OFFICE OF THE CLERK,
HOUSE OF REPRESENTATIVES,
Washington, DC, November 7, 2013.

Hon. JOHN A. BOEHNER,
The Speaker, House of Representatives, Washington, DC.

DEAR MR. SPEAKER: Pursuant to the permission granted in Clause 2(h) of Rule II of the Rules of the U.S. House of Representatives, the Clerk received the following message from the Secretary of the Senate on November 7, 2013 at 11:13 a.m.:

That the Senate passed S. 287.

With best wishes, I am,
Sincerely,

KAREN L. HAAS.

COMMUNICATION FROM THE CLERK OF THE HOUSE

The SPEAKER pro tempore laid before the House the following communication from the Clerk of the House of Representatives:

OFFICE OF THE CLERK,
HOUSE OF REPRESENTATIVES,
Washington, DC, November 7, 2013.

Hon. JOHN A. BOEHNER,
The Speaker, House of Representatives, Washington, DC.

DEAR MR. SPEAKER: Pursuant to the permission granted in Clause 2(h) of Rule II of the Rules of the U.S. House of Representatives, the Clerk received the following message from the Secretary of the Senate on November 7, 2013 at 3:09 p.m.:

That the Senate passed S. 815.

With best wishes, I am
Sincerely,

KAREN L. HAAS.

CONTINUATION OF THE NATIONAL EMERGENCY WITH RESPECT TO IRAN—MESSAGE FROM THE PRESIDENT OF THE UNITED STATES (H. DOC. NO. 113–72)

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 the 90-day period 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 with respect to Iran that was declared in Executive Order 12170 of November 14, 1979, is to continue in effect beyond November 14, 2013.

Because our relations with Iran have not yet returned to normal, and the process of implementing the agreements with Iran, dated January 19, 1981, is still under way, I have determined that it is necessary to continue the national emergency declared in Executive Order 12170 with respect to Iran.

BARACK OBAMA.

THE WHITE HOUSE, *November 12, 2013.*

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until approximately 5 p.m. today.

Accordingly (at 2 o'clock and 15 minutes p.m.), the House stood in recess.

□ 1701

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. COLLINS of Georgia) at 5 o'clock and 1 minute p.m.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote incurs objection under clause 6 of rule XX.

Record votes on postponed questions will be taken later.

PREMATURITY RESEARCH EXPANSION AND EDUCATION FOR MOTHERS WHO DELIVER INFANTS EARLY REAUTHORIZATION ACT

Mr. UPTON. Mr. Speaker, I move to suspend the rules and pass the bill (S. 252) to reduce preterm labor and delivery and the risk of pregnancy-related deaths and complications due to pregnancy, and to reduce infant mortality caused by prematurity, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 252

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

SECTION 1. TABLE OF CONTENTS.

The table of contents for this Act is as follows:

TITLE I—PREEMIE ACT REAUTHORIZATION

SEC. 101. SHORT TITLE.

This title may be cited as the ''Prematurity Research Expansion and Education for Mothers who deliver Infants Early Reauthorization Act'' or the ''PREEMIE Reauthorization Act''.

SEC. 102. RESEARCH AND ACTIVITIES AT THE CENTERS FOR DISEASE CONTROL AND PREVENTION.

(a) EPIDEMIOLOGICAL STUDIES.—Section 3 of the Prematurity Research Expansion and Education for Mothers who deliver Infants Early Act (42 U.S.C. 247b–4f) is amended by striking subsection (b) and inserting the following:

''(b) STUDIES AND ACTIVITIES ON PRETERM BIRTH.—

''(1) IN GENERAL.—The Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention, may, subject to the availability of appropriations—

''(A) conduct epidemiological studies on the clinical, biological, social, environmental, genetic, and behavioral factors relating to prematurity, as appropriate;

''(B) conduct activities to improve national data to facilitate tracking the burden of preterm birth; and

''(C) continue efforts to prevent preterm birth, including late preterm birth, through the identification of opportunities for prevention and the assessment of the impact of such efforts.

''(2) REPORT.—Not later than 2 years after the date of enactment of the PREEMIE Reauthorization Act, and every 2 years thereafter, the Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention, shall submit to the appropriate committees of Congress reports concerning the progress and any results of studies conducted under paragraph (1).''.

(b) REAUTHORIZATION.—Section 3(e) of the Prematurity Research Expansion and Education for Mothers who deliver Infants Early Act (42 U.S.C. 247b–4f(e)) is amended by striking ''$5,000,000'' and all that follows through ''2011.'' and inserting ''$1,880,000 for each of fiscal years 2014 through 2018.''.

SEC. 103. ACTIVITIES AT THE HEALTH RESOURCES AND SERVICES ADMINISTRATION.

(a) TELEMEDICINE AND HIGH-RISK PREGNANCIES.—Section 330I(i)(1)(B) of the Public Health Service Act (42 U.S.C. 254c–14(i)(1)(B)) is amended by striking ''or case management services'' and inserting ''case management services, or prenatal care for high-risk pregnancies'';

(b) PUBLIC AND HEALTH CARE PROVIDER EDUCATION.—Section 399Q of the Public Health Service Act (42 U.S.C. 280g–5) is amended—

(1) in subsection (b)—

(A) in paragraph (1), by striking subparagraphs (A) through (F) and inserting the following:

''(A) the core risk factors for preterm labor and delivery;

''(B) medically indicated deliveries before full term;

''(C) the importance of preconception and prenatal care, including—

''(i) smoking cessation;

''(ii) weight maintenance and good nutrition, including folic acid;

''(iii) the screening for and the treatment of infections; and

''(iv) stress management;

''(D) treatments and outcomes for premature infants, including late preterm infants;

''(E) the informational needs of families during the stay of an infant in a neonatal intensive care unit; and

''(F) utilization of evidence-based strategies to prevent birth injuries;''; and

(B) by striking paragraph (2) and inserting the following:

''(2) programs to increase the availability, awareness, and use of pregnancy and post-term information services that provide evidence-based, clinical information through counselors, community outreach efforts, electronic or telephonic communication, or other appropriate means regarding causes associated with prematurity, birth defects, or health risks to a post-term infant;''; and

(2) in subsection (c), by striking ''$5,000,000'' and all that follows through ''2011.'' and inserting ''$1,900,000 for each of fiscal years 2014 through 2018.''.

SEC. 104. OTHER ACTIVITIES.

(a) INTERAGENCY COORDINATING COUNCIL ON PREMATURITY AND LOW BIRTHWEIGHT.—The Prematurity Research Expansion and Education for Mothers who deliver Infants Early Act is amended by striking section 5 (42 U.S.C. 247b–4g).

(b) ADVISORY COMMITTEE ON INFANT MORTALITY.—

(1) ESTABLISHMENT.—The Secretary of Health and Human Services (referred to in this section as the ''Secretary'') may establish an advisory committee known as the ''Advisory Committee on Infant Mortality'' (referred to in this section as the ''Advisory Committee'').

(2) DUTIES.—The Advisory Committee shall provide advice and recommendations to the Secretary concerning the following activities:

(A) Programs of the Department of Health and Human Services that are directed at reducing infant mortality and improving the health status of pregnant women and infants.

(B) Strategies to coordinate the various Federal programs and activities with State, local, and private programs and efforts that address factors that affect infant mortality.

(C) Implementation of the Healthy Start program under section 330H of the Public Health Service Act (42 U.S.C. 254c–8) and Healthy People 2020 infant mortality objectives.

(D) Strategies to reduce preterm birth rates through research, programs, and education.

(3) PLAN FOR HHS PRETERM BIRTH ACTIVITIES.—Not later than 1 year after the date of enactment of this section, the Advisory Committee (or an advisory committee in existence as of the date of enactment of this Act and designated by the Secretary) shall develop a plan for conducting and supporting research, education, and programs on preterm birth through the Department of Health and Human Services and shall periodically review and revise the plan, as appropriate. The plan shall—

(A) examine research and educational activities that receive Federal funding in order to enable the plan to provide informed recommendations to reduce preterm birth and address racial and ethnic disparities in preterm birth rates;

(B) identify research gaps and opportunities to implement evidence-based strategies to reduce preterm birth rates among the programs and activities of the Department of Health and Human Services regarding preterm birth, including opportunities to minimize duplication; and

(C) reflect input from a broad range of scientists, patients, and advocacy groups, as appropriate.

(4) MEMBERSHIP.—The Secretary shall ensure that the membership of the Advisory Committee includes the following:

(A) Representatives provided for in the original charter of the Advisory Committee.

(B) A representative of the National Center for Health Statistics.

(c) PATIENT SAFETY STUDIES AND REPORT.—

(1) IN GENERAL.—The Secretary shall designate an appropriate agency within the Department of Health and Human Services to coordinate existing studies on hospital readmissions of preterm infants.

(2) REPORT TO SECRETARY AND CONGRESS.—Not later than 1 year after the date of the enactment of this Act, the agency designated under paragraph (1) shall submit to the Secretary and to Congress a report containing the findings and recommendations resulting from the studies coordinated under such paragraph, including recommendations for hospital discharge and followup procedures designed to reduce rates of preventable hospital readmissions for preterm infants.

TITLE II—NATIONAL PEDIATRIC RESEARCH NETWORK

SEC. 201. SHORT TITLE.

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

SEC. 202. 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, in consultation with the Director of the Eunice Kennedy Shriver National Institute of Child Health and Human Development and in collaboration with other appropriate national research institutes and national centers that carry out activities involving pediatric research, may provide for the establishment of a National Pediatric Research Network in order to more effectively support pediatric research and optimize the use of Federal resources. Such National Pediatric Research Network may be comprised of, as appropriate—

''(A) the pediatric research consortia receiving awards under paragraph (2); or

''(B) other consortia, centers, or networks focused on pediatric research that are recognized by the Director of NIH and established pursuant to the authorities vested in the National Institutes of Health by other sections of this Act.

''(2) PEDIATRIC RESEARCH CONSORTIA.—

''(A) IN GENERAL.—The Director of NIH may award funding, including through grants, contracts, or other mechanisms, to public or private nonprofit entities for providing support for pediatric research 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, as appropriate, ensure that—

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

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

''(C) 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 or institutions;

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

''(I) other consortia;

''(II) the National Institutes of Health;

''(III) the Food and Drug Administration;

''(IV) and other relevant agencies; and

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

''(D) 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.

''(E) 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, as appropriate—

''(A) 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) may provide assistance, as appropriate, to the Centers for Disease Control and Prevention for activities related to patient registries and other surveillance systems upon request by the Director of the Centers for Disease Control and Prevention.

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

''(1) consider pediatric rare diseases or conditions, or those related to birth defects; and

''(2) 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.''.

TITLE III—CHIMP ACT AMENDMENTS

SEC. 301. SHORT TITLE.

This title may be cited as the ''CHIMP Act Amendments of 2013''.

SEC. 302. CARE FOR NIH CHIMPANZEES.

(a) IN GENERAL.—Section 404K(g) of the Public Health Service Act (42 U.S.C. 283m(g)) is amended—

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

''(1) IN GENERAL.—Of the amount appropriated for the National Institutes of Health, there are authorized to be appropriated to carry out this section and for the care, maintenance, and transportation of all chimpanzees otherwise under the ownership or control of the National Institutes of Health, and to enable the National Institutes of Health to operate more efficiently and economically by decreasing the overall Federal cost of providing for the care, maintenance, and transportation of chimpanzees —

''(A) for fiscal year 2014, $12,400,000;

''(B) for fiscal year 2015, $11,650,000;

''(C) for fiscal year 2016, $10,900,000;

''(D) for fiscal year 2017, $10,150,000; and

''(E) for fiscal year 2018, $9,400,000.''; and

(2) by striking paragraph (2);

(3) by redesignating paragraph (3) as paragraph (2); and

(4) in paragraph (2), as so redesignated—

(A) by striking ''With respect to amounts reserved under paragraph (1)'' and inserting ''With respect to amounts authorized to be appropriated by paragraph (1)''; and

(B) by striking ''board of directors'' and inserting ''Secretary in consultation with the board of directors''.

(b) GAO STUDY.—Not later than 2 years after the date of enactment of this Act, the Comptroller General of the United States shall conduct an independent evaluation, and submit to the appropriate committees of Congress a report, regarding chimpanzees under the ownership or control the National Institutes of Health. Such report shall review and assess—

(1) the research status of such chimpanzees;

(2) the cost for the care, maintenance, and transportation of such chimpanzees, including the cost broken down by—

(A) research or retirement status;

(B) services included in the care, maintenance, and transportation; and

(C) location;

(3) the extent to which matching requirements have been met pursuant to section 404K(e)(4) of the Public Health Service Act (42 U.S.C. 283m(e)(4)); and

(4) any options for cost savings for the support and maintenance of such chimpanzees.

(c) BIENNIAL REPORT.—Section 404K(g) of the Public Health Service Act (42 U.S.C. 283m(g)) is amended by adding at the end the following:

''(3) BIENNIAL REPORT.—Not later than 180 days after the date enactment of this Act, the Director of the National Institutes of Health shall submit to the Committee on Health, Education, Labor, and Pensions and the Committee on Appropriations of the Senate and the Committee on Energy and Commerce and the Committee on Appropriations in the House of Representatives a report, to be updated biennially, regarding—

''(A) the care, maintenance, and transportation of the chimpanzees under the ownership or control of the National Institutes of Health;

''(B) costs related to such care, maintenance, and transportation, and any other related costs; and

''(C) the research status of such chimpanzees.''.

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

The Chair recognizes the gentleman from Michigan.

GENERAL LEAVE

Mr. UPTON. 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 in the RECORD on the bill.

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

There was no objection.

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

Mr. Speaker, S. 252, known as the PREEMIE Reauthorization Act, is designed to strengthen health care for children—especially vulnerable children. Not only does the bill reauthorize the PREEMIE Act, but it also includes the authorization of the National Pediatric Research Network and the reauthorization of the Chimp Act.

The original PREEMIE Act that I sponsored and was signed into law back in December 2006 brought much-needed attention to the problems related to preterm birth. Since its enactment, we have made progress, but we can and we still must do better. According to the CDC, an estimated half million babies are born prematurely every year in the United States; that is about one in eight. This legislation will continue and strengthen the ongoing effort to track, prevent, and treat prematurity, ensuring that every child has a healthy start and a better chance at a healthy and productive future.

In addition to addressing premature births, this legislation also seeks to help children and their families with unmet health needs. The National Pediatric Research Network brings us a step closer to providing more help to children with rare pediatric and genetic diseases. This effort is going to help families like the Kennedys in my district in Mattawan, Michigan.

Eric and Sarah Kennedy have two wonderful little daughters, Brooke and Brielle—Brielle is here in this picture—who have a rare spinal disease called spinal muscular atrophy. These two little angels, who are also affectionately known, at least in my family, as Sleeping Beauty and Cinderella, are two little warriors in the effort to boost research for rare diseases and serve as an inspiration for every one of us.

The sad reality is that it is often difficult to conduct research into rare diseases due to the small number of kids with that disease; but today, with this bill, we are working to change that and provide families with greater hope for a cure or advances in treatment.

This bill will help establish pediatric research networks and consortia that are effective in overcoming gaps in networks. Networks and consortia will be comprised of leading institutions that act as partners to consolidate and coordinate research efforts. As this multiyear effort is finally nearing the finish line, we say to the Kennedys and so many other families across the country in similar circumstances, You are not alone in this fight.

Lastly, this package includes reauthorization of the Chimp Act of 2000 that helped establish the sanctuary system for chimps retired from research. This bill reauthorizes the program at the current spending level for NIH's care of chimpanzees and reduces it through the next 5 years. It also is going to require the GAO to study how NIH cares for the chimps and asks GAO to identify how we can further save taxpayer money.

I want to particularly commend Ms. ESHOO, Mr. LANCE, Mrs. CAPPS who is here tonight, Mrs. MCMORRIS RODGERS, and, in the Senate, certainly Chairman HARKIN and Ranking Member ALEXANDER for their wonderful efforts on this legislative package. Working together, we are making a difference in the lives of so many.

So I would urge my colleagues to join me in support of this legislation, and I reserve the balance of my time.

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

I rise in strong support of S. 252, as amended.

As amended, this bipartisan legislation would address critical health care issues through the authorization or reauthorization of three different programs.

Title I of the legislation reauthorizes the Prematurity Research Expansion and Education for Mothers who deliver Infants Early Act, better known as the PREEMIE Act. The PREEMIE Act was initially enacted in 2006 in response to an alarming and rising number of premature deaths. Premature deaths, those that occur prior to 37 weeks of pregnancy, are the leading cause of newborn deaths and long-term neurological disabilities in children.

Since 2006, efforts across the Department of Health and Human Services have contributed to 6 straight years of decline in the preterm birth rate. There is no question we have made progress in addressing preterm birth in this country, yet one in eight babies is still born prematurely. Prevention remains a challenge due to the numerous, complex, and poorly-understood causes.

As a nurse, I know too well the physical cost of prematurity on both mother and child, the emotional costs it takes on parents, and the fiscal cost that prematurity plays in our health care system. Reauthorization of the PREEMIE Act is necessary to continue the progress we have made to date and to do better by improving the health of mothers and babies.

Title II of S. 252, as amended, calls for the establishment of a National Pediatric Research Network at the National Institutes of Health. This title builds upon the strong body of pediatric research the agency currently supports and strengthens it to improve research and clinical trials on pediatric diseases, train pediatric researchers, and to disseminate research findings quickly so that all children may benefit.

By developing a nationwide network of pediatric researchers, renewed efforts can be focused to develop treatments and cures for pediatric diseases and conditions, especially those that are rare.

Children have unique health care experiences, treatment needs, and research challenges; and while public and private research has come a 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 ailing children. That is why this title is so important.

Many of my colleagues know that this legislation is particularly important for one family in my congressional district, the Strongs. Victoria and Bill Strong are focused every day on getting the best care and treatment for their young daughter, Gwendolyn, who has spinal muscular atrophy, the same condition that my colleague Mr. UPTON just referred to in his district. Her diagnosis has fundamentally changed the daily lives of their family, her school, and our Santa Barbara community.

The low prevalence of these diseases makes them particularly hard to research, but for those affected, like Gwendolyn and others, a new cure or treatment could mean a world of difference. This title is common sense for Gwendolyn and all the other kids out there facing a rare medical diagnosis, and their families. As title II of this legislation, the National Pediatric Research Network Act is an important step forward to helping these families and those who may develop these diseases long into the future.

I noticed over the weekend there was a marathon that Gwendolyn and her father participated in in my community to raise money for the same purpose as this research would do. So it is both from the public and the private side that there is a concerted effort toward this end.

This network, based upon H.R. 225, bipartisan legislation I authored with my colleague Representative CATHY MCMORRIS RODGERS, passed the House as a stand-alone bill on suspension earlier this year with strong bipartisan support. I am so pleased to see it included in this package today.

Title III of the legislation ensures the National Institutes of Health can continue to care for chimpanzees that have been retired from research. In 2000, Congress passed the Chimpanzee Health Improvement Maintenance and Protection, or CHIMP, Act. The CHIMP Act established a sanctuary system for the lifetime care of chimpanzees no longer used in research, limited NIH spending on care for these chimpanzees, and required matching funds from nonprofit entities contracted by NIH to operate the sanctuary system.

Today, NIH owns or supports hundreds of chimpanzees. Following a report from the Institute of Medicine, NIH has concluded the vast majority of its chimpanzees should be permanently retired from research. This title makes it possible for NIH to continue caring for the more than 100 chimpanzees currently in sanctuary and transition other chimpanzees to sanctuary over time by authorizing appropriate amounts of spending for fiscal years 2014 through 2018 out of the totals made available to the agency. It is a commonsense and humane measure to fulfill the mission of the Institutes and responsibly tend to the chimps in our care.

I want to commend Chairman UPTON, Chairman PITTS, Ranking Member WAXMAN, and Ranking Member PALLONE for their leadership in bringing this bipartisan package of public health legislation to the floor, the staff on both sides of the aisle who have worked so hard on this legislation, and the Senate Health Committee leadership of Senators HARKIN and ALEXANDER for their efforts on these measures. Moreover, Energy and Commerce members Congresswoman ESHOO, Congressman LANCE, Congresswoman DEGETTE, and Congresswoman MCMORRIS RODGERS are also to be commended for their work on the PREEMIE Act and the National Pediatric Research Network titles.

These are critical bills, all of which deserve strong bipartisan support. I urge my colleagues to join me in supporting S. 252, as amended, and I reserve the balance of my time.

Mr. UPTON. Mr. Speaker, I yield 2 minutes to the gentleman from Pennsylvania (Mr. PITTS), chairman of the Health Subcommittee.

Mr. PITTS. Thank you, Mr. Chairman.

Mr. Speaker, I rise in support of another bipartisan bill. S. 252, the Prematurity Research Expansion and Education for Mothers who deliver Infants Early Reauthorization Act, or the PREEMIE Reauthorization Act, would take important steps to protect and improve children's health, particularly the health of the nearly 500,000 children born prematurely in the United States every year. Since its passage in 2006, the PREEMIE Act has sponsored important research that has led to improved prevention and care of children born too early.

This bill reauthorizes research and activities at the CDC related to the causes of preterm birth, improving data collection, and preventing preterm births. It also creates an Advisory Committee on Infant Mortality to coordinate Federal, State, local, and private programs that address preterm birth and infant mortality. With one in every eight infants born in the United States prematurely, this is a pressing issue.

S. 252 also authorizes the creation of the National Pediatric Research Network, a proven way to support pediatric research by coordinating multicentered research activities, including those in rural areas.

I would like to commend Congressman LANCE, Congresswoman CAPPS, Congresswoman MCMORRIS RODGERS, Chairman UPTON, and Ranking Members WAXMAN and PALLONE for their leadership in this bipartisan effort, and I urge all of my colleagues to support this bipartisan bill.

□ 1715

Mrs. CAPPS. Mr. Speaker, I continue to reserve the balance of my time.

Mr. UPTON. Mr. Speaker, at this point, I yield 2 minutes to the gentlelady from Washington, Mrs. CATHY MCMORRIS RODGERS, a leading advocate of this legislation and the chairman of the Republican Conference.

Mrs. MCMORRIS RODGERS. Mr. Speaker, I rise in strong support of the PREEMIE Reauthorization Act.

Every 3 minutes, somewhere in the world, a child is diagnosed with cancer. In the United States, approximately 150,000 children have diabetes. I believe that medical research is the best investment we can make to change these statistics and find new cures for these diseases.

In working with my colleague from California, Representative LOIS CAPPS, we introduced the Pediatric Research Network Act, which is included in the PREEMIE Reauthorization Act.

In supporting this legislation, the Coalition for Pediatric Medical Research, which includes Children's Hospital in Seattle—in my home State—said that this legislation is critical to strengthening our Nation's pediatric research enterprise. In addition, the Pediatric Research Network Act will authorize the establishment of a well-proven and evidence-based approach for addressing pediatric research. It will enable the National Institutes of Health to support multi-institution research in order to coordinate and streamline this important research. Most importantly, it will help to speed cures to the youngest patients. I urge its support.

Thank you, everyone, for your leadership.

Mrs. CAPPS. Mr. Speaker, I continue to reserve the balance of my time.

Mr. UPTON. Mr. Speaker, I yield 2 minutes to the gentleman from New Jersey (Mr. LANCE), another author of this legislation and someone who helped carry it across its bipartisan path.

Mr. LANCE. Mr. Speaker, I rise in strong support of S. 252, the PREEMIE Reauthorization Act, which will provide vital and continued medical education and research in the national effort to reduce preterm births. This legislation will advance the great progress made since the 2006 act and support Federal research and community involvement in premature birth research.

Our Nation's premature birth rate is among the highest in the world, and it is the leading cause of newborn deaths in the United States. Infants born just a few weeks too soon can face serious health challenges and are at risk for lifelong health and learning disabilities. In addition to its human toll among infants and its toll on their families, premature births cost our Nation's economy much financially, and while the medical community has made great strides in identifying the risk factors associated with premature births, far too many premature births today have no known causes.

It is fitting that the House will consider this legislation this evening. November marks Prematurity Awareness Month, a product of the fine work of the March of Dimes. The March of Dimes estimates that, since 2006, 176,000 fewer babies have been born too soon because of improvements in the preterm birth rate. This is why the Members of the House and the Senate have worked in a bipartisan and bicameral fashion to reauthorize the 2006 act.

I thank Chairman UPTON and Chairman PITTS and Ranking Member WAXMAN and Ranking Member PALLONE for their leadership on this issue, as well as Senator ALEXANDER and Senator HARKIN and Senator BENNET. I especially want to thank Congresswoman

ANNA ESHOO from California for working on this important issue, which benefits the health and well-being of the American people.

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

Mr. UPTON. I yield the gentleman an additional 1 minute.

Mr. LANCE. This is how Congress should work—together—on issues that make a lasting difference for the American people. It is in that bipartisan spirit that I ask all of my colleagues to join with us in support of the PREEMIE Reauthorization Act so that we as a Nation will be able to continue our focus on premature birth research and prevention.

My thanks also to Congresswoman CAPPS for her leadership on this issue.

Mrs. CAPPS. Mr. Speaker, in closing, I submit for the RECORD letters of support from the following organizations: the Children's Hospital Association, the Coalition for Pediatric Medical Research, FightSMA, the Humane Society of the United States, the March of Dimes, and a joint letter from several health professional and public health organizations.

I urge my colleagues to support this important package of public health legislation.

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

CHILDREN'S HOSPITAL ASSOCIATION,
November 11, 2013.

Hon. FRED UPTON, Chairman,
House Committee on Energy and Commerce, Washington, DC.
Hon. HENRY WAXMAN, Ranking Member,
House Committee on Energy and Commerce, Washington, DC.

DEAR CHAIRMAN UPTON AND RANKING MEMBER WAXMAN: On behalf of over 220 of the nation's children's hospitals, I am writing to urge House passage of S. 252, as amended by the House. This bill would advance two important priorities for children's health: enactment of the National Pediatric Research Network Act and the Prematurity Research Expansion and Education for Mothers who deliver Infants Early (PREEMIE) Reauthorization Act.

The National Pediatric Research Network Act would enhance the national commitment to pediatric research by authorizing the National Institutes of Health (NIH) to competitively select pediatric research consortia, each of which would be comprised of multiple institutions and focused on a specific research agenda from basic to translational research. As you know, children are not just ''small adults.'' They require highly-specialized care and equally specialized research. Despite children accounting for nearly 20 percent of our nation's population, the NIH has historically invested a far smaller percentage of research dollars—between five and 10 percent—in pediatric biomedical research. As a result it is far more difficult to attract new researchers into the field of pediatrics, launch and sustain basic and translational research endeavors and, ultimately, improve the health of our nation's children by developing safe and effective therapies and treatments. The National Pediatric Research Network Act would help provide the infrastructure—including training and support for younger investigators—that is needed to advance the field for decades to come.

The original PREEMIE Act (P.L. 109–450) brought the first-ever national focus to prematurity prevention. Preterm delivery can happen to any pregnant woman, and in more than half the cases the underlying causes are unknown. Preterm birth is the leading cause of neonatal death, and those babies who survive are more likely to suffer from intellectual and physical disabilities. Since enactment of the PREEMIE Act in 2006, the preterm birth rate has declined, and now stands below 12 percent for the first time in nearly a decade. The PREEMIE Reauthorization Act will continue to fuel our progress by supporting federal research and promoting known interventions and community initiatives. Reauthorizing the PREEMIE Act is critical to protect and maintain the current federal preterm birth-related activities and lay the foundation for future investments.

The Children's Hospital Association is pleased to offer its support of S. 252, and hopes Congress will enact this important legislation. On behalf of our member hospitals, thank you for your continued commitment to improving children's health.

Sincerely,

JIM KAUFMAN,
Vice President, Public Policy, Children's Hospital Association.

THE COALITION FOR PEDIATRIC MEDICAL RESEARCH,
November 12, 2013.

Hon. FRED UPTON,
Chairman, Committee on Energy & Commerce, United States Congress, Washington, DC.
Hon. JOE PITTS,
Chairman, Committee on Energy & Commerce, Subcommittee on Health, Washington, DC.
Hon. HENRY WAXMAN,
Ranking Member, Committee on Energy & Commerce, United States Congress, Washington, DC.
Hon. FRANK PALLONE,
Ranking Member, Committee on Energy & Commerce, Subcommittee on Health, Washington, DC.

DEAR CHAIRMEN UPTON AND PITTS AND RANKING MEMBERS WAXMAN AND PALLONE: On behalf of the Coalition for Pediatric Medical Research, representing leading children's hospitals responsible for treating our nation's sickest children today and conducting research to develop the therapies, treatments, and cures of tomorrow, I am writing to offer our endorsement of S. 252, the PREEMIE Reauthorization Act that as amended includes the National Pediatric Research Network Act as Title II.

The National Pediatric Research Act is a bipartisan and bicameral legislative proposal to strengthen our nation's commitment to pediatric medical research in a cost-effective manner by allowing the National Institutes of Health to support multi-institution research consortia focused on pediatrics. Modeled upon the successful National Cancer Centers and other research networks, the consortia seek to accelerate the pace of scientific discovery in pediatrics and to drive greater levels of collaboration, coordination, and resource sharing. Funds awarded under the program would help support the acquisition of shared advanced research technologies necessary to discharge a 21st Century research agenda and would also support much-needed training slots for early-career investigators focusing in pediatrics.

The need for a focused commitment to pediatric research is clear. A growing body of evidence overwhelmingly demonstrates that therapies and interventions delivered early in life—during infancy, childhood and adolescence—prevents diseases and their life-long adverse impacts on health and economic contributions to society. Similarly, research on pediatric populations is useful for understanding the origin of adult-onset diseases and is useful in preventing and treating such conditions. When pediatric research as a whole struggles, so too do our nation's children because of the reduced focus and funding to pediatric-based disorders and because of limited access to innovations in care and treatments that help improve life and reduce healthcare costs.

Every single day, the members of the Coalition for Pediatric Medical Research care for tens of thousands of children, a number of whom are suffering from the most deadly and complex diseases. Thanks to research breakthroughs achieved over the years, the children's hospitals in the coalition have made progress in treating a number of conditions that not too long ago were considered near-certain death sentences. But making continued progress to heal children today and tomorrow necessitates a robust commitment to our nation's children, something that will happen under this proposal.

Thank you for your strong support of the National Pediatric Research Network Act and for incorporating the legislation as Title II of the PREEMIE Reauthorization Act. The Coalition looks forward to working with you to enact this legislation into law this year. If you have any questions or would like to discuss this issue further, please feel free to contact me at 202.312.7499 or nicholas.manetto@faegrebd.com.

Sincerely,

NICK MANETTO,
(For the Coalition for Pediatric Medical Research).

FIGHTSMA,
Alexandria, VA, November 11, 2013.

Hon. FRED UPTON, Chairman,
Committee on Energy & Commerce, U.S. Congress, Washington, DC.
Hon. HENRY WAXMAN, *Ranking Member, Committee on Energy & Commerce, U.S. Congress, Washington, DC.*

DEAR CHAIRMAN UPTON AND RANKING MEMBER WAXMAN: FightSMA is pleased to offer its enthusiastic endorsement of S. 252, the PREEMIE Reauthorization Act that as amended includes the National Pediatric Research Network Act (NPRNA) as Title II. FightSMA is a non-profit organization of families across the nation working to find a treatment or cure for spinal muscular atrophy (SMA), the leading genetic killer of children under the age of two.

The NPRNA would authorize the establishment of a national network of research consortia that will conduct basic, clinical, behavioral, and translational research, including multisite clinical trials in an effort to develop treatments for a variety of rare pediatric disorders. The legislation provides a new opportunity to strengthen the nation's commitment to pediatric medical research in a cost-effective manner, allowing us to promote the well-being of our children through a collaborative approach to scientific investigation that makes the most of every federal dollar.

FightSMA has been grateful for Congress's longstanding support for research on SMA and other pediatric diseases, including House passage of the NPRNA earlier this year on an overwhelming bipartisan vote and annual appropriations report language encouraging the National Institutes of Health (NIH) to expand its support for translational and clinical research. Privately funded research has produced a number of promising drug therapies for SMA that are now at the door of the clinic, and the development of an effective and accessible clinical trials infrastructure is our next challenge and our greatest opportunity.

Chairman Upton and Ranking Member Waxman, we are deeply indebted to you and

to the NPRNA's lead sponsors, Congresswomen Lois Capps and Cathy McMorris Rodgers, for your leadership in the effort to develop treatments for the devastating disorders that affect too many of our children.

We urge all Members of Congress to support S. 252, and we look forward to working with you to secure enactment of the National Pediatric Research Network Act as soon as possible.

Sincerely,

DANIEL HAYDEN,
Executive Director, FightSMA.
MICHAEL CALISE,
Chairman, FightSMA.

THE HUMANE SOCIETY
OF THE UNITED STATES,
Washington, DC, November 12, 2013.

Chairman FRED UPTON,
Ranking member HENRY WAXMAN,
House Committee on Energy and Commerce, Washington, DC.

DEAR CHAIRMAN UPTON AND RANKING MEMBER WAXMAN: On behalf of The Humane Society of the United States and the Humane Society Legislative Fund, we are writing to express our strong support for Title III of S. 252, which will allow the National Institutes of Health (NIH) the continued flexibility to send chimpanzees retired from research to suitable sanctuary and to care for chimpanzees already living at the national chimpanzee sanctuary.

Regardless of where they are housed, NIH has responsibility for the lifetime care of approximately 600 federally-owned chimpanzees. It is NIH policy to send chimpanzees to the national chimpanzee sanctuary system when they are retired from research, as intended by Congress; sanctuaries provide higher welfare standards for chimpanzees at a lower cost to taxpayers than housing in barren labs. Sanctuaries operate more efficiently than the government-run laboratories, they bring in substantial private dollars to augment government support, and they make substantial use of volunteer personnel.

In response to a comprehensive report by the Institute of Medicine (IOM), and following the recommendations of an NIH Working Group of independent experts convened to advise on implementation of that report, NIH recently announced that it intends to retire the vast majority of federally-owned chimpanzees from research. However, the original CHIMP Act, which established the national chimpanzee sanctuary system, included a limit on the amount of money NIH can spend on sanctuary care and housing of retired chimpanzees. There is no similar restriction on funding for care and housing of retired chimpanzees in laboratories. Therefore, once NIH reaches the sanctuary spending limit, it will lose the ability to contract with appropriate sanctuaries for care and housing of retired chimpanzees, and may be forced to contract with lower-welfare, higher-cost labs instead—to the detriment of chimpanzees and taxpayers alike.

By passing S. 252 Title III, Congress will leave NIH free to contract with sanctuaries, the most appropriate providers for chimpanzee care, thus allowing the agency to use its resources more efficiently and effectively. We strongly support Title III of S. 252 and thank you for your leadership on this legislation.

Sincerely,

WAYNE PACELLE,
President and CEO,
The Humane Society of the United States.
MICHAEL MARKARIAN,
President,
Humane Society Legislative Fund.

March of Dimes Foundation,
Washington, DC, November 11, 2013.

Hon. FRED UPTON,
Chairman, Committee on Energy & Commerce, House of Representatives, Washington, DC.
Hon. HENRY WAXMAN,
Ranking Member, Committee on Energy & Commerce, House of Representatives, Washington, DC.

DEAR CHAIRMAN UPTON AND RANKING MEMBER WAXMAN: On behalf of the March of Dimes, a unique collaboration of scientists, clinicians, parents, members of the business community, and other volunteers affiliated with 51 chapters representing every state, the District of Columbia and Puerto Rico, I would like to express our support for S. 252, a legislative package which includes the PREEMIE Reauthorization Act. We strongly urge swift passage of this legislation in both the House and Senate.

November marks Prematurity Awareness Month, and just days ago the March of Dimes announced that the United States' preterm birth rate had dropped for the sixth consecutive year. In 2012, 11.5 percent of U.S. births were preterm, compared to 12.8 percent in 2006. The March of Dimes estimates that since 2006, about 176,000 fewer babies have been born too soon because of improvement in the preterm birth rate, resulting in healthier infants and potentially saving about $9 billion in health and societal costs. We believe one of the key factors for the decline is the 2006 PREEMIE Act (P.L. 109–450), which brought the first-ever national focus to prematurity prevention. The law spurred innovative research at the National Institutes of Health and Centers for Disease Control and Prevention and supported evidence-based interventions to prevent preterm birth.

The PREEMIE Reauthorization Act will continue to fuel our progress by supporting federal research and promoting known interventions and community initiatives to prevent preterm birth. Preterm birth exacts a human, emotional, and financial impact on families and a tremendous economic burden on our nation. It is the leading cause of newborn mortality and the second leading cause of infant mortality. Those babies who survive are more likely to suffer from intellectual and physical disabilities. A 2006 report by the Institute of Medicine found the cost associated with preterm birth in the United States was $26.2 billion annually, or $51,600 per infant born preterm. Employers, private insurers and individuals bear approximately half of the costs of health care for these infants, and another 40 percent is paid by Medicaid.

Every baby deserves a healthy start in life, and to make this goal a reality we must continue to invest in the prevention of preterm birth. Passage of S. 252 is an important step toward improving the health and wellbeing of our nation's children. We look forward to working with you to secure enactment of this vital legislation.

Sincerely,

DR. JENNIFER L. HOWSE,
President.

MARCH OF DIMES FOUNDATION,
White Plains, NY, November 12, 2013

MEMBER OF CONGRESS: The undersigned organizations urge you to vote for S. 252, the PREEMIE Reauthorization Act, when it is considered under Suspension of the Rules later today.

November marks Prematurity Awareness Month, and just days ago the March of Dimes announced that the United States' preterm birth rate had dropped for the sixth consecutive year. In 2012, 11.5 percent of U.S. births were preterm, compared to 12.8 percent in 2006. For information on your state's preterm birth rate please visit http://www.marchofdimes.com/mission/prematurity-reportcard.aspx. The March of Dimes estimates that since 2006, about 176,000 fewer babies have been born too soon because of improvement in the preterm birth rate, resulting in healthier infants and potentially saving about $9 billion in health and societal costs. We believe one of the key factors for the decline is the 2006 PREEMIE Act (P.L. 109–450), which brought the first-ever national focus to prematurity prevention. The law spurred innovative research at the National Institutes of Health and Centers for Disease Control and Prevention and supported evidence-based interventions to prevent preterm birth.

The PREEMIE Reauthorization Act will continue to fuel our progress by supporting federal research and promoting known interventions and community initiatives to prevent preterm birth. Preterm birth exacts a human, emotional, and financial impact on families and a tremendous economic burden on our nation. It is the leading cause of newborn mortality and the second leading cause of infant mortality. Those babies who survive are more likely to suffer from intellectual and physical disabilities. A 2006 report by the Institute of Medicine found the cost associated with preterm birth in the United States was $26.2 billion annually, or $51,600 per infant born preterm. Employers, private insurers and individuals bear approximately half of the costs of health care for these infants, and another 40 percent is paid by Medicaid.

S. 252 is an important step toward improving the health and wellbeing of our nation's children. Please vote ''yes'' on S. 252.

Sincerely,

March of Dimes, American Academy of Pediatrics, American Association on Health and Disability, American College of Nurse-Midwives, American Congress of Obstetricians and Gynecologists, American Public Health Association, American Thoracic Society, Association of Maternal & Child Health Programs.

Association of State and Territorial Health Officials, Association of Women's Health, Obstetric and Neonatal Nurses, Council of Women's and Infants' Specialty Hospitals, First Candle, Global Alliance to Prevent Prematurity and Stillbirth, National Association of County and City Health Officials, National Association of Neonatal Nurses, Preeclampsia Foundation, Society for Maternal-Fetal Medicine.

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

Mr. Speaker, every one of us has beautiful children like in this our districts. This bill is going to save lives, and it has been bipartisan from the get-go.

Again, I want to commend Republicans and Democrats on our committee—but certainly those on the House floor as well—when we passed this bill a number of months ago.

I was a speaker and a participant in an event just last week for FasterCures, a networking group from around the country. Dr. Francis Collins was there, who is the head of the NIH. I spoke to Dr. Collins just in the last hour or so, and he is delighted that this legislation is reaching the House floor tonight. Hopefully, it will pass. I know that we are going to continue to make a real difference in the lives of families, and that is what this is all about, so I would urge all of my colleagues to vote ''yes.''

I yield back the balance of my time.

Mr. WAXMAN. Mr. Speaker, I rise in support of S. 252, as amended, and urge my colleagues to support the bill as well. As amended, S. 252 is comprised of the authorization or re-authorization of three different programs. Together, these provisions constitute a bi-partisan and bi-cameral effort to address three pressing issues.

Title One of the bill would reauthorize and improve the Prematurity Research Expansion and Education for Mothers Who Deliver Infants Early—or PREEMIE—Act. The PREEMIE Act was first enacted in 2006 in response to an alarming rise in preterm births.

Provisions in Title One reauthorize Centers for Disease Control and Prevention research, surveillance, and prevention activities. The title also extends provider education and training and public education activities; and it adds use of telehealth technology for management of high-risk pregnancies among preferences for telehealth network grants.

This title codifies a Department of Health and Human Services Advisory Committee on Infant Mortality and directs this Committee to examine preterm birth activities across the Department. And it calls for HHS coordination of hospital readmissions studies focused on premature infants. Title One represents a renewed commitment to our nation's efforts to reduce premature births, the leading killer of newborns.

Title Two of S. 252 (as amended) would allow the National Institutes of Health to establish a national pediatric research network dedicated to finding treatments and cures for pediatric diseases and conditions—especially those that are rare. In addition to the research itself, Title Two places special emphasis on professional training for future pediatric researchers. These and other related components of Title Two are intended to build on the strong body of pediatric research that NIH already conducts and supports.

The goal of this title is to ensure that universities, hospitals, and other nonprofit entities focused on pediatric research have the infrastructure necessary to make clinical research opportunities more accessible to kids and their families. In turn, we hope and expect their work will advance progress towards treatments and cures for many devastating diseases and conditions. I would encourage NIH to take full advantage of this opportunity.

The third and last title of the bill builds upon the 2000 Chimpanzee Health Improvement Maintenance and Protection or CHIMP Act and allows NIH to fulfill its commitment to retiring hundreds of chimpanzees from research. Among other provisions, the CHIMP Act established a sanctuary system for the lifetime care of chimpanzees retired from research and limited NIH spending on care for these chimpanzees.

We are fast-approaching the spending cap set forth in the CHIMP Act. This title authorizes spending for the care and maintenance of chimpanzees owned or controlled by NIH—out of the amounts made available to the agency—for each of fiscal years 2014 through 2018. This title ensures the agency can continue caring for the more than 100 chimpanzees currently in sanctuary. This title also makes it possible for NIH to continue implementing Institute of Medicine recommendations on the use of chimpanzees in research and transition other chimpanzees to sanctuary over time.

As I have noted, this package is a bi-partisan and bi-cameral initiative that reflects the work of several members of the Energy and Commerce Committee. I especially want to note Congresswoman ESHOO, the Democratic sponsor of the original PREEMIE Reauthorization Act and Congresswoman CAPPS, the Democratic sponsor of the original National Pediatric Research Network Act. I also want to commend Chairman UPTON, Chairman PITTS, and Ranking Member PALLONE for their leadership in bringing this bipartisan package of public health legislation to the floor. Finally, I want to acknowledge Senate HELP Committee leadership—Senators HARKIN and ALEXANDER—for their effort on these measures.

I urge my colleagues to vote for S. 252, as amended.

Mr. GINGREY of Georgia. Mr. Speaker, I rise today in support of S. 252, the PREEMIE Act. The number of families in this country affected by premature births is enormous. In 2008, 12.3 percent of all live births, over 500,000 babies, were born preterm. This number dramatically influences the rate of infant deaths as about two-thirds of all fatalities in the first year of life are among preterm infants.

Prematurity or preterm birth is by definition a birth earlier than 37 weeks. Those children are usually not the problem. They're not the ones that end up with permanent disabilities. But there is a subset of prematurity, maybe sometimes referred to as "immaturity", children that are born as early as 20 weeks. Those children are the ones that very often, if they survive, are left with permanent long-term disabilities. The reauthorization of the PREEMIE Act is important to study, track, and prevent premature births in this country. This important legislation before us today will continue the important work begun in the original bill passed in 2006.

I'll end my remarks with a personal story. My wife, Billie, and I, have 13 grandchildren and the oldest are 15 years old. They were born at 26 weeks and each weighed 1 pound and 12 ounces. Thank God they are virtually unimpaired today and in the ninth grade and doing well. My family's experience, plus the fact that I delivered numerous preterm infants as an OBGYN in Marietta, GA, simply reinforces the need for this bill.

For these important reasons, I support S. 252.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Michigan (Mr. UPTON) that the House suspend the rules and pass the bill, S. 252, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

The title was amended so as to read: ''An Act to reduce preterm labor and delivery and the risk of pregnancy-related deaths and complications due to pregnancy, and to reduce infant mortality caused by prematurity, and for other purposes.''.

A motion to reconsider was laid on the table.

HIV ORGAN POLICY EQUITY ACT

Mr. UPTON. Mr. Speaker, I move to suspend the rules and pass the bill (S. 330) to amend the Public Health Service Act to establish safeguards and standards of quality for research and transplantation of organs infected with human immunodeficiency virus (HIV).

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 330

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 ''HIV Organ Policy Equity Act''.

SEC. 2. AMENDMENTS TO THE PUBLIC HEALTH SERVICE ACT.

(a) STANDARDS OF QUALITY FOR THE ACQUISITION AND TRANSPORTATION OF DONATED ORGANS.—

(1) ORGAN PROCUREMENT AND TRANSPLANTATION NETWORK.—Section 372(b) of the Public Health Service Act (42 U.S.C. 274(b)) is amended—

(A) in paragraph (2)(E), by striking '', including standards for preventing the acquisition of organs that are infected with the etiologic agent for acquired immune deficiency syndrome''; and

(B) by adding at the end the following:

''(3) CLARIFICATION.—In adopting and using standards of quality under paragraph (2)(E), the Organ Procurement and Transplantation Network may adopt and use such standards with respect to organs infected with human immunodeficiency virus (in this paragraph referred to as 'HIV'), provided that any such standards ensure that organs infected with HIV may be transplanted only into individuals who—

''(A) are infected with HIV before receiving such organ; and

''(B)(i) are participating in clinical research approved by an institutional review board under the criteria, standards, and regulations described in subsections (a) and (b) of section 377E; or

''(ii) if the Secretary has determined under section 377E(c) that participation in such clinical research, as a requirement for such transplants, is no longer warranted, are receiving a transplant under the standards and regulations under section 377E(c).''.

(2) CONFORMING AMENDMENT.—Section 371(b)(3)(C) of the Public Health Service Act (42 U.S.C. 273(b)(3)(C); relating to organ procurement organizations) is amended by striking ''including arranging for testing with respect to preventing the acquisition of organs that are infected with the etiologic agent for acquired immune deficiency syndrome'' and inserting ''including arranging for testing with respect to identifying organs that are infected with human immunodeficiency virus (HIV)''.

(3) TECHNICAL AMENDMENTS.—Section 371(b)(1) of the Public Health Service Act (42 U.S.C. 273(b)(1)) is amended by—

(A) striking subparagraph (E);

(B) redesignating subparagraphs (F) and (G) as subparagraphs (E) and (F), respectively;

(C) striking ''(H) has a director'' and inserting ''(G) has a director''; and

(D) in subparagraph (H)—

(i) in clause (i) (V), by striking ''paragraph (2)(G)'' and inserting ''paragraph (3)(G)''; and

(ii) in clause (ii), by striking ''paragraph (2)'' and inserting ''paragraph (3)''.

(b) PUBLICATION OF RESEARCH GUIDELINES.—Part H of title III of the Public Health Service Act (42 U.S.C. 273 et seq.) is amended by inserting after section 377D the following: