Care for vulnerable and underserved children.

A hospital is eligible to apply for CHGME Payment Program funding if it:

Participates in an approved Graduate Medical Education (GME) program.

Has a Medicare Provider Agreement.

Is excluded from the Medicare Inpatient Prospective Payment System, IPPS, under section 1886(d)(1)(B)(iii) of the Social Security Act, and its accompanying regulations.

Operates as a ''freestanding'' children's teaching hospital.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Pennsylvania (Mr. PITTS) that the House suspend the rules and pass the bill, H.R. 297.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. PITTS. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this question will be postponed.

NATIONAL PEDIATRIC RESEARCH NETWORK ACT OF 2013

Mr. PITTS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 225) to amend title IV of the Public Health Service Act to provide for a National Pediatric Research Network, including with respect to pediatric rare diseases or conditions.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 225

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''National Pediatric Research Network Act of 2013''.

SEC. 2. NATIONAL PEDIATRIC RESEARCH NETWORK.

Section 409D of the Public Health Service Act (42 U.S.C. 284h; relating to the Pediatric Research Initiative) is amended—

(1) by redesignating subsection (d) as subsection (f); and

(2) by inserting after subsection (c) the following:

''(d) NATIONAL PEDIATRIC RESEARCH NETWORK.—

''(1) NETWORK.—In carrying out the Initiative, the Director of NIH, acting through the Director of the Eunice Kennedy Shriver National Institute of Child Health and Human Development and in collaboration with other appropriate national research institutes and national centers that carry out activities involving pediatric research, may provide for the establishment of a National Pediatric Research Network consisting of the pediatric research consortia receiving awards under paragraph (2).

''(2) PEDIATRIC RESEARCH CONSORTIA.—

''(A) IN GENERAL.—The Director of the Institute may award funding, including through grants, contracts, or other mechanisms, to public or private nonprofit entities—

''(i) for planning, establishing, or strengthening pediatric research consortia; and

''(ii) for providing basic operating support for such consortia, including with respect to—

''(I) basic, clinical, behavioral, or translational research to meet unmet needs for pediatric research; and

''(II) training researchers in pediatric research techniques in order to address unmet pediatric research needs.

''(B) RESEARCH.—The Director of NIH shall ensure that—

''(i) each consortium receiving an award under subparagraph (A) conducts or supports at least one category of research described in subparagraph (A)(ii)(I) and collectively such consortia conduct or support all such categories of research; and

''(ii) one or more such consortia provide training described in subparagraph (A)(ii)(II).

''(C) NUMBER OF CONSORTIA.—The Director of NIH may make awards under this paragraph for not more than 20 pediatric research consortia.

''(D) ORGANIZATION OF CONSORTIUM.—Each consortium receiving an award under subparagraph (A) shall—

''(i) be formed from a collaboration of cooperating institutions;

''(ii) be coordinated by a lead institution;

''(iii) agree to disseminate scientific findings, including from clinical trials, rapidly and efficiently; and

''(iv) meet such requirements as may be prescribed by the Director of NIH.

''(E) SUPPLEMENT, NOT SUPPLANT.—Any support received by a consortium under subparagraph (A) shall be used to supplement, and not supplant, other public or private support for activities authorized to be supported under this paragraph.

''(F) DURATION OF SUPPORT.—Support of a consortium under subparagraph (A) may be for a period of not to exceed 5 years. Such period may be extended at the discretion of the Director of NIH.

''(3) COORDINATION OF CONSORTIA ACTIVITIES.—The Director of NIH shall—

''(A) as appropriate, provide for the coordination of activities (including the exchange of information and regular communication) among the consortia established pursuant to paragraph (2); and

''(B) require the periodic preparation and submission to the Director of reports on the activities of each such consortium.

''(4) ASSISTANCE WITH REGISTRIES.—Each consortium receiving an award under paragraph (2)(A) shall provide assistance to the Centers for Disease Control and Prevention in the establishment or expansion of patient registries and other surveillance systems as appropriate and upon request by the Director of the Centers.

''(e) RESEARCH ON PEDIATRIC RARE DISEASES OR CONDITIONS.—

''(1) IN GENERAL.—In making awards under subsection (d)(2) for pediatric research consortia, the Director of NIH shall ensure that an appropriate number of such awards are awarded to such consortia that agree to—

''(A) focus primarily on pediatric rare diseases or conditions (including any such diseases or conditions that are genetic disorders (such as spinal muscular atrophy and Duchenne muscular dystrophy) or are related to birth defects (such as Down syndrome and fragile X)); and

''(B) conduct or coordinate one or more multisite clinical trials of therapies for, or approaches to, the prevention, diagnosis, or treatment of one or more pediatric rare diseases or conditions.

''(2) DATA COORDINATING CENTER.—

''(A) ESTABLISHMENT.—In connection with support of consortia described in paragraph (1), the Director of NIH shall establish a data coordinating center for the following purposes:

''(i) To distribute the scientific findings referred to in paragraph (1)(C).

''(ii) To provide assistance in the design and conduct of collaborative research projects and the management, analysis, and storage of data associated with such projects.

''(iii) To organize and conduct multisite monitoring activities.

''(B) REPORTING.—The Director of NIH shall—

''(i) require the data coordinating center established under subparagraph (A) to provide regular reports to the Director of NIH and the Commissioner of Food and Drugs on research conducted by consortia described in paragraph (1), including information on enrollment in clinical trials and the allocation of resources with respect to such research; and

''(ii) as appropriate, incorporate information reported under clause (i) into the Director's biennial reports under section 403.''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Pennsylvania (Mr. PITTS) and the gentleman from New Jersey (Mr. PALLONE) each will control 20 minutes.

The Chair recognizes the gentleman from Pennsylvania.

GENERAL LEAVE

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

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

There was no objection.

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

Mr. Speaker, I rise in support and urge my colleagues to vote for H.R. 225, the National Pediatric Research Network Act of 2013.

Simply put, this legislation will foster important research on diseases that affect children. The bill will allow the National Institutes of Health to establish a national research network compromised of pediatric research consortia. According to NIH, there are between 6,000 and 7,000 diseases considered rare that affect 25 to 30 million people. Most of the approximately 7,000 rare diseases are pediatric diseases and often genetic.

Sadly, there are insufficient therapies for doctors to treat such diseases. The use of pediatric research consortia is a proven way to support pediatric applied research and to promote coordinated research activities that focus on translating research to practice. This will help improve care for children.

As an example, it is important to note that this bill will address some devastating diseases such as spinal muscular atrophy. This is a rare pediatric disease that kills more babies than any other genetic disease. Right now, it is incurable, untreatable, and fatal.

H.R. 225, introduced by Representatives LOIS CAPPS and CATHY MCMORRIS RODGERS, amends the Public Health Service Act so that the director of the NIH, acting through the director of the National Institute of Child Health and Human Development, could provide for the establishment of a national pediatric research network compromised of pediatric research consortia.

□ 1720

The director could award cooperative agreements to those that strengthen and provide basic support to pediatric research consortia and train researchers. Consortia that receive an award would be comprised of cooperating institutions and coordinated by a lead institution. No more than 20 pediatric research consortia could receive awards.

In addition, the Director of NIH would be able to establish a data-coordinating center to support research and distribute scientific findings and provide reports to the Director of the NIH and the Commissioner of the Food and Drug Administration.

The bill would result in no new or increased budget authority, entitlement authority, tax expenditure, or revenues. Nor does the bill contain any earmarks.

So I am pleased to support this legislation. It is my hope that the National Pediatric Research Network will improve our understanding of pediatric diseases, improve treatment and therapies, and provide better health care outcomes for our Nation's children.

I urge my colleagues to vote in favor of H.R. 225, and I reserve the balance of my time.

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

Mr. Speaker, I rise in strong support of H.R. 225, the National Pediatric Research Network Act, and commend our colleagues, Congresswoman CAPPS and Congresswoman MCMORRIS RODGERS, for their bipartisan efforts to move this legislation forward.

There are many rare pediatric diseases, and in some of these diseases the children are incredibly fragile. If we can allow for research to occur across the country—not just one single location—research can be done at a larger level because children could then participate without having to travel.

This bill would allow the National Institutes of Health to establish a national pediatric network comprised of up to 20 pediatric research consortia, groups of collaborating institutions. The consortia will conduct basic clinical, behavioral, and translational research on pediatric diseases and conditions.

Among the 20 consortia, the NIH Director is directed to ensure that an appropriate number of awards go to consortia that focus primarily on pediatric rare diseases such as spinal muscular atrophy or birth defects such as Down syndrome.

In addition, we all know too well that traditionally pediatric research has been underfunded. That can make it hard to train and develop the research talent needed to address these devastating illnesses. The consortia can therefore be the training grounds for future researchers helping to fill the pediatric pipeline.

Mr. Speaker, no funds are specifically allocated to this effort under the bill, but it's our hope and expectation that NIH will choose to create the network and build on the important work in pediatric research that it already supports.

In the last Congress, this same bill was considered and approved by the Energy and Commerce Committee and the full House by voice vote. It was also included in a broader children's health bill at the end of the session, but it failed to be considered in the Senate.

I urge my colleagues to support this bipartisan effort to address pediatric research; and with that strong support, it's my hope that we can encourage its passage in the Senate this time.

I reserve the balance of my time.

Mr. PITTS. Mr. Speaker, at this time, I yield such time as he may consume to the chairman of the full committee, the gentleman from Michigan (Mr. UPTON).

Mr. UPTON. Mr. Speaker, this legislation, H.R. 225, the National Pediatric Research Network Act of 2013, indeed brings us a step closer to helping kids with unmet health needs, especially those with rare pediatric and genetic diseases. According to the NIH, there are more than 6,800 rare diseases, and most of them have no treatment or cure; and, yes, they primarily affect children.

I've met a number of times with one family in my district, the Kennedys, who have two precious little girls, Brielle and Brooke. I actually call them Sleeping Beauty and Cinderella. They have the rare disease called spinal muscular atrophy. They're great kids, and Brielle and Brooke have been little warriors in our effort to make the National Pediatric Research Network a reality.

It is so difficult to conduct research into these diseases due to the very small number of people with that disease, but tonight we're working to provide families like the Kennedys and so many others with greater hope for a cure or advances in treatment.

This bill is going to support and coordinate research on rare pediatric and genetic diseases and help improve the health and well-being of these kids afflicted with these diseases.

This bill establishes a national pediatric research network comprised of pediatric research consortia. These consortia are a proven way to overcome the gaps in research. They include leading institutions that act as partners to consolidate and coordinate research efforts. They're going to promote efficiency and collaboration, which is especially important when a disease impacts just a small number of kids.

This bill is in essence the same bill as H.R. 6163 of the last Congress, which passed in September and was part of S. 1440 in December of 2012. Last month, in January, our committee, the Energy and Commerce Committee, passed this legislation on a very broad bipartisan voice vote.

I want to particularly commend the author of the legislation, LOIS CAPPS. I want to thank CATHY MCMORRIS RODGERS on our side, the Republican side, for her leadership, as well as JOE PITTS, Mr. WAXMAN, and others. This is a bill that all of us should support, and I would urge my colleagues to do the same thing.

It was unfortunate that last year it took the House a little while to pass this; and in the last waning days of the session, we couldn't get the Senate to move. This year, there's a reason why this is now one of the first bills to pass in the House: to give the Senate the time to get this thing done and get it to the President's desk to have him sign it into law so that he can help not only the Kennedys in my district, but the Kennedys literally in every district around the country and so many kids that deserve our help. We can make a difference tonight, and we will when we pass this on a bipartisan vote.

I thank all those Members and staff, particularly, for getting this to the floor in such a timely fashion.

Mr. PALLONE. Mr. Speaker, I now yield 4 minutes to the sponsor of the legislation, the gentlewoman from California (Mrs. CAPPS).

Mrs. CAPPS. I thank my colleague for yielding.

Mr. Speaker, I rise in strong support of H.R. 225, the National Pediatric Research Network Act.

I want to associate myself with the remarks of our committee chairman, Mr. UPTON. He has a family dear to his heart, as I have one too; and they reflect families across this country for whom this bill will provide a stronger glimmer of hope for the future.

This is a bipartisan bill. It will improve research in clinical trials on pediatric diseases, train future pediatric researchers, and disseminate research findings quickly so that all children may benefit.

It does not replace our current pediatric research investments, but instead builds upon the work already being done at the National Institutes of Health and at so many research centers across the country by creating research consortia to form a nationwide network of pediatric researchers. This is important to make sure that we are always working with the most current science and that this information is quickly shared and verified.

This bill will also expand the geographic scope of research, giving sick kids easier access to research programs and clinical trials. Moreover, this bill will help a wider variety of institutions participate in this critical research while providing training grounds for our next generation of pediatric researchers.

Another key feature of this bill is that it will place an added emphasis on researching children's rare diseases and develop new treatments to fight them.

My colleagues have heard me talk before about diseases like spinal muscular atrophy just referenced by our committee chair. This does not just affect a sick child, but it also fundamentally changes the daily lives of their

family, their school, their community. The low prevalence of such diseases makes them particularly hard to research. But for those affected, a new cure or treatment could mean a world of difference.

The National Pediatric Research Network Act will be an important step forward to helping these families and those who may develop these diseases long into the future.

□ 1730

I am a nurse, a mother, and a grandmother as well, and I am very pleased to have authored this bill that will help bring more treatments and cures to many children.

Children have unique health care experiences, treatment needs, research challenges; and while public and private research has come a very long way on pediatric diseases over the years, we know that we are still far behind on important diagnostics, cures, and treatments for far too many of our ailing children, which is why this bill is so important.

I especially thank Representative CATHY MCMORRIS RODGERS for co-leading this bill through two Congresses with me and for all her hard work on children's health issues. I want to thank the leadership of the Energy and Commerce Committee. Chairman UPTON I have referenced, but I also thank Ranking Member WAXMAN, Chairman PITTS, Ranking Member PALLONE, and their staffs for their dedication to this bill. I especially thank Ruth Katz for helping us move this bill through the committee quickly. I thank my colleague Congresswoman DEGETTE, who has worked on this bill with me for many years.

Finally, I would like to thank my constituents Bill and Victoria Strong for their tireless work on behalf of their daughter, Gwendolyn, and all the children with spinal muscular atrophy and other rare diseases. For them, I wear a particular bracelet, which reads: ''Never give up.'' Gwendolyn, who it was once thought would never live past age 2, is now in kindergarten. The work her parents, Bill and Victoria, do day in and day out to make their daughter's world a little better is so inspiring. The dedication of her parents and their medical team truly allows Gwendolyn to live life to the fullest. They have shown how entire communities can come together and fight diseases like SMA.

I urge my colleagues to follow their example. Come together, and support this bill today so we can do all we can to make it law.

Mr. Speaker, the National Pediatric Research Network Act is an important bill, not just for current and future researchers, but for sick children and for their families. It is a bipartisan measure that received overwhelming support in the 112th Congress, and it's the right thing to do, so I urge its full support.

Mr. PITTS. Mr. Speaker, I am pleased to yield 2 minutes to the gentleman from Mississippi (Mr. HARPER).

Mr. HARPER. I rise today to speak about the importance of the National Pediatric Research Network Act of 2013. This bill rightfully develops pediatric research consortia to identify and promote therapies for rare childhood diseases.

One of the disorders that this proposal targets is spinal muscular atrophy, or SMA, which is the number one genetic killer of children under the age of 2. This often unforgiving neurological disease leaves children weak and unable to move, breathe, swallow or talk; but research is promising and a cure is close.

Recently, a friend of mine, Jeff Horton from my home county in Mississippi, shared with my office that his daughter, Evie, who has SMA, had an encouraging visit with an SMA specialist in Dallas. You see, Evie has toured the country and has met with experts devoted to advancing new and innovative SMA therapies. As a result, Evie's quality of life continues to improve as she gains mobility and a sense of independence.

I urge you today to please support this legislation for Evie and others, such as her cousin, Reese, and the many other families that are affected by rare childhood diseases. This is something that we can do and that we should do.

Mr. PALLONE. Mr. Speaker, I have no further requests for time. At this point, I would urge the passage of the legislation, and I yield back the balance of my time.

Mr. PITTS. Mr. Speaker, I would like to include in the RECORD CBO's cost estimate for H.R. 225. The cost estimate was not available when the committee filed its report on the bill.

I urge all Members to support this important legislation. With that, I yield back the balance of my time.

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, February 4, 2013.

Hon. FRED UPTON,
Chairman, Committee on Energy and Commerce, House of Representatives, Washington, DC.

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for H.R. 225, the National Pediatric Research Network Act of 2013.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Jamease Miles, who can be reached at 226–9010.

Sincerely,

DOUGLAS W. ELMENDORF.

Enclosure.

H.R. 225—National Pediatric Research Network Act of 2013

H.R. 225 would authorize the Director of the National Institutes of Health (NIH) to establish a National Pediatric Research Network that could provide support for research and training at up to 20 pediatric research consortia for up to five years. The bill would require the Director of NIH to establish a data coordinating center for the consortia. Upon request by the Centers for Disease Control and Prevention (CDC), consortia participating in the program would be required to provide assistance to the CDC to establish or expand surveillance systems, such as patient registries.

NIH currently supports many research networks that support research and training focused on pediatric health care needs and operates data coordinating centers for those networks. Those networks perform essentially the same activities as the consortia described in the bill. Existing networks do not routinely provide assistance to the CDC to establish surveillance systems. Based on information provided by NIH, CBO estimates that implementing H.R. 225 would have no effect on the number of research consortia or data coordinating centers that NIH would support. CBO expects that CDC would request assistance from a few networks to establish surveillance systems. Based on past coordination involving patient registries, CBO expects that the cost of providing such support would total about $1 million over five years. Thus, CBO estimates that implementing H.R. 225 would cost $1 million over the 2014–2018 period, assuming the availability of appropriated funds.

Enacting the bill would not affect direct spending or revenues; therefore, pay-as-you-go procedures do not apply.

H.R. 225 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act and would not affect the budgets of state, local, or tribal governments.

The CBO staff contact for this estimate is Jamease Miles. The estimate was approved by Holly Harvey, Deputy Assistant Director for Budget Analysis.

Mr. WAXMAN. Mr. Speaker, I am pleased to rise in support of H.R. 225, the National Pediatric Research Network Act of 2013. The House passed legislation similar to H.R. 225 twice last year. I am hopeful that this time around we will get this bill over the finish line.

H.R. 225 represents a bi-partisan effort to allow the National Institutes of Health (NIH) to establish a national pediatric research network dedicated to finding treatments and cures for pediatric diseases and conditions—especially those that are rare. The network would be comprised of up to 20 research consortia or groups of collaborating research institutions such as universities and hospitals. These consortia would be investigator-initiated and would conduct basic, clinical, behavioral, and translational research on pediatric diseases and conditions. NIH funding would be used to create the infrastructure necessary to carry out this research.

Within the network, the NIH Director is instructed to ensure that an appropriate number of awards go to those consortia that focus primarily on pediatric rare diseases such as spinal muscular atrophy—or SMA—or birth defects such as Down syndrome. Because these kinds of diseases and conditions are rare and some of the children who suffer from them are very fragile, it makes it difficult for them to travel great distances to participate in clinical trials or other research. This is often the case when—not infrequently—only one institution is conducting such research. The availability of consortia—by definition, multiple cooperating institutions—should make clinical research opportunities far more accessible to these kids and their families. In turn, we would hope they would help speed up the time and effort in finding treatments and cures for these devastating diseases and conditions.

In addition to the research itself, the consortia are expected to serve as training grounds for future pediatric researchers. Traditionally, pediatric research has been underfunded. This has sometimes resulted in real challenges in recruiting the talent necessary to

tackle diseases and conditions that affect kids—again, especially those that are rare. Thus, H.R. 225 places a special emphasis on pediatric research techniques with the goal of helping to "prime the pump" for a greater number of leading edge pediatric researchers.

Taken together, the components of H.R. 225 make for a package that would allow NIH to build on the strong body of pediatric research that it currently conducts and supports. I would encourage NIH to take full advantage of this opportunity.

I want to commend all those members of the Energy and Commerce Committee who have come together to make H.R. 225 happen. I especially want to the note the efforts of Congresswoman CAPPS and Congresswoman MCMORRIS RODGERS—the sponsors of this bill—for their tireless efforts to bring it before us today.

I urge my colleagues to vote "yes" on H.R. 225.

Mr. GENE GREEN of Texas. Mr. Speaker, I support the National Pediatric Research Network Act, H.R. 225. Thank you to Representatives CAPPS and MCMORRIS-RODGERS for their continued leadership on this issue.

This important bill will allow the National Institutes of Health to focus funding on researching rare and genetic pediatric diseases such as spinal muscular atrophy, muscular dystrophy, Down syndrome, and Fragile X. Because there are such a small number of incidences of these terrible diseases, they are extremely difficult to study. This bill takes steps toward giving our research community the tools necessary to increase research of an array of diseases that cause so much pain and suffering to children and their families.

Increasing our nation's commitment to researching rare pediatric diseases is an area that enjoys bipartisan support. I look forward to voting for this bill and urge my colleagues to do the same.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Pennsylvania (Mr. PITTS) that the House suspend the rules and pass the bill, H.R. 225.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. PITTS. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this motion will be postponed.

CONTINUATION OF THE NATIONAL EMERGENCY WITH RESPECT TO THE SITUATION IN OR IN RELATION TO CÔTE D'IVOIRE—MESSAGE FROM THE PRESIDENT OF THE UNITED STATES (H. DOC. NO. 113–8)

The SPEAKER pro tempore laid before the House the following message from the President of the United States; which was read and, together with the accompanying papers, referred to the Committee on Foreign Affairs and ordered to be printed:

To the Congress of the United States:

Section 202(d) of the National Emergencies Act (50 U.S.C. 1622(d)) provides for the automatic termination of a national emergency, unless, within 90 days prior to the anniversary date of its declaration, the President publishes in the *Federal Register* and transmits to the Congress a notice stating that the emergency is to continue in effect beyond the anniversary date. In accordance with this provision, I have sent to the *Federal Register* for publication the enclosed notice stating that the national emergency declared in Executive Order 13396 of February 7, 2006, with respect to the situation in or in relation to Côte d'Ivoire is to continue in effect beyond February 7, 2013.

The situation in or in relation to Côte d'Ivoire, which has been addressed by the United Nations Security Council in Resolution 1572 of November 15, 2004, and subsequent resolutions, has resulted in the massacre of large numbers of civilians, widespread human rights abuses, significant political violence and unrest, and fatal attacks against international peacekeeping forces. Since the inauguration of President Alassane Ouattara in May 2011, the Government of Côte d'Ivoire has made progress in advancing democratic freedoms and economic development. While the Government of Côte d'Ivoire and its people continue to make progress towards peace and prosperity, the situation in or in relation to Côte d'Ivoire continues to pose an unusual and extraordinary threat to the national security and foreign policy of the United States. For these reasons, I have determined that it is necessary to continue the national emergency and related measures blocking the property of certain persons contributing to the conflict in Côte d'Ivoire.

BARACK OBAMA.

THE WHITE HOUSE, *February 4, 2013.*

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until 6:30 p.m. today.

Accordingly (at 5 o'clock and 36 minutes p.m.), the House stood in recess.

□ 1830

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. SHIMKUS) at 6 o'clock and 30 minutes p.m.

PROVIDING FOR A JOINT SESSION OF CONGRESS TO RECEIVE A MESSAGE FROM THE PRESIDENT

Mr. CULBERSON. Mr. Speaker, I send to the desk a privileged concurrent resolution and ask for its immediate consideration in the House.

The Clerk read the concurrent resolution, as follows:

H. CON. RES. 11

Resolved by the House of Representatives (the Senate concurring),

That the two Houses of Congress assemble in the Hall of the House of Representatives on Tuesday, February 12, 2013, at 9 p.m., for the purpose of receiving such communication as the President of the United States shall be pleased to make to them.

The concurrent resolution was agreed to.

A motion to reconsider was laid on the table.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings will resume on motions to suspend the rules previously postponed.

Votes will be taken in the following order:

H.R. 225, by the yeas and nays;

H.R. 297, by the yeas and nays.

The first electronic vote will be conducted as a 15-minute vote. Remaining electronic votes will be conducted as 5-minute votes.

NATIONAL PEDIATRIC RESEARCH NETWORK ACT OF 2013

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and pass the bill (H.R. 225) to amend title IV of the Public Health Service Act to provide for a National Pediatric Research Network, including with respect to pediatric rare diseases or conditions, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

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

The vote was taken by electronic device, and there were—yeas 375, nays 27, not voting 29, as follows:

[Roll No. 31]

YEAS—375

Alexander	Cantor	Culberson
Amodei	Capito	Cummings
Andrews	Capps	Daines
Bachmann	Cárdenas	Davis (CA)
Bachus	Carney	Davis, Danny
Barletta	Carson (IN)	Davis, Rodney
Barr	Carter	DeFazio
Barrow (GA)	Cartwright	DeGette
Barton	Cassidy	Delaney
Bass	Castor (FL)	DeLauro
Beatty	Castro (TX)	DelBene
Becerra	Chabot	Denham
Benishek	Chaffetz	Dent
Bentivolio	Chu	DeSantis
Bera (CA)	Cicilline	DesJarlais
Bilirakis	Clarke	Deutch
Bishop (NY)	Clay	Diaz-Balart
Bishop (UT)	Clyburn	Dingell
Black	Coble	Doggett
Bonamici	Coffman	Doyle
Bonner	Cohen	Duckworth
Boustany	Cole	Duffy
Brady (PA)	Collins (GA)	Duncan (TN)
Brady (TX)	Collins (NY)	Edwards
Braley (IA)	Connolly	Ellison
Brooks (IN)	Cook	Ellmers
Brownley (CA)	Cooper	Engel
Buchanan	Costa	Enyart
Bucshon	Courtney	Eshoo
Burgess	Cramer	Esty
Bustos	Crawford	Farenthold
Calvert	Crenshaw	Fattah
Camp	Crowley	Fincher
Campbell	Cuellar	Fitzpatrick