



Taking the pulse:

Examining health care in 2021

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VA makes great strides in uncertain times by building trust, forward thinking



**By Secretary Denis McDonough
Department of Veterans Affairs**

At the height of the pandemic, Marine Corps Veteran Michael Novelli developed fatigue, aches, and a fever. He'd never "felt this sick [in his] whole life," and his diagnosis was exactly what he feared.

Like millions of others over the past year, Michael had contracted COVID-19.

After four days at Northport VA Medical Center, Michael was doing well enough to be discharged — but we at the Department of Veterans Affairs (VA) placed him on our telehealth program to monitor his symptoms. That decision likely saved Michael's life.

He shared his temperature, oxygen levels, and heart rate every day for two weeks via telehealth. Then his VA nurse, Marjorie Rogers, noticed something unusual in his heart rate. She called and told him to visit the emergency room immediately, where he was diagnosed with pneumonia and admitted for another two weeks.

"Marjorie saved my life," he said. "If I wasn't on telehealth, I would have stayed home with pneumonia." There's no telling what would have happened then.

Michael's story is just one example of the many lives that caregivers at VA have saved throughout the pandemic. They have stepped up time and again throughout this trying year, risking their lives and leaving their families to serve the brave men and women who served our country.

And now, as we continue to fight COVID, we are working to learn from successes of the last 18 months to make sure that we don't just go back to pre-pandemic operations moving forward, but instead create a VA that takes better care of our Vets than ever before.

One of the ways we can do that is by learning from the success of our

telehealth program. During the first and worst days of the pandemic, VA proved it could still safely deliver care to Veterans, providing primary care, specialty care, and mental health care appointments at previously unthinkable levels.

The number of telehealth appointments peaked above 47,000 in a single

attend hearings with the Board of Veterans Appeals, we created virtual telehearings, ensuring that Veterans would be able to receive appellate decisions on benefits and services.

And when claims ballooned at the beginning of the pandemic, and VA waited on 80,000 files from the National Personnel Records Center (NPRC),

spouses, caregivers, and some children between the ages of 12 and 17.

Those successes, along with the sacrifice of our caregivers, has led to unprecedented trust in VA among Veterans. As of today, nearly 80% of Veterans trust VA to deliver the world-class health care and benefits they've earned — a 24% leap from 2016.



VA has long been at the forefront of health care innovation in America, with VA doctors performing the first successful liver transplant, inventing the first cardiac pacemaker, and developing the first Nicotine patch — and that legacy continued during the pandemic.

day, which is more than were provided during an entire month before the pandemic. This was only possible because VA had a strong foundation in place, allowing for exponential growth and cutting-edge innovation in its virtual care delivery.

Another important component of our pandemic response has been innovation. VA has long been at the forefront of health care innovation in America, with VA doctors performing the first successful liver transplant, inventing the first cardiac pacemaker, and developing the first Nicotine patch — and that legacy continued during the pandemic.

When personal protective equipment stock was dwindling across America — putting the lives of doctors, nurses, and caregivers at risk — VA invented a new type of reusable PPE and mobilized 3D printers to create it.

When Veterans could no longer

VA benefits experts brainstormed a fix that decreased wait times for Veterans by nearly 40% and cut the previously skyrocketing backlog by 90%.

VA has also proven that we can lead on the most important effort for Veterans and all Americans right now: getting shots into arms. We have vaccinated more than 3.4 million Veterans and employees because our medical center staff have worked tirelessly to turn entire hallways, exam rooms, classrooms and auditoriums into makeshift, rapid vaccination clinics. VA also set up special walk-in clinics and special weekend vaccinations at a time when many had trouble finding a location to get vaccinated.

These efforts were supercharged by the SAVE LIVES Act, which provided VA with the authority to offer COVID-19 vaccinations to all Veterans, regardless of enrollment status, plus Veteran

That's the sign of a job well done but we won't pat ourselves on the back because much more work is on the horizon. We owe this level of dedication and attention to our Vets, their families, caregivers, and survivors. We will continue to "fight like hell" for each one of them as they have done for each one of us.

The Honorable Denis Richard McDonough was nominated by President Biden to lead the Department of Veterans Affairs (VA), confirmed by the Senate, and sworn in the following day as the 11th Secretary of VA. He served previously in the Obama Administration as White House Chief of Staff and Principal Deputy National Security Advisor where helped lead the Obama-Biden Administration's work on behalf of military families and Veterans.

Pandemic proves government closest to the people serves the people best



By Governor Spencer J. Cox

Without a doubt, the past 15 months have been nasty and brutish. Hundreds of thousands of Americans have died of COVID-19, many more have lost their jobs due to the pandemic, and we all feel some level of PTSD as we emerge from this long, dark tunnel.

And yet, we do emerge. In Utah, we rise with a sober acknowledgement for what we've lost, but profound gratitude for what we've learned.

Shortly after I took the Oath of Office in January, we convened dozens of stakeholders involved in our state's COVID-19 response. Only 305 Utahns had been fully vaccinated and we knew we needed to rapidly accelerate that effort if we were to defeat this insidious virus. We enlisted our local health departments to take a central role in setting up mass vaccination sites throughout the state. We appealed to our federal pharmacy partners to share data more rapidly and relinquish the scarce doses that they couldn't use fast enough. We consulted with our public health experts to shift our vaccine eligibility from occupations to age, prioritizing vaccines for those who the data showed were most at risk.

As vaccines have become more plentiful, we've seen the numbers of vaccinations climb and the numbers of infections, hospitalizations and deaths decline. We learned a coordinated, community-minded effort works.

We also fought to keep our kids in school. Thanks to an aggressive testing effort, a mask requirement for students and teachers, and strict quarantine guidelines, all but one public school district in Utah maintained an in-class option since last August. As a result, most Utah children and teachers have been able to stay in the classroom, learning

together and participating in sports and other afterschool activities. Utah's "Test to Stay" and "Test to Play" guidelines have gained national attention, but most importantly, benefited our children.

On the economic front, we chose to keep Utah open for business by launching a "Stay Safe to Stay Open"

job training programs, like "SkillUpUtah," that help displaced workers gain new skills and pivot to industries in need of workers. We learned that we can do hard things together.

While Utah has fared better than many other states, COVID-19 laid bare significant gaps in our healthcare sys-

and civic-minded attitude of Utahns.

It's been said that something good comes out of every crisis and while there have been plenty of hardships these past 15 months, the pandemic reinforced for me Thomas Jefferson's deep wisdom: that government closest to the people serves the people best.



The results speak for themselves: Utah's unemployment rate is the lowest in the nation at 2.7%, with construction, retail sales, and many other parts of the economy booming.

campaign with the Salt Lake Chamber. We also continued the statewide mask mandate issued by my predecessor, Gov. Gary Herbert, in November 2020 until April 2021. Protesters picketed the Utah State Capitol and our homes, but the data showed that the mask requirement increased economic activity, allowing customers to be and feel safe and many brick-and-mortar businesses to keep operating. The results speak for themselves: Utah's unemployment rate is the lowest in the nation at 2.7%, with construction, retail sales, and many other parts of the economy booming.

To be sure, those in Utah's arts and the gig economy have suffered deep losses and are still in recovery. But as a state, we stand ready to assist all those still in need, particularly with better

tem. While 55.6% of White adults have gotten at least one shot, just 28.9% of Pacific Islanders and 43% of Hispanics have been vaccinated so far. This is yet another indicator that other factors — where you live, family income, and your level of education — affect access to health care and health outcomes. As an administration, we're committed to doing a better job pinpointing these social determinants of health and, with the help of private sector partners, developing a statewide equity plan to address health disparities.

As Utah rises from the pandemic wiser and stronger than before, I am deeply grateful for Utah's people and institutions. Credit goes to our courageous health care workers, remarkable private sector efforts, and the charity

Here in Utah, we're committed to proving that every day.

Governor Spencer J. Cox is a sixth generation Utahn and the state's 18th governor. An attorney, former city councilman, mayor, county commissioner, state legislator and lieutenant governor, he has spoken out and led out on some of the state's most daunting challenges including the COVID-19 crisis, homelessness, suicide prevention, and bullying. In his State of the State address earlier this year, Gov. Cox praised Utah's healthcare professionals, public health servants, first responders, businesses, workers, seniors, and children and commended "every single citizen of this state [who] has made enormous sacrifices to save lives and keep our economy open."

Resurgent healthcare option poses challenge to Obamacare



By Mike Sharman

Since the day it was signed into law back in 2010, there has been talk from both Republicans and Democrats about replacing the Affordable Care Act. While Republicans would like to replace the ACA with a free-market system to increase competition and reduce cost, Democrats would like a universal healthcare system in which all citizens have free access to healthcare funded by increased taxes. Despite both sides' efforts to overhaul the healthcare system in the United States over the past 11 years, the law continues to endure, as it recently overcame a challenge in the Supreme Court in mid-June. During the time since the law took effect, not much has changed for the typical healthcare consumer who continues to face rising monthly costs, higher out-of-pocket amounts, and less choice in the marketplace. However, while the recent ruling by the Supreme Court preserved the Affordable Care Act, it also preserved a faith-based option that millions of Americans currently utilize to pay for their medical expenses.

As lawmakers and judges continue to debate what they think is the best path forward for the American healthcare system and also as we await inevitable further legal challenges to the Affordable Care Act, it's average Americans who pay the price (literally) for the inaction of their elected officials as fewer employers are paying the cost of healthcare for their employees and even those workers making above average salaries are unable to afford the monthly cost of healthcare programs on the government-run exchanges. With increasing government involvement and cost in the health insurance industry expected to continue over the remainder of the Biden Administration, a proven and effective method of paying for medical expenses is desperately needed. Luckily, this already exists and is available nationwide.

Though it received little attention at the time, a provision in the Affordable Care Act allowed organizations known as healthcare sharing ministries to continue operating if they had been in existence prior to 1999. This may not have seemed like a big deal at the time, as concerns about a slide towards socialized healthcare took center stage

healthcare sharing ministries based on several different religions, the majority of them are based on Christian principles. In fact, each ministry has their own set of Christian beliefs or principles to which members must agree prior to becoming a member. Some ministries keep their beliefs more vague while others, such as Share HealthCare, cite specific Bible

While the reason for joining a healthcare sharing ministry varies among the greater than one million Americans, many of them joined for one or more of the following reasons: Christian principles, freedom from government interference, and lower cost.



but, thanks to this provision, over one million Americans currently have a way to pay for their medical expenses without the need to be enrolled in a health insurance program through the healthcare exchange. While the reason for joining a healthcare sharing ministry varies among the greater than one million Americans, many of them joined for one or more of the following reasons: Christian principles, freedom from government interference, and lower cost.

Christian Principles

From their beginning several decades ago, healthcare sharing ministries have been religious-based organizations that bring together members who practice the same religion to share the burden of medical expenses. While there are

verses as the foundation for their stated beliefs. In fact, Share HealthCare goes a step further in their commitment to Christian principles, as they donate a portion of each monthly contribution to the Soweto Academy, which provides access to clean water, healthcare, and schooling for abandoned and orphaned children in Africa. For many Share HealthCare members, the idea of being able to help their fellow Christians from across the country bear the burden of medical expenses while also helping children on the other side of the world is what drew them to join the healthcare sharing ministry.

Freedom From Government Interference

Thanks to the provision in the Affordable Care Act, healthcare sharing

ministries are not subjected to the same regulations that are imposed on health insurance companies that operate on the healthcare exchanges. This allows them to be more flexible in providing members and potential members with the type of healthcare program they desire. For example, Share HealthCare does not share towards medical expenses relating to abortions or sex changes because these services are not aligned with their members' religious beliefs. This not only allows members to feel confident that their money is not being used on anything of which they would not approve, but also allows members' monthly contributions to remain low since their funds are not being spent on medically unnecessary procedures.

Lower Costs

The monthly contribution paid by each healthcare sharing member is often substantially lower than the monthly price they would pay with a health insurance program. While nationally the average health insurance premium was over \$450 per month for an individual and over \$1150 per month for a family, healthcare sharing ministries are able to provide substantially lower prices. For example, Share HealthCare has an individual healthcare sharing program ranging from \$149 to \$299 per month and a family program ranging from \$349 to \$659 per month.

Similarly, with Share HealthCare, the amount that an individual member is personally responsible for paying before any sharing by fellow members takes place is as low as \$3,330 per year or \$300 per medical event, compared to the average deductible for an individual on health insurance exchange programs was over \$4,300 in 2020.

Any of the above reasons would be a sufficient reason for many Americans to consider joining a healthcare sharing ministry. When taken together, these three reasons along with several other advantages not mentioned above make healthcare sharing a nearly irresistible option for those in need of a way to pay for their medical expenses. If you're in the market for a new healthcare program, don't let the government dictate what options you can choose. Healthcare sharing ministries have been operating successfully for several decades and, in a time of uncertainty in our nation, they provide an established option for consumers who want the freedom to choose for themselves.

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info@sharehealthcare.com



ARPA-H: Building on the lessons of fighting COVID



By U.S. Sen. Roy Blunt

Over the past year, we have faced what we hope will be a once-in-a-lifetime pandemic. The United States responded, through the expertise and leadership at the National Institutes of Health (NIH), its nationwide community of researchers, and partnerships with the private sector. We were able to create two vaccines, two treatments, and 23 diagnostic tests to fight the new virus.

All of them were invented, found safe and effective, and authorized by the Food and Drug Administration in record time. At a moment of crisis, during shutdowns and social distancing, our scientists and health care researchers were challenged like never before, and they prevailed.

Now it's time to apply the lessons

learned during COVID-19 to eradicating other diseases and preparing for the next pandemic.

One important reason we were able to respond so quickly against COVID-19 was because the federal government became a more active partner in research and development, instead of just a sponsor.

When diagnostic tests were in short supply at the height of the pandemic, NIH created the Rapid Acceleration of Diagnostics program to speed up the process of getting more tests to market. RADx used a process similar to the way venture capitalists on the television show Shark Tank analyze an investment. Ideas were evaluated for ease of use, scalability, and manufacturing capability. NIH received

NIH also started a public-private partnership called ACTIV, short for Accelerating COVID-19 Therapeutic Interventions and Vaccines. Federal health agencies worked with 20 industry leaders to prioritize treatments for the new disease. So far, they've gotten 29 treatments in clinical trials, with several already helping patients.

These programs prove that active collaboration between the government and the private sector, coupled with targeted funding, can create scientific breakthroughs. The federal government started acting like a venture capitalist, providing seed money to help get good ideas through the development process quickly.

What if we could do for cancer, Alzheimer's disease, ALS, or the next infec-

commercialization of a product.

ARPA-H will operate with autonomy and with the discretion to pick projects that best address major diseases. It might work on developing a blood test for universal cancer screenings, or developing microneedle patches for self-administered, at-home vaccinations.

This new institute will be more nimble than other federal research organizations. It will be able to react quickly, focus on high-impact research, and terminate projects that fall short. And it will focus on big ideas that are larger than what can be accomplished by a single researcher. I believe this structure, like we saw during the pandemic, will do the most to fill the gap in research between an idea and a cure.

Our COVID-19 research and development efforts have transformed how we fund science and when we should be willing to take more financial risk to reap greater reward. We've shown that in times of crisis we have the capability to find solutions at an extraordinary speed. We can exceed our own expectations. Now we must establish a permanent structure to harness this capability to improve the health of all Americans. Now is the time for ARPA-H.

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U.S. Senator Roy Blunt of Missouri serves as the top Republican on the Senate Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies. He also serves in Senate Republican Leadership as the Chairman of the Republican Policy Committee.

Now it's time to apply the lessons learned during COVID-19 to eradicating other diseases and preparing for the next pandemic.

716 applications and selected 139 for further development. Ultimately, 32 commercialized diagnostic tests came out of the program, increasing the number of tests available by two million a day.

At the Department of Health and Human Services, Operation Warp Speed narrowed about 100 possible vaccines to the top six and provided funding for research, development, and manufacturing. So when a vaccine earned approval, there were vials of it ready to distribute within 24 hours. Americans were getting shots in their arms three days later.

tious disease what we did for COVID-19? What would it take?

I believe the answer is ARPA-H. Modeled after the Defense Advanced Research Projects Agency, or DARPA, ARPA-H would focus on advanced research specifically for health. It would be a new Institute at NIH with the flexibility and resources to respond to the most daunting health problems Americans face today, as well as the next pandemic. And it will fill the gaps we saw during the pandemic between a basic scientific discovery and



Public health infrastructure must strengthen our biodefense



By U.S. Rep. Tom Cole

It has been nearly a year and a half now since the inception of the coronavirus pandemic, which has taken millions of precious lives, disrupted communities, and caused unthinkable economic damage around the world. Indeed, for many years to come, every country on earth will grapple with both the successes and lessons learned throughout every stage of the response to and recovery from the public health emergency.

While the pandemic revealed numerous issues and vulnerabilities, it most obviously proved the critical value of having a robust public health infrastructure and biomedical research capacity to combat and ultimately eradicate deadly infectious diseases. Long before COVID-19, I often noted that the risk

of experiencing a deadly pandemic is much more likely than a terrorist attack, and as such, we should be ready.

Although the situation was awful across the months of the emergency, it could have been much worse and gone on for much longer. I am still encouraged by the manner in which federal, state, and local governments pulled together, along with public health, medical, and pharmaceutical communities and American businesses and individual citizens, to address the threat.

While I am proud that Congress has made public health and infectious disease readiness a funding priority in the past and that the worthiness of such an investment is receiving greater attention, it must become an even greater focus of the federal government's budget in the years ahead.

The dedicated, "all hands on deck" effort of all these groups was critical to our nation's success.

For its own part and in the years prior to the pandemic, Congress also played a significant lead role, choosing to prioritize incremental investment in tools to strengthen and sustain America's ability to respond to threats in the biosphere. In fact, six years ago under Republican leadership, Congress began shaping policies and prioritizing funding for our biodefense readiness, including generously boosting funding year after year for the National Institutes of

Health (NIH), the Centers for Disease Control and Prevention (CDC), and the Strategic National Stockpile of medications and other medical supplies.

Most critical in the earliest days of America's pandemic response was the prior establishment and immediate availability of emergency funding in the Infectious Disease Rapid Response Reserve Fund. As the former Chairman of the House Appropriations Subcommittee that funds the Department of Health and Human Services, I pro-

posed and advocated for the start of this emergency fund so that our public health defenders could draw funds immediately to protect American lives whenever a biothreat occurred. Importantly, the existence of this fund meant that our public health defenders would not have to wait on Congress to provide supplemental emergency funds. When the coronavirus emergency was designated a pandemic, the fund had \$100 million available to do just that.

Just as the rapid response fund was a lifeline to public health defenders in the first weeks, Congress' prior

build-up of America's biomedical research capacity laid a critical foundation. Thanks to incremental increases at the NIH and the initiation of Operation Warp Speed, our researchers were in a much better position to race toward development and delivery of a vaccine at the fastest rate in human history. And they did just that.

Make no mistake. If the pandemic has taught us all anything, it is that we can stand to spend much more on biodefense resources – not less. While I am proud that Congress has made public health and infectious disease readiness a funding priority in the past and that the worthiness of such an investment is receiving greater attention, it must become an even greater focus of the federal government's budget in the years ahead. Certainly, this is an area where Republicans and Democrats can continue to work together.

U.S. Representative Tom Cole, Oklahoma Republican, represents the Fourth Congressional District and serves on the House Appropriations Committee, where he is Vice Ranking Member of the full committee and Ranking Member of the Subcommittee on Labor, Health and Human Services, Education, and Related Agencies. He is Ranking Member of the House Rules Committee. Recognized by Time Magazine as "one of the sharpest minds in the House," he is a Deputy Whip for the Republican Conference and sits on the House Republican Steering Committee.

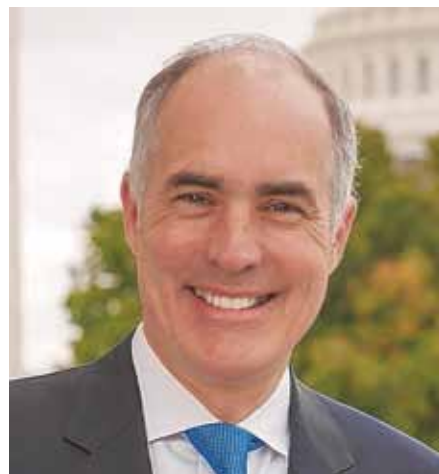


It's time to care for the caregivers

**By U.S. Sen. Bob Casey
and U.S. Rep. Debbie Dingell**

Sophia Samuel of Wilkes-Barre, Pennsylvania, faced the difficult choice that millions of Americans across our Nation are forced to confront. She built a successful career as a professor, earning \$80,000 per year. However, her personal success coincided with a decline in her parents' health. Her mother, Elita, and her father, Albert, were both diagnosed with cancer. They also battled other chronic conditions, including diabetes and heart disease. On their own at home, they struggled. Sophia helped where and when she could, but her parents needed more hands-on care. For Sophia, it was important that her parents were able to receive care at home, lest they be sent to a nursing home where they might be separated. She left her job as a professor and accepted work with a home care agency, which hired her to provide care for her parents. Sophia's salary went from \$80,000 to \$22,000 per year. She went from preparing syllabi to managing all aspects of her parents' care. Sophia is not alone though.

Every year, thousands of Americans make the difficult decision to leave the workforce and serve as caregivers. Many more Americans work in the caregiving economy where the wages they receive are outrageously low. And in the last year, nearly 3 million women have been forced to leave the workforce due to the pandemic. For too long, our government viewed caregiving situations as a largely private, family matter, yet the challenges of caregiving are part of the basic infrastructure of our society. With millions of people serving as caregivers – nearly 1.3 million in Michigan and 1.6 million in Pennsylvania – we can't afford to be complacent.



The work of caregiving, which predominantly falls on women and particularly on women of color, has been neglected in the same way that our roads and bridges have been left to deteriorate over decades. As we emerge from the pandemic, Congress has an opportunity to build a bridge to create good-paying jobs for millions of Americans by investing in home and community-based services. That is why we have introduced the Better Care Better Jobs Act – legislation that would make a historic investment in home and community-based services by strengthening and expanding access to quality home care services and lifting up the caregiving workforce that provides them.

Sophia oversees all aspects of her parents' care, managing medications, helping them get ready in the morning, taking them to and from doctor's appointments, cooking, cleaning and grocery shopping. Sophia's work is what allows Elita and Albert to remain in their family home. By investing in these services and the workers who provide them, Congress can help more Americans receive health care in the setting of their choice and raise wages for caregivers.



In their American Jobs Plan, President Biden and Vice President Harris included \$400 billion in funding for home and community-based services because they recognize that infrastructure is more than the route we take to work—it's about how our society functions. Investing in home and community-based services will also address problems that came into stark focus during the pandemic. More than 183,000 residents and workers in nursing homes and other long-term care settings lost their lives to COVID-19, representing roughly one-third of deaths across the country. We can't go back, but we can look forward and rebuild our health care infrastructure in a way that allows families to receive care in the setting of their choice.

The pandemic has brought new problems to the forefront, but it has also forced us to confront old ones. There's no older problem in our Nation than the lack of fairness and opportunity given to Black and Brown Americans, among other communities of color. It's shocking, but not surprising then, that an industry dominated by Black and Brown women pays a median wage of \$12 an hour. Many older adults receiving home and community-based services often rely on a rotating

cast of home caregivers. Our society asks these workers to ensure the health and well-being of seniors and individuals with disabilities, yet we pay them poverty level wages. Low pay and difficult conditions create turnover and worker shortages, which inevitably impacts care. We owe a fair wage to those who do this backbreaking work, and we owe consistency in care to those receiving it.

All of us, whether in our own family or that of a neighbor's, have known someone who needs help at home – none of us are immune from this challenge. We are all one diagnosis away from needing help, like Elita and Albert, or of needing to provide care, like Sophia does. This common challenge to our basic infrastructure is one Congress can and should address as part of the American Jobs Plan.

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Senator Bob Casey, Pennsylvania Democrat, serves on the Finance Committee, the HELP Committee, and the Select Committee on Intelligence. He is also Chair of the Special Committee on Aging. Legislation he sponsored that has become law includes major portions of the Keep Kids in School Act, the Emergency Medical Services for Children Reauthorization Act, and the Health Insurance for Former Foster Youth Act.

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Congresswoman Debbie Dingell represents Michigan's 12th District in the U.S. House of Representatives, where she has made it a priority to be a voice for the Midwest on issues that matter most to working families. A member of the House Committee on Energy and Commerce, Debbie is focused on forging bipartisan solutions that support Michigan's families and economy, including improving long-term care and ushering in the future of the American auto industry.

Upgrade telehealth to connect patients with doctors during COVID-19 and beyond



By U.S. Rep. Young Kim

The COVID-19 pandemic made clear that telehealth care will only continue to grow as a vital part of our healthcare system. Over the past year, we saw incredible leaps in reimagining our approach to healthcare and patient services as patients of all ages were required to connect with their doctor or care provider remotely. As we move beyond the COVID-19 pandemic and work to improve the quality of care and expand access to our healthcare system, taking advantage of technologies as useful tools and adapting to our dynamic, changing marketplace should be at the forefront to meet our goals.

I've heard firsthand from providers in California's 39th Congressional District, from St. Jude Medical Center in Fullerton to Korean Community Services in Buena Park, of the importance of telehealth to help medical practitioners navigate the dangers of the pandemic by reducing infections while providing much-needed care remotely. Everyone I've spoken to agrees that telehealth should – and must – remain a core part of healthcare services.

However, we cannot forget that telehealth is a new tool in our health care system that still needs improvement. During my time in Congress, I've been working to find ways to upgrade telehealth services by removing barriers to patient care, expanding capabilities for health care providers and promoting accessibility.

Many laws were created under the assumption that people receiving telehealth care must live in rural areas. However, the COVID-19 pandemic made clear that is not always the case. In California's 39th District, my constituents live in urban or suburban areas that would be considered accessible for healthcare clinics. There are also many individuals who receive

Medicare and are not able to visit clinics in person.

In Congress, I have cosponsored the bipartisan Telehealth Modernization Act, which would permanently remove Medicare's geographic and originating site restrictions that require patients to live in a rural area and to be physically present in a clinic to use telehealth ser-

preventing them from taking advantage of video telehealth services. We must continue to incentivize innovation and improve our services to ensure audio-only telehealth services are offered to a wide range of patients.

One bill that would help fix this problem is the Ensuring Parity in Medicare Advantage and PACE for Audio-

the tools to make our healthcare system more efficient and resilient for the 21st century. Telehealth services in particular have been instrumental in lowering healthcare costs for patients everywhere and reducing strain on our health infrastructure. While the pandemic taught each of us to expect the unexpected, one thing is clear: telehealth and other in-



While the pandemic taught each of us to expect the unexpected, one thing is clear: telehealth and other innovative medical technologies will only continue to become more prevalent and necessary in our daily lives.

vices. This bill would greatly assist those in need of telehealth care through their Medicare coverage.

I have also cosponsored the bipartisan ACCESS Act in Congress to provide funding to develop telehealth capacity for certain nursing facilities and increase access to telehealth services during the COVID-19 pandemic.

My home district in California is home to more than 70,000 Medicare Advantage enrollees, and California is home to nearly 3 million enrollees statewide. For some patients in the low-income and rural population, video communication is not possible due to a lack of access to technology or internet. Further, many in the senior or at-risk population may have physical limitations

Only Telehealth. This bill would help ensure Medicare Advantage enrollees who cannot access the video component during telehealth visits are able to access care through audio visits during the COVID-19 pandemic.

Language barriers also prevent many Americans from taking advantage of these services. As an immigrant, representing a vibrant, diverse community, I know many have trouble speaking English and require more complicated health care services to be provided in their native language. I am working to find ways to expand language capabilities for providers in my community as well as across the nation.

As we recover from the COVID-19 pandemic, we must take into account

novative medical technologies will only continue to become more prevalent and necessary in our daily lives. That is why I will continue to do my part to improve patient services in for all Americans and future generations.

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U.S. Representative Young Kim, California Republican, represents the 39th Congressional District, which includes parts of Los Angeles, Orange, and San Bernardino counties. She is one of the first Korean American women in Congress and serves on the House Committees on Foreign Affairs; Small Business; and Science, Space, and Technology. She is also a member of the Problem Solvers Caucus and was recently ranked the most bipartisan Freshman member of Congress.



Shipping vaccine intellectual property abroad undermines American ingenuity and innovation

By Whip Steve Scalise and U.S. Rep. Mariannette Miller-Meeks, M.D.

Throughout the misery of this global COVID-19 pandemic, the heroic efforts of American healthcare professionals have been on full display. With the help of Operation Warp Speed and building on years of research, American pharmaceutical companies developed three safe and effective vaccines that have essentially ended the pandemic. This impeccable American innovation has allowed us to leave lockdowns, take off our masks, and begin a return to normalcy.

But, oddly, the Biden-Harris Administration is now seeking to undermine the foundation that led to this success. In May, the Administration announced support for waiving intellectual property (IP) protections for COVID-19 vaccines in the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) at the World Trade Organization. This would give the world, including China and other competitors, access to the IP of American companies that worked tirelessly to save us all from the pandemic.

Stripping innovators of their constitutionally protected patents will undermine innovation, weaken our international competitiveness, and only help the Chinese Communist Party, who ruthlessly spread the pandemic. For years, we have all complained about China stealing IP from American companies, and now President Biden's plan is to give it away for free? Truly unbelievable.

If the government moves in and steals



the IP from pharmaceutical companies, what incentive will they have to invest the billions of dollars necessary for the next life-saving breakthrough drug or vaccine? It could put a screeching halt to promising research to cure cancers, Alzheimer's, ALS, and other deadly diseases. Suspending IP protections now would put us in a much worse position for the next pandemic, but it also won't help the rest of the world deal with the current pandemic. That's because it would likely take manufacturers years to build the facilities and source the necessary materials to safely produce vaccines, even with the intellectual property that President Biden would force American innovators to give away.

As German chancellor Angela Merkel said, "I see more risks than opportunities and I do not believe that releasing patents is the solution to provide vaccines for more people." It's a sad day when the Chancellor of Germany is more concerned about American ingenuity than the President



of the United States.

It's obvious that Biden's plan to undercut American innovation and investment will not yield safe and effective vaccines. But caving to the progressives' radical list of demands is seemingly more important to the Biden Administration.

What's worse, House Democrats want to expand on the innovation-killing policies of the Biden Administration with H.R. 3's government price controls on drugs. We already know that H.R. 3 will result in fewer new drugs, but the Democrats continue to ignore the reality of their extremist policies.

If the Biden Administration is able to follow through on its intellectual property giveaway and if House Democrats continue to prescribe policy that aligns with H.R. 3, then the American people will suffer. We will experience delays to essential drug development and decreases in medical discoveries that can save lives and cure diseases, just as they experience in other countries who

already tried this approach.

The future of American medicine should not be plagued with violations of sacred American intellectual property and socialist price controls. Instead, the future should inspire generations of brilliant innovators and manufacturers to seek out new technology and information with faith in their government to safeguard their right to intellectual property protection. The Biden Administration is sending an alarming message to the Americans who have labored tirelessly in pursuit of solutions since the pandemic originated. It's the wrong message.

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U.S. Representative Steve Scalise represents Louisiana's First Congressional District and is the House Republican Whip, the second highest position in House Republican leadership. In addition to serving on the Energy and Commerce Committee, Whip Scalise is also the Ranking Member of the Select Subcommittee on the Coronavirus Crisis. Four years ago this month, he was critically wounded at a Congressional baseball practice and credits the heroic response of U.S. Capitol police special agents, Alexandria police officers, and medical staff for saving his life.

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U.S. Representative Mariannette Miller-Meeks, M.D., Iowa Republican, represents the Second Congressional District. She serves on the Education and Labor Committee, Homeland Security Committee, Veterans' Affairs Committee, and the Select Subcommittee on the Coronavirus Crisis. She served 24 years in the United States Army as a Lt. Colonel, nurse, and doctor, and four years as the Director of the Iowa Department of Public Health.



Look to Utah's example for more accessible and affordable healthcare



By U.S. Rep. Burgess Owens

The last 18 months presented many challenges for our nation and healthcare system. The pandemic also highlighted areas in which we must adapt and innovate to meet the needs of the future. Throughout our history, “We the People” have consistently risen to the occasion, turning hurdles into opportunities, and overcoming adversity to make progress and build a better tomorrow.

Across the U.S., major industries including retail, dining, and travel have undergone digital transformations that have supported rapidly evolving consumer preferences in recent years. Consumer demands, disruptors entering the playing field, and pandemic needs helped accelerate much-needed change

in the marketplace. More than any other industry, healthcare has needed to adapt to an ever-changing landscape to address the public health crisis.

It is no secret that Utah is on the cutting-edge of healthcare innovation. Providers in the Beehive State are influencing this shift by creating solutions that meet worker and consumer preferences, leading the nation in the development of consumer-focused, accessible, and affordable healthcare.

Just one example of this progress is Intermountain Healthcare, a Utah-

lowering costs.

Utah health systems collaborate both in pre-pandemic and post-pandemic times. Particularly as COVID-19 disrupted normalcy in the field, these health systems worked together in sharing resources and partnering in care delivery, infection control, testing, and vaccination efforts. They also shared key learnings and ideas on patient access to care.

The COVID-19 pandemic has also driven increased adoption of digital healthcare solutions. Even as case counts

reduction in out-of-pocket costs.

Scheduled video visits also allow primary care and specialty providers to conduct visits and follow-up communications virtually with patients. The patient’s ability to communicate frequently with their provider, even for non-acute care, has quite literally saved thousands of lives amidst the pandemic.

During my career playing in the NFL, I learned that one of the true markers of a great team is having the ability to make the right in-game adjustments. By transitioning to a value-based care model and expanding digital healthcare access, we can make quality care more affordable while also delivering improved outcomes. Thomas Edison once said, “The value of an idea lies in the using of it.” Utahns are benefitting from healthcare innovation – and can be a model to lead the rest of the nation forward.

Providers in the Beehive State are influencing this shift by creating solutions that meet worker and consumer preferences, leading the nation in the development of consumer-focused, accessible, and affordable healthcare.

based integrated health system with 24 hospitals and more than 2,400 physicians. These professionals are forging ahead in transitions from fee-for-service to value-based healthcare, which better aligns health systems, providers, and insurers to incentivize innovative care.

This value-based model facilitates a cost structure and environment that makes it easier and more affordable to provide and access quality healthcare. Digitally enabled care and communication tools help keep patients healthy and out of the hospital while improving the healthcare experience, boosting care quality, and, most importantly,

lower and more people get vaccinated, the industry predicts consumers will continue to desire healthcare at their fingertips. To keep people healthy and strong, healthcare will need to meet people where they are: home, work, school, travel, and everywhere in between.

Utah health systems have incorporated video and communications technology to facilitate care delivery and services. Intermountain and other providers offer hospital-level care at home as an alternative to inpatient stays. At IHC, for example, these programs have supported thousands of patients requiring acute care, with an estimated 20-30%

U.S. Representative Burgess Owens, Utah Republican, represents the Fourth Congressional District. He serves on the House Judiciary Committee, the House Education and Labor Committee, and as the Ranking Member of the House Early Childhood, Elementary, and Secondary Education Subcommittee. He believes in dreaming big and follows the four guiding principles of faith, family, free markets, and education. Earlier in his career, Owens played ten seasons in the NFL for the New York Jets and the Oakland Raiders, winning the Superbowl with the 1980 Raiders’ team.

Millions in rural America deserve hospital access and CDC support



By U.S. Sen. Cindy Hyde-Smith

I am a part of a proud fifth-generation farming family. The town where I grew up – Monticello, Mississippi – has a population of fewer than 2,000 people. Rural America is where I come from, and preserving our rural way of life is a priority of mine in the United States Senate. Equitable access to healthcare is one key to making life in rural America sustainable. Unfortunately, this is an uphill climb, as our rural areas are facing so many challenges when it comes to healthcare.

One urgent challenge is the rapidly escalating crisis of rural hospital closures. In 2020, amid the COVID-19 pandemic, rural hospital closures hit a record high, and this problem does not show any sign of abating. Sadly, my state of Mississippi has more rural hospitals at risk of closing than any other state in this country.

A hospital closure affects the whole community in so many ways. Not only are jobs lost but, most importantly, access to local healthcare is eliminated for residents in an entire region. In an emergency, timely care is of the essence, and having close-by access to care can truly mean life or death. Improving the financial security of rural hospitals is key to improving the rural-urban disparities in health outcomes.

The Trump Administration recognized this by targeting over \$10 billion from the CARES Act Provider Relief Fund specifically for rural hospitals and providers. But those resources are temporary, and much more work remains to be done to shore up our rural hospitals.

The COVID-19 pandemic is highlighting the real public-health needs in rural America. While initially COVID-19 cases were concentrated in urban areas, the virus quickly spread through rural towns and villages across the

nation. By September 2020, COVID-19 was more prevalent in rural America than in any other type of community, with rates in the smallest towns nearly double the rates in large metro areas. This is not surprising.

For too long, our public-health infrastructure has been focused in capital cities and major metropolitan areas.

CDC tasked specifically with this work. I believe this could be one reason our public-health response to this virus has been less effective in rural areas.

Establishing a new Office of Rural Health within the CDC would be an important way to support rural communities through the end of this pandemic and to strengthen public-health

to 2019. The pandemic will certainly exacerbate this urban-rural disparity. The troubling data in this study should prompt us to act.

I am proud to be from rural America, and I want to preserve that rural lifestyle for my daughter and the family she will raise one day. To do that, we must address our rural hospital closure



Equitable access to healthcare is one key to making life in rural America sustainable. Unfortunately, this is an uphill climb, as our rural areas are facing so many challenges when it comes to healthcare.

That lack of public-health infrastructure, combined with the rural hospital closure crisis, meant that too many rural communities were largely unprotected when COVID-19 arrived.

This inequity has extended to the rollout of the vaccines. Months before the approval of any of the COVID-19 vaccines, I raised concerns about the logistical challenges of getting these specific vaccines, which come in large batches and must be stored at ultra-cold temperatures, into all of the small towns across our nation. This has proven true, as COVID-19 vaccination coverage has been significantly lower in rural counties than in urban counties across all age groups.

The Centers for Disease Control and Prevention (CDC) must do more to address the public-health needs of rural communities. While CDC has made some efforts toward this end, I am concerned that there is no entity within the

capacity in rural America generally. I envision this office as being empowered to look across CDC programs to ensure the agency's work is properly addressing the needs of the 57 million Americans who live in rural communities. The care of these hard-working families should not be a secondary consideration after nationwide or metropolitan needs are addressed.

In a recent Senate Appropriations Subcommittee hearing, I pushed CDC Director Walensky to establish such an office, and I will work through the Fiscal Year 2022 process to do everything I can to bring this to fruition because the need is very real.

Earlier this month, the Journal of the American Medical Association published a study showing the gap between rural and urban death rates tripled over the past 20 years, growing from 62 per 100,000 people to 169.5 from 1999

crisis and improve our public-health infrastructure so that the generations of Americans to come can enjoy equitable access to quality healthcare and an overall improved quality of life.

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U.S. Senator Cindy Hyde-Smith, Mississippi Republican, serves on the Appropriations Committee; Agriculture, Nutrition and Forestry Committee; Energy and Natural Resources Committee; and Rules and Administration Committee. With the outbreak of the COVID-19 pandemic, Hyde-Smith established herself as a leader in helping to secure billions in funding for rural hospitals to address the public-health emergency and to expand telehealth for Medicare beneficiaries. In November 2020, she became the first woman elected to represent Mississippi in the U.S. Senate. Prior to the Senate, she was elected twice as the Mississippi Commissioner of Agriculture and Commerce.

A zip code shouldn't determine the quality of maternal care

By U.S. Reps. Cindy Axne and Dan Newhouse

As proud Representatives of rural areas, we know why generations of Americans choose to live and raise families in America's small towns: the camaraderie and support in our rural communities enables generations of Iowans and Washingtonians to live out the American Dream.

Unfortunately for families wanting to carry on that legacy, however, health care for new mothers and their children is becoming harder and harder to find.

In Iowa and Washington – as well as many other rural areas across America – rural hospitals have been forced to make the tough financial decision to shutter their obstetrics units; others have closed entirely.

One study from the University of Minnesota Rural Health Research Center found that almost 1 of every 10 rural counties nationwide lost obstetric services from 2004 to 2014.

For pregnant women in rural America, that means long hours in the car driving an hour or more from their homes for an ultrasound or even a regular check-up.

The lack of access to prenatal, labor and delivery, and postnatal services doesn't just hurt pregnant women and new mothers. It also hurts our families, our communities, and our future success. And in the 21st century, it can and must be fixed.

America has some of the highest maternal mortality rates in the developed world, and rural women bear an outsized risk of pregnancy-related complications or deaths. According to data from the Centers for Disease Control and Prevention (CDC), rural women are over one-and-a-half times more likely to die in childbirth than their urban counterparts.

Perhaps most alarmingly, while other countries are making progress on the issue, rates of pregnancy-related death in the United States have more than doubled in the past three decades, according to the CDC. Most of these deaths are preventable.

We know that when rural Americans talk about being “left behind” or how politicians don't care about them – this is what they mean. It's time for both parties in Congress to work together to reverse this trend and reinvest in rural families.

That's why we're leading a bipartisan push in Congress to improve maternal health outcomes, close geographic gaps,



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and support new families through our bill: the Rural Maternal and Obstetric Modernization of Services Act (Rural MOMS Act).

Americans who live in rural America know that it's the close-knit bonds of community that make small towns thrive.

The Rural MOMS Act leverages that sense of community.

Family physicians are a trusted resource, and many have built a years-long relationship with their patients. In many cases, physicians care for patients from multiple generations in the same family.

By training more rural family

physicians, and other community-based providers like physician assistants, to provide maternal care services, our legislation bolsters our capacity to deliver high-quality care closer to home.

The Rural MOMS Act is a bipartisan, commonsense solution to address the maternal health crisis we have in this country.

Through our bill, federal funding would help rural hospitals without obstetrics units work with regional providers to create collaborative care networks, share best practices, and measure outcomes.

The COVID-19 pandemic has shown us that telehealth can connect patients with the care they need. The Rural MOMS Act would expand telehealth to create a “virtual highway” for maternal health care and save hours of travel time for pregnant women and new mothers.

With more training programs for local providers, more funding to purchase equipment like fetal health monitors and ultrasound machines, and more innovative ways to close geographic gaps, the Rural MOMS Act brings long-overdue investments for new and expecting mothers in rural America.

The zip code that families choose to live in shouldn't mean they have to accept subpar resources for care.

Through this legislation, rural mothers and their children will get the care they need to foster the next branches of family trees in America's small towns for generations to come.

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U.S. Representative Cindy Axne, Iowa Democrat, is a fifth-generation Iowan currently serving her in second term for the Third Congressional District. She serves on the House Agriculture and Financial Services Committees, and as the Midwest Regional Whip for the House Democratic Caucus. She is a mother of two, and co-owns her own small business with her husband John in West Des Moines.

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U.S. Representative Dan Newhouse, Washington Republican, is a lifelong resident of Central Washington and is honored to represent the 4th District in Congress. A third-generation Yakima Valley farmer, he brings real-world experience to Congress as a businessman and former state legislator ready to work hard in support of conservative solutions that encourage job creation and economic opportunity in Central Washington. Newhouse understands that looking out for taxpayers means that Congress must stay on budget and make the government work efficiently to fulfill its responsibilities.

Cut out the middleman and get prescription drug prices down



By U.S. Sen. Tommy Tuberville

Our great country was founded on hard work and competition. That sense of grit is the main principle in our free-market economy where consumers have choice, because competition breeds choice, better quality, and better prices for customers.

But not everywhere. Unfortunately, most Americans don't have that choice when it comes to prescription drugs. The prices of life-saving medications keep going up. According to the AARP, prescription drug prices are rising even faster than inflation. Americans' spending on medicines jumped 200% between 2000 and 2020. It's time the American people start to question why this is happening.

Folks may not be familiar with Pharmacy Benefit Managers, or PBMs, but they live with the effects of PBMs almost every time they go to fill a prescription and have to dig deep in their wallets to pay for it.

PBMs are essentially middlemen in the prescription drug supply chain. They negotiate with drug manufacturers to secure discounts on medications by adding those medications to insurance plans' formularies. They contract with pharmacies and insurance plans to process and pay prescription drug claims.

PBMs claim they help patients by negotiating lower prices from drug manufacturers. But the fact is PBMs rarely, if ever, pass those savings on to patients. More often, PBMs use their bargaining power to bring the cost of a drug down but pocket the difference for themselves. The PBMs get richer, while patients get squeezed.

Moreover, PBMs determine which pharmacies will be included in a prescription drug plan's network and can force smaller pharmacies to accept lower profits for each prescription

filled. As one report on Florida's Medicaid managed care program found, "PBM-affiliated pharmacies are making 18 to 109 times more profit over the cost of the drugs than the typical community pharmacy."

Smaller, independent pharmacies can't compete with the PBM heavyweights and are often told, "take it or

employees, even the community itself.

That is especially true for many rural areas, where the local pharmacy is many folks' only access to health care within a few dozen miles. In Alabama, we've lost 14 rural hospitals in the last 10 years, further underscoring local pharmacies' importance as a vital piece of health care delivery in rural communities.

bill requires the Federal Trade Commission (FTC) to study anticompetitive practices by PBMs within the pharmaceutical supply chain. Since PBMs refuse to show exactly how much of the savings they pass down to independent pharmacies, further study by the FTC will help shine a light on PBMs' backroom practices. If the PBMs really do pass on



Closing down a competitor pharmacy may be a success for a giant PBM, but it can be devastating to the business owners, their families and employees, even the community itself.

leave it." If they take the PBM's offer, they're forced to operate on incredibly tight profit margins. If they don't, their patients don't have access to the drugs. The mom-and-pop pharmacists lose, and the patients lose, but the corporate PBMs win.

We've seen this trend nationally. Between 2010 and 2018, the number of independent pharmacies decreased by nearly 1,300, or 6%. But where this is particularly concerning is in our rural communities, like those across the state of Alabama.

We've got nearly 600 independent community pharmacies across my state, filling more than 32 million prescriptions. More than half of those prescriptions are for Medicare Part D and Medicaid patients. Closing down a competitor pharmacy may be a success for a giant PBM, but it can be devastating to the business owners, their families and

Coming out of a global pandemic, during which our rural health systems were already over-stretched, we should focus efforts on protecting and bolstering patients' access to care. Allowing PBMs to run roughshod over mom-and-pop pharmacies cannot continue.

The state of Alabama took a good first step in passing a law earlier this year that would give more oversight and transparency to PBMs' practices. Among other things, the law prohibits PBMs from requiring the purchase of pharmacist services through a certain mail-order or retail pharmacy. The law also stops PBMs from banning pharmacists informing patients about more affordable alternatives to the drugs the patient is prescribed.

But more transparency of PBMs' actions is needed. That's why I've cosponsored the Prescription Pricing for the People Act. This bipartisan

savings to consumers as they claim, I'm sure they will welcome the opportunity to show it to the public.

Independent pharmacy owners and the patients they serve deserve better. I firmly believe we can bring back free and fair competition to the health care marketplace that will benefit consumers and providers alike. It's past time we change the status quo, give independent pharmacies a fair shot, and ensure patients have better access to the life-saving prescription drugs they need.

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U.S. Senator Tommy Tuberville, Alabama Republican, serves on the Senate Health, Education, Labor, and Pensions Committee, in addition to the Senate Armed Services; Agriculture, Nutrition, and Forestry; and Veterans Affairs Committees. Before being elected to the U.S. Senate, he spent 40 years in higher education as a coach and mentor to student athletes.



Let states innovate for Medicaid programs that put patients first



By U.S. Rep. Larry Bucshon, M.D.

In 2010, former President Obama and Congressional Democrats told Hoosiers, and all Americans, that the Affordable Care Act will save them money and provide greater access to care. In the following 11 years, we have instead seen a costly overhaul of the Medicaid and Medicare systems resulting in higher premiums, decreased access to health care providers caused by narrowed insurance networks, and lessened access to beneficial drugs. In short, promises made were not promises kept.

We are currently witnessing history repeat itself. President Biden and his administration have doubled down on the flawed health care law by promoting policies that inch ever closer to a government-run, socialist single-payer health care system by putting the government at the center, not the patient. No action

showcases this more than the Biden Administration's decision to block states from continuing their quality Medicaid programs. In April, the Centers for Medicare and Medicaid Services revoked Texas' waiver that extends their state's Medicaid program – this coming after the Trump Administration approved the waiver on January 15, 2021. This unprecedented action by the Administration has also been repeated as recently as last week to attack parts of Indiana's and Arizona's Medicaid programs. Instead of encouraging efficient and effective state-based Medicaid programs, President Biden would rather Washington, D.C., bureaucrats be in charge. State-based Medicaid programs can work – just look to my home state of Indiana.

No action showcases this more than the Biden Administration's decision to block states from continuing their quality Medicaid programs.

In my home state of Indiana, we know just how important Medicaid waivers are in allowing states to use innovative solutions to provide quality health care for the Medicaid population. Today, the Healthy Indiana Plan (HIP) – the Hoosier state Medicaid alternative first created by Governor Mitch Daniels and later expanded by then-Governor Mike Pence – provides affordable, quality care for more than 1.5 million Hoosiers. By rejecting participation in the traditional federal Medicaid program expansion in the Affordable Care Act, Indiana was able to fund and create its own Medicaid program which

expanded access and is best suited to the needs of Hoosiers. In doing so, Hoosier health care officials created a sustainable, cost efficient, and specialized health care program that provides quality care for all eligible Hoosiers. Not only have we have seen unbridled success in the program, the Healthy Indiana Plan has also become the first state in the country to receive federal approval to continue operating for another 10 years. In addition, the Healthy Indiana Plan withstood the COVID-19 pandemic and has been credited by leading health experts as a critical component of Indiana's response to the shifting economic circumstances experienced during the pandemic.

Over the past year, America experienced the worst global health crisis of

shortfalls demonstrated the inability of our federal Medicaid program to operate effectively in a time of crisis, let alone provide adequate coverage for countless Americans. This reinforced what I, Congressional Republicans, and Hoosier health care officials have long known: access to health insurance is not the same as access to quality health care.

This unprecedented global tragedy has highlighted more than ever before that state-based health care programs have the ability to adapt, sustain, and provide adequate health care coverage for their communities. The Healthy Indiana Plan demonstrated that even during the worst health crisis of our generation, it could provide health care for our citizens by providing a response made, maintained, and implemented by Hoosiers. This is something that our federal Medicaid program will never be able to do. The Affordable Care Act's flawed policies and regulations have left Americans stuck with health care choices that continue to climb in cost and decrease in number year after year. It is clear that a state-based solution, like the Healthy Indiana Plan, is best for Hoosiers and best for Americans.

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U.S. Representative Larry Bucshon, M.D., Indiana Republican, represents the Eighth Congressional District, which encompasses all or part of 19 counties in Southwest and West Central Indiana. Prior to being elected to Congress in 2010, Dr. Bucshon was a heart surgeon for over 15 years. He is a member of the House Energy and Commerce Committee and the GOP Doctors Caucus.

Promising therapies for terminal patients advance while approval remains stagnant



By U.S. Sen. Mike Braun

New and promising therapies for patients with serious life-threatening diseases are advancing, but Congress must modernize review pathways at the FDA and do so in a manner that maintains its role in foundational and necessary safety and efficacy standards.

The Promising Pathway Act (S. 1644/H.R. 3761) is the solution.

FDA drug approval is the gold standard of safety, but Congress must do a better job supporting FDA professionals in doing what they do best while giving them the tools necessary to be more nimble. Approval of safe and effective treatments for devastating diseases is the difference between life and death for patients with terminal diseases, and it's critical for FDA to have the authority to be both thorough and agile. We learned from the pandemic that FDA professionals are, without out a doubt, capable of both.

When it comes to rare diseases, these professionals are confined by an antiquated regulatory system. Under existing FDA review pathways, all new medicines must meet the same gold standard for safety and efficacy. FDA defines efficacy based on studies showing the drug has an effect on a validated surrogate endpoint or measurements reasonably determined to predict clinical benefit to patients, known as biomarkers.

Generally, endpoints must be studied for years, even decades, before gaining the FDA's seal of approval for use in clinical research. Unfortunately, the statutory framework Congress imposes on the FDA results in a strict and unbending reliance on validated surrogate endpoints, which in turn leads to limitations on clinical trials designed for rare or lesser-studied diseases, such as amyotrophic lateral sclerosis (ALS), Duchenne muscular dystrophy, rare

cancers, and other terminal diseases. Congress must update existing law and 20th century regulation and better support investment in cutting-edge science when it comes to terminal diseases.

We owe this to these Americans struggling with life-threatening diseases for which there is no cure.

improvements in disease management, FDA's slow and overly burdensome regulatory pathways will prevent patients with no treatment options and little time to wait, from accessing a potentially life-saving drug.

When there is a life-threatening disease with no effective treatment, patient

the same end goal: providing patients with safe and effective treatments as soon as possible.

This particular drug was approved under an accelerated approval pathway, which is useful for bringing certain drugs to patients, but can be stronger. Delivering promising therapies to patients faster does not have to mean lowering FDA's gold standard, but it does require increased patient safety, data monitoring, reliance on real-world evidence, and patient-focused drug development for those dying and ready to assume higher risk.

The Promising Pathway Act is the legislative solution to support the FDA in giving those struggling with serious and life-threatening illnesses a fighting chance to receive timely access to innovative treatments that still show substantial evidence of safety and relevant early evidence of positive therapeutic outcomes.

To accomplish this, the Promising Pathway Act requires the FDA to establish a rolling, real-time, priority review pathway to evaluate provisional approval applications for drugs intended to treat, prevent, or diagnose serious or life-threatening diseases or conditions. Under the Promising Pathway Act, provisional approval is granted by the FDA to drugs demonstrating substantial evidence of safety and relevant early evidence of positive therapeutic outcomes. Drug sponsors would be allowed and encouraged to use scientifically substantiated surrogate endpoints other than those already validated by the FDA.

The Promising Pathway Act will increase innovation in clinical trial design and encourage sponsors to use real world data to determine the benefits of the drug, and it will do so without reducing the FDA's standard of effectiveness.

It's time to advance drug development for life-threatening diseases, and we can secure access to safe, promising therapies for patients while maintaining the FDA's role in foundational and necessary safety and efficacy standards. Congress must act with urgency to pass the Promising Pathway Act.

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U.S. Senator Mike Braun, Indiana Republican, serves on the Aging Committee, Agriculture Committee, Budget Committee, Appropriations Committee, and the Health, Education, Labor and Pensions Committee (HELP). Prior to the Senate, he was the founder and CEO of Meyer Distributing, a company he built in his hometown of Jasper that employs hundreds of Americans across the country.



Congress must update existing law and 20th century regulation and better support investment in cutting-edge science when it comes to terminal diseases.

Consider this example. In June of this year, Amylyx Pharmaceuticals (a developer of ALS therapies) submitted a potential new ALS treatment for approval in Canada and Europe, known as AMX0035. Amylyx's clinical trial studying the safety and efficacy of AMX0035 showed a slowed progression of the disease in patients with ALS and also a reduced risk of death by 44 percent, extending ALS patients' lives by an average of six months.

While individuals diagnosed with ALS living in Canada and Europe will likely have access to this promising therapy by the end of 2021, ALS patients in the United States will not receive the same timely access to this therapy.

Instead, the FDA requested that Amylyx conduct an additional placebo-controlled clinical trial before the company submits a New Drug Application for FDA review. Despite Amylyx's evidence of clinical value and measurable

groups have been clear they are willing to trade a greater degree of risk for earlier access to meaningful treatments. Given advances in science, it's also logical for FDA drug approval pathways to be continually rethought and reinvented to advance efficient access to meaningful treatments for patients with progressive diseases that, left untreated or undertreated, will negatively impact their daily lives or lead to premature death.

This should not be controversial, but sadly it is. Currently, the FDA is embroiled in an emotional dispute over a drug, aducanumab, which was recently approved to treat Alzheimer's disease. Some tout FDA's decision as a signal for more regulatory flexibility and innovation, praising the approval as a victory for patients with no available treatment options. Others argue that the FDA's gold standard has been jeopardized, putting patients at risk. No matter what side of the issue you fall on, we all have



Standing up for bipartisanship against government takeover of prescription drug prices



By U.S. Rep. Brett Guthrie

During the recent address to the Joint Session of Congress, President Joe Biden said, “Now, look, if you don’t like my plan, let’s at least pass what we all agree on.” I agree with his sentiment broadly, and my goal as the Republican Leader of the Energy and Commerce Committee’s Health Subcommittee is to find areas that we can agree on in order to deliver real results for our constituents. That’s why I support H.R. 19, the Lower Costs, More Cures Act to lower prescription drug costs.

Reintroduced this Congress, every single one of the 40 provisions in the Lower Costs, More Cures Act is bipartisan. It was disappointing to see House Democrats stand behind Speaker Pelosi’s partisan drug pricing bill, H.R. 3, last Congress and again this Congress. Although the Lower Costs, More Cures

Act was not passed in its entirety, our bipartisan alternative still had 15 provisions that were signed into law last Congress. Since the start of this Congress, four more provisions from H.R. 19 have already been signed into law.

As the cost of gas, food, and other goods is increasing, the Lower Costs, More Cures Act would decrease drug costs and give seniors in Medicare certainty on their prescription drug spend-

Reintroduced this Congress, every single one of the 40 provisions in the Lower Costs, More Cures Act is bipartisan. It was disappointing to see House Democrats stand behind Speaker Nancy Pelosi’s partisan drug pricing bill, H.R. 3, last Congress and again this Congress.

ing. Under this bill, Medicare beneficiaries would benefit from the first ever out-of-pocket spending cap for prescription drugs. Seniors would also have their insulin and insulin supply costs capped after they meet their deductible. Instead of paying for costly drugs all at once, a patient smoothing provision in this bill would lessen the burden for seniors by allowing them to spread out their drug costs over a certain time period. The Lower Costs, More Cures Act also prevents drug companies from gaming the system, promotes price transparency, and helps end American taxpayers from having to subsidize innovation for other countries through stronger trade agreements. The Lower Costs, More Cures Act would not only decrease drug costs, but also prioritize and protect the

medical innovation that will help produce new treatments and cures.

On the other hand, Speaker Pelosi’s drug pricing plan would “negotiate” drug costs, but the “negotiation” is forcing up to a 95% tax on a drug company’s revenue if the company does not accept the mandated government price. H.R. 3 policies disincentivize companies to take risks on years-long projects to develop treatments. The Congressional Budget

Office estimated that Speaker Pelosi’s government takeover of prescription drug prices would result in up to 15 fewer drugs over 10 years, and the White House Council of Economic Advisers under the Trump Administration estimated that up to 100 life-saving drugs would not come to market.

I’m relieved Speaker Pelosi’s damaging, socialized medicine policies were not able to take a toll on our medical innovation this past year as we were developing COVID-19 vaccines. It does not make sense to me that House Democrats would want to pass a bill during a global pandemic that would limit medical innovation. We have three safe and effective vaccines and potentially more to be approved soon. Our allies in the European Union focused more on

dictating the price and micromanaging access to vaccines than investing in innovation, like Speaker Pelosi wants to do here. As a result, these countries are behind the United States in distributing vaccines to their citizens, and this delay is costing lives.

After seeing how our system helped put us in a strong position with COVID-19 vaccines, it’s puzzling that Speaker Pelosi is still pursuing a partisan drug pricing plan that could hinder the development of cures for ALS, cancer, or even the next global pandemic. I participated in a bipartisan meeting on cancer research at the White House earlier this year and expressed to President Biden that I’m tired of the constant party line votes. I believe that we have many opportunities to work together on bipartisan policies, especially in health care. President Biden said we should “pass what we all agree on,” so let’s send the Lower Costs, More Cures Act to President Biden’s desk to protect and encourage innovation and deliver lower drug costs for Americans.

U.S. Representative Brett Guthrie, Kentucky Republican, represents the Second Congressional District and serves as the Republican Leader of the Energy and Commerce Committee’s Health Subcommittee. He was also appointed to a second term as a Deputy Whip within the House Republican Conference. A 1987 graduate of West Point, Guthrie served as a Field Artillery Officer in the 101st Airborne Division – Air Assault at Fort Campbell and earned a master’s degree from Yale in Public and Private Management.

A healthy community links social services with medical providers



By U.S. Sen. Dan Sullivan

It's common knowledge that access to quality health care, diet and exercise greatly impacts our health. But far less attention has been given to other variables that also impact our health, like economic and social factors—also called “social determinants” of health. Now, data increasingly confirms that access to social services and reliable transportation, for instance, have a profound impact on health. The CDC even has a “life expectancy at birth” map that estimates your life expectancy based on your zip code. Where you live should not impact your access to quality health care and social services. Experts and providers across the country are increasingly focused on these social determinants to improve outcomes and lower costs.

All too often, people go to the emergency room when they would be better served by another service provider. For example, someone struggling with homelessness might visit the emergency room for a meal and a safe bed instead of a shelter where they could receive additional vital services. Because doctors and emergency room staff are often not trained on community resources, partnerships between the healthcare sector and social services sector would provide better care for people who need help and save money in the long run.

We have already seen success in some states where local governments, providers, health plans, and community-based organizations are collaborating with social service agencies and nonprofits to better coordinate services. The state of Alaska took steps to incorporate social determinants of health by including specific language about these determinants in our Medicaid program which will ensure that the most vulnerable are being taken care of.

Unfortunately, the siloed nature of our current health care system — as well as

our social services — can act as a deterrent to such partnerships. As a result, doctors and emergency rooms are often overburdened by trying to fix problems they are ill prepared to handle and to get help for their patients outside of the traditional medical system. Likewise, while there are dozens of programs to help

coordination. State partnerships will work to identify goals and be able to articulate a plan to reach them.

Most importantly, states will have maximum flexibility to implement this plan in the most effective way possible. What works in the Lower 48 states often does not work in Alaska, and I am sure

and strengthen communities. And it will provide data to help policy makers plan for the future to better target resources.

There is nothing more important than health and wellness—yet the government spends far too many funds on programs that don't contribute to holistic health and wellness for everyone,



Ultimately, the LINC ACT will support a more resilient health and social service system that is better able to respond to health and social challenges rather than adding costly new programs that create red tape and confusion.

those most impacted by social determinants of health, our social service agencies continue to see unmet health needs.

A bill that I, along with Chris Murphy (D-CT), introduced, the Leveraging Integrated Networks in Communities (LINC) to Address Social Needs Act (S.509), will award grants to states to develop or enhance collaboration between health care organizations and social service sectors.

My bill incentivizes states to work with nonprofits and the health care community to develop a strategic plan to integrate these sectors. The partnerships must include both government and local providers to facilitate cross-sector referrals, communication, and service

that is true of all 50 states. That's why this bill allows the flexibility for each state to design their own unique and innovative plan with the flexibility to respond to each state's culture and values. States will also have to submit a plan for long-term financial stability.

Ultimately, the LINC ACT will support a more resilient health and social service system that is better able to respond to health and social challenges rather than adding costly new programs that create red tape and confusion.

This bill will help health care organizations and social service organizations better identify needs and partner on interventions to improve health and quality of life, lower long-term health costs,

regardless of zip code or income level. By strategically designing programs to create statewide partnerships, the LINC Act will end siloes, save money, and produce better health outcomes.

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U.S. Senator Dan Sullivan, Alaska Republican, serves on the Commerce, Science and Transportation Committee; the Armed Services Committee; the Environment and Public Works Committee; and the Veterans' Affairs Committee. Prior to his election to the Senate, Sullivan served as Alaska's Attorney General and Commissioner of the Alaska Department of Natural Resources. He also serves as a Colonel in the U.S. Marine Corps Reserve.

Legislative lifeline for children's mental health needs



By U.S. Rep. Rick Allen

While we are well on our way to the COVID-19 pandemic being in our rearview mirror, the social restrictions and school closures over the past year have shined a light on another crisis – the mental health of our nation's youth. That is why we must ensure that schools are fully open this fall.

Research has shown that school closures reduced interactions between vulnerable children and trusted adults, while worsening conditions that contribute to child abuse and neglect such as financial strain and social isolation.

During the pandemic, emergency departments throughout the nation saw an increase in the proportion of children's mental health-related visits.

According to the Centers for Diseases Control and Prevention (CDC), "Beginning in April 2020, the proportion of children's mental health-related ED visits among all pediatric ED visits increased and remained elevated through October. Compared with 2019, the proportion of mental health-related visits for children aged 5-11 and 12-17 years increased approximately 24% and 31%, respectively."

I've heard from families for whom these numbers are more than just statistics.

Last month, the House Education and Labor Subcommittee on Early Childhood, Elementary, and Secondary Education held a hearing on the impact of COVID-19 on students with disabilities. During the hearing, we heard from a father of two special needs children who was forced to watch his nine-year-old son deteriorate before his eyes and be admitted to a hospital because of the mental toll from social isolation. His wife was forced to quit her job and homeschool their nine-year-old daughter

after their public school failed to meet their daughter's learning needs. No family should have to go through this.

While the pandemic has undoubtedly exacerbated the mental health crisis, even before the virus reached our shores the CDC reported suicide is the second leading cause of death

Schools know best the needs of their student bodies and should have flexibility in how they use funding to better meet those needs.

Specifically, the bill would allow funds to be used to identify and disseminate best practices for mental health first aid; assist in the establishment or imple-

help them to thrive – both inside and outside of the classroom.

There is a lot of work to be done to address the mental health crisis, and passing the Expanding Student Access to Mental Health Services Act will bring us one step closer to doing so and help save lives.



My legislation provides school districts with increased flexibility in how they can use funds from an existing grant program under the Every Student Succeeds Act to better provide mental health services for students. Schools know best the needs of their student bodies and should have flexibility in how they use funding to better meet those needs.

among high school-aged youths – a heartbreaking statistic.

We must ensure our students are able to get the support they need. That's why I've introduced H.R. 787, the Expanding Student Access to Mental Health Services Act.

My legislation provides school districts with increased flexibility in how they can use funds from an existing grant program under the Every Student Succeeds Act (ESSA) to better provide mental health services for students.

mentation of emergency planning, including deploying emergency response teams at schools during an emergency; establish relationships with local health agencies to improve coordination of services; and to provide telehealth services, a vital tool to ensure any potential future school closures do not diminish the ability to serve vulnerable students.

By giving school districts the ability to provide students with additional resources and services, we can empower our next generation and

U.S. Representative Rick Allen, Georgia Republican, represents the 12th Congressional District. Prior to his election to Congress in 2014, he owned a construction company and was awarded the Augusta Metro Chamber of Commerce Small Business Person of the Year. He serves as the Senior Republican on the Health, Employment, Labor & Pensions Subcommittee on the Education and Labor Committee as well as on Agriculture Committee.

Congress must act to reform the military health system



By U.S. Rep. Ronny Jackson, M.D.

When people think of the military they think of fighter jets, tanks, aircraft carriers, and missiles. No matter how advanced our technology gets, the most important thing about the U.S. Military is the people. Servicemembers are the bravest among us. These men and women volunteer to put themselves in harm's way, potentially making the ultimate sacrifice, in defense of the sacred freedoms we hold dear in this country. Taking care of servicemembers and their families is not only our duty, but it is critical for allowing them to focus on the mission at hand – protecting and defending the United States of America.

When a deployed servicemember's child gets the flu, for example, that family should be confident that the Military Health System is going to provide the care they need when they need it. My family and I lived with the Military Health System for nearly three decades, so we, along with millions of other military families, have seen just how inefficient and frustrating the system can be. If someone like me, a Rear Admiral and Chief Medical Advisor to the leader of the free world at the time, had trouble getting a doctor's appointment how do you think this system is serving a young, enlisted airman who is recently married and expecting a child? Not well, I can assure you.

President Biden has proposed \$753 billion in defense spending for the upcoming fiscal year, \$54 billion of which is for military healthcare. The Military Health System is responsible for 9.7 million eligible beneficiaries, including active-duty servicemembers, military retirees, dependent survivors, certain Reserve Component members, and all their families; yet most taxpayers do not realize how much of their money

is being spent on a system that consistently fails the people for whom it is intended to provide.

When I threw my hat in the ring for Congress, I knew that this was an issue I wanted to bring attention to. Making sure servicemembers and their families never experience the failures of the Mili-

lose that leave. Civilian federal employees already have the option to keep their pre-approved leave, so I firmly believe our military heroes deserve the same option and my legislation will give them that choice.

Over the last few years, the Military Health System has undergone a wide

have demonstrated my commitment to working on a bipartisan basis by introducing multiple defense-related bills with my Democrat colleagues. I fully intend on working both these pieces of legislation and continued reform of the Military Health System into this year's National Defense Authorization Act.



Taking care of servicemembers and their families is not only our duty, but it is critical for allowing them to focus on the mission at hand – protecting and defending the United States of America.

tary Health System again is an important priority for me. When I was appointed to the House Armed Services Committee, I fought to be on the Military Personnel Subcommittee because I knew that is where I could apply my experience to fix the broken system and improve the quality of life for military families.

One of the first bills I introduced in Congress falls under the jurisdiction of the Military Personnel Subcommittee – the bipartisan Elaine M. Checketts Military Families Act. Most people do not know that if a servicemember is on pre-approved family leave and their child passes away, they automatically

range of reforms aimed at improving the quality of care, increasing military readiness, and ensuring access for all beneficiaries. In my role on the Military Personnel Subcommittee, I will be actively involved in overseeing this transformation to a better, more effective Military Health System.

The work ahead will not be easy or rapid, but I am committed to working with Republicans and Democrats alike to provide the Military community with commonsense policies and resources that support servicemembers and their families. Since I was sworn into office in January, I

U.S. Representative Ronny Jackson, Texas Republican, served in the U.S. Navy for 29 years, retiring as a Rear Admiral in 2019. While serving on the battlefield in Iraq, he was called back to the states to serve in the White House Medical Unit during President George W. Bush's Administration. Dr. Jackson went on to lead the White House Medical Unit as Physician to the President during the Obama and Trump Administrations and was appointed Chief Medical Advisor and Assistant to the President in January 2019 by President Trump. In addition to the House Armed Services Committee, he also serves on the House Foreign Affairs Committee.



The battle against PTSD demands Congressional bipartisanship and Israeli partnership



By U.S. Rep. Mike Waltz

Our brave service men and women put their lives on the line to protect our country and our freedom. Sadly, they often return home from war different—physically, mentally, or both—than how they left.

As a veteran, I understand how difficult it can be to return home from the battlefield with both visible and invisible wounds. I also know the pain of watching a fellow soldier lose their fight against post-traumatic stress

disorder (PTSD).

I have personally experienced PTSD and understand the needs our veterans require to return to a life of some normalcy.

I know I'm not alone. No one wants to receive a phone call informing you that you've lost a brother or sister to suicide.

But right now, veteran suicide is at an all-time high in America with an average of 22 veterans committing

It's time to do something different. Congress has a responsibility to these brave men and women to find solutions to alleviate the trauma caused by PTSD— and that means investing in research and treatment that works.

Each and every one of our veterans should be offered a full menu of options and treatment that is tailored to them. Whether that's counseling, service dogs or medication, they should

Congress has a responsibility to these brave men and women to find solutions to alleviate the trauma caused by PTSD— and that means investing in research and treatment that works.

suicide every day despite the billions being thrown at the problem and getting the same results or worse. In fact, veteran suicide made up about 14 percent of total suicides in America in 2018. Not to mention, we've lost more active service members and veterans to suicide than soldiers in Afghanistan in recent years.

From April to June 2020, 128 deaths by suicide were recorded by the U.S. military. During that same period in 2019, 115 active service members lost their lives to suicide. That's an 11.3% increase.

have every option at their fingertips to help them on the path to healing.

We can't stand by as our brothers and sisters take their own lives. It's on us to act.

As one of our most trusted allies, Israel is an ideal partner on our journey to improving veteran health. Israel has a combat-tested military, in part a result of a mandatory military service requirement for citizens over the age of 18. Just like the U.S., Israel continues to struggle with suicide among soldiers as it remains the leading cause of death

among service members to date. Not to mention the negative effects we have yet seen on suicide rates from the coronavirus and isolation that went along with it.

It's really a no brainer to leverage the long-lasting partnership between Israel and the U.S. to ultimately save veteran lives. That's why I'm proud to sponsor the bipartisan United States-Israel PTSD Collaborative Research Act with Congresswoman Elaine Luria (D-VA) to leverage research assets and experiences of the U.S. and Israel to develop best practices in the research, diagnosis and treatment of PTSD. As partners on the battlefield, we must be partners in finding solutions for our veterans.

Every soldier we lose at home is a reminder that we must invest in veteran health resources and research. Just like on the battlefield, no one should be left behind.

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U.S. Representative Michael Waltz, Florida Republican, represents the Sixth Congressional District. He is a member of the Armed Services Committee, a Green Beret veteran of the war on terror in Afghanistan, a former White House counter-terrorism policy adviser, and author of the book "Warrior Diplomat: a Green Beret's Battles from Washington to Afghanistan".



End veteran suicide, safeguard our heroes' physical and mental health



**By U.S. Rep.
Andrew R. Garbarino**

The United States of America is the greatest military power in the world, but it comes at price. We send the men and women of our Armed Forces all over the world to fight for our country. Our service members go into battle risking life and limb for the promise of a free and prosperous America. Too often their bravery and service come at a great personal cost.

Over the course of our history, hundreds of thousands of American service

members have given their lives, but loss of life is not the only cost of war. For far too many, the battle continues long after they return home.

In my own state of New York, there are over 838,000 veterans who have put their lives on the line to protect the sanctity of our freedom, and every single one of them deserves the best mental health care available. After surviving the horrors of war, our nation's heroes deserve our

veterans take their own life every day.

Eighteen lives a day. Eighteen American heroes each day whose suffering was so great that they felt compelled to take their own lives. This is unconscionable, but we cannot let their suffering be in silence. Those of us who are in positions of leadership must step up and be the voice for those who are unable to ask for help. We must make a commitment, in no uncertain terms, to support

veterans in the last five years. To solve this problem, we must first understand it.

This bill would instruct the VA to identify the total number of veterans who died by suicide during the five-year period and identify factors such as demographics, medication history, and combat experience or trauma and provide recommendations to improve the safety and well-being of veterans.

Issues of mental illness can be complex and nuanced, but we owe it to our veterans and to those still actively serving to put the full resources of the Federal government behind demystifying trends among veterans of depression, post-traumatic stress disorder (PTSD), history of trauma and other suicide risk factors.

Veterans have put everything on the line for their country. Now their country must return the favor with a steadfast commitment to understanding and addressing their suffering and putting an end to veteran suicide.

U.S. Representative Andrew R. Garbarino, New York Republican, represents the Second Congressional District of New York which includes the South Shore of Long Island. He serves on the Homeland Security and Small Business Committees.

Over the course of our history, hundreds of thousands of American service members have given their lives, but loss of life is not the only cost of war. For far too many, the battle continues long after they return home.

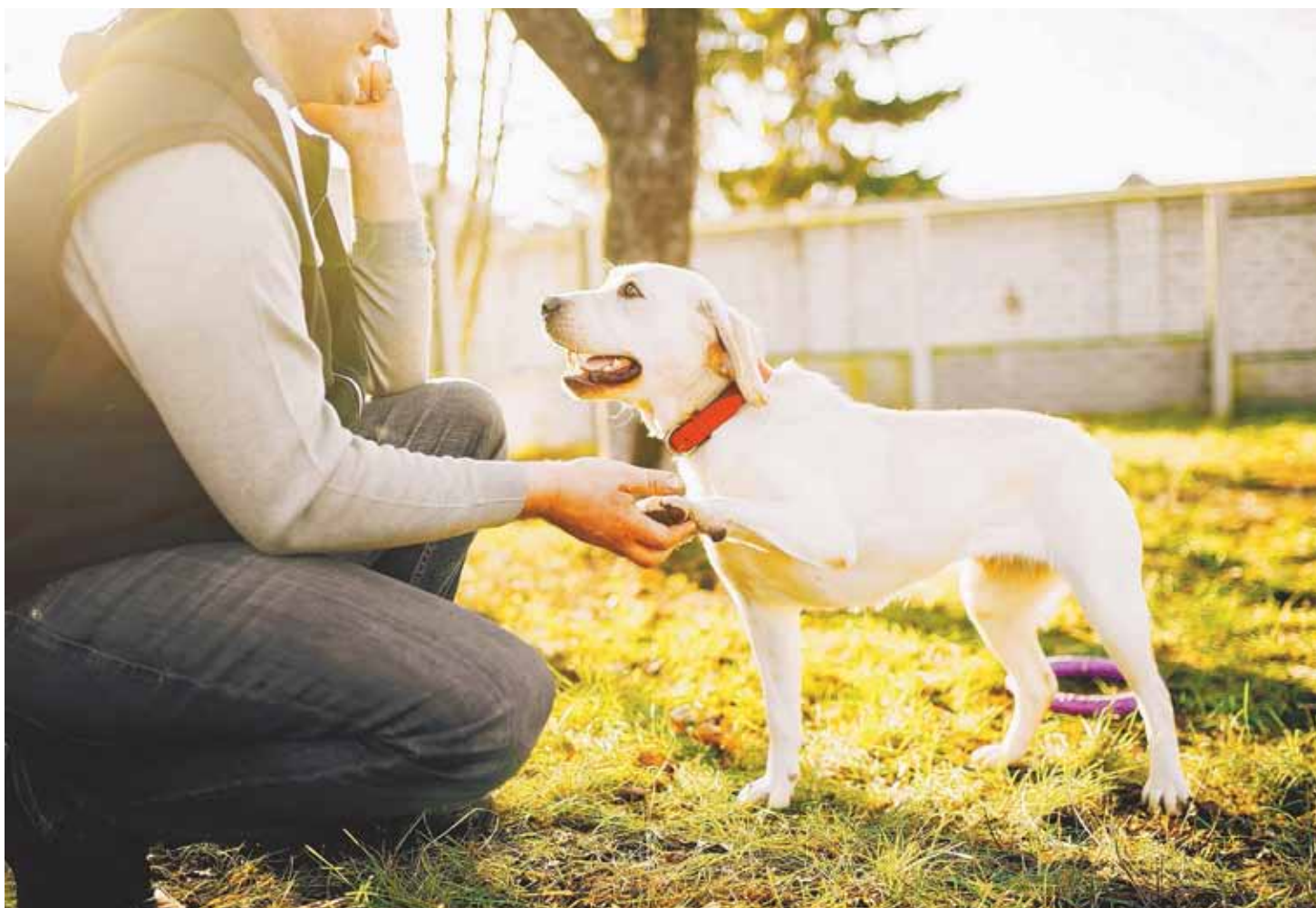
unwavering commitment to safeguarding their physical and mental health.

While suicide affects Americans from all walks of life and is an issue of great national concern, it is an issue that disproportionately affects our veterans. Rates among veterans are, on average, 1.5 times higher than those who have not served in the military. In September 2019, the Department of Veterans' Affairs (VA) released an alarming report showing that at least 60,000 veterans died by suicide between 2008 and 2017. According to the VA's most recent annual report, nearly 18

our veterans during the difficult transition from active service to civilian life.

These statistics are heartbreaking. To think that so many of our service members risked everything for their country, made it home safely, only to live in a state of mental suffering is an intolerable reality.

That is why I introduced legislation to help us understand this horrifying trend so that we might begin to make headway in reducing veteran suicide rates. The Veteran Suicide Prevention Act directs the VA to complete a review of suicides by



It's our duty to pass the PAWS for Veterans Therapy Act



By Former Rep. Steve Stivers

Walter served in the Vietnam War. For decades, he was unable to leave his house most days. Becca deployed to Iraq. When she returned, she spent seven years addicted to heroin.

Bill was under my command in Operation Iraqi Freedom. All he wanted was to be able to take his fiancé to dinner.

Unfortunately, the stories of these

three soldiers are not unique. As a Major General in the Ohio Army National Guard and the Representative for over 43,000 veterans in Ohio's 15th District, I know that there are tens of thousands of veterans who struggle every day with the invisible wounds of service. But these three soldiers are three of the lucky ones: Walter, Becca, and Bill, were paired with service dogs. By working with Jackson, Bobbie, and Athena, they got their freedom back – they got their lives back.

To date, the only treatments recognized by the Veterans Administration (VA) for post-traumatic stress (PTS) or

options that make a real impact, including working with service dogs. Today, far too few of our nation's veterans have had the opportunity to benefit from this type of therapy in the way that Walter, Becca, and Bill have. Congress has the opportunity to change that. It's time to pass the PAWS for Veterans Therapy Act.

This bill would create a pilot program at the VA that will allow veterans to participate in work-therapy programs, where they would learn the art and science of training a dog for service. Upon completion of the program, the veteran will have the opportunity to adopt their

University and Kaiser Permanente, and, more importantly, the anecdotal evidence from veterans; we know that service dogs work. And finally, in February of this year, the VA released preliminary findings of its own decades-long study that further advances the body of research surrounding this type of treatment. There are no more reasons to delay.

Last month, the House passed this legislation with an overwhelming vote, and a bipartisan coalition of Senators are already working to pass it through the upper chamber and get it to the President's desk. Every day that we delay, we lose 22 veterans to suicide. That is unacceptable, it is time that Congress does everything in its power to rectify it. It is time to pass PAWS.

Former U.S. Representative Steve Stivers represented Ohio's 15th Congressional District from January 2011 to May 17, 2021, when he retired to accept a new role as President and Chief Executive Officer of the Ohio Chamber of Commerce. A recipient of the Bronze Star, Stivers is a Major General in the Ohio Army National Guard and has served in Iraq, Kuwait, Qatar and Djibouti.

We owe it to our veterans to pursue creative options that make a real impact, including working with service dogs. Today, far too few of our nation's veterans have had the opportunity to benefit from this type of therapy in the way that Walter, Becca, and Bill have. Congress has the opportunity to change that.

traumatic brain injury (TBI) are medication or talk therapy. But for many, medications and traditional therapy do not help veterans return to normalcy. We owe it to our veterans to pursue creative

new canine partner to provide continued relief from the symptoms of PTS, TBI, and other mental illnesses.

We've seen the peer-reviewed evidence from institutions like Purdue



BRINGING TOGETHER LIKE-MINDED AMERICANS TO SHARE THE BURDEN OF MEDICAL EXPENSES

Family healthcare sharing program starting as low as \$349 per month

