friend, Senator Frank Lautenberg. I also want to thank Congressman PETER KING as well, since he worked with me on this.

Stillbirth and unexpected infant death affect tens of thousands of families every year, according to data from CDC, and sudden infant death syndrome is the leading cause of death for infants up to 12 months old. Unfortunately, too many families in this country suffer these tragic events, but what makes matters even worse is their struggle with the process to help find answers.

Currently, there is a lack of comprehensive, high-quality data to best understand why these events occur in the first place. The intent of the bill has always been to better utilize the Federal Government's activities in this area.

Specifically, it would expand and standardize surveillance and data collection for stillbirth and sudden unexpected infant death and sudden unexplained death in childhood at the Centers for Disease Control and Prevention.

In addition, it would improve the development of standard protocols for use in death scene investigations and autopsies surrounding these deaths and also allow the Secretary of HHS to conduct training activities regarding these protocols.

The bill also requires CDC, in consultation with NIH, to submit a report to Congress on current activities related to stillbirth, SUID, and SUDC and evaluate the possibility of expanding programs related to SUDC specifically.

Let me close, Mr. Speaker, by personally thanking Laura Crandall, cofounder and codirector of the CJ Foundation's SUDC program. This issue hits close to home for Laura, but in the face of tragedy, she decided to work to help others who also suffered.

She has been a great advocate for this bill and has spread awareness of SUDC in communities all across the country. I thank her for her strength, determination, and dedication.

Mr. Speaker, this bill isn't everything I think the CDC can be doing to address the needs of families across the country, but it represents a critical step on a very tragic issue that deserves our attention.

I urge my colleagues to support its passage, and I yield back the balance of my time.

Mr. BURGESS. Mr. Speaker, I urge my colleagues to support the bill, and I yield back the balance of my time.

Mr. WAXMAN. Mr. Speaker, I rise in support of H.R. 669, the Sudden Unexpected Death Data Enhancement and Awareness Act.

Stillbirths—the loss of a pregnancy after 20 weeks of gestation—occur for approximately 26,000 women in the United States each year. The Centers for Disease Control and Prevention (CDC) estimate there are 4,000 sudden unexplained infant deaths (SUID) in children under age one each year as well. Sudden Unexplained Deaths in Childhood (SUDC) occur in children over the age of 12 months, with an estimated incidence of 1.2 deaths per 100,000 children.

CDC currently oversees a number of initiatives to collect data on these tragic deaths. H.R. 669 would help to improve surveillance on SUID, SUDC, and stillbirths. Improving data on the number and root causes of these unexplained deaths will be a critical step in advancing our efforts to reduce them.

I want to commend the sponsors of this legislation, Ranking Member PALLONE and Congressman KING, for their leadership on this issue. I would also like to thank Chairman UPTON, Chairman PITTS, and all of our staff for helping to bring this bill through the Energy and Commerce Committee and to the floor today.

I support this legislation and urge my colleagues to do the same.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Texas (Mr. BURGESS) that the House suspend the rules and pass the bill, H.R. 669, as amended.

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

A motion to reconsider was laid on the table.

WAKEFIELD ACT OF 2014

Mr. BURGESS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4290) to amend the Public Health Service Act to reauthorize the Emergency Medical Services for Children Program, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4290

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 ''Wakefield Act of 2014''.

SEC. 2. REAUTHORIZATION OF EMERGENCY MEDICAL SERVICES FOR CHILDREN PROGRAM.

Section 1910(d) of the Public Health Service Act (42 U.S.C. 300w–9(d)) is amended by striking ''fiscal year 2014'' and inserting ''each of fiscal years 2015 through 2019''.

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

The Chair recognizes the gentleman from Texas.

GENERAL LEAVE

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

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

There was no objection.

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

Mr. Speaker, I rise today in support of H.R. 4290, the Wakefield Act of 2014, introduced by Mr. MATHESON of Utah and Mr. KING of New York.

Children have special health needs, especially in the field of emergency medical services. The emergency and trauma care system has been slow to develop an adequate response to these unique needs.

Some problems are endemic in emergency services, such as fragmentation and poor coordination among pre-hospital services, hospitals, and public health. The problem is worse for children when hospitals lack the appropriate medical personnel, pediatric supplies, or transfer agreements that lead to better care within the golden hour, when chances of survival of an accident are higher.

In 1984, Congress passed the Emergency Medical Services for Children as part of the Preventive Health Amendments of 1984. Last reauthorized in 2010, the program aims to reduce child and youth mortality and morbidity caused by severe illness and trauma.

H.R. 4290 reauthorizes the Emergency Medical Services for Children program through 2019. The program supports education and training of EMS providers and identifies models that can increase pediatric care in rural and tribal communities.

The bill also supports the Pediatric Emergency Care Applied Research Network that facilitates collaborative research on pediatric emergency services.

I ask my colleagues to support emergency medical services for children by voting for this important piece of legislation, and I reserve the balance of my time.

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

I rise in support of H.R. 4290, the Wakefield Act of 2014, a bill to reauthorize the Emergency Medical Services for Children program.

The Emergency Medical Services for Children program was established 30 years ago. The program includes a number of grant programs to help States to assess and improve pediatric emergency care; improve emergency services for children in rural, tribal, and other communities; and support research in pediatric emergency medicine.

The legislation before us today will reauthorize the Emergency Medical Services for Children program for another 5 years, so that this critical program can continue its lifesaving work.

I want to offer my thanks to Congressman MATHESON and Congressman KING for sponsoring the bill and to Chairman UPTON, Chairman PITTS, Ranking Member WAXMAN, and our staffs for working on this bill in the Energy and Commerce Committee.

I urge Members to support this legislation, and I reserve the balance of my time.

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

Mr. PALLONE. Mr. Speaker, I yield as much time as he may consume to

the gentleman from Utah (Mr. MATHESON), the sponsor of the bill.

Mr. MATHESON. Mr. Speaker, I thank my colleague, Mr. PALLONE, for yielding me the time.

H.R. 4290, the Wakefield Act, will reauthorize the Emergency Medical Services for Children program. For the past 30 years, the Emergency Medical Services for Children program has been the only Federal program focused solely on improving emergency medical care for children and adolescents.

In that time, emergency care has gone from treating critically injured children simply as ''little adults,'' to providing more appropriate and specialized care as children.

The program is focused on ensuring that proper emergency medical care is given to sick or injured children no matter where they live, attend school, or travel.

All States and the territories receive grant funding to educate and train medical professionals in trauma care for children. This funding and training has dramatically increased the quality of care at our Nation's emergency rooms and the quality that first providers provide, and in doing so, it has saved lives.

Allied to this, the program supports the coordination, collaboration, and data analysis of pediatric researchers across the country for the continued advancement of emergency pediatric care, a critical component of the program.

The Emergency Medical Services for Children program has long held bipartisan support in Congress throughout its 30-year history and is certainly worthy of being reauthorized because this is a Federal program that truly works, and it has data to back that up. It has dramatically helped improve the quality of emergency medical care for our children, and this bill will ensure that it continues to do so.

In closing, I want to thank both the minority and majority staffs on the Energy and Commerce Committee for working with my office on this legislation. I particularly want to thank my friend and colleague, Congressman PETER KING, for introducing the bill with me.

I urge my colleagues to support this critical program by voting ''yes'' on H.R. 4290.

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

Mr. PALLONE. Mr. Speaker, I have no additional speakers at this time.

I urge passage of the bill, and I yield back the balance of my time.

Mr. BURGESS. Mr. Speaker, I urge my colleagues to support the bill, and I yield back the balance of my time.

Mr. WAXMAN. Mr. Speaker, I rise in support of H.R. 4290, the Wakefield Act of 2014.

The Emergency Medical Services for Children (EMSC) program aims to reduce the number of deaths of children and adolescents due to severe illness or trauma. This program has funded grants to all fifty states, as well as to institutions of higher learning, to advance pediatric emergency care. It is the only federal program that specifically focuses on improving emergency care for children and adolescents.

The EMSC program was first established in 1984 and last reauthorized in 2010. Today's legislation will once again reauthorize the EMSC program through 2019.

I want to commend the sponsors of this legislation, Congressman MATHESON and Congressman KING, for their leadership on this issue. I would also like to thank Chairman UPTON, Chairman PITTS, Ranking Member PALLONE, and all of our staff for their work in advancing this bill through the Energy and Commerce Committee and bringing it to the floor today.

I support H.R. 4290 and urge my colleagues to do the same.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Texas (Mr. BURGESS) that the House suspend the rules and pass the bill, H.R. 4290, as amended.

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

A motion to reconsider was laid on the table.

TICK-BORNE DISEASE RESEARCH ACCOUNTABILITY AND TRANSPARENCY ACT OF 2014

Mr. BURGESS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4701) to provide for scientific frameworks with respect to vector-borne diseases, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4701

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 ''Tick-Borne Disease Research Accountability and Transparency Act of 2014''.

SEC. 2. LYME DISEASE AND OTHER TICK-BORNE DISEASES.

Title III of the Public Health Service Act (42 U.S.C. 241 et seq.) is amended by adding at the end the following new part:

''PART W—LYME DISEASE AND OTHER TICK-BORNE DISEASES

''SEC. 399OO. RESEARCH.

''(a) IN GENERAL.—The Secretary shall conduct or support epidemiological, basic, translational, and clinical research regarding Lyme disease and other tick-borne diseases.

''(b) BIENNIAL REPORTS.—The Secretary shall ensure that each biennial report under section 403 includes information on actions undertaken by the National Institutes of Health to carry out subsection (a) with respect to Lyme disease and other tick-borne diseases, including an assessment of the progress made in improving the outcomes of Lyme disease and such other tick-borne diseases.

''SEC. 399OO–1. WORKING GROUP.

''(a) ESTABLISHMENT.—The Secretary shall establish a permanent working group, to be known as the Interagency Lyme and Tick-Borne Disease Working Group (in this section and section 399OO–2 referred to as the 'Working Group'), to review all efforts within the Department of Health and Human Services concerning Lyme disease and other tick-borne diseases to ensure interagency coordination, minimize overlap, and examine research priorities.

''(b) RESPONSIBILITIES.—The Working Group shall—

''(1) not later than 24 months after the date of enactment of this part, and every 24 months thereafter, develop or update a summary of—

''(A) ongoing Lyme disease and other tick-borne disease research related to causes, prevention, treatment, surveillance, diagnosis, diagnostics, duration of illness, intervention, and access to services and supports for individuals with Lyme disease or other tick-borne diseases;

''(B) advances made pursuant to such research;

''(C) the engagement of the Department of Health and Human Services with persons that participate at the public meetings required by paragraph (5); and

''(D) the comments received by the Working Group at such public meetings and the Secretary's response to such comments;

''(2) ensure that a broad spectrum of scientific viewpoints is represented in each such summary;

''(3) monitor Federal activities with respect to Lyme disease and other tick-borne diseases;

''(4) make recommendations to the Secretary regarding any appropriate changes to such activities; and

''(5) ensure public input by holding annual public meetings that address scientific advances, research questions, surveillance activities, and emerging strains in species of pathogenic organisms.

''(c) MEMBERSHIP.—

''(1) IN GENERAL.—The Working Group shall be composed of a total of 14 members as follows:

''(A) FEDERAL MEMBERS.—Seven Federal members, consisting of one or more representatives of each of—

''(i) the Office of the Assistant Secretary for Health;

''(ii) the Food and Drug Administration;

''(iii) the Centers for Disease Control and Prevention;

''(iv) the National Institutes of Health; and

''(v) such other agencies and offices of the Department of Health and Human Services as the Secretary determines appropriate.

''(B) NON-FEDERAL PUBLIC MEMBERS.—Seven non-Federal public members, consisting of representatives of the following categories:

''(i) Physicians and other medical providers with experience in diagnosing and treating Lyme disease and other tick-borne diseases.

''(ii) Scientists or researchers with expertise.

''(iii) Patients and their family members.

''(iv) Nonprofit organizations that advocate for patients with respect to Lyme disease and other tick-borne diseases.

''(v) Other individuals whose expertise is determined by the Secretary to be beneficial to the functioning of the Working Group.

''(2) APPOINTMENT.—The members of the Working Group shall be appointed by the Secretary, except that of the non-Federal public members under paragraph (1)(B)—

''(A) one shall be appointed by the Speaker of the House of Representatives; and

''(B) one shall be appointed by the Majority Leader of the Senate.

''(3) DIVERSITY OF SCIENTIFIC PERSPECTIVES.—In making appointments under paragraph (2), the Secretary, the Speaker of the House of Representatives, and the Majority Leader of the Senate shall ensure that the non-Federal public members of the Working