeland Security with respect to the Islamic State and other extremist groups.

Section 716 directs the IC IG to submit to the congressional intelligence committees a report on known or claimed reprisals made against employees of contractors of elements of the IC during the preceding three-year period.

Section 716 further requires the report to include an evaluation of the usefulness of establishing a prohibition on reprisals as a tool for encouraging IC contractors to make protected disclosures, and any recommendations the IC IG deems appropriate.

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

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

Today, we are voting on the fiscal year 2017 Intelligence Authorization Act, which is the fourth major piece of legislation I have had the privilege of working on with Chairman NUNES and the membership of our committee.

I want to just return the compliment from the chairman. It is a great pleasure to work with him. One of the things I love about our committee is it is a rare and unique opportunity for bipartisan and bicameral agreement on challenging issues of national security and the membership of our committee.

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It includes Representative Sewell’s language on investment in Centers of Academic Excellence programs, helping to guarantee that a diverse array of students can take part in IC internships. It also includes her requirement to require the IC to evaluate the IC’s federally funded academic programs.

The bill includes Representative Carson’s provision to assist public and private entities in their swiftly removing terrorist content online; his provision on the cooperation and deconfliction between departments of Homeland Security and State regarding countering violent extremism programs; and his requirement to have the committee receive information on the operational impacts of foreign investment in the United States.

Representative Speier’s four provisions are included, which would standardize declassification photocopying fees across the IC to promote the increased availability of information and enhance authorizing authorities’ ability to expand access to graduate education programs at the Defense Intelligence Agency; her language on obtaining information on the mental health resilience programs that are available to IC civilians from tours in combat zones; and her provision to study reprisals taken against IC contractors who make disclosures that would be legally protected if made by IC employees.

The bill includes Representative Quigley’s language to continue support to security services in Ukraine.

It includes Representative Swalwell’s three provisions, including one to track foreign fighters, another to analyze the status of loan forgiveness and debt counseling programs within the IC, and a provision to better understand how the Departments of Homeland Security and Energy take advantage of the expertise resident at our national labs.

It includes Representative Murphy’s three provisions to provide a report detailing cybersecurity threats to—or vulnerabilities in—systems employed by seaports and transshipment hubs, including efforts to improve our preparedness and response to a cyber attack; it has language to improve intelligence reporting with respect to Iran’s compliance with the Joint Comprehensive Plan of Action; and it requires a report on security threats emanating from countries smuggling routes and ways to better cooperate with other nations to mitigate these threats.

Let me also say that Patrick will be dearly missed when he leaves our committee at the end of this session. He has been a tremendously valuable member of the committee.

The IAA also furthers important privacy and transparency goals, including by fully authorizing the Privacy and Civil Liberties Oversight Board. The bill does not contain any legislative restrictions on the scope of the PCLOB’s authority to review the impact of IC programs on the privacy and civil liberties of Americans and non-U.S. persons. Thanks to Senate provisions that we have incorporated, it also advances declassification efforts, potentially getting much more information to the public.

There are no GTMO transfer restrictions from the bill, and the legislative text adds important provisions that are aimed at countering Russia’s destabilizing efforts, including those targeting elections.

The legislation accommodates and resolves the vast majority of the administration’s objections, which were laid out earlier this year.

Critically, this IAA also continues to address the key strategic questions we must continue to ask now and in the next administration in Congress:

First, are we focusing too much on the threats of the day at the expense of the threats of tomorrow? It is easy to get distracted by non-stop crises, and it is harder to remain focused on the long term, even when the future can be far more dangerous than the present.

We have spent significant resources on counterterrorism priorities in the Middle East and South Asia. We have to continue to focus on CT and the threat posed by ISIS and its followers, but we must not disregard the growing threat posed by Russia, whose global efforts at disruption must be checked, particularly against our allies and our alliances.

We must not turn away from threats posed by China, whose Naval adventurism in the South China Sea is to attract the supply chain, and efforts to get around the CFIUS process in the United States—and to undermine data security more generally—challenge our security and business interests abroad and threaten our Asian partners.

Second, are we sufficiently protecting what we currently have, whether in space, at sea, or in the cyber realm?

Third, are we leveraging commercial products and services while at the same time making investments in revolutionary technologies that do not yet have commercial application?

Fourth, are we recruiting, training, and developing the most effective and diverse workforce as well as leveraging foreign intelligence relationships and building foreign partner capacity?

The U.S. has unquestionably the most advanced, capable, and reliable intelligence community in the world. This bill supports that workforce by identifying ways to promote travel, support language training, and increase diversity. It does this, in part, by expanding internship opportunities in the IC to students from diverse regions and backgrounds and allocates resources to building the capacity of our foreign partners. These values we expect and demand from those partners, and they are central tenets of who we are as a country.

There are many unknowns about the incoming administration, particularly how it will utilize and interact with the IC. It is now more important than ever that we give the IC the tools it needs to keep us safe and provide the necessary oversight required to ensure that they act in a manner consistent with our values and at all times. That is why I am pleased that this year’s IAA provides such critical oversight of the IC, ensuring our Nation is secure, privacy and civil liberties are safeguarded, and transparency and accountability are paramount.

I am proud to support the Intelligence Authorization Act, and I urge my colleagues to do the same. I urge the Senate to pass this bill and send the fiscal year ‘17 IIA to the President’s desk or to continue to work with us to resolve any last differences before the end of the Congress.

I reserve the balance of my time.

Mr. NUNES. Mr. Speaker, I yield 2 minutes to the gentleman from Utah (Mr. STEWART).

Mr. STEWART. Mr. Speaker, I thank Chairman NUNES for allowing me to speak in support of the Intelligence Authorization Act.

Mr. Speaker, sometimes it is easiest for us to forget that the primary responsibility of the Federal Government is to help to keep us safe. I felt the weight of that responsibility while I was serving as an Air Force pilot for 14 years, and now I am reminded almost every day of that same responsibility in my role on the House Permanent Select Committee on Intelligence.

The truth is that we live in a dangerous world. The news is filled daily with troubling reports of terrorist attacks and dangerous activities. All of us are aware that just this week a young man, almost certainly inspired by terrorist ideology, attacked students and faculty at The Ohio State University.

It doesn’t stop with terrorism. We also face tremendous threats from China, Russia, North Korea, the Ya’alons in Iran, and the list goes on and on.

I am grateful for the brave men and women around the world serving our military and in our intelligence communities who operate critical national security programs which protect Americans and keep us safe. That is why we must pass the Intelligence Authorization Act. Not only does this bill continue national security programs at a time when we face the most significant threat level since 9/11, it also contains good government provisions that have gained bipartisan support.

I am shining light on Guantanamo Bay detainees, requiring a review of their past terrorist activities. It strengthens congressional oversight of privacy and civil liberties, and it also updates intelligence community whistleblowing procedures.

Importantly, this bill does not contain any provisions related to surveillance authorities.
Mr. Speaker, this bill is critical to providing the intelligence community with the tools and the authorizations they need to protect Americans and our national security. I urge my colleagues to vote “yes” on this important bill.

Mr. SCHIFF, Mr. Speaker. I yield 3 minutes to the gentleman from California (Mr. SWALWELL), a very valuable member of our committee.

Mr. SWALWELL of California. Mr. Speaker, I stand here today in support of this bipartisan IAA and the provisions that it has that will continue to strengthen and empower our intelligence community and those who serve and toil away for our national security.

This bill also contains a few provisions I have personally championed during my time on the House Permanent Select Committee on Intelligence. First, it includes the provision I added requiring a report from the Office of the Director of National Intelligence on programs across the IC, the intelligence community, to help students manage student loan debt and the viability of an IC-wide program, knowing that this is critical for our recruitment and retention of intelligence community members.

Second, the bill includes a provision that was originally a bipartisan, stand-alone bill with Representative LoBiondo of New Jersey to track foreign fighters and from terrorist safe havens abroad. This bill passed the House at the end of last year by a vote of 423-0.

Finally, it includes a requirement for a report on the current utilization of our national laboratories by the intelligence divisions within the Department of Homeland Security and the Department of Energy, as well as ways these divisions can expand utilization of lab expertise on cybersecurity. I am honored to represent two of these laboratories, Lawrence Livermore and Sandia, and I have seen firsthand how important their work is to our national security.

This bill is the result of both parties and both Chambers coming together to prioritize our intelligence community and national security needs.

I also just want to echo what I have heard from our chairman and ranking member, which is that there is really nothing, especially, excepting the thing that is remaining such national discord, to come to work every day and work with the members on this committee. I think maybe the secret sauce here is that the chairman and the ranking member are both Oakland Raiders fans. I don’t know if there are other reasons they work well together, but it really is fulfilling to see that when you go into our committee hearing, Republicans and Democrats put party aside and put national security first.

I also want to say that I am going to miss two members as they depart the committee. That is, Congressman Patrick Murphy of Florida. He and I sat next to each other. Although he was in a 2-year-long Senate race, he showed up every day, worked hard, asked tough questions on behalf of his constituents and national security. I am also going to miss Congressman Mike Pompeo of Kansas, and I congratulate him being nominated as the next director of the Central Intelligence Agency. I find him to be a person of deep integrity and character. I enjoyed traveling with him to Iraq last Easter, and I look forward to serving with him in his new capacity.

Mr. NUNES. Mr. Speaker, I have no other speakers. I reserve the balance of my time.

Mr. SCHIFF. Mr. Speaker, let me just say on behalf of the chairman and myself, we were Raiders fans even when they were a losing team. This is not a newfound preoccupation with the team.

Mr. Speaker, I yield 3 minutes to the gentlemanwoman from Alabama (Ms. SEWELL), another fabulous member of our committee.

Ms. SEWELL of Alabama. Mr. Speaker, today I rise in support of this year’s Intelligence Authorization Act. Our national security is truly a bipartisan issue and this is a reflection of both parties’ shared commitment to the safety and security of all Americans.

This bill helps provide our intelligence community with the necessary resources and capabilities to defend our Nation against ongoing and emerging threats around the world.

As the ranking member on the DOD Intelligence and Overhead Architecture Subcommittee, I was pleased that the language and direction in this bill continues to advance our capabilities on the ground and in space and provides necessary oversight of many critical DOD, NRO, and NASA programs. Additionally, this legislation takes important actions to maintain thorough oversight of our surveillance capabilities while continuing to make calculated investments in critically important strategic efforts.

In the IAA, we also invested in our greatest national resource, our people. I want to thank the chairman and ranking member for accepting provisions that I drafted to promote diversity in the IC workforce. We are now able to provide a summer internship program to students from the existing Centers of Academic Excellence and Intelligence. We also now hold the IC more accountable for doing a better job of developing a matrix to assess minority fellowship and internship programs and how they actually achieve their desired results, which is to increase the number of minorities hired by the IC.

Recently, I had the privilege of hosting a diversity in Intel summit. This event served as a rare opportunity for minority groups interested in the IC to gain insight into and helpful advice from top national security officials. It was truly a great occasion and it further reaffirms our committee’s shared commitment to helping to ensure robust diversity throughout the entire IC.

I was also pleased to successfully include bipartisan language that promotes accountability and transparency in the IC federally funded academic programs. This provision ensures every year a report on their recruitment and retention efforts. Increasing diversity and accountability in the IC is an issue of good governance and makes all of us better because it encourages unique and innovative ways of thinking which is increasingly necessary as we develop and we face more complex intelligence challenges.

As a committee, I am extremely proud of the work we have done. We took great pains to cut unnecessary funding while prioritizing the need to improve upon processes and be more efficient in the IC generally. The reality is that we live in a world where potential threats to our Nation are constantly developing and changing. As our primary mission intelligence objectives continue to evolve, we need an IC that is both diverse, agile, and adequately funded.

I am proud to support this year’s Intelligence Authorization Act. I want to, again, thank the chairman and ranking member for all of their hard work. I urge my colleagues to support this important legislation.

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

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

Earlier this afternoon, we debated H.R. 3929, honoring the heroes of the Office of Strategic Services, the forerunner to our modern-day intelligence and special operations communities.

We honor them today to express our deepest gratitude for the contributions they made during World War II and its aftermath and our appreciation for the example they set for the present intelligence community and special operations heroes. They were part of America’s Greatest Generation, one we will continue to honor, remember, and emulate. They faced a complex and dangerous world. They met those grave challenges on the desolate fields of Europe, the torrid seas of the Pacific, and in the shadows. Espionage and intelligence were critical to winning the war and to preserving the peace.

As we look forward to the future and to the dangerous world we inhabit today, we would do well to keep the examples set by that Greatest Generation in our minds. As they did, we should lead by example as much as by strength.

Thankfully, our intelligence community is the most capable and committed in the world to our ideals and to the rule of law. Every day, they seek to ensure that we are given the information necessary to guard and defend ourselves, our allies, and our partners. We remain grateful always for their hard work and dedication.
Again, my thanks to Chairman NUNES, to the members of HPSCI, particularly those who are leaving the committee, to the Senate for a remarkable bipartisan and bicameral effort, and to our excellent committee staff.

I want to thank the many public servants who have left the IC, with whom we have had the chance to work over the past several years. In particular, I want to extend my thanks to those retiring or leaving their roles at the IC at the end of this administration, including Director of National Intelligence James Clapper and his deputy, Stephanie O’Sullivan; CIA Director John Brennan and his deputy, David Cohen; Assistant Secretary of the Treasury for Intelligence and Analysis Leslie Ireland, who today is retiring after 31 years of Federal service; and Under Secretary of Defense for Intelligence, Marcel Lettre.

Thank you as well to the incredibly capable leaders of the other elements of the IC, who may be moving on after January 20th. Of course, most importantly, thank you to all the men and women of the intelligence community who silently and courageously protect our country day and night through their crucial work. We appreciate everything they do, and they have our continued support.

I also want to thank not only the HPSCI members, but the entire team, including Michael Bahar, Tim Bergerson, Blake Thomas, Susan Minehart, Linda Cohen, Amanda Rogers Thorpe, Wells Bennett, Rheaune Wirkala, Thomas Eager, Patrick Boal, Kristin Jepson, Brandon Smith, and Kimberlee Kerr for all their valuable service.

I yield back the balance of my time.

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

We have four retiring members from our committee this year: Representative Heck, who chaired the Department of Defense Intelligence and Overhead Architect Subcommittee, he is here on the floor with us this evening.

Finally, it is possibly premature, but we may not be able to congratulate Representative Pompro on the House floor. He will have to have Senate confirmation next year, so I imagine he will be with the committee for a few months. But if we don’t get a chance to come down to the House floor before he is approved by the Senate, I want to congratulate Mr. Pompro. We were excited to have somebody from our committee to be chosen in the next administration to run the CIA.

I would urge my colleagues to support this bipartisan, bicameral bill, H.R. 6393.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. NUNES) that we suspend the rules and pass the bill, H.R. 6393.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. NUNES. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this question will be postponed.

The motion to suspend the rules and pass H.R. 6393; and

The question on the motion to continue the House floor with us this evening.

The SPEAKER pro tempore. The unifying business is the question on the motion to concur in the Senate amendment to the bill (H.R. 34) to authorize and strengthen the tsunami detection, forecast, warning, research, and mitigation program of the National Oceanic and Atmospheric Ad-
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CONGRESSIONAL RECORD—HOUSE

H7047

Mr. CARNEY of New York changed their vote from ‘yea’ to ‘nay.’

So the motion to concur was agreed to.

The result of the vote was announced as follows on role call No. 592.

INTELLIGENCE AUTHORIZATION ACT FOR FISCAL YEAR 2017

The SPEAKER pro tempore (Mr. BYRNE), the unfinished business of the day was the vote on the motion to suspend the rules and pass the bill (H.R. 6393) to authorize appropriations for fiscal year 2017 for intelligence and intelligence-related activities of the United States Government, the Community Management Account, and the Central Intelligence Agency Retirement and Disability System, and for other purposes, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. NUNES) that the House suspend the rules and pass the bill.

This is a 5-minute vote.

The vote was taken by electronic device, and was yeas 350, nays 30, not voting 14, as follows:

[Role No. 592]

NOES—26

Amash
Babin
Bridenstine
Brooks (AL)
Buck
Delgado
DeJarius
Doggett
Farenthold

NOT VOTING—16

Brown (FL)
Carney
Forbes
Gabbard
Nugent
Hahn
Jolly

Mr. ELLISON and Ms. CLARKE of New York changed their vote from ‘yea’ to ‘nay.’

So the two-thirds being in the affirmative the rules were suspended and the bill was passed.

The result of the vote was announced as above recorded.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. BURKE) announced there are 2 minutes remaining.

Mr. ELLISON and Ms. CLARKE of New York changed their vote from ‘nay’ to ‘yea.’
ANNOUNCEMENT BY COMMITTEE ON RULES REGARDING AMENDMENT PROCESS FOR H.R. 5183, TRANSPARENT INSURANCE STANDARDS ACT OF 2016

Mr. SESSIONS. Mr. Speaker, this morning, the Rules Committee issued an announcement outlining the amendment process for H.R. 5183, the Transparent Insurance Standards Act of 2016. The amendment deadline is set for Monday, December 5, at 10 a.m. Amendments should be drafted to the text of the Rules Committee Print 114–68, which contains the text of the bill, as reported by the Committee on Financial Services, with a modification, and can be found on the Rules Committee Web site.

Feel free to contact me or the staff if you have any questions.

ADOLFO “HARPO” CELAYA POST OFFICE

The SPEAKER pro tempore. The unfinished business is the question on suspending the rules and passing the bill (H.R. 6394) to designate the facility of the United States Postal Service located at 501 North Main Street in Florence, Arizona, as the “Adolfo ‘Harpo’ Celaya Post Office”.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Arizona (Mr. Gosar) that the House suspend the rules and pass the bill.

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

A motion to reconsider was laid on the table.

DIRECTING THE CLERK OF THE HOUSE OF REPRESENTATIVES TO MAKE A CORRECTION IN THE ENROLLMENT OF H.R. 34

Mr. LANCE. Mr. Speaker, I send to the desk a concurrent resolution and ask unanimous consent for its immediate consideration in the House.

The SPEAKER pro tempore. The title of the concurrent resolution.

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

There was no objection.

The text of the concurrent resolution is as follows:

H. Con. Res. 174
Resolved by the House of Representatives (the Senate concurring), That in the enrollment of the bill (H.R. 34) to authorize and strengthen the tsunami detection, forecast, warning, research, and mitigation program of the National Oceanic and Atmospheric Administration, and for other purposes, the Clerk of the House of Representatives shall make the following correction: Amend the long title so as to read: “An Act to accelerate the discovery, development, and delivery of 21st century cures, and for other purposes.”

The concurrent resolution was agreed to.

END OF CUBA’S BRUTAL REGIME OF REPRESION

(Mr. LAMALFA asked and was given permission to address the House for 1 minute.)

Mr. LAMALFA. Mr. Speaker, Fidel Castro led a brutal regime of oppression that imprisoned an island nation. While he and his family live like kings, the people of Cuba are repressed, starved, and forbidden any outside information.

According to credible sources and The Wall Street Journal, his regime may have killed up to 100,000 people. Thousands of political prisoners and human rights activists were brutally tortured and killed over the years.

Castro was eager to see the Soviet Union and the United States engage in a nuclear war, and even Soviet leader Nikita Khrushchev had to remind Castro that the point of putting the missiles in Cuba was to further Communist interests, not start Armageddon. “This is insane,” Khrushchev said. “Fidel wants to drag us into the grave with him.”

Under Castro, the Cuban Government refused to recognize the legitimacy of Cuban human rights organizations, alternative political parties, independent labor unions, or even a free press. He also denied international monitors, such as the International Committee of the Red Cross, to access the island to investigate human rights conditions.

With this vicious dictator finally out of power, our close neighbor can finally be free. The people of Cuba can choose for themselves what they would like for their lives, rather than death squads and secret police imposing the will of a madman. I hope we can be supportive of a free Cuba and not further a bad regime.

PRESIDENT-ELECT TRUMP’S TREASURY NOMINATION

(Ms. KAPTUR asked and was given permission to address the House for 1 minute.)

Ms. KAPTUR. Mr. Speaker, I rise tonight in alarm over the stacking of Wall Street insiders in top positions for the incoming administration.

During his campaign, President-elect Donald Trump said the system is rigged. He said hedge fund managers are “getting away with murder” and that he would “tax Wall Street” and called Washington, D.C., corrupt and promised to “drain the swamp.” President-elect Trump even closed his campaign with a political ad bashing Goldman Sachs.

Yet now, according to media reports, he has chosen a second-generation Goldman Sachs partner, Steven Mnuchin, to serve as Treasury Secretary. He will take the post most responsible for watching and regulating the dangerous, high-risk, high-stakes gambling behavior of Wall Street, which he has himself engaged in for decades. He worked at Goldman Sachs for 17 years. His father worked there. His brother still works there, and he frequently returns for alumni and social gatherings. He was named the “Foreclosure King” after buying up the remains of IndyMac, a California-based mortgage lender, and evicted approximately 36,000 people who could not keep up their mortgage payments.

The last three administrations have had Goldman executives at the helm inside the White House and Treasury. While President-elect Trump promises to drain the swamp, he is not doing it. He is enlarging it.

GUARDING AGAINST FOREIGN INTERFERENCE IN FUTURE ELECTIONS

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

Mr. CONNOLLY. Mr. Speaker, on October 7, 2016, the Department of Homeland Security and the Office of the Director of National Intelligence on Election Security released a joint statement saying: “The U.S. Intelligence Community is confident that the Russian Government directed the recent compromises of emails from U.S. persons and institutions, including from U.S. political organizations.”

The U.S. Intelligence Community went on to explicitly state that these thefts and disclosures are intended to interfere with the U.S. election process . . . only Russia’s senior-most officials could have authorized these activities.

Despite this certification, the majority in this body has demonstrated zero interest in examining the unprecedented attack on one of our most cherished institutions, democratic free elections.

I am here today to plead with the majority to take an interest, not because I seek to undermine the results of the recent Presidential election. That is not my intention. Rather, it is my sincere hope that we understand the nature of the foreign interference and how to guard against it in all future elections.

PRECISION MEDICINE INITIATIVE

(Ms. JACKSON LEE asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)
Ms. JACKSON LEE, Mr. Speaker. I rise in celebratory support of H.R. 34, the House amendment to the Senate amendment to the 21st Century Cures Act. As a breast cancer survivor, I am celebrating. As a Representative from the City of Houston, I am celebrating.

Because of the Texas Medical Center, this plan will provide an ambitious action that called for $6.3 billion in mandatory funding to be delivered over the next 10 years to the National Institutes of Health. It also provides and estimated that every $1 of NIH funding generates about $2.21 in local economic growth and 402,000 jobs. But most of all, it will deal with the curing of diseases and developing research that will help save lives.

In furtherance of this initiative, this legislation before us allows for the creation of an innovation fund through the National Institutes of Health so that we can design the most innovative ways of curing disease, of helping children, of helping seniors, of helping people who are dealing with incurable diseases.

The Cures Act is an act of the 21st century. It moves forward on the President's Precision Medicine Initiative. I thank Mr. Upton, Ms. DeGette, and all the Members. I serve as an original cosponsor. I am excited about the legislation, for it will save lives.

COMMEMORATING AND CELEBRATING THE LIFE OF MS. JACQUELINE ELLIS

The SPEAKER pro tempore (Mr. CARTER of Georgia). Under the Speaker's announced policy of January 6, 2015, the gentleman from Texas (Mr. AL GREEN) is recognized for 60 minutes as the designee of the minority leader.

Mr. AL GREEN of Texas. Mr. Speaker, I am honored to stand before the House tonight to commemorate and celebrate the life of my former Chief of Staff, Ms. Jacqueline Ellis.

Mr. Speaker, Ms. Ellis served well. In the sense of many, she was the 436th Member of Congress. She helped to educate not only new persons who were here in administrative capacities, but also Congresspersons. She helped us to understand what Congress was all about.

I am honored tonight to say some kind words about her and to acknowledge a colleague who is here and will be saying a word as well.

To my right is a photograph of my very dear friend and former coworker, Jacqueline Ellis. She was born in Mobile, Alabama. She was born at a time when persons of African ancestry could buy a hat, but they couldn't try it on; at a time when persons of African ancestry would have to step aside so that others could step forward; and at a time when persons of African ancestry were relegated to certain places in life, certain schools, and certain places of business. They had to go to the back door for their food. They would drink from colored water fountains. She was born at a time when this country did not respect all of her rights.

Who could have known that when she was born in Mobile, Alabama, that she would make her way from Mobile to Capitol Hill?

There was no way to predict at the time of her birth that she would come to this Nation's Capitol and that she would serve three Members of Congress—one United States Senator and two United States Representatives; the Honorable Major Owens from New York's 11th Congressional District, the Honorable Senator Heflin. And, of course, she served in my office. No one could have known that I think, quite frankly, that this speaks to the greatness of the country, that we have moved light years away from some of the circumstances that we had to endure earlier in the history of this country.

Notwithstanding all that has been done, there is still great work to be done. Tonight I want to say to you that this person born in Mobile during very difficult times has received an indication from the President of the United States that he was saddened to learn of her demise. I include in the RECORD a letter from the President.

THE WHITE HOUSE,

Mr. CHRISS ELLIS,
Bowie, Maryland.

DEAR CHRIS: I was deeply saddened to learn of the loss of your sister, Jacqueline. My heartfelt condolences are with you as you reflect upon her life.

May cherished memories help temper your grief, and may you find comfort in the support of loved ones. Please know you will remain in my thoughts.

Sincerely,

BARACK OBAMA.

Mr. AL GREEN of Texas. She has also been honored by our Club. My club has been signed on to by a good many dignitaries and people that she was because there are many of us right here in Congress who can relate to this. When you see the great eagle flying, you assume that it is the wings. But there is a song that added how it is that the eagle can soar to these great heights. That song says that it is not the wings, but rather it is the wind beneath the wings. She was the wind beneath the wings of a lot of people who were able to soar to high heights, a lot of people who did not understand all of what was before them when they accepted the responsibility to become a part of a congressional staff or a Member of Congress. She became the wind beneath their wings and helped to guide them through Congress.

I am pleased to tell you that we have had several celebrations of her life. We had one in this area immediately after her untimely demise—untimely to me because I had hoped that she would be with us a lot longer than she was. We also had a celebration of her life in her hometown of Mobile, Alabama, attended by a good many dignitaries and staffers from the Hill; a celebration of her life in Houston, Texas, similarly attended. She has been recognized and honored by people that she came in contact with.

She made a difference. I will relate one brief vignette before I ask my colleagues to come to the podium. When I was looking for my first chief of staff—and she was my first and only chief of staff, I might add. When I was looking for my chief of staff, I was a neophyte in Congress, and I brought her on board. You are always unsure about a new hire, especially a person who is of the key person to speak to. She and I were going to an event, the ALC dinner, the Congressional Black Caucus dinner as it is called, and she was there to pick me up and take me to the dinner. She called me and said to me: I will be waiting for you. I am downstairs.

I said that I will be down in about 10 minutes. Within that period of time, she called me back and informed me that she needed to go to the hospital. I rushed down to her, and when I got there, the emergency assistance was already there. She called them prior to calling me, and I immediately assisted them, and we went to the hospital together. She stayed in the hospital for some days and made her transition.

The important point to make is that she was working. Her work was her life. She lived to perform her duties. She was on her job in the sense that she was assisting that evening, and she was there all day long. She was ill, but she would not stop working. There were times when we would ask that she take some time off, but she always wanted to come to work.

Her work was her inspiration in a sense. Her work was the thing that gave her a reason to continue to go on, and she never, ever complained. There is a song that speaks to the greatness of this country.

Notwithstanding all that has been done, there is still great work to be done. Tonight I want to say to you that this person born in Mobile during very difficult times has received an indication from the President of the United States that he was saddened to learn of her demise. I include in the RECORD a letter from the President.
She and I were together, and I saw her pull over rather abruptly. She was driving. My recollection is that this happened more than once, but on this occasion, she was driving. When she pulled over, she ran over to a person, and I saw her hand the person something and then came back to the car. I immediately wanted to know who this was. Was it somebody that she knew? Because she did it so abruptly.

She said: No, I didn’t know that person.

The person was not dressed in a suit and tie. The person did not have the appearance of what we would call status, although I think everybody has status. The person did not appear to be a captain of industry, if you will. She went over and she gave that person money. I found out later on that she would go to the credit union, and she would extract dollar bills—some stack; I don’t know how many in the stack—and she would use that money to just give. I was so impressed that she would encounter that she was of the opinion needed some help.

When she did it on that day, I knew that I had made the right decision because I then knew that I saw the sermon that people truly better to see a sermon than to say one, or to be one than to say one. I saw that day “love your neighbor as you love yourself.” I saw on that occasion “help somebody.”

I saw her relate to the true meaning of the spirit of the story of the Good Samaritan who saw the person in the streets of life and went over and took that person to the inn and said: Here is money. Use this to help this person. And if this is not enough, when I come back, I will give you more.

I saw the good neighbor in Jacqui Ellis. I knew then that I made a good hire because I had a person who would not only speak a sermon, but would be a sermon.

Mr. Speaker, I yield to the gentlewoman from Texas (Ms. JACKSON LEE), who is my colleague from Houston, Texas. The Honorable SHEILA JACKSON LEE hails from the 18th Congressional District. She serves on the Judiciary Committee, she serves on the Committee on Homeland Security, and she has served us in Congress for a good many years.

Ms. JACKSON LEE, Mr. Speaker, I think her presence, the Honorable AL GREEN of Texas.

Mr. Speaker, we are like family in this House, Republicans and Democrats, as we work together and work with our staff. I am very clear in the fact that Ms. Ellis was the only chief of staff that Congressman Al Green of Texas had, and that he made an A-plus choice, and she, likewise, in accepting his offer to be his chief of staff.

She was a 30-year veteran, and she brought to this office and brought to this House a sense of affection and love for the institution, for democracy, and for America. Not only did she have the privilege of working for Congressman AL GREEN of Texas and he the privilege of having her as his chief of staff, she worked previously for Congressman Major Owens of New York, and the late former Alabama Senator Howard Heflin.

It means that she understood the institutions that helped to lay down the pillars of democracy.

She was a spiritual mother to the tens upon thousands of young people who came to this place with starry eyes to make a difference—spiritual mother, sister, mentor, and friend to many people, including elected and people of high ranking status.

She was a graduate of a historically Black college, and, as well, she had a background in government affairs.

But, more importantly, she had a big heart. And she was eager, as I am told by the staff, to be able to help all the new and young staff. They knew they could go to Jacqui Ellis.

She was a Christian woman as well, and she served on many important organizations. In particular, I worked for the Southern Christian Leadership Conference. It was also board member, the organization founded by Dr. Martin Luther King, and Ralph David Abernathy, and where Andrew Young worked, and Josefa Williams, and so many others. James Orange, and those of us young people who believed that we could overcome.

She was a recipient of the Ella Baker Award from the SCLC and Martin Luther King, III.

But where I got to see Jacqui really making it and doing it was in her leadership with C. Delores Tucker, and her work with the National Congress of Black Women. As a board member, I remember coming as a young Member of Congress, and we would go to that very famous brownstone in New York, the house of C. Delores Tucker, the Sunday after the Congressional Black Caucus, and there was Jacqui. She was the orchestrator, the ruler. She respected C. Delores Tucker. She honored the women who came. She was at their beck and call—we need this.

She was the person that the likes of Malcolm X’s wife, Rosa Parks, and Coretta Scott King, because they used to come during their lifetime every year, and those of us who were young Members of Congress, she welcomed us. She would allow us to sit in the royal place at the feet of these great women who had to come to know, and they had to come to know and love her, as we held this wonderful program about the empowerment of women us, in particular, African American women.

She was, as well, the co-chair of the Bethune DuBois Institute, Inc. Leadership Forum and, as well, she has received awards from the Congressional Black Caucus.

So I close by simply saying, yes, she has a litany of accolades and honors. We wish that she could have lived on and on and on. Some say that the young die young. We certainly believe that Jacqui Ellis, our friend, our lover of this institution, this great staff person, was taken way too young.

As I told my friend and colleague, earlier this year, I experienced an enormous tragedy in losing a dear person, who, though a short time, had become so much a part of our extended family. And so, Congressman GREEN, I know it hurts. It hurts many of her fellow staffers and friends. Certainly we know her family suffered great pain.

I can say, and I know that many great Americans, and each have done something in their way to move this country forward, I want to say that Jacqui Ellis lived in the greatest country in the world. It was already a great country. But she was so much a part of making this country a country that welcomed all of the young talent and those new faces that desired to be part of the greatness of this country. She did it with open arms and a big heart.

So I say to Jacqui I say: farewell our dear friend, farewell, for you are certainly one who is a good and faithful servant. May you rest in peace.

Mr. AL GREEN of Texas. Mr. Speaker, I thank Ms. JACKSON LEE for her very, very kind words. She did know Jacqui well. She had a lot of respect for her. I appreciate her taking the time to come by this evening.

I want to also acknowledge that the Honorable EDDIE BERNICE JOHNSON was here but had to step away.

I want to also acknowledge that some 150 individuals have given us expressions concerning Jacqui, a number of organizations, at least 20, and we have 41 cosponsors of the resolution that I spoke of. H. Res. 905, which expresses condolences to her family, and it commemorates her life.

Finally, we have elected officials, at least 64, including the President and former Secretary of State Hillary Clinton, who have expressed their sympathies and condolences. She was truly a person who touched a lot of people in a very positive way. I am honored to say that I was associated with her and that she truly made a difference in my life.

Mr. Speaker, as we travel the road of life, we meet many people. We remember some and a good many we do not. Jacqueline Ellis is someone that I will remember, and my belief is that is a good many other persons who came into contact with her, whether it was for a very short period of time or for some duration, will remember her as well.

These would include the members of the sorority that she was affiliated with, Delta Sigma Theta. She was very much a part of this sorority. She was loved, and is still loved, by the members of Delta Sigma Theta. They would come to the Hill on an annual basis and they
always took time to come by and visit her. She would always welcome them and provide services.

This is but one of the many organizations that will continue to honor her. I am sure. The others that will remember her are the countless numbers who would be SCLC, as was mentioned by my colleague, the Southern Christian Leadership Conference. This was the organization that Dr. King led. This was the organization that fought for human rights, civil rights, and human dignity, strength, and breadth of this country. She was part of that organization. In fact, she was on the board.

She and Martin King, not Martin King the father but Martin King, III, the son of Dr. King, were the very best of friends—the very best of friends. He has traveled great distances to pay tribute to her. He was there in Mobile, Alabama. He came here for the services that we had. And he always, when he was there, submitted that he would like the time to come by our office to say hello to Jacqui.

People who met her along life’s way would also include the Links. The Links was an organization that she was affiliated with, and that she took great pride in assisting as they were having their various events. She was always helpful to other people to make sure that they were able to be successful in their endeavors. When you travel the road of life, the highway of life, you will meet many people. You don’t remember them all, but there are some who are special, and these are the persons who will stand out in your mind and will be remembered in the very years to come of your life.

So tonight, I am grateful that the leadership has allowed us this time to pay tribute to Jacqueline Ellis, who was born in Mobile, Alabama, on October 22, 1897, a very difficult time in the life of the country, and who made a transition on September 21 of 2016. She is gone, but she is not forgotten. She will be remembered. We are grateful that we have had an opportunity to commemorate her life and celebrate the wonderful person that she was.

Mr. AL GREEN of Texas. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on the subject of my Special Order.

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

There was no objection.

Mr. GOODLATTE. Mr. Speaker, today I and other Members of the House, most especially members of the Virginia delegation, but other House Members who served with three of our Virginia colleagues, are here to express our thanks and pay tribute to service, to the people of Virginia, and the people of the United States of America. We are saddened to lose three members of our great Virginia delegation, but we have the utmost regard for all of them, and we wish them well in their future endeavors.

I am going to start by recognizing my dear friend and colleague on the House Judiciary Committee, Congressman RANDY FORBES. I remember when RANDY arrived here. I had known him many years before he was elected to the House. I was, frankly, thrilled when he decided to run for the House of Representatives and got elected. Of course, his first priority, representing the Fourth Congressional District, was to get on the House Armed Services Committee.

Once he secured that, he was looking for a second committee. I encouraged him to seek a position on the House Judiciary Committee and helped him in his effort to do that. He is a fine attorney and someone who was a great value to me and my predecessors who have had the honor of chairing the House Judiciary Committee.

Born and raised in Chesapeake, Virginia, RANDY FORBES has never forgotten who he is or where he came from. Growing up as the son of a World War II Normandy veteran, RANDY was raised on the values of duty, hard work, family, and faith. He carried those principles with him to Randolph-Macon College, where he graduated as valedictorian of his 1974 class, and throughout his years at the University of Virginia School of Law.

After first elected to Congress in 2001, RANDY’s highest priority has been to protect and defend our Nation, the fundamental freedoms it was founded upon, and the men and women who fight for those freedoms. As chairman of the House Armed Services Subcommittee on National Security, RANDY is one of the Nation’s forceful advocates for a strong national defense.

During her tenure, she changed the lives of countless men and women, particularly those of color that she came in contact with. It was not uncommon for her to give all to anyone that came through her door without asking for recognition. She stayed humbled and committed to her purpose to fulfill her life’s mission of service.

Her love and dedication to Delta Sigma Theta Sorority, Inc. was felt with all her sorors, especially those who work on Capitol Hill. She assisted with hosting Delta Days at the Nation’s Capitol and ensured that all who attended welcomed. She was the matriarch for Deltas on the Hill, which gave members of her sorority at space to laugh, love and support each other on Capitol Hill. To my colleagues who are members of Delta Sigma Theta Sorority, Inc., I mourn with you all today for the loss of your sister.

She was a true humanitarian and her presence is missed throughout the halls of the Capitol. My thoughts and prayers go out to her family, Congressman AL GREEN’s staff, her sorors, and all those who she impacted in her lifetime.

Mrs. BEATTY. Mr. Speaker, I thank my good friend and Congressional Black Caucus colleague, Congressman AL GREEN of Texas, for leading tonight’s Special Order Hour to honor and in memorial to beloved Congressional staff member, Jacqueline A. Ellis, known to most of us as Jacqui.

On September 21, 2016, the world lost Jacqueline Ellis, the beloved mentor, friend, colleague, and sister, and we, here in the halls of Congress, lost a legend.

Through her nearly 30 years of service in the people’s House, Jacqui helped to expand diversity on the Hill and inspired countless young people to dedicate their lives to public service.

She served as a mentor for many young African-American staff who came to Capitol Hill looking to make a difference in our nation.

When Jacqui became a House staffer in 1988, there were few people of color in the corridors of the Congress, but that did not dissuade Jacqui. Instead, it inspired her to assist and help numerous Black staffers thrive.

As one of the first Black women to serve as a Chief of Staff on Capitol Hill, she was a trailblazer who opened the door so other that women of color could follow in her footsteps.

She founded the Organization of African-American Administrative Assistants for Chiefs of Staff in the House. And, she worked quietly and without fanfare to assist and help thousands of Black staffers thrive.

She was a proud member of Delta Sigma Theta Sorority, Inc., and one of my sorors. She was instrumental in planning and executing the annual “Delta Days” on the Hill.

She was also a proud member of The LINKS Incorporated and coordinated its Congressional Black Caucus Foundation Issues Forum.

Her charitable nature, her unbridled spirit, her selfless dedication to public service, and her strong faith will certainly be missed.
As a result of his dedicated efforts, Chairman FORBES is one of the few individuals to be honored with the highest civilian awards offered by both the United States Army and the United States Navy. He is also a senior member, as I mentioned, of the House Judiciary Committee, where he serves as a member of the Subcommittee on Courts, Intellectual Property, and the Internet, as well as the Subcommittee on Crime, Terrorism, Homeland Security, and Investigations. And he is the founder and co-chairman of the Congressional Prayer Caucus and the Congressional China Caucus.

RANDY began his career in private law practice, ultimately becoming a partner in the largest law firm in southeastern Virginia. From 1989 to 2001, he served the Commonwealth of Virginia in the General Assembly.

He and his wife, Shirley, have four children and three grandchildren, which RANDY personally regards as his greatest achievement. And, no doubt, as a grandfather myself, I understand well that sentiment, and I wish him very well with his family and hope that he has much time to enjoy with them, but not too much time because he is too valuable to our country not to be afforded another opportunity to serve our country in some great capacity.

Congressman ROBERT HURT also served with distinction in the Virginia General Assembly, and then a little over 6 years ago came to visit me and my wife, Maryellen, in our home to talk about his possibility of seeking election to the Congress. We encouraged him to do just that, he did, and was successful.

ROBERT HURT is a member of the Financial Services Committee, which has jurisdiction over all aspects of the Nation’s financial and housing sectors. Within the committee, he serves as the vice chairman of the Capital Markets and Government Sponsored Enterprises Subcommittee and also serves on the Oversight and Investigation Subcommittee. As a native of Pittsylvania County, ROBERT began his time in public service in 2001, as a member of the Chatham Town Council. From 2002 to 2007, ROBERT served in the Virginia House of Delegates, representing parts of Pittsylvania County, Henry County, and the city of Martinsville.

Starting in 2008, ROBERT represented the 19th district in the Senate of Virginia for 2 years, which includes the city of Martinsville, Pittsylvania County, Franklin County, and part of Campbell County. He received his college education at Hampden-Sydney College in the district that he now represents in 1991. He obtained his law degree from the Mississippi College School of Law in 1996. From 1999 to 2011, ROBERT was engaged in a general law practice in the courthouse town of Chatham, where he lives with his wife, Kathy, and their three sons—Charles, Clement, and John.

SCOTT RIGELL was also elected to Congress in the same year that Congressman HURT was, and we were delighted to have him come and join us as an advocate for our Nation’s defense. He serves on the House Committee on Appropriations. Since taking office in January 2011, Congressman RIGELL has made creating jobs, strengthening our military, controlling Federal spending, and championing the interests of Virginia our top priorities. In representing the Nation’s largest military district, Congressman RIGELL is working to preserve our region’s unique military assets and to support our men and women in uniform.

He was instrumental in the successful effort to keep all East Coast aircraft carriers based in Norfolk, and he introduced language that improved the maintenance of military housing, included in that year’s National Defense Authorization Act. With strong bipartisan support, the House and Senate passed Congressman RIGELL’s Drywall Safety Act of 2012, which was signed into law by the President in early 2013. This legislation sets chemical standards for domestic and imported drywalls, establishes remediation guidelines for the disposal of all drywall, and expresses a sense of Congress that China must be held accountable for the damage this product has already caused in our community and across America.

Prior to his election to Congress, he was a successful entrepreneur, businessman, and community leader—the founder of Freedom Automotive. Congressman RIGELL and his wife, Teri, previously owned auto-mobile dealerships in Chesapeake, Hampton, Norfolk, and Virginia Beach. He served 6 years in the United States Marine Corps Reserve and rose to the rank of sergeant before receiving an honorable discharge. He earned his BBA from Mercer University and an MBA from Regent University.

He and his wife are the proud parents of four children and four grandchildren. They are competing well with the Forbes family in the grandchildren department, and I know they also will enjoy more time with those grandchildren; but I hope we see Congressman RIGELL serving his country in another capacity in the future as well.

At this time, I am delighted that we have Members whose districts adjoin Congressman RIGELL’s, Congressman HURT’s, and Congressman FORBES’. I know that Congressman Rob Wittman, who served on the Armed Services Committee with Congressman FORBES, has to be somewhere else; so I am going to turn to him first, and then I will turn to Congressman SCOTT. I am happy to yield to the gentleman.

Mr. WITTMAN, I thank the chairman.

Mr. Speaker, it truly is an honor and a privilege to reflect on the careers of three dear friends as the gentleman spoke so eloquently about Congressman RANDY FORBES, Congressman SCOTT RIGELL, and Congressman ROBERT HURT. They have been true Virginia leaders. They are all statesmen in the truest sense of the word. They are all servant leaders in their putting others before themselves, and they have done that throughout their tremendous careers in public service.

RANDY FORBES is a dear friend. RANDY is one of those unique individuals who truly, truly puts others first in everything that he has done. I have known RANDY through the years, back to his days in the Virginia General Assembly, where he created great opportunities for folks, not only in the district that he represented, but he also made an impact on the State of Virginia. He was a very thoughtful and eloquent legislator. He understood what government’s role was. He wanted to make sure that that was done properly. He also played a critical role in his party. The Grand Old Party was better off in Virginia because of RANDY FORBES’ leadership. He needed to have him in that capacity there for a number of years. I have known RANDY as a dear friend but also, truly, as one of the most effective legislators whom we have seen up here on Capitol Hill.

I am pleased, Mr. Chairman, on your Committee on the Judiciary is marked by many great accomplishments there as well as by some very sound and thoughtful judgments and, most importantly, by some very probing questions with respect to the future as interview panelists or witnesses who came before the Judiciary Committee.

He was extraordinarily adept at as he was—and still is—on the House Armed Services Committee. It was tremendous to watch RANDY as he would pick apart an issue and get critical information from witnesses or panelists who came before our committee. Whether it was in a briefing or whether it was in real time in the truest sense of the word, he was extraordinary in his opportunities there.

He really cares passionately about our Nation’s military, about the men and women who serve and what we provide for them to serve. He has done a spectacular job in efforts to rebuild our Nation’s Navy. In fact, this year, for the first time in 8 years, our Navy is actually back to growing again. We are building more ships than we are retiring. That is due in part to RANDY FORBES’ leadership and the things that he has done to make sure that things like our carrier program with the Ford-class carriers and with our new Ohio-class replacement nuclear submarines, and the Columbia-class are on track, as well as the Virginia-class with our new destroyers. He has been extraordinary in making sure that he has been an advocate to ensure that our sailors have what they need as well as our marines and the Army. He has been extraordinary. For all that he has done, he has done that every minute that he has served there on the Armed Services Committee.
I have learned a lot from RANDY. I have valued his counsel, but I have also watched his leadership as he has done things for our Nation that I think are extraordinarily important. I believe those accomplishments are things that will come but for decades to come. He has watched his leadership as he has done an extraordinary job there, not just here in Virginia, but also across the Nation. He has been the cofounder and co-chairman of the Seapower and Projection Forces Subcommittee, where he has been a staunch advocate to make sure that we push back against those intrusions on our religious liberties and freedoms. He has done an extraordinary job there.

I value that relationship that I have with RANDY as a member of the Prayer Caucus and for the things that he has done. He has been unafraid to be out there in the forefront to make sure that he points out those efforts that are antifait efforts and to make sure that he stands strong on the side of those folks who want to make sure that their religious beliefs are protected. He has done an extraordinary job there, not just here in Virginia, but also across the Nation. He has been seen as a true leader there. Again, it goes to the heart of that servant leader that RANDY truly is. We will miss him in those capacities. I know that he will continue to make sure that he is a beacon defending religious freedoms and liberties in whatever capacity he continues after his term here in Congress. We look forward to his efforts there also.

As well, the gentleman spoke of Congressman ROBERT HURT. ROBERT and I have a lot in common. ROBERT comes from the small town of Chatham in Pittsylvania County. He began there on the town council—the same place as I began in the little town of Montross. Both are very, very similar towns. ROBERT also has that heart of a servant leader by which he looked at where he could best serve his citizens there in the town of Chatham as well as going on to the general assembly there in Richmond, which is where he and I served for a number of years. He went on to the State senate and then, later, here to the House of Representatives.

Mr. Chairman, just as you spoke of them, ROBERT and his wife, Kathy, graciously sat down with Kathryn and me to ask questions about what service would be like if he were to decide to run for the U.S. House of Representatives. I know that the challenges were but also what he could accomplish in that role. I believe that he, again, put the Virginia way first in making sure that he was there to serve when he made that decision. It certainly was one that I know was a difficult one for him but also one that he came here with a lot of passion about as to what he could do to make a difference in the direction of this country, and ROBERT has continued that.

I have known ROBERT through the years. He has always been a man of deep personal conviction but also a man of deep passion. ROBERT is a lover of life, but he is also one who never backs away from an issue that he feels passionately about. As you know, I have watched his speeches. Boy, I will tell you, if it doesn’t make the hair stand up on the back of your neck, nothing will. He is an effective standard-bearer for issues that are important to the Nation and to Virginia and a real leader there on the Financial Services Committee, whereby he knows those issues backwards and forwards. Again, it is that background that he brings from his time in local and State government that, I think, makes him an extraordinarily effective legislator here.

We will certainly miss him, but I know that the next step in his career—with his wife, Kathy, and his three sons—will be one in which he will enjoy the time there in the small town of Chatham. I know he intends to go back and practice law there and get back to the important elements of what makes Chatham special and what makes Virginia special. We will miss him, but I know that will still be extraordinarily successful there.

I have known Representative SCOTT RIGELL for a number of years even prior to his coming to Congress, I will never forget the conversation that I had with him as he was—again, like ROBERT—thinking about running for Congress and how passionate he was about the direction this Nation was taking both in its deficit and its debt and as to what was happening to small businesses. As a small-business owner, he later went on to own some significant businesses there in the Tidewater area. He really saw what was unfolding in our Nation, and it caused him deep, deep concerns not only for himself and Teri, but also for his children and now for his grandchildren.

What a person of passion—and very eloquent. He was also a person who wanted to make sure that we reformed the way government conducted business. He and I had many, many deep, deep conversations about what that would look like and how process is important and how doing the work of the Nation was absolutely critical. Whether what we were doing was to help small businesses or what we were doing was to ensure that our Nation’s military had what it needed or what we were doing was to address the Nation’s finances, he was equally adept and well schooled in those subject he quickly study on issues but a thorough study. He was exhaustive in how he would look at information concerning legislation or what he could do on a particular issue, and I admired him for that because you knew, when SCOTT RIGELL came to the floor to vote, that he knew that bill and that issue backwards and forwards. In fact, many times, I would go to talk to him about a bill that was coming up, and I could guarantee that SCOTT knew it without limitations. He was very, very passionate about that.

That is the reason he came to Congress and what he came here to accomplish, and he did an extraordinary job there, and we look forward to his efforts there. Mr. Chairman, I agree with you. I think our Nation will be the better for having RANDY there in a future capacity in leadership. I am hopeful that that will happen, and I truly value the things that he has done.

RANDY isn’t somebody who just focuses on the Nation’s military. He is also a fighter for our individual liberties and freedoms, specifically our religious liberties and freedoms. He has been the cofounder and co-chairman of the Prayer Caucus, where he has been a staunch advocate to make sure that we push back against those intrusions on our religious liberties and freedoms. He has done an extraordinary job there. I value that relationship that I have with RANDY as a member of the Prayer Caucus and for the things that he has done. He has been unafraid to be out there in the forefront to make sure that he points out those efforts that are antifait efforts and to make sure that he stands strong on the side of those folks who want to make sure that their religious beliefs are protected. He has done an extraordinary job there, not just here in Virginia, but also across the Nation. He has been seen as a true leader there. Again, it goes to the heart of that servant leader that RANDY truly is. We will miss him in those capacities. I know that he will continue to make sure that he is a beacon defending religious freedoms and liberties in whatever capacity he continues after his term here in Congress. We look forward to his efforts there also.

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All of them have brought lasting change to this body and will continue, I know, in further capacities in their life after. We thank them immensely. We are all better off for their service, and I know that we will continue to confer with them now as repositories of wisdom in the issues that we have to deal with going forward.

Mr. Speaker, I thank Chairman GOODLATTE, too, for taking the time tonight for all of us to be able to recognize the contributions to the State of Virginia, their sacrifice, and truly the sacrifice of their families. As we all know, there is a sacrifice
of families, too, for Members that serve here in Congress.

Again, we wish SCOTT, RANDY, and ROBERT all the best. We wish them God’s blessings in the years ahead. I know that they will continue to lead and to serve in different capacities, but in every capacity they serve with integrity.

Mr. GOODLATTE. Mr. Speaker, I thank the gentleman for sharing his personal experiences, his friendships with these three outstanding Members of Congress.

I turn to the other neighboring Congressman, the Congressman from the Third Congressional District who has served with me for many years on the House Judiciary Committee until he went to become the ranking member on the House Education and the Workforce Committee and has served here as long as I have. He has much knowledge about that part of the world and about these three gentleman. I thank him for taking time this evening.

I yield to the gentleman from Virginia, Mr. SCOTT.

Mr. SCOTT of Virginia. Mr. Speaker, I thank the gentleman from Virginia for yielding and for organizing tonight’s Special Order.

Tonight, we honor three retiring members from the Virginia delegation to Congress: Congressmen RANDY FORBES, ROBERT HURT, and SCOTT RIGELL.

Despite our differences from time to time on national policy, the Virginia delegation has a long history of being able to constructively work together on issues of importance to the citizens of the Commonwealth of Virginia. Former-Senator John Warner, the longtime dean of our delegation, embodied this bipartisan work ethic, and we have already heard it referred to as the Virginia way of doing things.

During their service in Congress, RANDY, ROBERT, and SCOTT have each put their mark on this institution and on national policy.

ROBERT HURT has been a leader on the Financial Services Committee and focused on policies to expand economic opportunity in south side Virginia and communities around the Nation. A strong advocate for community banks and credit unions over his three terms in Congress, ROBERT has also worked to ensure that consumers are financially literate with the necessary information to make the best financial choices for their families. ROBERT has always fought for what he believed to be the best interest of his constituents, and so I wish him and his family well as he returns to his home in Chatham.

I have come to know SCOTT and RANDY very well as our congressional districts are adjacent and we even rode together in the Hampton Roads area of Virginia. Along with our colleague, ROB WITTEN, we have participated in countless joint appearances and events across Hampton Roads.

In both the private and public sector, SCOTT RIGELL has dedicated his life to serving the Hampton Roads community. In his three terms in Congress, he has developed a well-deserved reputation as a pragmatic, bipartisan leader as he addresses the Nation’s fiscal issues and reforming how Congress operates. We have been working together on many issues, but I especially appreciate his strong and advocacy of the SAFE Justice Act, a comprehensive criminal justice reform bill that the gentleman from Wisconsin (Mr. SENSENBRENNER) and I introduced last year. I wish SCOTT, his wife Terry, and his children and grandchildren all the best as he transitions back to private life.

RANDY and I have become good friends during his time in Congress as we served together for many years on the House Judiciary Committee. Hampton Roads is the home to many military facilities, both private-sector defense contractors and military facilities, particularly those associated with the Navy. There is no Member of Congress who knows more about our Navy than RANDY. As Chairman of the Seapower and Projection Forces Subcommittee of the Armed Services Committee, he has been an important voice on defense and shipbuilding policy. Hampton Roads has been fortunate to have RANDY fighting for our region’s military and shipbuilding interests over the last 50 years. I will also miss working with him on modeling and simulation. He was the founder of the Modeling and Simulation Caucus. He promoted the modeling and simulation technology to increase efficiency and to save the taxpayers money.

I wouldn’t count RANDY out just yet. I know he will find ways to continue to serve our men and women in uniform in the months and years ahead, and so I wish him, his wife Shirley, and children and grandchildren well as they start the next chapter of their lives.

Mr. Speaker, I, again, want to thank the gentleman from Virginia (Mr. GOODLATTE) for organizing tonight’s Special Order. The departure of Congressmen ROBERT HURT, SCOTT RIGELL, and RANDY FORBES is a loss for the House of Representatives and the Commonwealth of Virginia. Each of these men deserve our sincere gratitude for their service to our Nation and the civility that they have exemplified during their service.

Mr. GOODLATTE. Mr. Speaker, I thank the gentleman for his kind remarks about all three of these fine Representatives.

I yield to the gentlewoman from Indiana (Mrs. WALORSKI), who knows them as well.

Mrs. WALORSKI. Mr. Speaker, I rise today as we honor the exemplary service of three departing Members of this distinguished body. Congressmen RANDY FORBES, ROBERT HURT, and SCOTT RIGELL have served our districts and our Nation with honor and distinction, and they will be sorely missed.

I must take a moment and talk about the privilege I have had of serving alongside my friend, RANDY FORBES, on the Armed Services Committee and on the Seapower and Projection Forces Subcommittee he chairs.

Over the past few years, as the Obama administration has sought to shrink the size of our Armed Forces and reduce the number of ships in our Navy, it has been RANDY that has led with a strong, passionate advocacy for our servicemembers and a strong, informed defender of our Navy. As Chairman of the Seapower and Projection Forces Subcommittee, he chairs, Congress shall have the power to provide and maintain a Navy. No one has fulfilled that task more honorably or diligently than Congressman RANDY FORBES.

RANDY, your experience and your insights will be missed in Congress and on the Armed Services Committee, but I look forward to see where your commitment to service leads you. Until then, my friend, wish you fair winds and following seas.

Mr. GOODLATTE. Mr. Speaker, I yield to the gentleman from Iowa (Mr. KING), another valued member of the House Judiciary Committee who has served literally alongside Congressman FORBES.

I think you have sat next to him, if not close to each other, for many years on the committee.

Mr. KING of Iowa. Mr. Speaker, I am very pleased to have the privilege to have been yielded to from Chairman GOODLATTE of Virginia, who I know laments the departure of three very esteemed members of the Virginia delegation and people I have had a privilege to serve with. I certainly tip my hat to, bow to, and salute all three of them: Congressmen RANDY FORBES, SCOTT RIGELL, and ROBERT HURT.

I came here this evening to focus a majority of my remarks on that of Representative RANDY FORBES because, as Chairman GOODLATTE said, I have had the privilege to sit next to RANDY FORBES on the Judiciary Committee—exactly right—but it could be for the full 14 years that I have been here. We have been either next to each other or within one seat of each other all that period of time.

I have long viewed RANDY FORBES as my wingman on the House Judiciary Committee. He is the anchor. He is a man who we know is a man of faith. He led the Prayer Caucus here for a good number of years. We know that he is a constitutionalist and he has served on the Constitution and Civil Justice Subcommittee as well as me for many, if not, all of those years. When a man puts that kind of commitment and effort into defending the Constitution and defending innocent human life and defending the values and the anchors of our faith, of our families, of our Constitution and—by the way, on the Crime, Terrorism, Homeland Security, and Investigations Subcommittee—defending the rule of law and bringing about appropriate punishment for people who violate that law, that is the life of RANDY FORBES.

I thank all three of them.
I may be wired a little tighter than RANDY. I would come and sit down on the Judiciary Committee, and I might be all wound up. RANDY was always the calming influence on me. I am sure Chairman GOODLATTE appreciates that; that RANDY would listen over and put his hand on my arm and he said: Now, Steve, here is where we are, here is where we are going.

There would also be times, though, he would turn his ear and he would listen to the arguments that I would make. We had hundreds and hundreds of conversations that helped shaped me as a Member of Congress, and they always were anchored in the right values.

Witnesses you know come from a man who has demonstrated that here in the House of Representatives.

I thought, too, that RANDY was one of the best cross-examiners of a witness that I have seen in this United States Congress, and those among the best do serve on the Judiciary Committee.

Those issues seem to come to us, and they refine your skill sets. RANDY would be sitting there. And as the line was coming down toward us on where we sat, and RANDY made that observation that would be sitting there. And as the line was coming down toward us on where we sat, and RANDY made that observation that would be sitting there. And as the line was coming down toward us on where we sat, and RANDY made that observation that would be sitting there. And as the line was coming down toward us on where we sat, and RANDY made that observation that would be sitting there.

I always knew that when RANDY had his pen up and he would have his research paper there and he would be taking notes in between that, what he was really doing, Mr. Speaker, was prepping himself to take—most of the times we only had 5 minutes—to take that information that had to go to the base facts that were necessary. RANDY did that as well as anybody that I have seen. It always was anchored in the rule of law, the Constitution, the faith, freedom, values and, of course, his strong support for the military and strengthening our military.

I wanted to put into the CONGRESSIONAL RECORD tonight, Mr. Speaker, something that impressed me about RANDY. It was after Hurricane Katrina hit New Orleans and RANDY and I went down in that area 6 months or a year afterwards. He came back with this data, which I wrote down and typed into my notes because it was something that just really gripped me.

The murder rate in New Orleans post-Katrina had risen to the point that it was 90 out of each 100,000 people who were victims of murder in New Orleans at that time. Only 1 out of 83.33 murderers at that time, and those 10 in 10 murders resulted in an arrest. And of those total murders, only 1 in 8.33 resulted in convictions. So roughly 1 in 8 murderers were solved. And that was a rate that is astonishingly high when you consider the numbers—90 of 100,000 murders, the violent death rate or the murder rate for New Orleans—where in the United States broadly it is around 6 per 100,000 as opposed to the 90 per hundred thousand. RANDY brought that kind of information back to me.

He was also a leader in the fight against gang violence and gang crime, and he brought that case before the Judiciary Committee a number of times for us. Each time RANDY spoke, we did listen and it moved policy in the right directions.

One of the other things, Mr. Speaker, that I think my perspective of this: Jo Ann Davis represented Virginia’s First Congressional District at the time and passed away untimely in the year 2007. I went down to her funeral. I had, of course, served with Jo Ann and traveled overseas with her into the war zones. She was also on the Armed Services Committee.

RANDY FORBES gave the eulogy for former Congresswoman Jo Ann Davis. I remember sitting in that church in Virginia, and RANDY stepped up to speak about the life of Jo Ann Davis and, without notes, gave one of the most moving and deepest eulogies I have heard in my life. It would have been impossible for RANDY FORBES to give such a presentation had he not respected the way that Jo Ann Davis the way that he did and watched her moves. The things that she did in her life reflected upon him in a way that he could honor her life at a time like that that had to give comfort to the family members that were in that church that day.

I would express this about RANDY—and I hope he has a long time to serve America—but he has affected my life in a similar way. He has made me a better Congressman and he has done so with dignity and with class.

The time that RANDY spent in public life, Mr. Speaker, from the time he was elected to the Virginia House of Delegates in 1990 until 1998, and then to the State Senate of Virginia in 1998 until 2001, when he came here midterm in June of 2001 and served in this Congress, and he will serve in this Congress until January 3 of 2017. That is going to add up to somewhere really quite years, at least—20 years. And what he turned to on many occasions to make sure I understand what the legislative process is, Mr. Speaker.

As a business professional, I understand what needs to be done to move our country forward, move our economy forward, and to create more jobs in Maine and throughout the country; but the gears of how Congress works is something that has been new to me, and I want to thank ROBERT HURT very much for the patience he has extended to me to answer questions I have had. He is very thoughtful and smart, and he has been very helpful to me, along with Mr. FORBES and Mr. RIGELL.

I thank Chairman GOODLATTE for giving me an opportunity to salute these tremendous gentlemen from the Commonwealth of Virginia, for extending their help to me as a freshman, to our State, and to our country. Congratulations to all these wonderful Congressmen.

Mr. GOODLATTE. I thank the gentleman for his kind words and for taking the time to share them with us this evening.
I yield now to the gentleman from the Ninth Congressional District of Virginia (Mr. GRIFFITH), my friend and neighboring Congressman. He served in the Virginia General Assembly with both RANDY FORBES and ROBERT HURT and was elected to Congress the same year that ROBERT HURT was. He knows all three of these individuals well, and I appreciate him taking the time this evening to participate as well.

Mr. GRIFFITH. Mr. Speaker, I thank Congressmen GOODLATTE for yielding. It is my honor and privilege to be here to recognize these three Virginians who have served their Commonwealth so well.

SCOTT RIGELL and I were elected along with ROBERT HURT back in the same year, back in 2010. I got to know SCOTT when I got here. He is the one of the three who are retiring whom I did not know prior to coming to service in Congress. I learned that he was a hard worker, a dedicated public servant, someone who truly believed in trying to do everything the right way. Like myself every now and then, he was a little bit of a maverick and would cut his own way, but that is important in Congress, that we don’t all walk in lockstep, that we work together but that we respect each other’s opinions.

SCOTT RIGELL is a gentleman who certainly does that, and as a Representative, he has done that very well. I go next to RANDY. With the exception of, I think, probably Congressman SCOTT has known RANDY longer, having served a couple years in the State legislature before he came to Congress with RANDY, I think I have served longer with RANDY because I served with him first in the house of delegates, where he was a role model, one of the leaders on the floor in the Virginia House.

He then moved on to the Senate just before Republicans took control of the House in 1994, 1995, some time in the 1990s. He was a feisty floor debater, one who was always prepared, and somebody that I looked up to and used as a role model in trying to figure out how I was going to behave on the floor and act as a gentleman and yet be determined and fierce in defending my positions. RANDY FORBES always did that in the Virginia House. He then went on to the Virginia Senate, where he, likewise, defended his positions and was known as a leader.

Then he came to Congress, where he kept saying to me: You would love it. There are so many policy issues that you would get into.

He enjoyed his time here very much, and not because he felt that it was just something that he enjoyed doing, but because he could take his talents and serve the people of the Commonwealth of Virginia with those talents and serve his Nation, the United States of America, with those talents as well.

If someone will see RANDY doing other public service in the not-too-distant future, but I am so very glad that I had the opportunity tonight to talk about his service to the Commonwealth of Virginia and to the United States.

Last but certainly not least, my friend ROBERT HURT. ROBERT came after me into the Virginia House of Delegates. He was a newer member. He had to make the tough decision of moving over to the Senate, I think Congressman SCOTT made that error, too. But ROBERT HURT and I got to be friends in the house of delegates. He was a newer member. He had to make the tough decision of moving on early on. We didn’t always agree, but I told him to stick to his viewpoint and that he would be fine.

He is just a fantastic individual, a good friend. I am sorry that he decided to retire. I welcome his successor, but I am sorry that he decided to retire because I really enjoyed boding off of him and sitting in the back row and talking about everything from birds that we might have seen alive or dead somewhere along the highway or keeping notes on some of the flora and fauna of our part of Virginia. Our districts abutted. Where Congressman GOODLATTE and I share the Roanoke Valley, Congressman HURT and I shared Henry County and that area as well, and it was truly an honor to serve with him.

I didn’t get to serve with any of the gentlemen on a committee. We have heard a lot of great testimony about what great committee members they were. We have lived life together, but I did get to serve with them in the House for two of them and here on this floor for 6 years. It was an honor and a privilege to work with them and to learn from them and to watch as they behaved as gentlemen ought to do in a society and in a place where we may disagree, but we can be agreeable while we disagree on issues.

Mr. GOODLATTE. I thank the gentleman for his kind remarks as well.

The RECORD is open, and I know some additional Members will put remarks into the RECORD, but I just want to close by saying that I was proud to serve with all three of them. They are strong advocates for their constituents. They have a strong love for their country, and they are fighters for limited government and individual responsibility and the free enterprise system. They believe very strongly in lower taxes and less government regulation.

They work hard for their families in passing legislation that strengthens American families and, most especially, they are all strong believers in a strong national defense and have worked hard for their Nation in this body. They deserve all of the accolades they have received and many, many more. I wish them Godspeed and great futures with their families and their future endeavors.

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

Mr. HULTGREN. Mr. Speaker, I rise today to recognize three friends and colleagues from Virginia who have served the House of Representatives and the American people faithfully and with whom I have enjoyed working during our time together in the House.

Congressmen SCOTT RIGELL, RANDY FORBES and ROBERT HURT will be greatly missed, and I personally will miss them as they leave office at the end of this 114th Congress.

I have valued SCOTT RIGELL’s strong faith and commitment to regular Bible study ever since we entered Congress together in 2011. He regularly seeks God’s wisdom as he serves his constituents. I have appreciated the way in which he models his faith and convictions as a servant of the people.

RANDY FORBES has also demonstrated that true wisdom comes from the Source of all wisdom.

His founding of the Congressional Prayer Caucus as a body to encourage Members of Congress to pray with their colleagues in the House has been meaningful to me personally and an inspiration to many of our like-minded colleagues.

ROBERT HURT and I have worked together on the Financial Services Committee, and I have appreciated his role defending our community banks as Vice-Chair of the Capital Markets Subcommittee.

I’ve had the great opportunity to work with him on the Investment Advisers Modernization Act and his contribution has made it easier for private equity to invest in our economy and grow jobs. As they return to private life, each one of these men should be proud of the service they have rendered to their constituents and their country and the mark they have left on this institution and on those, like myself, who have had the privilege to serve alongside them.

SENATE BILLS REFERRED

Bills of the Senate of the following titles were taken from the Speaker’s table and, under the rule, referred as follows:

S. 2944. An act to require adequate reporting on the Public Safety Officers’ Benefits program, and for other purposes; to the Committee on the Judiciary.

S. 3438. An act to authorize the Secretary of Veterans Affairs to carry out a major medical facility project in Reno, Nevada; to the Committee on Veterans’ Affairs.

ENROLLED BILL SIGNED

Karen L. Haas, Clerk of the House, reported and found truly enrolled a bill of the House of the following title, which was thereupon signed by the Speaker:

H.R. 4665. An act to require the Secretary of Commerce to conduct an assessment and analysis of the outdoor recreation economy of the United States, and for other purposes.

ADJOURNMENT

Mr. GOODLATTE. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 8 o’clock and 10 minutes
Mr. CHAFFETZ: Committee on Oversight and Government Reform. H.R. 5384. A bill to amend title 44, United States Code, to restrict the distribution of free printed copies of the Federal Register to Members of Congress and other officers and employees of the United States, and for other purposes (Rept. 114-841, Pt. 1). Referred to the Committee of the Whole House on the State of the Union.

Mr. CHAFFETZ: Committee on Oversight and Government Reform. H.R. 5188. A bill to authorize appropriations for fiscal year 2017 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes (Rept. 114-841). Referred to the House Calendar.

Mr. BYRNE: Committee on Rules. House Resolution 897. Resolution providing for consideration of the conference report to accompany the bill (S. 2943) to authorize appropriations for fiscal year 2017 for military activities of the Department of Defense, for military construction, and defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes (Rept. 114-841). Referred to the Committee on Natural Resources.

Mr. VANDERHình: Committee on Ways and Means. H.R. 5380 referred to the Committee of the Whole House on the State of the Union, and ordered to be printed.

H.R. 5384 referred to the Committee of the Whole House on the State of the Union, and ordered to be printed.

H.R. 6409. A bill to prohibit the commercial harvesting of Atlantic striped bass in the coastal waters and estuarine economic zone; to the Committee on Natural Resources.

H.R. 6411. A bill to amend the Federal Water Pollution Control Act to clarify that fill material cannot be comprised of waste; to the Committee on Transportation and Infrastructure.

H.R. 6412. A bill to amend the Oil Pollution Act of 1990 to require oil polluters to pay the full cost of oil spills, and for other purposes; to the Committee on Transportation and Infrastructure.

H.R. 6415. A bill to amend the Internal Revenue Code of 1986 to require oil polluters to pay the full cost of oil spills, and for other purposes; to the Committee on Transportation and Infrastructure.

H.R. 6418. A bill to prohibit the commercial harvesting of Atlantic striped bass in the coastal waters and estuarine economic zone; to the Committee on Natural Resources.

H.R. 6419. A bill to amend the Internal Revenue Code of 1986 to require oil polluters to pay the full cost of oil spills, and for other purposes; to the Committee on Transportation and Infrastructure.

H.R. 6421. A bill to amend the Oil Pollution Act of 1990 to require oil polluters to pay the full cost of oil spills, and for other purposes; to the Committee on Transportation and Infrastructure.

H.R. 6423. A bill to amend the Internal Revenue Code of 1986 to provide additional new markets tax credits for certain small communities; to the Committee on Ways and Means.

H.R. 6404. A bill to permit occupational therapists to conduct the initial assessment visit under a Medicare home health plan of certain persons to ten cases; to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

H.R. 6406. A bill to amend the Internal Revenue Code of 1986 to extend for one year the exclusion from gross income of discharge of qualified principal residence indebtedness; to the Committee on Ways and Means.

H.R. 6407. A bill to direct the Secretary of Veterans Affairs to submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Government Reform, regarding the organizational structure of the Department of Veterans Affairs, and for other purposes; to the Committee on Oversight and Government Reform.

Mr. LANGEVIN: H.R. 6408. A bill to amend the Internal Revenue Code of 1986 to provide additional low-income household health and safety; to the Committee on Ways and Means.

Mr. MEADORS: H.R. 6409. A bill to protect freedom of speech in America’s electoral process and ensure transparency in campaign finance; to the Committee on House Administration.

Mr. CHAFFETZ: Committee on Oversight and Government Reform. H.R. 5188. A bill to authorize appropriations for fiscal year 2017 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes (Rept. 114-841) delivered to the Clerk of the House of Representatives a report re-
environment, and supporting jobs and new technology; to the Committee on Energy and Commerce.

By Mr. WELCH:

H. Res. 939. A resolution expressing the sense of the House of Representatives that access to digital communications tools and connectivity is necessary to prepare youth in the United States to compete in the 21st century economy; to the Committee on Energy and Commerce.

CONSTITUTIONAL AUTHORITY STATEMENT

Pursuant to clause 7 of rule XII of the Rules of the House of Representatives, the following statements are submitted regarding the specific powers granted to Congress in the Constitution to enact the accompanying bill or joint resolution.

By Mr. JENKINS of West Virginia:
H.R. 6403. Congress has the power to enact this legislation pursuant to the following:
Article 1, Section 8 of the United States Constitution.

By Mr. BOUSTANY:
H.R. 6404. Congress has the power to enact this legislation pursuant to the following:
Clause 1 of Section 8 of Article I of the United States Constitution.

By Mr. GRAYSON:
H.R. 6405. Congress has the power to enact this legislation pursuant to the following:
Article 1, Section 8, of the United States Constitution.

By Mr. KILMER:
H.R. 6406. Congress has the power to enact this legislation pursuant to the following:
Article 1, Section 8, of the United States Constitution.

By Mr. WELCH:
H.R. 6407. Congress has the power to enact this legislation pursuant to the following:
Article 1, Section 8, of the United States Constitution.

By Mr. LANGEVIN:
H.R. 6408. Congress has the power to enact this legislation pursuant to the following:
Article 1, Section 8, Clause 1

By Mr. MEADOWS:
H.R. 6409.

By Mr. PALLONE:

According to Article 1, Section 4, Clause I “The Times and Manner of holding Elections for Senators and Representatives, shall be prescribed in each State by the Legislature thereof; but the Congress may at any time by Law make or alter such Regulations, except as to the Places of chusing Senators.”

H.R. 6410. Congress has the power to enact this legislation pursuant to the following:
Clause 7 of Section 9 of Article I of the Constitution.

H.R. 6411. Congress has the power to enact this legislation pursuant to the following:
Clause 7 of Section 9 of Article I of the Constitution.

H.R. 6412. Congress has the power to enact this legislation pursuant to the following:
Clause 3 of Section 8 of Article I of the Constitution.

H.R. 6413. Congress has the power to enact this legislation pursuant to the following:
Clause 7 of Section 9 of Article I of the Constitution.

By Mr. TONKO:
H.R. 6414. Congress has the power to enact this legislation pursuant to the following:
Article 1, Section 8, Clause 1

The Congress shall have Power to lay and collect Taxes, Duties, Imposts and Excises, to pay the Debts and provide for the common Defence and general Welfare of the United States; but all Duties, Imposts, and Excises shall be uniform throughout the United States.

ADDITIONAL SPONSORS

Under clause 7 of rule XII, sponsors were added to public bills and resolutions, as follows:

H.R. 188: Ms. KELLY of Illinois, Mr. RANSEL, and Ms. LOPESKREN.
H.R. 213: Mr. QUIEGLEY, Mr. FOSTER, Mr. WELCH, and Mr. SESSIONS.
H.R. 2574: Mr. LOBSIACK.
H.R. 2573: Mr. LOBONDO.
H.R. 2520: Mrs. DAVID of California, Ms. LEE and Mr. GUTIERREZ.
H.R. 3119: Ms. NORTON, Ms. WILSON of Florida, Mr. QUIEGLEY, Mr. SPIEGAL MALONEY of New York, Ms. LEE, Mr. McDERMOTT, Mr. HINES, Mr. SMITH of Washington, and Mr. BECK of Washington.
H.R. 3166: Mr. POLIS.
H.R. 3314: Mr. JORDAN.
H.R. 3335: Ms. ROS-LEHTINEN.
H.R. 3770: Ms. NORTON.
H.R. 3796: Mr. JENKINS of West Virginia.
H.R. 4296: Mr. ROGERS of Alabama, Ms. KUSTER, Ms. MOORE, Mr. PASCRELL, and Mr. BROOKS of Alabama.
H.R. 4380: Ms. LOPESKREN.
H.R. 4621: Mr. COHEN.
H.R. 4618: Mr. MOONEY of West Virginia.
H.R. 4907: Ms. SCHAKOWSKY and Mr. GOMMEET.
H.R. 4919: Ms. HARTZLER.
H.R. 4938: Ms. FUDHO and Ms. ADAMS.
H.R. 5167: Mr. MULLIN.
H.R. 5373: Ms. DELAURO.
H.R. 5488: Mr. QUIEGLEY, Mr. LOWENTHAL, and Mr. GUTIERREZ.
H.R. 5500: Ms. DELBECK.
H.R. 5650: Mr. CUMMINGS.
H.R. 5699: Mr. DEBAULNIER.
H.R. 5900: Mr. CICILLINE.
H.R. 5951: Mr. BYRN.
H.R. 5965: Mr. GUTIERREZ.
H.R. 5989: Mr. QUIEGLEY.
H.R. 5999: Mr. LOUDERMILK, Mr. BABIN, and Mr. WITTMA.
H.R. 6377: Mr. WALTZ, Mr. YOUNG of Alaska, Ms. MICHELLE LUKIAN GRISHAM of New Mexico, Mrs. BEATY, Mr. BLUMENAUER, and Mr. CICILLINE.
H.R. 6166: Mr. BUCHSON and Mr. CARSON of Indiana.
H.R. 6176: Mr. RATCLIFF.
H.R. 6226: Mr. CONWAY and Mr. KEATING.
H.R. 6234: Mr. THOMPSON of California.
H.R. 6237: Mr. BROOKS of Alabama.
H.R. 6239: Mr. SENSENBRIN.
H.R. 6239: Mr. VARDA, Mr. CONYERS, and Ms. LOPESKREN.
H.R. 6339: Mr. STEWART.
H.R. 6340: Mr. ENGEL, Mr. KENNEDY, Ms. TSONGAS, Mr. RUIZ, Mr. POULAN, Ms. HANABUSA, Ms. ROYBAL-ALLARD, Mr. CARSON of Indiana, Ms. DELAURO, Mr. RIBBLE, and Ms. TITUS.
H.R. 6346: Ms. MENG.
H.R. 6382: Mr. SCHIFF, Mr. CAPUANO, Mr. MEERS, Mr. RUIZ, Mr. POULAN, Mr. CONNOLLY, and Mr. McDERMOTT.
H.J. Res. 9: Mr. ROGERS of Alabama.
H.R. Res. 103: Mr. COHEN.
H. Res. 104: Mr. COHEN.
H. Con. Res. 35: Mr. GOMMEET.
H. Con. Res. 159: Mr. TIPTON, Ms. JACKSON LEE, and Mr. COHEN.
H. Res. 540: Mr. HOGINS, Mr. GARAMENDI, and Ms. PINGRER.
H. Res. 730: Mr. GENE GREEN of Texas.
H. Res. 861: Mr. QUIEGLEY and Ms. KUSTER.
H. Res. 931: Ms. LEE.
EXTENSIONS OF REMARKS

HONORING TOM WILSON
OF CALIFORNIA
IN THE HOUSE OF REPRESENTATIVES
Wednesday, November 30, 2016

Mr. HUFFMAN. Mr. Speaker, I rise today in recognition of Tom Wilson as he retires as executive director of the Canal Alliance after 24 years of service. Under Mr. Wilson’s leadership, the Canal Alliance has added numerous programs and services, added more than 30 employees, and has maintained four county contracts and 400 active volunteers a year. He has expanded the organization’s budget from $350,000 to $3.8 million today, helping to reach more residents in need.

Mr. Wilson has been instrumental in developing an organization that touches the lives of more than 3,500 people per year with educational, vocational, and legal services, as well as family support. The Canal Alliance helps to provide supplemental food distribution to 400 families every week and English as a second language instruction to 1,200 adults per year. After Immigration and Custom Enforcement officers conducted raids in the community, the Canal Alliance began talks with the Marin County Human Rights Commission, city and county officials, and ICE—conversations that ultimately helped stop the immigration raids.

As a result of the cutting-edge work done by Canal Alliance, the organization has been honored with the 2013 North Bay Leadership Council Award for empowering the Latino Community, the Heart of Marin Award for Achievement in Nonprofit Excellence, the Marin Community Foundation’s Beryl Buck Achievement Award for Promoting Diversity and Inclusiveness, the Tipping Point Community Award, the U.S. Mayors’ End Hunger Award, among others.

In addition to these recognitions, Tom Wilson has been awarded both the Benjamin Dreyfus Civil Liberties Award by the ACLU, and the Martin Luther King Jr. Humanitarian Award by the Marin County Human Rights Commission.

Tom Wilson’s legacy is one of dedicated service to the children and families of San Rafael. Please join me in congratulating him on his retirement and expressing our deep appreciation for his long and exceptional career.

Mr. Speaker, I proudly ask you to join me in commending Zane Green for his accomplishments with the Boy Scouts of America and for his efforts put forth in achieving the highest distinction of Eagle Scout.

Zane has been very active with his troop, participating in many scout activities. Over the many years Zane has been involved with scouting, he has not only earned numerous merit badges, but also the respect of his family, peers, and community. Most notably, Zane contributed to his community through his Eagle Scout project.

Mr. Speaker, I proudly ask you to join me in commending Zane Green for his accomplishments with the Boy Scouts of America and for his efforts put forth in achieving the highest distinction of Eagle Scout.

HONORING BRENDA FREEMAN
OF NEW YORK
IN THE HOUSE OF REPRESENTATIVES
Wednesday, November 30, 2016

Mr. ENGEL. Mr. Speaker, I rise today to honor Brenda Freeman, an individual who has been instrumental in shaping young hearts and minds as a member of the Yonkers public school system for nearly three decades.

A graduate of Yonkers Public Schools, Brenda earned her degree from Westchester Community College and has held the position of School Aide and School Number 16 since 1988. In addition to helping students in the Copy Room, Brenda has been instrumental in organizing many school fundraisers, including the Pasta for Pennies event which benefited the Leukemia Foundation and the American heart association Relay for Life. She also spearheaded the P.T.A. membership drive for her local CSEA union, for which she also served as Building Rep. Brenda also created our SMART Program, picking up the students at School 16 welcoming new staff. She facilitates the Copy Room, Brenda has been instrumental in organizing many school fundraisers, including the Pasta for Pennies event which benefited the Leukemia Foundation and the American Heart Association Relay for Life.

In 2015 the Exchange Club of Club of Yonkers is honoring Brenda as their 2016 Civil Service Employee of the Year. She is most deserving of this wonderful recognition. Congratulations to Brenda on receiving this great honor.

This year, the Exchange Club of Club of Yonkers is honoring Brenda as their 2016 Civil Service Employee of the Year. She is most deserving of this wonderful recognition. Congratulations to Brenda on receiving this great honor.

IN CELEBRATION OF THE AMERICAN RED CROSS CENTENNIAL ANNIVERSARY IN INDIANA

HON. SUSAN W. BROOKS
OF INDIANA
IN THE HOUSE OF REPRESENTATIVES
Wednesday, November 30, 2016

Mrs. BROOKS of Indiana. Mr. Speaker, I rise today to pay tribute to the Indiana Chapter of the American Red Cross in celebration of its 100th anniversary. This dynamic humanitarian organization has made significant contributions to the state of Indiana, to the nation, and around the world. It is my privilege to honor the American Red Cross as it celebrates 100 years of excellence in Indiana. The people of Indiana’s Fifth Congressional District are forever grateful for their exceptional service and dedication to our Hoosier community.

Inspired by the Swiss Red Cross Network, Clara Barton founded the American Red Cross on May 21, 1881, in Washington, DC. The Red Cross received its first congressional charter in 1900 and the second in 1905. Shortly thereafter, the American Red Cross opened its Indiana Chapter in 1916. They have delivered aid in disaster relief, helped feed hungry children, and provided care for the sick. They provide care, shelter, service to veterans, and access to lifesaving blood. Through its strong network of volunteers, donors and partners, the American Red Cross has made a lasting impact in the lives of Hoosiers in their time of greatest need. Over 500,000 volunteers work across America, and more than 3,500 volunteers work to help their fellow Hoosiers in the face of disaster here at home. In 2015 alone the Indiana Red Cross helped 1,300 families through the aftermath of home fires. The Red Cross currently serves 6.3 million Hoosiers across 87 counties in Indiana.

The American Red Cross prevents and alleviates human suffering in the face of emergencies by mobilizing the power of volunteers and the generosity of donors. Born out of the desire to help without discrimination those wounded on the battlefield, the American Red Cross carries on its legacy by working to prevent and alleviate human suffering wherever it is found, both nationally and internationally. All people receive the care, shelter, and hope they need in the face of a disaster. Since 2006, the Red Cross and FEMA have worked together to help government agencies and community organizations plan, coordinate and provide feeding, sheltering and family reunification services for people affected by disasters.

Volunteers carry out 90 percent of the humanitarian work done by the Red Cross. Hoosiers and Americans across the country have the opportunity to translate their care and concern for people down the street, across the country and around the world through the American Red Cross. They not only give back to the community, but it also gives the community the ability to give back to the world.
On behalf of the citizens of Indiana’s Fifth Congressional District, I would like to congratulate the Indiana Chapter of the American Red Cross on the celebration of its centennial anniversary. I am proud that our Hoosier state is home to an exemplary organization such as this one. I commend the Indiana Chapter of the American Red Cross all the best as it embarks on its next 100 years of excellence in Indiana.

HONORING THE CAREER OF PROFESSOR ANITA HILL

HON. JIM COSTA
OF CALIFORNIA
IN THE HOUSE OF REPRESENTATIVES
Wednesday, November 30, 2016

Mr. COSTA. Mr. Speaker, I rise today to give homage to the career and undertakings of Professor Anita Hill; a woman who has been at the center of American political discourse for over 25 years. Professor Hill’s Senate testimony against Justice Clarence Thomas, as in 1991 shed light on important issues and generated significant legal change for sexual harassment protections for women and men in the workplace. For these reasons, it is both fitting and appropriate that Professor Hill is the 10th recipient of the Alice and Clifford Spendlove Prize in Social Justice, Diplomacy, and Tolerance; one of U.C. Merced’s highest honors.

Professor Hill’s early career was one marked by excellence. After obtaining her Bachelor’s degree with honors in Psychology from Oklahoma State University, she moved on to receive her Juris Doctor degree from Yale in 1980. By 1983, Professor Hill had already served in major roles under the Department of Education’s Office for Civil Rights and the U.S. Equal Employment Opportunity Commission (EEOC). By 1986, she had executed faculty positions at Oral Roberts University and became the first tenured African American Professor at the University of Oklahoma.

Professor Hill rose to national prominence after testifying regarding the misconduct of Justice Clarence Thomas during their time working together at the Department of Education and the EEOC. Professor Hill’s statements facilitated a nationwide discussion about the common experiences of women in the work place, which has empowered countless women to speak out against the injustices they have faced throughout the course of their careers. The subsequent tripling of the amount of women in the Senate, and the 60 percent increase in the number of female Representatives in the House that followed in the next elections are often attributed to the Senator’s hearings.

Professor Hill has become one of the most recognizable national voices on issues of race and gender equality. Professor Hill has been featured on numerous high profile television shows such as 60 Minutes, Meet the Press, and more recently was depicted by Kerry Washington in an HBO movie about her life and the hardships she endured during the Senate hearings. She has published a number of academic articles with profound content, and has written two books which have won national acclaim. In 2015, Professor Hill was appointed to serve as a Private University Professor of Social Policy, Law, and Women’s Studies at Brandeis University.

Mr. Speaker, I urge my colleagues to join me in honoring Professor Anita Hill and the legacy she established in our country. The United States has seen a great deal of strife and conflict, but figures like Professor Hill in-grain an unshakable feeling of strength and hope for the people of this nation. As Professor Hill contends that history is written for noble causes, we hope that she can remain a stalwart figure in discourse on social justice and equality.

HONORING KRISTOPHER EVANS

HON. SAM GRAVES
OF MISSOURI
IN THE HOUSE OF REPRESENTATIVES
Wednesday, November 30, 2016

Mr. GRAVES of Missouri. Mr. Speaker, I proudly pause to recognize Kristopher Evans. Kristopher is a very special young man who has exemplified the finest qualities of citizenship and leadership by taking an active part in the Boy Scouts of America, Troop 1376, and earning the most prestigious award of Eagle Scout.

Kristopher has been very active with his troop, participating in many scout activities. Over the many years Kristopher has been involved with scouting, he has not only earned numerous merit badges, but also the respect of his family, peers, and community. Most notably, Kristopher has become an Ordeal Member of the Order of the Arrow and earned the rank of Warrior in the Tribe of Mic-O-Say. Kristopher has also become an Ordeal Member of the Boy Scouts of America, which he muchly appreciates. Kristopher has become an Ordeal Member of the Boy Scouts of America, and for his efforts put forth in achieving the highest distinction of Eagle Scout.

Mr. Speaker, I proudly ask you to join me in commending Kristopher Evans for his accomplishments with the Boy Scouts of America and for his efforts put forth in achieving the highest distinction of Eagle Scout.

HONORING REVEREND FATHER JON E. MAGOULIAS

HON. JEFF DENHAM
OF CALIFORNIA
IN THE HOUSE OF REPRESENTATIVES
Wednesday, November 30, 2016

Mr. DENHAM. Mr. Speaker, I rise today to recognize and honor Reverend Father Jon E. Magoulias from Modesto, California, for his thirty years of service to the Greek Orthodox Church of the Americas.

Father Jon has followed in his father’s and grandfather’s footsteps by obtaining his Bachelor of Arts in Philosophy of Religion and Masters of Divinity from the Holy Cross Greek Orthodox School of Theology. In addition, Father Jon has been recognized as a Scholar for his depth of knowledge of the Orthodox Christian Faith, Father Jon has also written extensively on his faith. “The Divine Liturgy of St. John Chrysostom” (2004) translated a work of his that was requested by over 350 priests across the world. The book has been used by at least seventy-nine Greek Orthodox Parishes.

In 2010, Father Jon published his second book, “The Priest as a Liturgist: A Handbook of Rubrics,” which serves as a manual for priests in fulfilling their duties in celebrating the liturgies of the church. This book was written for and at the request of the ordained clergy of the Metropolitan Gerasimos of San Francisco. In addition, the book has been requested by over 350 priests across the world. The book was adopted by the Archbishop of San Francisco Parish. Father Jon has impacted the community by conducting over 500 baptisms, 200 weddings, and 300 funerals. He has encouraged philanthropic giving not just for the members of the Church, but also for local charities such as the Modesto Gospel Mission, Sierra Vista Home, and Habitat for Humanity.

Father Jon is married to his beloved wife, Presvytera Georgia Magoulias, and together they have three daughters, Stamatia, Maria and Anastasia, and a son named Efstratios John.

Mr. Speaker, let me join me in honoring Father Jon E. Magoulias for his 30 years of service and outstanding contributions to the Greek Orthodox Church of the Annunciation and the community.

HONORING REVEREND FATHER JON E. MAGOULIAS

HON. CANDICE S. MILLER
OF MICHIGAN
IN THE HOUSE OF REPRESENTATIVES
Wednesday, November 30, 2016

Mrs. MILLER of Michigan. Mr. Speaker, I include in the RECORD two letters concerning Committee jurisdiction regarding H.R. 5160.

COMMITEE ON TRANSPORTATION AND INFRASTRUCTURE, HOUSE OF REPRESENTATIVES.


Hon. Candice S. Miller, Chairman, Committee on House Administration, Washington, DC.

Dear Chairman Miller: I write concerning H.R. 5160, a bill to amend title 40, United States Code, to include as part of the buildings and grounds of the National Gallery of Art any buildings and other areas within the boundaries of any real estate or other property interests acquired by the National Gallery of Art. This legislation includes matters that fall within the Rule X jurisdiction of the Committee on Transportation and Infrastructure.

In order to expedite Floor consideration of H.R. 5160, the Committee on Transportation and Infrastructure will forgo action on this bill. However, this is conditional on our mutual understanding that foregoing consideration of the bill does not prejudice the Committee with respect to the appointment of conferees or to any future jurisdictional claim over the subject matters contained in the bill or similar legislation that fall within the Committee’s Rule X jurisdiction. I request you urge the Speaker to name members of the Committee to any conference committee named to consider such provisions.

Please place a copy of this letter and your response acknowledging our jurisdictional interest into the committee report on H.R. 5160 and into the Congressional Record during consideration of the measure on the House floor. I appreciate the Committee on House Administration working with me to address my concerns.

Sincerely,

Bill Shuster,
Chairman.
Mr. Speaker, I proudly ask you to join me in recognizing a leader in our community, Luisa DeCicco, PhD, whose humanitarian work is being recognized by The Pelham Civic Association at their Annual Dinner Dance Gala. Luisa is one of three honorees for “Persons of the Year” on November 4, 2016 in my district. Luisa is the Director of Human Resources at DeCicco & Sons Food Markets and is the founder of the Pelham Business Club. She is also the founder and manager of the unique, free Pelham Business Club Facebook community. With over 850 current members, the community provides residents, businesses and not-for-profit organizations in Pelham free access to information and free opportunities to advertise their businesses’ and organizations’ events.

The Board of the Business Club, Luisa works in coordination with the Town of Pelham and Villages of Pelham and Pelham Manor engendering a strong working relationship with all entities. She created and spearheads the town-wide free Easter Bunny Boulevard, Pelham Block Party, Candy Cane Lane events, and three Town Meetings with Town Supervisor and Mayors to inspire a strong community spirit and commitment for businesses and residents, with the theme: “Neighbors Helping Neighbors.”

DeCiccos is also an active corporate sponsor of the “Hungry Kidzz” programs and events throughout the year, providing food to children in need throughout tristate area. In addition, they are an active corporate partner with “County Harvest,” replenishing food pantries and soup kitchens throughout Westchester County. In Pelham, Luisa is also an active supporter of school PTAs and fundraising events. She married John DeCicco Jr. and together they have two wonderful children.

It is an honor to present Luisa DeCicco with a CONGRESSIONAL RECORD. Congratulations to all honorees of the evening.

HONORING GILDA EVANS ROSENBERG OF NEW YORK
IN THE HOUSE OF REPRESENTATIVES
Wednesday, November 30, 2016
Mr. Speaker, I rise today to recognize a great leader and humanitarian, Gilda Evans Rosenberg, whose life serves as an inspiration to all. Over the course of her career, Gilda has dedicated herself to improving the lives of those in need, working tirelessly to make the world a better place.

Gilda began her career in social work, working with individuals and families in challenging situations. Her commitment to helping others was evident from the very beginning. She went on to found and lead numerous organizations, always with the goal of improving people’s lives.

One of her most notable achievements was the founding of the Gilda’s Club, a national organization that provides support and resources to people affected by cancer. Gilda’s Club now serves thousands of people each year, offering hope and encouragement to those facing the challenges of cancer.

Beyond her work with Gilda’s Club, Gilda has also been a vocal advocate for other important causes. She has been a strong supporter of education, women’s rights, and environmental issues, always striving to make a positive impact on the world.

Mr. Speaker, I want to take this opportunity to recognize Gilda’s exceptional contributions and to express my gratitude for all that she has done. Her dedication to her work and her compassion for others serve as a shining example for all of us.

Perhaps her greatest contribution has been the establishment of the Gilda’s Club, which continues to help thousands of people each year. Her legacy will live on through the work of this organization and the countless lives it has touched.

Gilda’s impact on our community and our world is immeasurable, and her example serves as a beacon of hope and inspiration. I urge you to join me in recognizing this incredible woman for her tireless dedication to improving the lives of others.

Thank you, Mr. Speaker.
HONORING MORGAN ATKINSON
OF MISSOURI
IN THE HOUSE OF REPRESENTATIVES
Wednesday, November 30, 2016

Mr. GRAVES of Missouri. Mr. Speaker, I proudly pause to recognize Morgan Atkinson. Morgan is a very special young man who has exemplified the finest qualities of citizenship and leadership by taking an active part in the Boy Scouts of America, Troop 412, and earning the most prestigious award of Eagle Scout. Morgan has been very active with his troop, participating in many scout activities. Over the many years Morgan has been involved with scouting, he has not only earned numerous merit badges, but also the respect of his family, peers, and community. Most notably, Morgan contributed to his community through his Eagle Scout project.

Mr. Speaker, I proudly ask you to join me in commending Morgan Atkinson for his accomplishments with the Boy Scouts of America and for his efforts put forth in achieving the highest distinction of Eagle Scout.

HONORING THE LIFE OF DAVID LUIS
OF CALIFORNIA
IN THE HOUSE OF REPRESENTATIVES
Wednesday, November 30, 2016

Mr. DENHAM. Mr. Speaker, I rise today to acknowledge and honor the life of David Luis, former battalion chief for the Ripon Consolidated Fire Department. He passed away on November 24, 2016, surrounded by loved ones.

Over 26 years, David dedicated himself to the Ripon Consolidated Fire Department. He advanced from firefighter to captain to battalion chief. He had a passion for helping people, which was reflected not only in his professional career, but also in his personal life.

When David was not working, you could find him coaching youth football or helping FFA members with their projects. He also served as a member of the Ripon High School Ag Advisory Board. His selfless service has left an impact on multiple generations.

An inspiration to his family, friends and community, David brought out the best in people. His life embodied simple principles of authenticity, kindness, loyalty, humility, hard work, integrity, and above all else, service. We honor these outstanding individuals because the important work they do today, creates a better world for all of us tomorrow. 2016 marks NECO’s 30th anniversary. This momentous occasion was celebrated with a patriotic ceremony on Ellis Island and a re-commitment by the leaders of the organization to its mission of honoring diversity, fostering tolerance and promoting religious and racial unity across America.

Since the Medals’ founding, more than 2,500 American citizens have received the Ellis Island Medal of Honor, including six American Presidents, 100 Senators, Congressmen, Nobel Laureates, athletes, artist, clergy, and military leaders. This Medal is not about material success, nor is it about the politics of immigration; it is about the people who have committed themselves to this nation, embraced the opportunities America has to offer, and most importantly, who have used those opportunities to not only better their own lives but make a difference in our country and in the lives of its people.

Citizens of the United States hail from every corner of the world. The iconic metaphor of this nation as a veritable melting pot of cultures continues to ring true, and it is this diversity that adds to the unique richness of American life. It is the key to why America is the most innovative, progressive and forward thinking country in the world. The Ellis Island Medal of Honor is not only celebrated with the individuals but also the pluralism and democracy that enabled our forebears to celebrate their cultural identities while still embracing the American way of life. This award serves to remind us all that with hard work and perseverance anyone can still achieve the American dream. In addition, by honoring these remarkable Americans, we honor all who share their origins and we acknowledge the contributions they have made to America. I commend NECO and its Board of Directors headed by Thomas S. Morkan, Robert Muzikowski, Alexander Navab, Dr. Chrystosostomos L. Nikias, Ronald K. Noble, Thomas J. O'Donnell, Dr. Tony Orlandos, Andrew P. Ortiz, MPH, Carl Peterson, Charles Pinajian, Shervin Pishevar, Vincent F. Pitta, Esq., Lori Pollock, Jean Lenti Ponsetto, Issam Raad, MD, FACP, PIDSA, HSHEA, Daniel Kultik, PhD, DeBellis, M.A. Ed, DHL, Peter Salovey, Ph.D., Akarajee V.N. Sarma, MD, PhD, FAAFP, Michael H. Saudino, Sr, Edward H. Schauder, Esq., Major General Errol Schwartz.


HONORING THOMAS BEALE
OF MISSOURI
IN THE HOUSE OF REPRESENTATIVES
Wednesday, November 30, 2016

Mr. GRAVES of Missouri. Mr. Speaker, I proudly pause to recognize Thomas Beale. Thomas is a very special young man who has exemplified the finest qualities of citizenship and leadership by taking an active part in the Boy Scouts of America, Troop 714, and earning the most prestigious award of Eagle Scout. Thomas has been very active with his troop, participating in many scout activities. Over the many years Thomas has been involved with scouting, he has not only earned numerous merit badges, but also the respect of his family, peers, and community. Most notably, Thomas earned the rank of Eagle Scout. Thomas has also contributed to his community through his Eagle Scout project. Thomas built a patio and fire pit for an
outdoor worship and recreation area at Dearborn Christian Church in Dearborn, Missouri.

Mr. Speaker, I proudly ask you to join me in commending Thomas Beale for his accomplishments with the Boy Scouts of America and for his efforts put forth in achieving the highest distinction of Eagle Scout.

PERSONAL EXPLANATION

HON. ROBERT HURT
OF VIRGINIA
IN THE HOUSE OF REPRESENTATIVES
Wednesday, November 30, 2016

Mr. HURT of Virginia. Mr. Speaker, I was not present for Roll Call vote Number 589 on H.R. 4757, to expand the eligibility for headstones, markers, and medallions furnished by the Secretary of Veterans Affairs for deceased individuals who were awarded the Medal of Honor and are buried in private cemeteries, and for other purposes. Had I been present, I would have voted “yes.”

HONORING THE LIFE OF ELIZABETH WALLACE

HON. JIM COSTA
OF CALIFORNIA
IN THE HOUSE OF REPRESENTATIVES
Wednesday, November 30, 2016

Mr. COSTA. Mr. Speaker, I rise today in memory of Elizabeth Wallace. She was a loving mother, grandmother, and wife. Elizabeth passed away peacefully on October 19th, 2016.

Elizabeth was born in Harbin, China on March 16th, 1944. At age 11 she emigrated with her mother, Edith, from China to Brazil, where she remained through high school. Elizabeth then traveled to California, where she met her future husband Joel “Bud” Wallace in San Francisco. They married in 1966 and moved to Merced, their home for the next 50 years. Although the Wallaces resided in Merced, Elizabeth identified herself as a “Citizen of the World”, continuing to travel to many countries and fostering a lifetime passion for travel.

Between her travels Elizabeth was active in the Merced community. She played an important role in establishing the University of California, Merced. UC Merced’s Yablokoff-Wallace Dining Hall and Elizabeth’s Garden, named in recognition of her, are used and appreciated by students each and every day. She volunteered regularly at the historic Courthouse Merced and was active in bringing St. Mary Magdalene Orthodox church to Merced. She and Bud built Red Rock Winery, where she spent time in the tasting room.

Elizabeth is survived by her loving husband of 50 years, Joel “Bud” Wallace; her daughter and son-in-law, Lillian and Mark Dutra; and her son and daughter-in-law, Nicholas and Lisa Wallace. She has three grandchildren, Allison Dutra, Michael Dutra, and Vladimir Wallace; and her dog, Tippy.

Mr. Speaker, I urge my colleagues to join me in honoring Elizabeth Wallace’s memory. Her love of family and commitment to her community serve as an example to all citizens, not just of our nation but also of our world.

HONORING DAVID GARCIA

HON. SAM GRAVES
OF MISSOURI
IN THE HOUSE OF REPRESENTATIVES
Wednesday, November 30, 2016

Mr. GRAVES of Missouri. Mr. Speaker, I proudly pause to recognize David Garcia. David is a very special young man who has exemplified the finest qualities of citizenship and leadership by taking an active part in the Boy Scouts of America, Troop 1376, and earning the most prestigious award of Eagle Scout. David has been involved with scouting, he has not only earned numerous merit badges, but also the respect of his family, peers, and community. Most notably, David has become an Ordeal Member of the Order of the Arrow and earned the rank of Warrior in the Tribe of Mic-O-Say. David has also contributed to his community through his Eagle Scout project. David coordinated with the Liberty Parks and Recreation department and planted 83 native Missouri plants at the Rush Creek Parkway roundabout near Liberty Hospital in Liberty, Missouri.

Mr. Speaker, I proudly ask you to join me in commending David Garcia for his accomplishments with the Boy Scouts of America and for his efforts put forth in achieving the highest distinction of Eagle Scout.

RECOGNIZING GALE MCCOY FOR 33 YEARS OF PUBLIC SERVICE

HON. TOM PRICE
OF GEORGIA
IN THE HOUSE OF REPRESENTATIVES
Wednesday, November 30, 2016

Mr. TOM PRICE of Georgia. Mr. Speaker, today I rise to recognize a remarkable civil servant, Gale McCoy. This year Gale is retiring from the U.S. Department of State after 33 years of service. I want to take this moment to highlight the career of this lifelong public servant.

Over the years, Ms. McCoy has served in several capacities. In 2007, she became the director of the Special Issuance Agency, which is charged with the task of processing diplomatic and official passport applications for the Department of Defense, the White House, and Congress. In 2011, Gale McCoy opened the Atlanta Passport Agency, which serves as the central hub for citizens across southeast. In 2016, the Agency issued over 38,000 passports. Under the leadership of Director McCoy the Atlanta Passport Agency has streamlined operations and put customer service at the forefront of their mission. Mr. Speaker, as a result of the hard work of Director McCoy and her staff, families are able to visit loved ones overseas, local business are able to grow internationally, and diplomatic work can continue without any impediments to travel.

On behalf of the citizens of the Sixth District of Georgia, I would like to thank Gale McCoy for the foundation she created that will ensure the Atlanta Passport Agency will continue serving the people of the Southeast. I would like to wish Gale and her family many more years of health and happiness.

PERSONAL EXPLANATION

HON. JAMES B. RENACCI
OF OHIO
IN THE HOUSE OF REPRESENTATIVES
Wednesday, November 30, 2016

Mr. RENACCI. Mr. Speaker, had I been present, I would have voted:

YEAs on Roll Call No. 588

YEA on Roll Call No. 589

CONGRATULATIONS DR. JOHN JUNGMANN ON BEING NAMED AS MISSOURI’S TOP SUPERINTENDENT DEVELOPER OF THE YEAR

HON. BILLY LONG
OF MISSOURI
IN THE HOUSE OF REPRESENTATIVES
Wednesday, November 30, 2016

Mr. LONG. Mr. Speaker, I rise today to recognize Dr. John Jungmann, superintendent of Springfield Public Schools, who has been named as Missouri’s top superintendent and later this year will be a candidate for the nation’s top superintendent.
Dr. Jungmann was recognized by the Missouri Association of School Administrators for his efforts in moving Springfield Public Schools forward and understanding and addressing opportunity gaps for all students. In addition to these accomplishments, Dr. Jungmann challenged the community to think of ways to improve teaching and learning. He created innovative programs which included flexible schedules and the growth of summer learning, and initiated a three-year plan that would grant laptops and tablets to every student, grades 3-12.

Dr. Jungmann is truly dedicated to improving the lives of children and has shown a passion for education that is worthy of deep admiration. I urge my colleagues to join me in congratulating him for this achievement. On behalf of Missouri’s Seventh Congressional District, I wish Dr. Jungmann the best of luck in all his future endeavors.

HONORING LPL FINANCIAL ON THEIR NEW CAMPUS IN FORT MILL, SC

HON. MICK MULVANEY
OF SOUTH CAROLINA
IN THE HOUSE OF REPRESENTATIVES
Wednesday, November 30, 2016

Mr. MULVANEY. Mr. Speaker, I rise today to recognize LPL Financial and celebrate the grand opening of their new campus in my district in Fort Mill, South Carolina. I am so proud of LPL Financial for their ability to adapt to the changing world and to provide flexible work environments.

Today, LPL Financial is celebrating the grand opening of their new campus in my district. I am so proud of my constituents and their tireless dedication to excellence. LPL Financial has made a significant commitment to work-life balance and quality for its employees.

The new campus hosts more than 1,400 current LPL Financial employees, and the company has shared that the Fort Mill location will be the center for its continued growth and long-term expansion.

I am honored that LPL Financial selected my district and our state, and I am excited about the numerous opportunities this relocation will bring to South Carolina in the form of jobs and growth. LPL Financial and all of its employees to South Carolina and wish them every success at this new location.

IN MEMORY OF LIEUTENANT COLONEL CECIL GLENN FOSTER

HON. BILL HUIZENGA
OF MICHIGAN
IN THE HOUSE OF REPRESENTATIVES
Wednesday, November 30, 2016

Mr. HUIZENGA of Michigan. Mr. Speaker, I rise today to honor Lt. Col. Cecil G. Foster, the 23rd Jet Ace pilot of the Korean War and a veteran of the Vietnam War. Lt. Col. Foster, a Midland, Michigan native, passed away at the age of 90 in July of 2016.

Lt. Col Foster was born on August 30, 1925. Upon completing high school he immediately enlisted in the United States Army Air Corps Aviation Cadet Program. In 1945, he achieved the rank of Second Lieutenant and became the Air Corps’ 23rd Ace pilot when he shot down nine enemy aircraft during the Korean War. In May of 2015, Lt. Col. Foster received the Congressional Gold Medal for his service to our nation. He also earned more than 65 military decorations including his wing of “ace” status for his valorous service with the United States Air Force. Lt. Col. Foster will be buried today at Arlington National Cemetery with full military honors.

Mr. Speaker, on behalf of the Second District of Michigan, we remember, honor, and thank Lt. Col. Foster for his service to Michigan and to our nation.

RECOGNIZING THE 40TH ANNIVERSARY OF LIGHTHOUSE CENTRAL FLORIDA

HON. DANIEL WEBSTER
OF FLORIDA
IN THE HOUSE OF REPRESENTATIVES
Wednesday, November 30, 2016

Mr. WEBSTER of Florida. Mr. Speaker, it is my pleasure to recognize the 40th anniversary of Lighthouse Central Florida. Lighthouse Central Florida has been serving individuals with visual impairment since 1976. Lighthouse Central Florida is dedicated to their mission to chart a course for living, learning and earning with vision loss.

Envisioning a community that engages and embraces environments accessible to all persons, Lighthouse is the only private non-profit offering services to people with visual impairment in the tri-county area. Lighthouse Central Florida has provided education, independent life skills and job training and placement to more than 100,000 people with visual impairment. The training programs are designed to help individuals who have recently lost part or all of their vision gain the skills needed to perform daily tasks and maintain employment.

Over the past 40 years, Lighthouse Central Florida has enriched the lives of individuals by providing them with the opportunity to gain greater independence and quality of life, and enjoy and benefit from participation in their communities. On behalf of the citizens of Central Florida, I applaud the efforts of those involved and the investments they are making in the lives of individuals with vision loss to provide them with job training, work experience and other tools necessary to achieve independence and successful lives. I wish Lighthouse Central Florida many more years of quality service to our community.

CELEBRATING THE 100TH ANNIVERSARY OF THE ROTARY CLUB OF MICHIGAN CITY

HON. PETER J. VISCLOSKY
OF INDIANA
IN THE HOUSE OF REPRESENTATIVES
Wednesday, November 30, 2016

Mr. VISCLOSKY. Mr. Speaker, it is my distinct pleasure to congratulate the members of the Rotary Club of Michigan City, Indiana, as they celebrate the organization’s 100th anniversary. In honor of this milestone, the Rotary Club of Michigan City will be hosting an anniversary banquet on December 1, 2016, at the Barker Mansion in Michigan City.

On October 19, 1916, the Rotary Club was founded with goal of promoting civic development and public welfare. The original sixty-five members helped to develop a successful community in Michigan City. The club was officially chartered by Rotary International on December 1, 1916. Throughout the years, the Rotary Club has been a leader in the movement to establish the Indiana Dunes State Park, and it assisted with the formation of a local Chamber of Commerce, the City Planning and Zoning Commission, and the Michigan City Historical Society. The organization’s charitable endeavors include extensive fund-raising and support for the Boy Scouts of America, the Salvation Army, local law enforcement, the Rotary Polio Plus, a program that aids in bringing vaccinations to third world countries, and ShelterBox, which supplies immediate relief to disaster survivors. In 1990, the Michigan City Club Foundation was established. This outstanding foundation was created to support charitable programs involved in enhancing educational efforts. It has helped provide financial assistance for high school student scholarships, the Rotary Youth Leadership Awards, high school robotics programs, and various after-school programs.

The Rotary Club of Michigan City has been successful due to the unwavering dedication of its leadership and members. Northwest Indiana is not only grateful, but proud to have the organization’s support for the past 100 years. For their significant contributions to their community and beyond, the members and leaders of the Michigan City Rotary Club are truly an inspiration to us all.

Mr. Speaker, I ask that you and my other distinguished colleagues join me in congratulating the Rotary Club of Michigan City on its 100th anniversary. For our remarkable dedication, commitment, and care they have shown through their service to the community of Northwest Indiana, the membership, past and present, is worthy of the highest praise.

HONORING ADAM CWERNER

HON. ELIOT L. ENGEL
OF NEW YORK
IN THE HOUSE OF REPRESENTATIVES
Wednesday, November 30, 2016

Mr. ENGEL. Mr. Speaker, I rise today to recognize the valuable civic engagement of one of our community members, Adam
Cwerner, who is also being recognized by the Northeast Jewish Center at their Annual Gala Dinner Dance. Adam is one of two honorees on November 4, 2016.

Adam was born in Brooklyn to Betty and Jacob Cwerner. Along with his sister Gil, he spent many of his formative years in Brooklyn. Adam was a proud graduate of East York Jewish Center which was located across the street from where his family lived.

After moving to Massapequa, Long Island, the family joined the Farmingdale Jewish Center. Adam went on to attend Stony Brook University, where he earned a Bachelor of Science in Economics. He continued his education at the State University of New York at Albany where he attained a Masters in Business Administration.

A position at an architectural firm in Westchester led to a move northward, and Adam settled in at Richard Meier & Partners Architects, where he has worked for almost thirty years as the firm’s Controller.

After trying out five different synagogues when he moved to Yonkers, Adam decided to attend and eventually join the Northeast Jewish Center, and he hasn’t looked back. Adam was soon recruited by Marge Wise, then President of NEJC, for a seat on the Board of Trustees. He continued to serve on the Board for many years as the firm’s Controller.

After moving to Massapequa, Long Island, the family joined the Farmingdale Jewish Center. Adam continued to serve on the Board for almost a decade, when the then Chairman of the Board suggested he take over the position. To this day, Adam still serves his congregants in that capacity.

Adam has meant so much to the Northeast Jewish Center community, and has been instrumental in the Center’s growth and success. He is most deserving of this great recognition and honor to present him with a CONGRESSIONAL RECORD. Thank you again for all of your service to Yonkers.

IN HONOR OF J. TYLER WHITE
HON. ANDY BARR
OF KENTUCKY
IN THE HOUSE OF REPRESENTATIVES
Wednesday, November 30, 2016

Mr. BARR. Mr. Speaker, I rise to honor Jus-
tin Tyler White of Lexington, Kentucky who is stepping down as my District Director to take on a new role as the President of the Ken-
tucky Coal Association. Tyler served our na-
tion proudly as a member of the United States Marine Corps. He was deployed in both Iraq and Afghanistan. On behalf of a grateful na-
tion, I thank him for his service and patriotism.

After eight years of service, Mr. White re-
turned to Kentucky. He had great passion for his fellow veterans and was determined to im-
prove the services provided by the Veterans Administration. He came to work in the Sixth Congressional District office, serving as a field representative and then as District Director. In his work in the district office, Mr. White con-
tinued to advocate for veterans. He organized a Veterans Coalition that meets regularly and has grown tremendously. He led the way on many successful programs and projects di-
rected at improving the lives of America’s vet-
ers.

The leadership skills that Tyler learned in the Marine Corps carried over into private life. He built a strong team in the district office and served as a motivating and inspiring leader. He tirelessly served the people of the Sixth Congressional District. He leaves a lasting leg-
acy as a servant leader.

I am honored to call Tyler White a loyal and trusted friend. I wish him all the best as he leaves to take on a new opportunity. Thank you to Tyler White for his friendship, his tire-
less work on behalf of the people of the Sixth District, and his outstanding service to our country.

HONORING THE REVEREND DR. BOISE KIMBER ON THE CELE-
BRATION OF HIS 30TH PASTORAL ANNIVERSARY
HON. ROSA L. DELAUR0
OF CONNECTICUT
IN THE HOUSE OF REPRESENTATIVES
Wednesday, November 30, 2016

Ms. DELAUR0. Mr. Speaker, it is with great pleasure that I rise today to join the congrega-
tion of the First Calvary Baptist Church and the many congregants and colleagues who have gathered this evening in extending my heartfelt congratulations to the Reverend Dr. Boise Kimber as he marks his 30th Pastoral Anniversary—a remarkable milestone for this outstanding member of our community.

Over the course of his ministry, Rever-
end Kimber’s commitment to service through religious leadership has been unwavering. Under his direction, the First Calvary Baptist Church and its congregation have flourished, and as the former President of the Greater New Haven Fellowship of Churches, he brought spiritual growth to the entire community. In ad-
dition to his work in New Haven, Dr. Kimber is past immediate president of the Connecticut State Missionary Baptist Convention, an alli-
ance of approximately eighty churches across the state, where he launched the Christian Leadership School, an accredited four-year Christian Education degree program. He has long been an active member of the National Baptist Convention, USA, Inc. serving as an Administrative Assistant for ten years and as the Executive Secretary of the Board of Direc-
tors for the past five years. Reverend Kimber also serves as a staff member for the Institute of Church Administration and Management at the Interdenominational Theological Center in Atlanta, Georgia.

Reverend Kimber has not only been a dedi-
cated religious leader, but a strong voice for social justice, here in Connecticut and across the country. From housing development, po-
lice brutality and profiling, to workers’ rights and other social issues, Reverend Kimber has stood against discrimination and injustice in its many forms. In his role as office of Multicultural Affairs and the Multicultural Cen-
ter at Southern Connecticut State University, a Fire Commissioner for the City of New Haven, a Director for Aids Interfaith Network, Inc., an advisor to local labor unions, and a member of Omega Psi Phi Fraternity, Inc. He is also the Executive Director of the National Action Network, Inc., the Conference of National Black Churches, and Executive Director of the Social Justice Initiative.

Above and beyond his work in the church and on behalf of social justice issues, commu-
nity leadership has always been a driving force for Reverend Kimber. His work to im-
prove the quality of life for New Haven resi-
dents led him to political involvement. By en-
couraging citizens to participate and ensuring local concerns are heard by political leaders, Reverend Kimber has given voice to many who may not have otherwise been heard.

Tonight, as he marks his 30th pastoral anni-
versary, Reverend Kimber can be sure that his good work has touched the lives of many. As a trusted friend, he has touched the souls of many—often providing much needed comfort in the hardest of personal trials. Religious leader, community activist, mentor, and friend, the Reverend Dr. Boise Kimber has and con-
tinues to be an invaluable member of our community—driving to the good of oth-
ers and inspiring a new generation to service. I am so pleased to join his wife, Shevalle, his children LaShawn, Sherine, Shevalle and Savion, and his congregation in celebrating this remarkable milestone.

CELEBRATING THE 12TH ANNUAL NORTHWEST INDIANA INNOVA-
TION INDUCTION CEREMONY
HON. PETER J. VISCOSKY
OF INDIANA
IN THE HOUSE OF REPRESENTATIVES
Wednesday, November 30, 2016

Mr. VISCOSKY. Mr. Speaker, it is with great respect and admiration that I congratula-
te Ivy Tech Community College and its re-
gional partners who recently celebrated their 12th Annual Northwest Indiana Innovation In-
duction Ceremony. At the ceremony, which re-
cently received the Governor’s Award for Excellence, Rowan College, Northeast Indiana Regional partners who recently celebrated their 12th Annual Northwest Indiana Innovation In-
duction Ceremony. At the ceremony, which re-
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Mr. CONAWAY. Mr. Speaker, I rise today to congratulate an organization in my district, Centers for Children and Families, on the opening of their new facility. Since 1997, Centers has helped strengthen individuals and families throughout West Texas by providing counseling for those who would otherwise be unable to afford these services. In addition to counseling services, Centers also provides assistance with life management skills, parenting classes, post-adoption support, and programs that help children have safe and positive supervised parental visits.

As a prior Chairman of the Board for Centers, I have been fortunate enough to see firsthand the great work that this organization does for the Permian Basin community. With the opening of their new facility, Centers will have quality space to carry on their long-standing legacy of helping people get through the difficult times they may be facing. I wish them best of luck in their future endeavors.

HON. TED POE
OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, November 30, 2016

Mr. POE of Texas. Mr. Speaker, on Friday, November 4, 2016, a military base in Jaf, Jordan was attacked. A hail of gunfire suddenly rang out while three American soldiers were returning to base. The reason for the shots fired is still publicly unknown. Three Green Berets from the 5th Special Forces Group were killed in support of Operation Inherent Resolve.

One of these heroic men was Staff Sergeant James "Jimmy" Moriarty (27). SSgt. Moriarty was a Texas native, one of Houston's youngest. He was scheduled to come home to spend the holiday season with his family. His chair was empty at the Thanksgiving table this year. His voice was missing from the conversation. But he will not be forgotten.

Jimmy was unquestionably one of the best. Growing up in Houston, he earned his bachelor's degree in economics from the University of Texas and spoke fluent Arabic. As part of the 5th Special Forces Group, based out of Fort Campbell, Ky., he was more than three months into his third tour in Jordan.

Upon graduation from the University of Texas, Jimmy made the choice to serve his nation in the United States Army. Jimmy was a proud member of the United States Army Special Forces. He was a special breed, one of the few who met the requirements to be among the highest ranked military professionals in the United States, the Green Berets. During his service, he earned the Good Conduct Medal, National Defense Service Medal, Global War on Terrorism Expeditionary Medal, Global War on Terrorism Service Medal, NCO Professional Development Ribbon and an Army Service Ribbon.

The brave men of the Green Beret are our nation's warriors. They take on the toughest missions that our nation faces. They are the absolute best that America has. These men are the forces who deter enemies who seek to harm the United States. They respond to terrorist activities to keep the United States safe. Proudly wearing silver wings on their chests they are without question America's finest.

Mr. Speaker, in the words of Marcus Luttrell, "In times of uncertainty there is a special breed of warrior ready to answer our Nation's call; a common man with uncommon desire to succeed. Forged by adversity, he stands alongside America's finest special operations forces to serve his country and the American people, and to protect their way of life." Jimmy Moriarty was one of these men.

Jimmy's father, U.S. Marine Corps Vietnam Veteran, James R. Moriarty wrote, "This is a young man who loved serving in the Army, was where he wanted to be, doing what he wanted to do." Moriarty was loved by his two sisters who incessantly saw to it that their younger brother would be a well rounded young man. It is without a doubt that this distinguished soldier will be missed by his family, friends, and community.

We grieve the loss of this American warrior, but we celebrate and honor his life and his service. We are fortunate to have a Green Beret like Moriarty standing in support of our country. We are fortunate that a man like Jimmy served our great nation. He stood for the best of those American ideals and values exemplified in Special Forces. He is a son of liberty. He epitomizes everything that America stands for. Our thoughts and prayers are with his family and friends.

At noon on December 5, 2016 taps will be played for the last time as Staff Sergeant James Moriarty is surrounded by his family and friends and will be buried in Arlington National Cemetery next to thousands of other who died for America.

And that's just the way it is.

PERSONAL EXPLANATION

HON. ROBERT HURT
OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, November 30, 2016

Mr. HURT of Virginia. Mr. Speaker, I was not present for Roll Call vote #588 on H.R. 5422, To ensure funding for the National Human Trafficking Hotline, and for other purposes. Had I been present, I would have voted "yes."

COMMEMORATING THE CONTRIBUTIONS MADE BY CHARLES OGLETREE JR.

HON. JIM COSTA
OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, November 30, 2016

Mr. COSTA. Mr. Speaker, I rise today to recognize the achievements and contributions that Professor Charles Ogletree Jr. has made to the County of Merced. Professor Ogletree has positively impacted the lives of many people in Merced and throughout the nation. His
efforts to transform the educational experience of underprivileged youth in Merced have created new pathways of opportunity for students.

Professor Ogletree has used his career experience as a Professor of Law at Harvard to give back to his hometown. Born in Merced, California, Professor Ogletree attended public schools and was admitted to Stanford University. He earned his Bachelor's degree and a Master's degree in Political Science. Upon receiving his Master's degree, Professor Ogletree earned his Juris Doctor from Harvard Law School. To list the publications authored, awarded, or attended by Professor Ogletree would present a task comparable to the writing of a small novel. Professor Ogletree's passion to promote equality of law under the constitution is a theme that has persisted throughout his entire career.

From 2002 to 2007, Professor Ogletree established a scholarship program with $50,000 in Merced. The scholarship offered low income youth a chance to work in recreation programs over the summer for up to 100 hours, making $7.00 an hour. Professor Ogletree has extended numerous scholarships to high schools in Merced County, including Golden Valley High School, Merced High School, and El Capitan High School. The tens of thousands of dollars he has offered to students in memory of fellow educators, family members, and friends, have substantially altered future education for Merced students around the country. To this day, the Ogletree Family Scholarships are still offered to high school students in Merced.

As a Professor of Law and Founder and Executive Director of the Houston Institute for Race and Justice, Professor Ogletree will continue to promote the cause of equality. His unflagging willingness to give back to the people of Merced reminds us that his career is not one that has forgotten its humble roots.

Mr. Speaker, I respectfully ask my colleagues in the U.S. House of Representatives to join me in wishing Professor Ogletree continued success in his remarkable career as an academic and advocate for equality and justice. His life is a reminder of the success that can come in its wake.

HONORING JOHN MONTY "JACK" ALLEN

HON. ZOE LOFGREN
OF CALIFORNIA
IN THE HOUSE OF REPRESENTATIVES
Wednesday, November 30, 2016

Mrs. LOFGREN. Mr. Speaker, I rise today to recognize and honor the life of John Monty "Jack" Allen, who passed away on September 11, 2016. Jack was a wonderful friend and beloved member of our community whose passing is deeply felt. I have known Jack for all his life, and he will be greatly missed.

Jack Monty "Jack" Allen was born in 1946, the eldest of two children. Although an avid traveler, Jack lived most of his life in San Jose, California. Jack’s family, the Aiellos, settled in Santa Clara Valley in Delight, Contadina Canning Company. Jack’s father, Pete, owned a furniture store in Downtown San Jose for more than 50 years, was one of the founders of the Century Club, and was a mentor to me. His uncle, Jack, owned Paolo’s Restaurant, a popular destination for local celebrities, including Joe D’Maggio and many elected officials. In fact, my husband, John, proposed to me at Paolo’s.

Jack attended Trace Elementary, Hoover Junior High, and Lincoln High Schools, all within walking distance of his family home. He was indoctrinated into local politics from a very young age through his parents’ involvement with the Democratic Party, and he volunteered for Democratic candidates and causes throughout his life.

Jack graduated from San Jose State University and became a Certified Public Accountant, a role that he held for the last forty years of his life. At any time, he served more than 400 clients, from small businesses to family members to corporations and trusts. He was known by all as a generous, efficient, and dedicated accountant, as evidenced by the loyalty of his clients.

Jack married Janice Paul in 1974, and they settled in the Willow Glen neighborhood of San Jose in 1976, raising three boys—all of whom attended local schools and shared Jack’s passion for politics and history.

Jack was a curious and well-traveled soul, having crisscrossed Europe on a number of occasions, not to mention extensive domestic travels that took him to nearly all 50 states. His wife, Janice, was his favorite travel companion, even after their divorce. (Indeed, they had trips in the works at the time of his sudden passing.)

Jack was also dedicated to serving others and volunteered his time as treasurer and board member for local clubs and charities, from the San Jose Library Foundation to the Democratic Century Club and many more. He could always be counted on to be there for a friend—or a total stranger—in need and would never hesitate to help those who could not help themselves.

For all of this, Jack never sought fanfare, nor acclaim. His reward was the action itself and the knowledge that he made his corner of the world a little brighter for having been there.

He is survived by sons Peter, Chris, and Danny; their mother, Janice; sister, Judy; nieces Corinne and Tina; cousins Carolyn, Jenny, and John; dog, Cooper; and countless friends.

Mr. Speaker, our San Jose community mourns the passing of Jack Allen, but we are grateful for his life, his generosity, and his contributions.

IN RECOGNITION OF KEITH ORR AND MARTIN CONTRERAS FOR THEIR COMMUNITY ACTIVISM

HON. DEBBIE DINGELL
OF MICHIGAN
IN THE HOUSE OF REPRESENTATIVES
Wednesday, November 30, 2016

Mrs. DINGELL. Mr. Speaker, I rise today to recognize Keith Orr and Martin Contreras, two Ann Arbor LGBT business owners and activists, on the date of UNIFIED—HIV Health and Beyond’s 13th Annual Wine Cellar fundraiser. Mr. Orr and Mr. Contreras are successful business owners who have worked tirelessly to raise awareness and provide resources to the LGBTQ community in southeast Michigan.

Mr. Contreras and Mr. Orr have played a crucial role in building the LGBTQ community through their business and philanthropic initiatives. In 1995, they founded /aut/Bar, a gay bar and restaurant that today serves as a key pillar of the LGBTQ community in the Ann Arbor area. The couple also runs Common Language Books, an LGBTQ bookstore that also hosts authors, forums, and serves as a social center for the gay community. Additionally, Mr. Contreras and Mr. Orr have been involved in many charitable causes, including UNIFIED—HIV Health and Beyond, which provides care, prevention and outreach services to individuals affected by HIV in southeast Michigan. Their sponsorship and support has been critical to the growth and development of UNIFIED and has allowed the organization to provide better care throughout the region.

Mr. Contreras and Mr. Orr’s involvement in the LGBTQ community and the efforts to create a safe and inclusive environment for all have been truly inspiring. Their dedication to service and their commitment to making a positive impact in the community are a testament to the power of collaboration and the strength of the LGBTQ community.

Mr. Speaker, I am proud to recognize Keith Orr and Martin Contreras for their contributions to our community and for their unwavering commitment to creating a better future for all.
work. Their businesses not only effectively serve the gay community, but they also contribute to the multicultural and welcoming environment that has been critical to the growth and development of Ann Arbor. It is my hope that Mr. Contreras and Mr. Orr will remain active in promoting the values of tolerance and respect. Their leadership has effectively served the city's residents.

Mr. Speaker, I ask my colleagues to join me today in recognizing the Keith Orr and Martin Contreras for their success in business and impactful leadership in the community. Their success and activism are worthy of commendation, and it is my hope that they continue to play a leading role in the Ann Arbor community in the years ahead.

CONGRATULATING SOKA GAKKAI INTERNATIONAL

HON. MARC A. VEASEY
OF TEXAS
IN THE HOUSE OF REPRESENTATIVES

Wednesday, November 30, 2016

Mr. VEASEY. Mr. Speaker, I rise today to congratulate Soka Gakkai International (SGI), the Buddhist association of more than 12 million people, on celebrating 86 years since its founding.

On November 18, 1930, Tsunesaburo Makiguchi and Josei Toda founded the Soka Gakkai in Tokyo, Japan to spread the Buddhist ideals of equality, respect for all life and the connection of self and the environment. Makiguchi served as the first president of The Soka Gakkai and was succeeded by Toda as the second Soka Gakkai president. With the desire to further spread Buddhist philosophy across the world, Daisaku Ikeda founded Soka Gakkai International while he served as the third president of Soka Gakkai.

Today, Ikeda and the other founding presidents' work is evident in the 12 million individuals in 192 countries and territories who share the same beliefs and mission the founders established years ago. Most notably, the American branch of Soka Gakkai International is the largest and most diverse Buddhist community in the United States with 350,000 members organized in more than 500 chapters nationwide. In combination with its 100 centers, the members all actively engage in the promotion of sustainable living, human rights, and peace.

November the 18th has come to symbolize a day when each SGI member strengthens their own determination and sense of responsibility to be ambassadors of goodwill in the communities they serve. In the DFW Metroplex, members of Soka Gakkai International provide enormous contributions to the community they serve where their members are making individual contributions for peace and freedom.

I honor Soka Gakkai International's 86th anniversary celebration and for their lifetime commitment to peace.

CONGRATULATING TO SWI INDUSTRIAL SOLUTIONS FOR BEING AWARDED THE FOUNDER AWARD DEVELOPER OF THE YEAR

HON. BILLY LONG
OF MISSOURI
IN THE HOUSE OF REPRESENTATIVES

Wednesday, November 30, 2016

Mr. LONG. Mr. Speaker, I rise today to recognize and congratulate SWI Industrial Solutions, an outstanding non-profit that provides more than 300 individuals with disabilities meaningful and dignified work, while expanding the work forces of other manufacturers. SWI Industrial Solutions was recognized by the Missouri Association of Manufacturers (MAM) and given the Founders Award for their 50 years of business in the Springfield community.

The Founder's award honors MAM founder, the late Jack T. Gentry, and is presented to select MAM member companies that preserve the manufacturing tradition and promote and advance manufacturing in Missouri.

In these 50 years, SWI Industrial Solutions has directly impacted the local economy in a positive way and has given countless individuals the confidence and training on how to be a good employee, and how to succeed at their jobs.

It is my honor to recognize SWI Industrial Solutions for this great achievement and wish their workers a joyous and well-earned celebration of their success. By creating jobs, delivering top-class products, and exhibiting exemplary work ethic for 50 years, SWI Industrial Solutions has made southwest Missouri a better place to live. It makes me proud to serve them, and all of Missouri's Seventh Congressional District.

HONORING CAREGIVERS OUTREACH MINISTRY EMPOWERMENT INC. 10TH ANNIVERSARY

HON. ELIJOT L. ENGEL
OF NEW YORK
IN THE HOUSE OF REPRESENTATIVES

Wednesday, November 30, 2016

Mr. ENGEL. Mr. Speaker, I rise today to honor Caregivers Outreach Ministry Empowerment Inc. (C.O.M.E.) a remarkable organization in New York City that for 10 years has empowered family caregivers with accessible resources and knowledge to make comfortable choices and decisions that will have a positive impact upon the quality of life for themselves and their loved one.

A family caregiver, sometimes called an informal caregiver is an unpaid individual—a spouse, partner, family member, friend, co-worker or neighbor—assisting others with activities of daily living and/or medical tasks. In New York City, 1.25 million family caregivers provide over one billion hours of unpaid care to elderly loved ones. Nationally, there are approximately 1.3 to 1.4 million-child caregivers who are between the ages of 8 and 18 providing care to a family member. Youth caregivers are often called a “hidden population,” because more than 200,000 individuals systemically lack of support from their schools and communities.

Since its founding in 2006 by Diane Leona Cooper, C.O.M.E. has worked to educate, equip and empower community leaders with the tools to develop and implement the C.O.M.E. Outreach Support Model. The group has collaborated with a wide array of elected officials and organizations to advocate for family caregivers, and the work they have done in the community has been nothing short of remarkable.

As C.O.M.E. celebrates its 10th anniversary, I want to take the opportunity to thank their leadership team and staff for all of the good works they have done. It is wonderful to know I have such an amazing partner fighting for families in the community.

HONORING CHRIS GEORGE, RECIPIENT OF THE 2016 WILLARD M. MCCRAE COMMUNITY DIVERSITY AWARD

HON. ROSA L. DELAUR - OF CONNECTICUT
IN THE HOUSE OF REPRESENTATIVES

Wednesday, November 30, 2016

Ms. DELAuro. Mr. Speaker, I am honored to rise today to join family, friends, and colleagues in extending my heartfelt congratulations to Chris George, Executive Director of Integrated Refugee and Immigrant Services (IRIS), as he is honored by Liberty Bank with their 2016 Willard M. McCrae Community Diversity Award.

Named in honor of Willard McCrae, past chairman of the Liberty Bank Board of Directors and founding member of the Liberty Bank Foundation Board of Directors, this annual award honors an individual who has made an “outstanding and ongoing contribution to the cause of promoting and celebrating diversity in the communities served by Liberty Bank.” I can think of no one more deserving of such a recognition than Chris George.

Chris has dedicated a lifetime to promoting human rights, social justice and equal access to all. He began his career as a Peace Corps volunteer in the Sultanate of Oman and later worked with Quakers in Lebanon and refugee camps. He worked with Save the Children primarily in the West Bank/Gaza Strip, was the director of the Middle East division of Human Rights Watch, and he directed the legislative strengthening project for the Palestinian Parliament during his tenure with the United States Agency for International Development (USAID).

He continued that unique dedication here in Connecticut through his work at IRIS and it is that good work that has earned him this very special honor. As the Executive Director, it has been through Chris’ leadership that IRIS has grown into one of the West Bank/Gaza’s largest, vibrant refugee resettlement programs in Connecticut. Welcoming refugees from Somalia, Iraq, Congo, Sudan, Cuba, and Colombia, IRIS has helped many families navigate the many difficulties associated with resettling in a new country, culture, and community.

From the time of its founding, our nation has welcomed those from other shores, particularly those whose own home countries have become too dangerous for them to stay. Whether boarding the Mayflower to escape religious persecution or fleeing from the many countries that are today caught in the midst of civil war, America has long been a safe haven for many. Chris has long championed the contributions refugees make to our communities.
and our country. Encouraging faith communities and other groups to co-sponsor refugee families, he has worked to bring together Connecticut’s diverse residents to support refugee resettlement and has advocated vigorously for the U.S. government to allow more refugees into the country. Most recently, when increase was approved, IRIS and its community partners stepped up to welcome four hundred and sixty to our state. Under Chris’ leadership, IRIS has not only built relationships and better understanding between Americans and the refugees, but between the different local organizations.

Throughout his professional life, Chris George has demonstrated a compassion and commitment that is second to none. He embodies the spirit in which the Willard McCracken Community Diversity Award was created and I am honored to join all of those gathered this evening in extending my sincere congratulations to him as he is bestowed with this very special recognition. Chris—many thanks for your service and best wishes for continued success.

TRIBUTE TO THE CAREER OF JOHN PEDROZO

HON. JIM COSTA
OF CALIFORNIA
IN THE HOUSE OF REPRESENTATIVES
Wednesday, November 30, 2016

Mr. COSTA. Mr. Speaker, I rise today to honor the life and achievements of Mr. John Pedrozo. John has been a life-long advocate and community leader for the people of the San Joaquin Valley and has passed on his committed spirit of service to others. His awareness of the unique issues that face Merced County, and all of California, has offered in response, have proven to be valuable assets in the development of our Valley.

John’s community ties to Merced are diverse and long-standing. After graduating from Our Lady of Mercy Catholic School in Merced, John moved on to graduate from Merced High School and Merced College soon after. John married his wife Kelly in 1979, and in her found someone who shared his commitment to improving the lives of others. Together John and Kelly raised three wonderful children: Kacie, Josh, and Anthony. They have followed John’s example through both professional, and faith based engagements by assisting countless residents of the San Joaquin Valley throughout their careers.

John has served Merced County in multiple capacities, ranging from leadership roles in the Future Farmers of America during his youth, to his service on the Merced County Board of Supervisors. John was a member of the Merced Union High School District Board of Trustees before assuming his 12 year tenure on the Board of Supervisors. He has also served on the San Joaquin Joint Powers Authority for a number of years, some as chairman, which has enabled him to be a guiding voice on the direction of transportation projects in the San Joaquin Valley.

During his time on the Board of Supervisors, John was a tireless proponent for enhancing educational options for the youth in his district. His commitment to expanding access to youth programs for the children of Merced has been instrumental in improving the state of education countywide. John’s steadfast support of law enforcement has also helped make Merced County a safer place, and will not be forgotten.

As John moves forward in his life, there is no doubt that he will continue to find ways to help make Merced County a better area for all of its residents. His dedication to his family, friends, and constituents have provided a better future for the people of Merced County, and I am confident that his service will gain him further recognition as a man of honor and selflessness in the years to come.

Mr. Speaker, I urge my colleagues to join me in recognizing Mr. John Pedrozo for his contributions to Merced County. John’s service and commitment to improving Merced County has laid the foundation for others to contribute as he has.

HON. ANNA G. ESHOO
OF CALIFORNIA
IN THE HOUSE OF REPRESENTATIVES
Wednesday, November 30, 2016

Ms. ESHOO. Mr. Speaker, I rise today to honor the life and work of a pioneer in Silicon Valley, Kenneth L. Schroeder, who died on October 26, 2016 at his home in Los Altos Hills, California, at the age of 70, due to complications of ALS.

Ken Schroeder was born in Illinois, earned a BSEE from the University of Wisconsin and an MBA from University of Pennsylvania’s Wharton School of Business. He received numerous academic honors, including membership in Tau Beta Pi and was selected as one of the “125 People of Impact” at UW. His first job after Wharton was at Hewlett-Packard. He then joined Spectra Physics where he became General Manager of the Construction Laser Division. In 1979, Ken joined KLA Instruments as Vice President of Manufacturing, and became President and COO in 1991.

Under Ken’s leadership, the company made great strides. Semiconductor test equipment became a multimillion dollar market, and KLA-Tencor was named one of the “50 Best Managed Companies” by Forbes Magazine. Electronic Business Magazine rated KLA-Tencor one of the best run semiconductor equipment companies in the world, and the company received accolades for its employee training programs. San Jose Magazine ranked KLA-Tencor as one of the best places to work in Silicon Valley.

VLSI Research named Ken Schroeder “Most Valuable Executive” and elected him to its Hall of Fame. During his time as CEO of KLA-Tencor, sales doubled and retained earnings tripled.

Ken leaves his beloved wife, Fran Codispoti, his son Christian, his daughter-in-law Sarah and grandson Erik; his daughter Margaux and her boyfriend Jack, his brother Robert, many loving family members and countless friends.

Ken Schroeder was a national treasure. He was a giant of a man, tremendously effective and tall in stature. I consider it a great honor to have known him, and he will be missed by all who knew him.

Ken’s life is an example of commitment that is second to none. He was a giant of a man, tremendously effective and tall in stature. I consider it a great honor to have known him, and he will be missed by all who knew him.

Ms. DELAURO. Mr. Speaker, it is with great pleasure that I rise today to join the New Haven Manufacturers Association and the many family, friends, and colleagues who have gathered as Jerry Clupper, Executive Director of the Association, is honored with the 2016 American Manufacturing Hall of Fame Leadership Award. For more than two decades, Jerry has played an integral role in advancing manufacturing, as an industry and a career path and this award is a reflection of all of his good work.

Owner of Process Services, LLC and Executive Director of the New Haven Manufacturing Association for the last fifteen years, the few who have more drive and energy to advocating for manufacturing in our state. Manufacturing has grown in so many ways yet too many hold tight to the stereotypical images of grimy factory floors and worn faces stained with grease and dirt. I have worked harder than the many who have done much more than that image than Jerry. He has spent countless hours meeting with his fellow manufacturers, collaborating with high school and college educators, and advocating for changes in the halls of Connecticut’s General Assembly. From workforce development to investment in manufacturing, Jerry has and continues to be a catalyst for change—strengthening relationships between the community and the industry and inspiring a new generation of manufacturers.

I would be remiss if I did not take a moment to extend a personal note of thanks to Jerry. Over the years, he has helped myself and my staff on a variety of projects. He has joined me at local technical high schools to look at ways Congress can support skills training that better prepares students for local manufacturing jobs. We have visited community colleges where he has helped to develop curriculums for advanced manufacturing degrees that help those graduates meet the changing needs of our manufacturing industry. And it was under his leadership that the New Haven Manufacturing Association and I developed the concept and legislation for the Manufacturing Reinvestment Act. He has been an invaluable resource and what began as a working collaborative has grown into a cherished friendship.

Jerry Clupper has been a leader in Connecticut’s manufacturing industry in every sense of the word. His vision, dedication, and advocacy have renewed the spirit of an industry that has a long and proud Connecticut history. There is no one more deserving of being honored with the 2016 American Manufacturing Hall of Fame Leadership Award. I am honored to rise today to extend my heartfelt congratulations to Jerry on this very special and prestigious recognition.
HONORING EMPRESS AMBULANCE SERVICES

HON. ELIOT L. ENGEL
OF NEW YORK
IN THE HOUSE OF REPRESENTATIVES
Wednesday, November 30, 2016

Mr. ENGEL. Mr. Speaker, I rise today to honor one of the great companies in my district, Empress Ambulance, which has provided outstanding emergency medical service to the City of Yonkers for over three decades.

In 1985, when Dan and Lenore Minerva acquired Empress Ambulance it was their mission, that since has been handed down to their sons Michael, Daniel and Matthew, that patient care and compassion would be the cornerstone on which the company would be built.

As the landscape in the healthcare industry changed for hospitals over the years, so too has it changed dramatically in the pre-hospital world. These days an EMS company needs to have trained professionals and state of the art equipment to manage a medical emergency on the street or in someone’s home. Empress has accepted this challenge and today they are the preeminent provider of pre-hospital care and ambulance transportation services in our region. With over 90 vehicles and more than 400 highly trained and compassionate employees, Empress is answering the call 24 hours a day, seven days a week.

In recent years, Empress has seen unprecedented growth in the region. In addition to Yonkers, Empress Ambulance is currently the emergency medical services provider for the cities of New Rochelle, White Plains, Mount Vernon and Pelham. Additionally, the company provides advanced life support services in Yorktown and basic life support supplemental staff in Hawthorne, Mahopac Lake and Peekskill. They have also recently been named the provider of choice to operate four 911 advanced life support ambulances by Montefiore Medical Center for the Fire Department of New York 911 System.

This year, St. Joseph’s Medical Center is honoring Empress Ambulance Service for the remarkable contributions the company has made to both the Center and the community as a whole. I want to take the opportunity to congratulate the entire Empress team, and thank them for all their incredible work in our area.

CONGRATULATIONS TO HARRY S. TRUMAN FOR RECEIVING THE PRESTIGIOUS HONOR OF BEING NAMED A NATIONAL BLUE RIBBON SCHOOL

HON. BILLY LONG
OF MISSOURI
IN THE HOUSE OF REPRESENTATIVES
Wednesday, November 30, 2016

Mr. LONG. Mr. Speaker, I rise today to recognize Harry S. Truman Elementary School for receiving the prestigious honor of being named a National Blue Ribbon School.

Harry S. Truman was one of 329 schools nationwide to be recognized as a Blue Ribbon School. This national award recognizes schools that practice exemplary teaching and learning. For 34 years, the National Blue Ribbon Schools Program has been rewarding excellence in students and faculty and to date fewer than 8,500 schools have been granted this honor.

Harry S. Truman Elementary was granted this award in large part due to their high academic performance on standardized tests. This is a distinguished award that recognizes the academic success of a school.

I am honored to recognize Harry S. Truman Elementary School for their hard work and dedication in educating our future leaders of Missouri. On behalf of Missouri’s Seventh Congressional District I ask all of my colleagues to join me in congratulating Harry S. Truman Elementary School.

HONORING MOUNT SINAI MISSIONARY BAPTIST CHURCH

HON. MARC A. VEASEY
OF TEXAS
IN THE HOUSE OF REPRESENTATIVES
Wednesday, November 30, 2016

Mr. VEASEY. Mr. Speaker, I rise today to honor Mount Sinai Missionary Baptist Church in celebration of its 60th Anniversary and its six-decade history of service to the community of Fort Worth, Texas.

Founded in 1956, Mount Sinai Missionary Baptist Church began through its commitment to fellowship. Since its founding, Mount Sinai Missionary Baptist Church has committed its efforts to establishing a safe environment for all those seeking spiritual guidance and the desire to share the Gospel of Jesus Christ through preaching, teaching, and ministry. For six decades, Mount Sinai Missionary Baptist Church’s ministry team has inspired and positively changed the lives of people throughout Fort Worth.

For the past twenty years, Bishop B.C. McPherson II has led Mount Sinai Missionary Baptist Church’s membership and its affiliate company Sininian Development Inc. (SDI), a community development organization. Together, they have invigorated the Southside communities of Fort Worth through crime reduction and affordable housing. Bishop McPherson has ensured throughout his tenure that every member can still receive a personal word with him even as the Church has grown its congregation.

Mount Sinai not only offers fellowship for those seeking spiritual guidance at the church in Fort Worth, but also extends its services through its Real Alive Word, R.A.W., online classes. These classes offer spiritual seekers with biblical foundations, syntax, culture and much more. Both traditional and non-traditional religious avenues have contributed to an increase in the number of new hopeful leaders in the DFW Metroplex.

I honor Mount Sinai Missionary Baptist Church’s 60th Anniversary celebration and its dedication to the spiritual development of Fort Worth community.

HONORING MICHAEL MINERVA

HON. ELIOT L. ENGEL
OF NEW YORK
IN THE HOUSE OF REPRESENTATIVES
Wednesday, November 30, 2016

Mr. ENGEL. Mr. Speaker, those who dedicate their lives to serving others professionally are a true asset to the community. For 28 years, Michael Minerva has been an asset to Westchester, through his amazing work with Empress Ambulance Service and our friends at St. Joseph’s Medical Center. Mike got his start in Yonkers working for American Ambulette, the company his parents, Dan and Lenore started in 1976. It was during this time that Mike was first introduced to the leadership and mission at St. Joseph’s Medical Center.

In 1985, his family bought Empress Ambulance Service. For the next twenty years, Mike was fortunate to work side by side with the biggest driving force of his professional career, his mentor, business partner and “Mom” Lenore Minerva.

In 2008 Mike was promoted to President of Empress and has worked tirelessly to continue to grow the business and provide the highest...
level of pre-hospital care in the State. Under his guidance, Empress has been recognized as the leader in the ambulance industry with over 400 EMS professionals on staff and a fleet of over 90 vehicles. Mike was asked to serve on the Saint Joseph's Medical Center's Board of Trustees in 2005, and his vast knowledge of the healthcare industry, especially in the field of emergency services has been a tremendous asset to Saint Joseph's Medical Center for the many years he has served as a member of its Board of Trustees.

Mike also finds many ways to give back to the community that has afforded him so much. In addition to volunteering his time to Saint Joseph's Medical Center's Board of Trustees, he is also on the Board of the Yonkers Police Athletic League and the Yonkers Chamber of Commerce.

But Mike’s great love is always family. He has been married to his high school sweetheart, Bobbi, for over 27 years. Together they have raised five wonderful and accomplished children, Danielle, the head athletic trainer for Mercy College, Hayle, a full-time performer for Disney World FL, Michael, a recent college graduate who now works at Empress, and Jack and Lyndsey, a junior and sophomore respectively at Pleasantville High School.

This year, St. Joseph's Medical Center is honoring Mike at their annual Autumn in New York Ball. He is incredible deserving of this honor. Congratulations to Mike and his family.

By establishing new review pathways at the FDA, 21st Century Cures will advance new drug therapies for patients with rare, serious, or life-threatening disease. It gives my young constituents living with Duchenne's, like Jake Wesley, a chance to live a longer, better life.

The 21st Century Cures helps individuals and families in mental health crisis. It will serve to increase access to trained professionals, improves communications between doctors and families while ensuring that federal funds are applied to programs that work, supporting organizations in Bucks County like the Lenape Valley Foundation and the National Alliance on Mental Illness. Enhancing crisis response, promoting early intervention, and integrating mental health, substance use and primary care will go a long way in helping the one in five individuals who have a mental health condition so they can live well and thrive.

The bill will grant funds to states to supple- ment opioid abuse prevention and treatment activities, such as improving prescription drug monitoring programs.

Mr. Speaker, while this bill accelerates the development of life-saving devices and therapi es, the 21st Century Cures Act fails to protect patients against dangerous medical devices. For the past two years, I’ve sought to improve oversight and protect patients. I wish this bill contained the “Right-to-Try,” grandfather, husband, dairyman, and farmer, John J. Areias. He is a tremendous honor and an inspiration to all. Mr. Areias was an exceptional family man, physician, and citizen. Mr. Areias was a wonderful father, grandfather, husband, dairyman, and
friend, whose depth of commitment to improving the San Joaquin Valley can be matched only by his depth of commitment to those he loved.

Born on April 21st, 1921 to Jesse Areias and Genevieve Silva Areias, John J. Areias was a first generation Portuguese-American from Volta, California. His family moved from Portugal’s Azorean Islands to California to begin a dairy, and to support a family. John’s father put $10 down on 640 acres of land in western Merced County, where John spent much of his youth learning how to be a dairyman alongside his eight siblings. He was the valedictorian of Volta elementary, and moved on to graduate from Los Banos high school in 1940.

John had an insatiable hunger for community involvement, which began with his high school’s student government, and the Future Farmers of America. His leadership position in the FFA granted him many opportunities early on, one of which called on him to present cattle at the California State Fair. This is also where he would meet the love of his life, Mary, whom he married shortly thereafter. John and his brother Jesse then moved on to begin their own dairy, which quickly became the first grade A dairy in the Los Banos Dairymen’s Association. Eventually their dairy became one of the biggest and most successful in California, but they never lost sight of the role family should play in their business. John’s children played the same part that he did when he was younger, lending a hand in day to day dairy operations to support the family business.

John was also very politically connected with Central California Democratic circles. He served as a chairman of the Merced County Democratic Central Committee and had been a delegate to the Democratic National Convention in 1960, where John F. Kennedy won the nomination of his party as candidate for President of the United States. John was also a devout Catholic, serving as the Parish Priest at the California State Fair. This is also when John met and married Mary, whom he married shortly thereafter.

HONORING THE CONNECTICUT MENTAL HEALTH CENTER ON THE OCCASION OF THEIR 50TH ANNIVERSARY

HON. ROSA L. DeLAURO
OF CONNECTICUT
OF THE HOUSE OF REPRESENTATIVES

Wednesday, November 30, 2016

Ms. DeLAURO. Mr. Speaker, it is with my sincere thanks and appreciation that I rise today to join the many who have gathered to mark the 50th Anniversary of the Connecticut Mental Health Center—a remarkable milestone for this exceptional institution.

In 1963, President John F. Kennedy signed into law the Community Mental Health Act, a pioneering piece of legislation that sought to transform the way in which we, as a society, approached mental health treatment. It was from this legislation that the Connecticut Mental Health Center, a unique partnership between the State of Connecticut and Yale University, was inspired and conceived. Opening its doors in 1966, CMHC has been an invaluable resource to the state for a century, not only as a service provider but as a leader in research, education, and community.

Each year, more than five thousand of our most vulnerable citizens count on the Center for comprehensive clinical, addiction, and rehabilitative services. For fifty years, the Connecticut Mental Health Center has been transforming the lives of those with mental illness and addiction issues by providing a safe space where they can find the services they need to live, work, learn, and participate fully in their communities.

Their outreach programs for the homeless, those who are at serious risk for mental illness, or involved with the criminal justice system have helped to ensure that those most at risk are able to find the care they need. CMHC’s community education programs have helped community leaders better understand mental illness and addiction and their professional education programs have trained hundreds in Psychiatry, Neuropharmacology, Psychology, Psychiatric Nursing, as well as Pastoral and Social Work. In addition, CMHC is a national leader in cutting-edge research and innovation.

CMHC’s mission statement concludes with a message to which they have strived for fifty years: “Continued success means transforming our systems of care to be suitable to the new environment, while preserving our fundamental commitment to excellent culturally sensitive, clinical, rehabilitative, and preventative services, linked to nationally recognized research and educational programs.” It is their dedication to continually ensuring that the care they are providing is meeting the changing needs of their clients and community that has been their greatest gift.

I have had the privilege to work with the Connecticut Mental Health Center on a variety of issues over my tenure in Congress and have always been in awe of the outstanding work that they do. Today, as administrators, staff, supporters, and community leaders gather to mark this golden milestone, I am honored to extend my heartfelt congratulations to the Connecticut Mental Health Center on their 50th Anniversary. I have no doubt that they will continue their invaluable work for many more years to come.

TRIBUTE TO PAUL E. SCHICKLER

HON. DAVID YOUNG
OF IOWA
IN THE HOUSE OF REPRESENTATIVES

Wednesday, November 30, 2016

Mr. YOUNG of Iowa. Mr. Speaker, I rise today to recognize Paul E. Schickler, President of DuPont Pioneer, ahead of his retirement on January 1, 2017. Paul began his tenure with Pioneer as an accountant back in 1974. His 42 years of dedicated service has produced enduring success, and with his leadership, the company has experienced some of its most prosperous and successful years of operation.

Paul joined Pioneer after receiving an undergraduate degree from Drake University. He displayed a tireless work ethic as he pursued his MBA while working full-time at Pioneer. It was apparent from the start that he was destined for excellence within the company. Throughout his years at Pioneer, Paul has served in a number of roles, including: Controller; Vice President of Human Resources, Learning and Development, Communications and Real Estate Management; Vice President, Director, Latin America Operations, later expanding to include Mexico and Africa; Vice President, International Operations; Agriculture and Nutrition Business Development Director; and finally, in 2007, DuPont Vice President and the 11th President of Pioneer.

Paul’s commitment to global agriculture and the fight against world hunger goes even beyond his work at Pioneer. He and his wife Claudia have used their own personal success to benefit the World Food Prize, donating resources to expand the foundation’s Global Youth Institute to every Iowa high school. For the last several years Paul has shared his vision for global agriculture with the delegation of youth in attendance of the World Food Prize Week.

Mr. Speaker, I applaud and congratulate Paul on his upcoming retirement. He will now be able to spend his well-deserved time off sharing his love of golfing and skiing with his family, his wife Mary, whom he married shortly thereafter, their six granddaughters, their husbands, and five great-grandchildren. It is with great honor that I recognize him today. I ask that my colleagues in the United States House of Representatives join me in recognizing Paul’s accomplishments and service and in wishing him and his family nothing but the best.

CHARITY DOES NOT COME FROM GOVERNMENT AGENCIES

HON. JOHN J. DUNCAN, JR.
OF TENNESSEE
IN THE HOUSE OF REPRESENTATIVES

Wednesday, November 30, 2016

Mr. DUNCAN of Tennessee. Mr. Speaker, I rise today to commemorate John Areias Sr.’s life for his outstanding character as an entrepreneur, public servant, family man, and friend. His life is a testament to the power of the American dream, and the joy that can accompany it. He was a powerful role model for the people of the Central Valley, and will be deeply missed by everyone that had the pleasure of knowing him. I join John’s family in honoring his life, and love for our community.

By Bob Hunt

IN THE HOUSE OF REPRESENTATIVES

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sacrifice. And because the poor were fed, clothed and sheltered at a personal sacrifice, the pagans used to say about the Christians ‘See how they love each other.’

‘In our own day the poor are no longer fed, clothed and sheltered at a personal sacrifice, but at the expense of the taxpayers. And because the poor are no longer fed, clothed and sheltered, the pagans say about the Christians ‘See how they pass the buck.’’——Feeding the Poor at a Sacrifice, by Peter Maurin (1877-1949)

Peter Maurin was a Catholic philosopher in the tradition of Christian personalism. He, along with Dorothy Day, founded the Catholic Worker movement, which today is represented by over 200 houses of hospitality that offer food, clothing and shelter to the poor. Not willing to wait for the government or church to organize official relief efforts, Maurin believed that it was the personal responsibility of Christians to commit themselves to serving those in need by way of personal sacrifice through the corporal and spiritual works of mercy. Maurin pointed to St. Francis of Assisi as the inspiration for Christian personalism. Today, another Francis is inspiring many with his message that the Church is a field hospital for the wounded. Christians must leave the confines of the church building and, “go outside and look for people where they live, where they suffer, and where they hope.”

Christine Maenz saw a need last December. She was concerned that the poor who often gather under the bridge at Broadway and Magnolia would have nothing to eat on Christmas. She convinced her husband, Scott, to make dozens of peanut butter and jelly sandwiches with her and take them downtown. They passed them out to the homeless under the bridge while a rainstorm poured down around them. Christine and Scott have been back every month since, now bringing bunches of friends with them along with items of clothing and hygiene packs, in what they call their Bridge Ministry. It’s an example of Christian personalism. The Maenz’ didn’t ask permission from their pastor or the City Council. The money spent in the effort was their own. They saw the need, took personal responsibility and made a personal sacrifice to meet it. Will it solve all the problems of the homeless? No, but it fed every hungry person in the city? No. But, it’s a drop.

A journalist once asked Mother Teresa, “Mother, all that you do here amounts to nothing more than a drop in the bucket. Why do you bother?” Mother replied, “It’s a drop.” The question to ask, I think, isn’t, “Why bother?”

The question to ask is, “Where are all the other drops? Why isn’t that bucket full yet? Where’s your drop? Where’s mine?”

Christine and Scott Maenz, and the others who now join them, offer their drops. They would like to eventually expand the Bridge Ministry to every Saturday. But, that will require more people willing to offer their drops. There are other needs in the city waiting to be filled, waiting for others to offer their drops. The bucket is very large. But, each drop is one more filling the bucket. Perhaps another rainstorm can be started. It all begins with one person taking personal responsibility and making a personal sacrifice. So, what’s your Saturday look like?
meetings and hearings of Senate committees, subcommittees, joint committees, and committees of conference. This title requires all such committees to notify the Office of the Senate Daily Digest—designated by the Rules Committee—of the time, place and purpose of the meetings, when scheduled and any cancellations or changes in the meetings as they occur.

As an additional procedure along with the computerization of this information, the Office of the Senate Daily Digest will prepare this information for printing in the Extensions of Remarks section of the CONGRESSIONAL RECORD on Monday and Wednesday of each week.

Meetings scheduled for Thursday, December 1, 2016 may be found in the Daily Digest of today’s RECORD.

### MEETINGS SCHEDULED

#### DECEMBER 6

**2:30 p.m.**  
Committee on Foreign Relations  
To hold hearings to examine defeating the Iranian threat network, focusing on options for countering Iranian proxies.

**2:15 p.m.**  
Committee on Indian Affairs  
To hold an oversight hearing to examine the Department of the Interior’s Land Buy-Back Program for Tribal Nations, four years later.

#### DECEMBER 7

**10 a.m.**  
Committee on the Judiciary  
Subcommittee on Crime and Terrorism  
To hold hearings to examine whether additional firewalls are needed to protect Congressional oversight staff from retaliatory criminal referrals.

**2:15 p.m.**  
Committee on Commerce, Science, and Transportation  
Subcommittee on Surface Transportation and Merchant Marine Infrastructure, Safety and Security  
To hold hearings to examine assessing the security of our critical surface transportation infrastructure.

#### DECEMBER 8

**10 a.m.**  
Committee on Foreign Relations  
Subcommittee on State Department and USAID Management, International Operations, and Bilateral International Development  
To hold hearings to examine State Department and United States Agency for International Development management challenges and opportunities for the next administration.
Daily Digest

Senate

Chamber Action

Routine Proceedings, pages S6579–S6628

Measures Introduced: Four bills and four resolutions were introduced, as follows: S. 3485–3488, S. Res. 624–626, and S. Con. Res. 57.

Measures Passed:

- National Urban Search and Rescue Response System Act: Senate passed S. 2971, to authorize the National Urban Search and Rescue Response System, after agreeing to the committee amendment.

- BOTS Act: Senate passed S. 3183, to prohibit the circumvention of control measures used by Internet ticket sellers to ensure equitable consumer access to tickets for any given event, after agreeing to the committee amendment in the nature of a substitute.

- GAO Civilian Task and Delivery Order Protest Authority Act: Senate passed H.R. 5995, to strike the sunset on certain provisions relating to the authorized protest of a task or delivery order under section 4106 of title 41, United States Code.

- Dr. Otis Bowen Veteran House: Committee on Veterans' Affairs was discharged from further consideration of H.R. 5509, to name the Department of Veterans Affairs temporary lodging facility in Indianapolis, Indiana, as the “Dr. Otis Bowen Veteran House”, and the bill was then passed.

- Honoring Arnold Palmer: Committee on the Judiciary was discharged from further consideration of S. Res. 605, honoring Arnold Palmer, and the resolution was then agreed to.

- Manufacturing Day: Committee on Commerce, Science, and Transportation was discharged from further consideration of S. Res. 610, expressing support for the designation of the first Friday in October 2016 as “Manufacturing Day”, and the resolution was then agreed to.

- University of Texas MD Anderson Cancer Center 75th Anniversary: Senate agreed to S. Res. 626, recognizing the 75th anniversary of the establishment of the University of Texas MD Anderson Cancer Center in Houston, Texas.

Silver Star Service Banner Day Act: Committee on the Judiciary was discharged from further consideration of S. 3386, to amend title 36, United States Code, to designate May 1 as “Silver Star Service Banner Day”, and the bill was then passed.

House Messages:

- Program Management Improvement Accountability Act: Senate concurred in the amendment of the House to S. 1550, to amend title 31, United States Code, to establish entities tasked with improving program and project management in certain Federal agencies.

Iran Sanctions Extension Act–Agreement: A unanimous-consent agreement was reached providing that at 1:45 p.m., on Thursday, December 1, 2016, Senate begin consideration of H.R. 6297, to reauthorize the Iran Sanctions Act of 1996, as provided for under the previous order of Tuesday, November 29, 2016.

Messages from the House:

Additional Cosponsors:

Statements on Introduced Bills/Resolutions:

Additional Statements:

Authorities for Committees to Meet:

Privileges of the Floor:

Adjournment: Senate convened at 10 a.m. and adjourned at 6:42 p.m., until 9:30 a.m. on Thursday, December 1, 2016. (For Senate's program, see the remarks of the Acting Majority Leader in today's Record on page S6628.)

Committee Meetings

(Comittees not listed did not meet)

ARTIFICIAL INTELLIGENCE

Committee on Commerce, Science, and Transportation: Subcommittee on Space, Science, and Competitiveness
concluded a hearing to examine the dawn of artificial intelligence, after receiving testimony from Steve A. Chien, Technical Group Supervisor, Artificial Intelligence Group, Jet Propulsion Laboratory, National Aeronautics and Space Administration; Eric Horvitz, Microsoft Corporation, Redmond, Washington; Andrew W. Moore, Carnegie Mellon University School of Computer Science, Pittsburgh, Pennsylvania; and Greg Brockman, OpenAI, San Francisco, California.

BORDER PATROL
Committee on Homeland Security and Governmental Affairs: Committee concluded a hearing to examine initial observations of the new leadership at the Border Patrol, after receiving testimony from Mark A. Morgan, Chief, and Carla Provost, Deputy Chief, both of the Border Patrol, Customs and Border Protection, Department of Homeland Security.

INTELLIGENCE
Select Committee on Intelligence: Committee met in closed session to receive a briefing on certain intelligence matters from officials of the intelligence community.

FINANCIAL ABUSE OF OLDER AMERICANS
Special Committee on Aging: Committee concluded a hearing to examine financial abuse of older Americans by guardians and others in power, after receiving testimony from Kathryn A. Larin, Acting Director, Forensic Audits and Investigative Service, Government Accountability Office; Cathy Boyko, Minnesota Judicial Branch Conservator Accounting Program Manager, Ramsey; Jaye L. Martin, Legal Services for the Elderly, Augusta, Maine; and Jessica Kruse, Ozarks Elder Law, Springfield, Missouri.

House of Representatives

Chamber Action
Public Bills and Resolutions Introduced: 12 public bills, H.R. 6403–6414; and 5 resolutions, H. Con. Res. 174–176; and H. Res. 938–939 were introduced.

Additional Cosponsors:

Reports Filed: Reports were filed today as follows:
Conference report on S. 2943, to authorize appropriations for fiscal year 2017 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes (H. Rept. 114–840);
H.R. 5384, to amend title 44, United States Code, to restrict the distribution of free printed copies of the Federal Register to Members of Congress and other officers and employees of the United States, and for other purposes (H. Rept. 114–841, Part 1);
H.R. 6186, to amend title 5, United States Code, to extend certain protections against prohibited personnel practices, and for other purposes (H. Rept. 114–842);
H.R. 6303, to designate facilities of the United States Postal Service, to establish new ZIP Codes, and for other purposes (H. Rept. 114–843); and
H. Res. 937, providing for consideration of the conference report to accompany the bill (S. 2943) to authorize appropriations for fiscal year 2017 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes (H. Rept. 114–844).

Speaker: Read a letter from the Speaker wherein he appointed Representative Bost to act as Speaker pro tempore for today.

Recess: The House recessed at 10:48 a.m and reconvened at 12 noon.

Guest Chaplain: The prayer was offered by the Guest Chaplain, Rabbi Shea Hecht, Hadar Hatorah Yeshiva, Brooklyn, NY.

Suspension—Proceedings Resumed: The House agreed to suspend the rules and pass the following measure which was debated on Tuesday, November 29th:

Protecting Veterans' Educational Choice Act of 2016: H.R. 5047, to direct the Secretary of Veterans Affairs and the Secretary of Labor to provide information to veterans and members of the Armed Forces about articulation agreements between institutions of higher learning, by a 2/3 yea-and-nay vote of 411 yeas to 3 nays, Roll No. 591.

Unanimous Consent Agreement: Agreed by unanimous consent that the question of adopting a motion to concur in the Senate amendment to H.R. 34
with an amendment may be subject to postponement as though under clause 8 of rule 20. Page H6894

Suspensions: The House agreed to suspend the rules and pass the following measures:

Overtime Pay for Secret Service Agents Act of 2016: H.R. 6302, to provide an increase in premium pay for United States Secret Service agents performing protective services during 2016; Pages H7006–08

Designating facilities of the United States Postal Service, to establish new ZIP Codes: H.R. 6303, to designate facilities of the United States Postal Service, and to establish new ZIP Codes; Pages H7008–10

Federal Register Printing Savings Act of 2016: H.R. 5384, to amend title 44, United States Code, to restrict the distribution of free printed copies of the Federal Register to Members of Congress and other officers and employees of the United States; Pages H7010–11

Federal Agency Mail Management Act of 2016: H.R. 6009, to ensure the effective processing of mail by Federal agencies; Pages H7011–12

Follow the Rules Act: H.R. 6186, to amend title 5, United States Code, to extend certain protections against prohibited personnel practices; Pages H7012–14

Designating the facility of the United States Postal Service located at 501 North Main Street in Florence, Arizona, as the “Adolfo ‘Harpo’ Celaya Post Office”: H.R. 6304, to designate the facility of the United States Postal Service located at 501 North Main Street in Florence, Arizona, as the “Adolfo ‘Harpo’ Celaya Post Office”; Pages H7014–15, H7048

Designating the facility of the United States Postal Service located at 830 Kuhn Drive in Chula Vista, California, as the “Jonathan ‘J.D.’ De Guzman Post Office Building”: H.R. 5948, to designate the facility of the United States Postal Service located at 830 Kuhn Drive in Chula Vista, California, as the “Jonathan ‘J.D.’ De Guzman Post Office Building”; Pages H7015–16

Designating the facility of the United States Postal Service located at 560 East Pleasant Valley Road, Port Hueneme, California, as the U.S. Naval Construction Battalion “Seabees” Fallen Heroes Post Office Building: H.R. 6138, to designate the facility of the United States Postal Service located at 560 East Pleasant Valley Road, Port Hueneme, California, as the U.S. Naval Construction Battalion “Seabees” Fallen Heroes Post Office Building; Pages H7016–17

Designating the facility of the United States Postal Service located at 2024 Jerome Avenue, in Bronx, New York, as the “Dr. Roscoe C. Brown, Jr. Post Office Building”: H.R. 6282, to designate the facility of the United States Postal Service located at 2024 Jerome Avenue, in Bronx, New York, as the “Dr. Roscoe C. Brown, Jr. Post Office Building”; Pages H7017–18

Merchant Marine of World War II Congressional Gold Medal Act: H.R. 2992, to award a Congressional Gold Medal, collectively, to the U.S. Merchant Marine of World War II, in recognition of their dedicated and vital service during World War II; Pages H7018–20

Filipino Veterans of World War II Congressional Gold Medal Act: S. 1555, to award a Congressional Gold Medal, collectively, to the Filipino veterans of World War II, in recognition of the dedicated service of the veterans during World War II; Pages H7020–24

Office of Strategic Services Congressional Gold Medal Act: S. 2234, to award the Congressional Gold Medal, collectively, to the members of the Office of Strategic Services (OSS) in recognition of their superior service and major contributions during World War II; and Pages H7024–28


Tsunami Warning, Education, and Research Act: Pursuant to H. Res. 934, the House concurred in the Senate amendment to H.R. 34, to authorize and strengthen the tsunami detection, forecast, warning, research, and mitigation program of the National Oceanic and Atmospheric Administration, with an amendment consisting of the text of Rules Committee Print 114–67, modified by the amendment printed in part A of H. Rept. 114–839, in lieu of the matter proposed to be added by the Senate, by a recorded vote of 392 ayes to 26 noes, Roll No. 592. Pages H6884–H7006, H7046–47

H. Res. 934, the rule providing for consideration of the Senate amendment to the bill (H.R. 34) and providing for consideration of the bill (H.R. 6392) was agreed to by a yea-and-nay vote of 230 yeas to 180 nays, Roll No. 590, after the previous question was ordered without objection. Pages H6887–93

Clerk to Correct Enrollment: The House agreed to H. Con. Res. 174, directing the Clerk of the House
of Representatives to make a technical correction in the enrollment of H.R. 34.

Senate Message: Message received from the Senate by the Clerk and subsequently presented to the House today appears on page H7056.

Senate Referrals: S. 2944 was referred to the Committee on the Judiciary. S. 3438 was referred to the Committee on Veterans' Affairs. S. 461 was held at the desk.

Quorum Calls Votes: Three yea-and-nay votes and one recorded vote developed during the proceedings of today and appear on pages H6892–93, H6893–94, H7046–47, H7047. There were no quorum calls.

Adjournment: The House met at 10 a.m. and adjourned at 8:10 p.m.

Committee Meetings

EXAMINING THE UNITED STATES PREVENTIVE SERVICES TASK FORCE

Committee on Energy and Commerce: Subcommittee on Health held a hearing entitled “Examining the United States Preventive Services Task Force”. Testimony was heard from public witnesses.

LIBYA FIVE YEARS AFTER GHADAFI

Committee on Foreign Affairs: Subcommittee on the Middle East and North Africa; and Subcommittee on Terrorism, Nonproliferation, and Trade, held a joint hearing entitled “Libya Five Years After Ghadafi”. Testimony was heard from Jonathan Winer, Special Envoy for Libya, Bureau of Near Eastern Affairs, Department of State.

LEGISLATIVE MEASURES

Committee on Natural Resources: Subcommittee on Federal Lands held a hearing on H.R. 5129, the “GO Act”; H.R. 799, the “North Country National Scenic Trail Route Adjustment Act”; and H.R. 3683, the “African American Civil Rights Network Act of 2015”. Testimony was heard from Representatives Clay; Nolan; and LaMalfa; Glenn Casamassa, Associate Deputy Chief, U.S. Forest Service; Stephanie S. Toothman, Associate Director, Cultural Resources, Partnerships, and Science, National Park Service; and public witnesses.

OVERSIGHT OF DEA’S CONFIDENTIAL SOURCE PROGRAM

Committee on Oversight and Government Reform: Full Committee held a hearing entitled “Oversight of DEA’s Confidential Source Program”. Testimony was heard from Michael E. Horowitz, Inspector General, Department of Justice; and Rob Patterson, Chief of Inspections, Drug Enforcement Administration.

FEDERAL LONG-TERM CARE INSURANCE PROGRAM: EXAMINING PREMIUM INCREASES

Committee on Oversight and Government Reform: Subcommittee on Government Operations held a hearing entitled “Federal Long-Term Care Insurance Program: Examining Premium Increases”. Testimony was heard from John O’Brien, Senior Advisor for Health Policy, Office of Personnel Management; and public witnesses.

CONFERENCE REPORT TO ACCOMPANY NATIONAL DEFENSE AUTHORIZATION ACT FOR FISCAL YEAR 2017

Committee on Rules: Full Committee held a hearing on a conference report to accompany S. 2943, the “National Defense Authorization Act for Fiscal Year 2017”. The committee granted, by voice vote, a rule that waives all points of order against the conference report to accompany S. 2943 and against its consideration. The rule provides that the conference report shall be considered as read. The rule provides that the previous question shall be considered as ordered without intervention of any motion except one hour of debate and one motion to recommit if applicable. The rule provides that debate on the conference report is divided pursuant to clause 8(d) of rule XXII. Testimony was heard from Chairman Thornberry and Representative Smith of Washington.

Joint Meetings

NATIONAL DEFENSE AUTHORIZATION ACT

Conferences: Agreed to file a conference report on the differences between the Senate and House passed versions of S. 2943, to authorize appropriations for fiscal year 2017 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year.

NEW PUBLIC LAWS

(For last listing of Public Laws, see DAILY DIGEST, p. D1039)

H.R. 845, to direct the Secretary of Agriculture to publish in the Federal Register a strategy to significantly increase the role of volunteers and partners in National Forest System trail maintenance. Signed on November 28, 2016. (Public Law 114–245)

H.R. 4511, to amend the Veterans’ Oral History Project Act to allow the collection of video and audio recordings of biographical histories by immediate family members of members of the Armed Forces who died as a result of their service during
a period of war. Signed on November 28, 2016. (Public Law 114–246)

H.R. 5392, to direct the Secretary of Veterans Affairs to improve the Veterans Crisis Line. Signed on November 28, 2016. (Public Law 114–247)

H.R. 6007, to amend title 49, United States Code, to include consideration of certain impacts on commercial space launch and reentry activities in a navigable airspace analysis. Signed on November 28, 2016. (Public Law 114–248)

COMMITTEE MEETINGS FOR THURSDAY, DECEMBER 1, 2016

(Committee meetings are open unless otherwise indicated)

Senate

Committee on Armed Services: to hold hearings to examine the oversight, acquisition, testing, and employment of the Littoral Combat Ship (LCS) and LCS mission module programs, 9:30 a.m., SD–G50.

Committee on Foreign Relations: to hold hearings to examine the future of counter-terrorism strategy, 10:30 a.m., SD–419.

Committee on Homeland Security and Governmental Affairs: Subcommittee on Regulatory Affairs and Federal Management, to hold hearings to examine two Government Accountability Office reports regarding the renewable fuel standard, 2:30 p.m., SD–342.

Select Committee on Intelligence: to receive a closed briefing on certain intelligence matters, 2 p.m., SH–219.

House

Committee on Armed Services, Subcommittee on Oversight and Investigations, hearing entitled “Force Management Levels in Iraq and Afghanistan; Readiness and Strategic Considerations”, 10 a.m., 2118 Rayburn.

Committee on Oversight and Government Reform, Full Committee, hearing entitled “Examining Sexual Harassment and Gender Discrimination at the U.S. Department of Agriculture”, 9 a.m., 2154 Rayburn.

Subcommittee on Government Operations; and Subcommittee on Health Care, Benefits and Administrative Rules, joint hearing entitled “Restoring the Power of the Purse: Legislative Options”, 2 p.m., 2154 Rayburn.

Permanent Select Committee on Intelligence, Full Committee, business meeting to consider an access request, 9 a.m., HVC–304. This meeting will be closed.
Next Meeting of the SENATE
9:30 a.m., Thursday, December 1

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Senate Chamber

Program for Thursday: After the transaction of any morning business (not to extend beyond 1:45 p.m.), Senate will begin consideration of H.R. 6297, Iran Sanctions Extension Act, and vote on passage of the bill.

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Next Meeting of the HOUSE OF REPRESENTATIVES
10 a.m., Thursday, December 1

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House Chamber


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CONGRESSIONAL RECORD—DAILY DIGEST
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Extensions of Remarks, as inserted in this issue

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