NAYS—185

Adams
Aguilar
Ashford
Bass
Beatty
Becerra
Bera
Beyer
Bishop (GA)
Blumenauer
Bonamici
Boyle, Brendan F.
Brady (PA)
Brown (FL)
Brownley (CA)
Bustos
Butterfield
Capps
Capuano
Cárdenas
Carney
Carson (IN)
Cartwright
Castor (FL)
Castro (TX)
Chu, Judy
Cicilline
Clark (MA)
Clarke (NY)
Clay
Cleaver
Clyburn
Cohen
Connolly
Conyers
Cooper
Costa
Courtney
Crowley
Cuellar
Cummings
Davis (CA)
Davis, Danny
DeFazio
DeGette
Delaney
DeLauro
DelBene
DeSaulnier
Deutch
Dingell
Doggett
Doyle, Michael F.
Duckworth
Edwards
Ellison
Engel
Eshoo
Esty
Farr
Fattah
Foster
Frankel (FL)
Fudge
Gabbard
Gallego
Garamendi
Graham
Grayson
Green, Al
Green, Gene
Grijalva
Gutiérrez
Hahn
Hastings
Heck (WA)
Higgins
Himes
Hinojosa
Honda
Hoyer
Huffman
Israel
Jackson Lee
Jeffries
Johnson (GA)
Johnson, E. B.
Kaptur
Keating
Kelly (IL)
Kennedy
Kildee
Kilmer
Kind
Kirkpatrick
Kuster
Langevin
Larsen (WA)
Larson (CT)
Lawrence
Lee
Levin
Lewis
Lieu, Ted
Lipinski
Loebsack
Lowenthal
Lowey
Lujan Grisham (NM)
Luján, Ben Ray (NM)
Lynch
Maloney, Carolyn
Maloney, Sean
Matsui
McCollum
McDermott
McGovern
McNerney
Meeks
Meng
Moore
Moulton
Murphy (FL)
Nadler
Napolitano
Neal
Nolan
Norcross
O'Rourke
Pallone
Pascrell
Pelosi
Perlmutter
Peterson
Pingree
Pocan
Polis
Price (NC)
Quigley
Rangel
Rice (NY)
Richmond
Roybal-Allard
Ruiz
Ruppersberger
Rush
Ryan (OH)
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schiff
Schrader
Scott (VA)
Scott, David
Serrano
Sewell (AL)
Sherman
Sinema
Sires
Slaughter
Smith (WA)
Speier
Swalwell (CA)
Takai
Takano
Thompson (CA)
Thompson (MS)
Titus
Tonko
Torres
Tsongas
Van Hollen
Vargas
Veasey
Vela
Velázquez
Visclosky
Walz
Wasserman Schultz
Waters, Maxine
Watson Coleman
Welch
Wilson (FL)
Yarmuth

NOT VOTING—6

Diaz-Balart
Lofgren
Payne
Peters
Roe (TN)
Yoho

□ 1753

So the previous question was ordered.

The result of the vote was announced as above recorded.

The SPEAKER pro tempore. The question is on the resolution.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

RECORDED VOTE

Mr. MCGOVERN. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. This is a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 244, noes 183, not voting 6, as follows:

[Roll No. 430]

AYES—244

Abraham
Aderholt
Allen
Amash
Babin
Barletta
Barr
Barton
Benishek
Bilirakis
Bishop (MI)
Bishop (UT)
Black
Blackburn
Blum
Bost
Boustany
Brady (TX)
Brat
Bridenstine
Brooks (AL)
Brooks (IN)
Buchanan
Buck
Bucshon
Burgess
Byrne
Calvert
Carter (GA)
Carter (TX)
Chabot
Chaffetz
Clawson (FL)
Coffman
Cole
Collins (GA)
Collins (NY)
Comstock
Conaway
Cook
Cooper
Costello (PA)
Cramer
Crawford
Crenshaw
Culberson
Curbelo (FL)
Davis, Rodney
Denham
Dent
DeSantis
DesJarlais
Diaz-Balart
Dold
Donovan
Duffy
Duncan (SC)
Duncan (TN)
Ellmers (NC)
Emmer (MN)
Farenthold
Fincher
Fitzpatrick
Fleischmann
Fleming
Flores
Forbes
Fortenberry
Foxx
Franks (AZ)
Frelinghuysen
Garrett
Gibbs
Gibson
Gohmert
Goodlatte
Gosar
Gowdy
Granger
Graves (GA)
Graves (LA)
Graves (MO)
Griffith
Grothman
Guinta
Guthrie
Hanna
Hardy
Harper
Harris
Hartzler
Heck (NV)
Hensarling
Herrera Beutler
Hice, Jody B.
Hill
Holding
Hudson
Huelskamp
Huizenga (MI)
Hultgren
Hunter
Hurd (TX)
Hurt (VA)
Issa
Jenkins (KS)
Jenkins (WV)
Johnson (OH)
Johnson, Sam
Jolly
Jones
Jordan
Joyce
Katko
Kelly (MS)
Kelly (PA)
King (IA)
King (NY)
Kinzinger (IL)
Kline
Knight
Labrador
LaMalfa
Lamborn
Lance
Latta
LoBiondo
Long
Loudermilk
Love
Lucas
Luetkemeyer
Lummis
MacArthur
Marchant
Marino
Massie
McCarthy
McCaul
McClintock
McHenry
McKinley
McMorris Rodgers
McSally
Meadows
Meehan
Messer
Mica
Miller (FL)
Miller (MI)
Moolenaar
Mooney (WV)
Mullin
Mulvaney
Murphy (PA)
Neugebauer
Newhouse
Noem
Nugent
Nunes
Olson
Palazzo
Palmer
Paulsen
Pearce
Perry
Pittenger
Pitts
Poe (TX)
Poliquin
Pompeo
Posey
Price, Tom
Ratcliffe
Reed
Reichert
Renacci
Ribble
Rice (SC)
Rigell
Roby
Rogers (AL)
Rogers (KY)
Rohrabacher
Rokita
Rooney (FL)
Ros-Lehtinen
Roskam
Ross
Rothfus
Rouzer
Royce
Russell
Ryan (WI)
Salmon
Sanford
Scalise
Schweikert
Scott, Austin
Sensenbrenner
Sessions
Shimkus
Shuster
Simpson
Sinema
Smith (MO)
Smith (NE)
Smith (NJ)
Smith (TX)
Stefanik
Stewart
Stivers
Stutzman
Thompson (PA)
Thornberry
Tiberi
Tipton
Trott
Turner
Upton
Valadao
Wagner
Walberg
Walker
Walorski
Walters, Mimi
Weber (TX)
Webster (FL)
Wenstrup
Westerman
Westmoreland
Whitfield
Williams
Wilson (SC)
Wittman
Womack
Woodall
Yoder
Yoho
Young (AK)
Young (IA)
Young (IN)
Zeldin
Zinke

NOES—183

Adams
Aguilar
Ashford
Bass
Beatty
Becerra
Bera
Beyer
Bishop (GA)
Blumenauer
Bonamici
Boyle, Brendan F.
Brady (PA)
Brown (FL)
Brownley (CA)
Bustos
Butterfield
Capps
Capuano
Cárdenas
Carney
Carson (IN)
Cartwright
Castor (FL)
Castro (TX)
Chu, Judy
Cicilline
Clark (MA)
Clarke (NY)
Clay
Cleaver
Clyburn
Cohen
Connolly
Conyers
Costa
Courtney
Crowley
Cuellar
Cummings
Davis (CA)
Davis, Danny
DeFazio
DeGette
Delaney
DeLauro
DelBene
DeSaulnier
Deutch
Dingell
Doggett
Doyle, Michael F.
Duckworth
Edwards
Ellison
Engel
Eshoo
Esty
Farr
Fattah
Foster
Frankel (FL)
Fudge
Gabbard
Gallego
Garamendi
Graham
Grayson
Green, Al
Green, Gene
Grijalva
Gutiérrez
Hahn
Hastings
Heck (WA)
Higgins
Himes
Hinojosa
Honda
Hoyer
Huffman
Israel
Jackson Lee
Jeffries
Johnson (GA)
Johnson, E. B.
Kaptur
Keating
Kelly (IL)
Kennedy
Kildee
Kilmer
Kind
Kirkpatrick
Kuster
Langevin
Larsen (WA)
Larson (CT)
Lawrence
Lee
Levin
Lewis
Lieu, Ted
Lipinski
Loebsack
Lowenthal
Lowey
Lujan Grisham (NM)
Luján, Ben Ray (NM)
Lynch
Maloney, Carolyn
Maloney, Sean
Matsui
McCollum
McDermott
McGovern
McNerney
Meeks
Meng
Moore
Moulton
Murphy (FL)
Nadler
Napolitano
Neal
Nolan
Norcross
O'Rourke
Pallone
Pascrell
Pelosi
Perlmutter
Peterson
Pingree
Pocan
Polis
Price (NC)
Quigley
Rangel
Rice (NY)
Richmond
Roybal-Allard
Ruiz
Ruppersberger
Rush
Ryan (OH)
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schiff
Schrader
Scott (VA)
Scott, David
Serrano
Sewell (AL)
Sherman
Sires
Slaughter
Smith (WA)
Speier
Swalwell (CA)
Takai
Takano
Thompson (CA)
Thompson (MS)
Titus
Tonko
Torres
Tsongas
Van Hollen
Vargas
Veasey
Vela
Velázquez
Visclosky
Walz
Wasserman Schultz
Waters, Maxine
Watson Coleman
Welch
Wilson (FL)
Yarmuth

NOT VOTING—6

Amodei
Lofgren
Payne
Peters
Roe (TN)
Walden

□ 1801

So the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

21ST CENTURY CURES ACT

GENERAL LEAVE

Mr. UPTON. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and include extraneous material on H.R. 6.

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

There was no objection.

The SPEAKER pro tempore. Pursuant to House Resolution 350 and rule XVIII, the Chair declares the House in the Committee of the Whole House on the state of the Union for the consideration of the bill, H.R. 6.

The Chair appoints the gentleman from Nevada (Mr. HARDY) to preside over the Committee of the Whole.

□ 1803

IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the state of the Union for the consideration of the bill (H.R. 6) to accelerate the discovery, development, and delivery of 21st century cures, and

for other purposes, with Mr. HARDY of Nevada in the chair.

The Clerk read the title of the bill.

The CHAIR. Pursuant to the rule, the bill is considered read the first time.

The gentleman from Michigan (Mr. UPTON) and the gentleman from New Jersey (Mr. PALLONE) each will control 30 minutes.

The Chair recognizes the gentleman from Michigan.

Mr. UPTON. Mr. Chairman, I include the Committee on Energy and Commerce exchange of letters with the Committee on Ways and Means and the Committee on Science, Space, and Technology.

HOUSE OF REPRESENTATIVES, COMMITTEE ON SCIENCE, SPACE, AND TECHNOLOGY,
Washington, DC, July 9, 2015.

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

DEAR MR. CHAIRMAN: I am writing concerning H.R. 6, the ''21st Century Cures Act,'' which your Committee ordered reported on May 21, 2015.

H.R. 6 contains provisions within the Committee on Science, Space, and Technology's Rule X jurisdiction. As a result of your having consulted with the Committee and in order to expedite this bill for floor consideration, the Committee on Science, Space, and Technology will not seek a sequential referral. This is being done on the basis of our mutual understanding that doing so will in no way diminish or alter the jurisdiction of the Committee on Science, Space, and Technology with respect to the appointment of conferees, or to any future jurisdictional claim over the subject matters contained in the bill or similar legislation.

I would appreciate your response to this letter confirming this understanding, and would request that you include a copy of this letter and your response in the Congressional Record during the floor consideration of this bill. Thank you in advance for your cooperation.

Sincerely,

LAMAR SMITH,
Chairman.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON ENERGY AND COMMERCE,
Washington, DC, July 9, 2015.

Hon. LAMAR SMITH,
Chairman, Committee on Science, Space, and Technology, Washington, DC.

DEAR CHAIRMAN SMITH: Thank you for your letter concerning H.R. 6, the ''21st Century Cures Act.''

I appreciate your willingness to forgo seeking a sequential referral on H.R. 6 in order to expedite this bill for floor consideration. I agree that doing so will in no way diminish or alter the jurisdiction of the Committee on Science, Space, and Technology with respect to the appointment of conferees, or to any future jurisdictional claim over the subject matters contained in the bill or similar legislation.

I will include a copy of your letter and this response in the Congressional Record during the floor consideration of this bill.

Sincerely,

FRED UPTON,
Chairman.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON WAYS AND MEANS,
Washington, DC, July 7, 2015.

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

DEAR CHAIRMAN UPTON: I am writing with respect to H.R. 6, the ''21st Century Cures Act.'' As a result of your having consulted with us on provisions in H.R. 6 that fall within the Rule X jurisdiction of the Committee on Ways and Means, I agree to waive consideration of this bill so that it may proceed expeditiously to the House floor.

The Committee on Ways and Means takes this action with the mutual understanding that by forgoing consideration of H.R. 6 at this time, we do not waive any jurisdiction over the subject matter contained in this or similar legislation, and the Committee will be appropriately consulted and involved as the bill or similar legislation moves forward so that we may address any remaining issues that fall within our Rule X jurisdiction. The Committee also reserves the right to seek appointment of an appropriate number of conferees to any House-Senate conference involving this or similar legislation, and requests your support for such request.

Finally, I would appreciate your response to this letter confirming this understanding, and would ask that a copy of our exchange of letters on this matter be included in the Congressional Record during floor consideration thereof.

Sincerely,

PAUL RYAN,
Chairman.

HOUSE OF REPRESENTATIVES,
COMMITTE ON ENERGY AND COMMERCE,
Washington, DC, July 9, 2015.

Hon. PAUL RYAN,
Chairman, Committee on Ways and Means, Washington, DC

DEAR CHAIRMAN RYAN: Thank you for your letter with respect to H.R. 6, the ''21st Century Cures Act.'' I appreciate your willingness to waive consideration of H.R. 6 so that it may proceed expeditiously to the House floor.

I agree that by forgoing consideration of H.R. 6 at this time, the Committee on Ways and Means does not waive any jurisdiction over the subject matter contained in this or similar legislation, and the Committee will be appropriately consulted and involved as the bill or similar legislation moves forward so that the Committee may address any remaining issues that fall within its Rule X jurisdiction. Further, I understand that the Committee reserves the right to seek appointment of an appropriate number of conferees to any House-Senate conference involving this or similar legislation, and I will support such a request.

I will include a copy of your letter and this response in the Congressional Record during the floor consideration of this bill.

Sincerely,

FRED UPTON,
Chairman.

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

Mr. PITTS. Mr. Chairman, I want to first commend Chairman UPTON, Ranking Member PALLONE, Congresswoman DEGETTE, and Ranking Member GENE GREEN of Texas for their outstanding support and leadership on this.

Mr. Chairman, I rise in strong support of H.R. 6, the 21st Century Cures Act, which will help advance the discovery, development, and delivery of new treatments and cures for patients and will foster private sector innovation here in the United States.

I have a whole list of people I would like to thank. I will provide that for the RECORD. I especially want to thank legislative counsel for their tireless efforts, the healthcare staff of the Congressional Budget Office, and the outstanding team on Energy and Commerce. They have been fantastic, working 24/7.

Mr. Chairman, H.R. 6 was reported from Energy and Commerce Committee by a vote of 51–0 and advances conservative and fiscal and regulatory reforms. Every dollar of advanced appropriations in the bill, which will sunset at the end of FY 2020, is offset by other permanent reforms, including billions of dollars in mandatory entitlement savings in Medicare and Medicaid.

This is no ordinary spending, like the kind we usually see in entitlement spending such as Social Security, Medicare, Medicaid, and ObamaCare. This mandatory spending is for 5 years only, and then it sunsets. This mandatory spending is fully paid for with mandatory spending cuts elsewhere that will not stop in 5 years, but are permanent reforms resulting in real savings. By comparison, the Ryan-Murray budget deal for healthcare savings yielded much less.

This innovative hybrid approach allows us to cut mandatory spending and use the savings to fund what would otherwise be a discretionary project, but in this case, it is a 5-year dedicated spending on medical research.

The Congressional Budget Office determined that H.R. 6 will reduce the deficit by $500 million over the first 10 years and at least $7 billion over the second decade. The funds provided to the NIH and FDA will be subject to explicit review and reprogramming through the annual appropriations process. Congress can review the dedicated funding and allocate it for specific initiatives.

Mr. Chairman, by modernizing clinical trials, eliminating duplicative administrative requirements, and perhaps, most importantly, making FDA less bureaucratic by advancing the voice and needs of patients in the drug and device approval process, H.R. 6 will make lasting, positive changes to the entire ecosystem of Cures. Over 250 patient groups have enthusiastically said ''yes'' and endorsed this legislation.

Mr. Chairman, I urge all of my colleagues to think of the patients and vote ''aye'' in support of H.R. 6.

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

Mr. Chairman, today the House is considering H.R. 6, the 21st Century Cures Act, legislation that will further encourage biomedical innovation and the development of new treatments and cures that will benefit millions.

More importantly, this legislation will ensure that our country remains on the forefront of medical innovation while maintaining the gold standard for approvals of medical products.

Mr. Chairman, this legislation is the product of numerous forums that occurred in Washington and around the Nation that heard directly from patients and advocacy groups about what innovations could make a difference in curing diseases.

It is a truly bipartisan initiative of the Energy and Commerce Committee, and I want to thank Chairman UPTON; Health Subcommittee chairman Mr. PITTS; Ranking Member GREEN; and our sponsor on the Democratic side, Representative DIANA DEGETTE, for working together on this bill.

The legislation includes a number of policy proposals that are meant to advance the work that NIH and FDA are already doing to encourage innovation in medicine, and I want to highlight some of those.

First, it promotes and supports the best biomedical workforce in the world while also increasing the diversity of that workforce by requiring the NIH to ensure participation of scientists from underrepresented communities.

Second, it encourages the development of precision medicine and next generation treatments.

Third, it provides FDA with additional tools to make the drug approval process more efficient, such as streamlined data review and the use of biomarkers in clinical experience to ensure that new treatments can reach patients in a timely manner.

Fourth, it modernizes clinical trials and supports the inclusion of diverse populations in clinical research through the National Institute on Minority Health and Health Disparities.

Fifth, it facilitates the development of important antimicrobials and treatment for rare diseases and clarifies the regulatory pathway for software for medical applications at FDA.

Finally—although not finally—there are many, many more positive developments in this bill, but I do want to mention last, ensuring interoperability of our health system which will lead to better access to health information, coordinated care, and improved outcomes.

Most importantly, Mr. Chairman, 21st Century Cures also provides mandatory funding to both NIH and FDA to carry out the activities in this legislation, funding that is critically needed if Congress wants NIH and FDA to fund innovative ways to cure diseases.

However, I am concerned that the very goal this legislation set out to achieve to encourage biomedical innovation and the development of new treatments and cures is undermined somewhat by a reduction in funding for NIH from $10 billion to $8.75 billion.

This funding level, the larger one, the $10 billion over 5 years in the original bill, enjoyed the unanimous support from the members of the Energy and Commerce Committee and the 230 Members of the House who were cosponsors of H.R. 6.

If Congress is truly committed to advancing and encouraging biomedical innovation, we must ensure that the Federal Government agencies we entrust with facilitating that goal have the resources to do so, and I hope that, at some point, as we move further, we can go back to the $10 billion.

I would also urge my colleagues to reject any attempts to make the critical funding included in the legislation for NIH and FDA discretionary. The NIH ensures the innovation fund was created to be a resource to both NIH, FDA, universities, and researchers, including those just beginning their careers.

Any efforts to make this funding discretionary threatens the commitment made in 21st Century Cures to encourage innovation.

I also want to express, Mr. Chairman, my disappointment over the inclusion of controversial policy riders on what was otherwise a strong bipartisan bill. This inclusion, added to the bill after unanimous passage out of the Energy and Commerce Committee, is a political distraction from the discussion we should be having on the underlying policy.

I hope that, tomorrow, my colleagues will join me in supporting Congresswoman LEE's amendment which will strike those troubling riders from the legislation.

Despite these concerns, I remain totally supportive of the 21st Century Cures Act, as I believe it does take significant steps towards enhancing how we discover and develop innovative new medical treatments in the United States.

Once again, I take great pride in the fact that we were able to do this on a bipartisan basis in our committee and report the bill out unanimously.

Mr. Chairman, I would urge a ''yes'' vote, and I reserve the balance of my time.

Mr. UPTON. Mr. Chairman, I yield 1 minute to the vice chair of the full committee, the gentlewoman from Tennessee (Mrs. BLACKBURN).

Mrs. BLACKBURN. Mr. Chairman, America really is at its best when we are facing challenges, and so many of the challenges that we face today are in the area of health care and healthcare delivery.

Right now, we know we have over 10,000 identified diseases. We only have cures for 500 of those. This is why we need to work to focus the NIH and the FDA on a cures strategy and do this through the legislation that is before us today. Indeed, it is bipartisan, and it carries different components of bipartisan legislation.

One is the SOFTWARE Act that Representative GREEN and I have worked on. Mr. Chairman, getting bureaucracy out of the way and allowing innovation is the goal of the SOFTWARE Act. It would codify the manner in which the FDA approaches health IT, including the wonderful apps that we use to help make us healthy.

The FDA is the agency charged with ensuring the safety and efficacy of drugs and medical devices, but data is not a drug or a device, and it makes no sense to regulate it as such. That is why we bring forward the SOFTWARE Act. We support the bill and encourage others to support it.

Mr. PALLONE. Mr. Chairman, I yield 3 minutes to the gentleman from Texas (Mr. GENE GREEN), who is the ranking member of our Health Subcommittee.

□ 1815

Mr. GENE GREEN of Texas. Mr. Chairman, I rise in strong support of the bipartisan landmark legislation, H.R. 6, the 21st Century Cures Act.

Dozens of roundtables and hearings, thousands of responses from stakeholders, and countless hours went into crafting this bill. This legislation is the product of months of bipartisan collaboration with the administration and stakeholders. As a result, H.R. 6 is supported by more than 370 patient groups, physician groups, and research institutions across the country.

The investments and provisions in this bill will accelerate the development of new tools and treatments for the fight against diseases, which have a great cost to our economy and an even greater toll on the patients and families that suffer from them.

After more than a decade of cuts and stagnant budgets, the National Institutes of Health will receive $8.75 billion, and it will not increase the deficit. This influx of investment will be put toward solving today's complex scientific problems and discovering the next generation of medical breakthroughs.

In addition to this much-needed funding for medical research, there are so many provisions in this package worthy of support. The 21st Century Cures Act will deliver hope and new treatments to Americans.

While some of the provisions are technical in nature, their real-world impact is not abstract. Patients and families deserve to have their elected officials respond to their needs, and that is what this bill does.

I want to thank Chairman UPTON, Congresswoman DEGETTE, Ranking Member PALLONE, and Chairman PITTS for their leadership, vision, and determination to speed the medical progress. This is an example of what our constituents want us to do: legislate and solve problems.

It was a privilege to be involved in this landmark effort, and I want to thank the staffs, legislative counsel, and the countless stakeholders who worked tirelessly to craft a bill that lives up to the promises of the 21st Century Cures initiative.

I strongly support H.R. 6 and urge my colleagues to do the same.

Mr. UPTON. Mr. Chairman, I yield 1 minute to the gentleman from Mississippi (Mr. HARPER).

Mr. HARPER. Mr. Chairman, I rise today to speak about the importance of tomorrow's vote on the 21st Century Cures initiative. This takes the necessary steps forward so that we can deliver safe, effective treatments much more efficiently and creatively across America. This legislation would give NIH, along with the FDA, much-needed additional research dollars.

Specifically, imagine how a significant increase in funding could speed up

treatments and cures for such debilitating diseases such as Alzheimer's and ALS. This legislation gives researchers a fighting chance in the hope of finding a cure for so many diseases and disorders. Investing in research today will pay dividends long into the future and will significantly reduce costs of treatment.

Give families hope. Vote ''yes'' on 21st Century Cures.

Mr. PALLONE. Mr. Chairman, I would ask my chairman to proceed with another Republican because the gentleman seems to have more people.

Mr. UPTON. I yield 1 minute to the gentleman from Illinois (Mr. SHIMKUS).

Mr. SHIMKUS. Mr. Chairman, I am here on the Democrat side, congratulating them for great work on 21st Century Cures.

I was involved in a couple pieces of the legislation that were added, one on antibiotic resistance and a lot on medical devices, because we need to reform the process. The bureaucracy is tough.

So, in streamlining these procedures, we are not questioning or addressing or harming individual safety, but what we are doing is making sure these devices get to where they need it in the quickest possible time.

This is just a small part of the great work of my friends on this side—I hope you don't mind me being over here—and the majority side in that it is a tribute to what we can do when we work together. I am proud to be part of this team.

Mr. PALLONE. I yield 5 minutes to the gentlewoman from Colorado (Ms. DEGETTE), the Democratic sponsor of the bill who has worked so hard to bring us to this day with this bill on the floor.

Ms. DEGETTE. Mr. Chairman, my father-in-law, Lino Lipinsky de Orlov Senior, was a true renaissance man. During World War II, he was a member of the Italian resistance, whose family sheltered Jews and Allied solders in their apartment. An artist by training, he made his way to this country with letters of introduction and became a world-renowned etcher and museum curator.

Most importantly, Lino Senior was a wonderful person. Kind to all and beloved by his family and friends, he reveled in life's small pleasures, creating whimsical drawings for his loved one's birthday cards and recounting tales of Italian youth, from idyllic summers on Capri to his escapades in the Resistance.

So, Mr. Chairman, it was more than a tragedy when in 1988, we lost Lino Senior to ALS, or Lou Gehrig's disease. ALS is a debilitating disease that weakens and atrophies muscles, leaving those with the disease the inability to perform even the most mundane tasks, much less the ability to create great art.

Last week, at Craig Rehabilitation Hospital in Denver, I met a young man stricken with ALS who was already confined to a wheelchair. He was there to support our bill, the 21st Century Cures. But what struck me was, in the 25-plus years since we lost Lino Senior, there has been no cure. There has been no real treatment for patients who receive this diagnosis.

ALS has been well known and thoroughly evaluated for a long time—after all, it gets its nickname from one of the most popular athletes of the 1920s—but we have made virtually no progress in finding a cure. This is not for lack of trying.

The ALS community is incredibly active. Plenty of us in this Chamber and people all around the country took part in the ice bucket challenge last year. I thank FRED UPTON for a lot of things, but maybe the thing I should thank FRED for the most was giving me the opportunity to take the ice bucket challenge last year.

Thanks so much, FRED.

There is real hope, however, though, for ALS and for thousands of diseases for which we lack treatments and cures. Thanks to the mapping of the human genome and technological advances like electronic health records, researchers are poised to discover new breakthroughs that promise dramatic improvements for patients.

The bill before us today, 21st Century Cures, will ensure that the great promise of these developments is harnessed by our Nation's premiere research facilities, the National Institutes of Health, and the Food and Drug Administration.

21st Century Cures is a comprehensive bill which will encourage the development of new treatments and cures. It starts by making a major investment in research with the creation of a 5-year, $8.75 billion innovation fund at the NIH. We create this fund to give the leaders the chance to plan strategically and to give longer term support to promising research projects. Ultimately, these investments will help produce new discoveries in the lab.

Cures then helps to take those discoveries and turn them into treatments for patients. We begin by modernizing clinical trials, including new efforts to ensure diverse populations participate in these research projects.

We allow centralized approval for clinical trials and adaptive trial designs to eliminate wasteful duplication of effort.

We include the patient perspective into every facet of discovering, developing, and delivering treatments, so that a conceptual breakthrough can be applied in practical ways.

We encourage new disease registries to pool information and help researchers drill into the data to find the unique and sometimes subtle needs of patient populations.

We help new scientists begin their careers in research so that great minds can tackle our biomedical challenges, and we will unlock the potential of modern technologies by facilitating safe data sharing and using digital medicine. We include many of the proposals in President Obama's precision medicine initiative as part of this.

With this bill, Mr. Chairman, we are going to make sure that in the 21st century, the pace of breakthroughs, treatments, and cures accelerates to meet the challenges of our time. A healthier world is coming, and I look forward to getting there as fast as we all can.

You know, we couldn't have done this without this team, and I want to take my minute to thank so many people who have helped with this. Ranking Member PALLONE's staff: Jeff, Tiffany, Kim, Arielle, Rachel, Eric, Waverly; Ranking Member GREEN's staff: Kristen; Chairman UPTON's staff: Gary, Clay, John, Paul, Carly, Katie, Adrianna, Robert, Josh, Joan, Bits, Mark, Sean, Noelle, Tom, Leighton—they are the majority; they have a lot more staff than we do—Chairman PITTS' staff: Heidi; Representative BURGESS' staff: JP and Daniel; my unbelievable and intrepid staff: Rachel, Elizabeth, Matt, Eleanor, Diana Gambrel, Cole; my wonderful chief of staff who has been with me for 19 years; leg counsel.

Most of all, I want to thank my partner and compatriot, FRED UPTON. You have been fabulous, and I look forward to taking this over the finish line with you.

Mr. UPTON. Mr. Chairman, I yield 1 minute to the gentleman from Maryland (Mr. HARRIS), a member of the Appropriations Committee and a very valuable member as we put this package together.

Mr. HARRIS. Mr. Chairman, curing disease and suffering is something that even this Congress can agree on on both sides of the aisle. This is obvious from tonight's debate.

Preventative measures are important, but there are still diseases that we don't understand how to prevent, much less treat. And the purpose of the cure and innovation fund is, in fact, to accelerate the discovery.

Before I came here, I did research on diseases. Is there anyone in the country who doesn't believe that we will cure diseases like Alzheimer's or ALS? It is only a matter of time and the investments that we place in it. As the gentlewoman from Colorado stated, we have a lot of the pieces in place in order to create these tremendous new discoveries, and this bill gets us on the path.

There is going to be a lot of talk about cost on the floor, but the cost of these diseases is not just measured in dollars. The cost is measured in families in ways that you can't measure in dollars.

Any family who treated a member with Alzheimer's disease, for instance, understands exactly what I mean by that.

Now, a lot of those costs are huge. Alzheimer's alone, for instance, is hundreds of billions of dollars in Medicare and Medicaid expenses over the next 10 years. If we can cure it, we can save those.

Mr. Chairman, it is time to invest in those cures. We simply can't afford not to.

Mr. UPTON. Mr. Chairman, I yield 1 minute to the gentleman from South Carolina (Mr. DUNCAN).

Mr. DUNCAN of South Carolina. Mr. Chairman, I lost my father April 14 of this year to Alzheimer's. It is a terrible disease. I watched how it affected him. I know that there are millions of Americans and American families that are dealing with Alzheimer's.

The 21st Century Cures Act will focus some resources so we can find a cure for Alzheimer's and we can find a cure for these diseases that are costing American taxpayers so much money.

I want to applaud the chairman, and I want to urge everyone to get behind the 21st Century Cures Act so we can find a cure for diseases like Alzheimer's in memory of my father, John Duncan.

Mr. PALLONE. Mr. Chairman, I yield 2 minutes to the gentleman from Illinois (Mr. RUSH), who is the ranking member of our Energy Subcommittee.

Mr. RUSH. Mr. Chairman, I rise in support of H.R. 6, the 21st Century Cures Act, and I want to thank Chairman UPTON, Ranking Member PALLONE, Ranking Member GREEN, and Ranking Member DEGETTE for their tireless work and commitment to this issue.

Mr. Chairman, this landmark piece of legislation will help modernize and personalize health care, encourage greater innovation, support research, and streamline the healthcare system to deliver better, faster cures to more and more patients.

Mr. Chairman, we might live in different regions, we might live in different times, we might be of different nationalities, we might even be of different faiths, but when it comes to the overall health of our Nation, we can surely put aside our differences and do the right thing for the American people.

I want to highlight two provisions of my bill, H.R. 2468, the Minority Inclusion in Clinical Trials Act of 2015, that were included in the 21st Century Cures Act.

The first provision will require the National Institute on Minority Health and Health Disparities to include, within its strategic plan for biomedical research, ways to increase representation of underrepresented communities in clinical trials.

□ 1830

The second will ensure that it remains a priority at NIH to increase the inclusion rates of traditionally underrepresented communities within the future biomedical workforce.

The CHAIR. The time of the gentleman has expired.

Mr. PALLONE. Mr. Chairman, I yield the gentleman such time as he may consume.

Mr. RUSH. Simply put, Mr. Chairman, these provisions addressed persistent systemic and widespread disparities in health outcomes for minority communities.

As you know, many diseases, including cancer, heart disease, stroke, HIV/AIDS, diabetes, lupus, osteoporosis, asthma, sickle cell, and kidney diseases have been studied at length and still afflict minority populations in disturbing numbers and at disturbing rates.

Minorities are disproportionately underrepresented in clinical trials. There are many reasons attributed to this disproportionality, such as a lack of funding.

The chief culprit is that research professionals tend to work toward solutions for the cure of diseases to which they have personal connections and have personal experiences.

Mr. Chairman, I am so glad that the 21st Century Cures Act does address some of these critical issues. I rise in support of the 21st Century Cures Act, and I urge my colleagues on both sides of the aisle to vote in favor of H.R. 6.

Mr. UPTON. Mr. Chairman, I yield 1 minute to the gentleman from Florida (Mr. BILIRAKIS), a member of the Health Subcommittee.

Mr. BILIRAKIS. Mr. Chairman, I rise in support of the 21st Century Cures Act.

This bill represents meaningful reform for patients with rare or chronic conditions. I would like to highlight one provision I am so proud of, the OPEN Act.

There are 1 in 10 Americans who suffer from a rare disease. That is 10 percent of the country. Over 95 percent of these diseases have no treatments.

Patients like Candace and Laura from the Tampa Bay Area need FDA-approved safe and effective treatments. Laura has no treatment options, and Candace did her own research and took a medication off label and is now in remission.

The OPEN Act will incentivize major market drugs and combination drug products to be repurposed to treat rare diseases and put them on label.

The 30 million Americans with rare diseases need your ''yes'' vote. Vote for this bill. Vote for patients.

Mr. PALLONE. Mr. Chairman, I reserve the balance of my time.

Mr. UPTON. Mr. Chairman, I yield 1 minute to the gentleman from New Jersey (Mr. LANCE), a member of the Health Subcommittee.

Mr. LANCE. Mr. Chairman, this is the way Congress should work, in a bipartisan capacity. In my 5 years on the committee, this is the most significant piece of legislation to be voted out of the committee unanimously.

To those of us who are listening on C–SPAN this evening, this is what the American people demand of Congress, bipartisan cooperation.

This bill will save countless lives not only in this country, but across the globe. I am so pleased it includes language coauthored by Congresswoman ANNA ESHOO of California and me exempting future Food and Drug Administration user fees from sequestration.

I urge an extremely positive vote tomorrow. I hope that all of our colleagues will support this to indicate to the Senate of the United States that it should move forward as well so that the legislation can reach the desk of the President of the United States.

Mr. UPTON. Mr. Chairman, I yield 1 minute to the gentleman from Indiana (Mr. BUCSHON), a member of the Health Subcommittee.

Mr. BUCSHON. Mr. Chairman, I rise today in support of 21st Century Cures, an initiative that gives hope to patients and families who have battled or who will battle one of the 10,000 diseases with no known cures, like my good friend and mayor of Jasper, Indiana, Terry Seitz, who lost his wife and the mother of their two daughters, Ann Seitz, to ALS 5 years ago on Thanksgiving Day, the family's favorite holiday.

As Mayor Seitz put it, 21st Century Cures gives patients and their families the opportunity for hope and the ability to cope. These two things mean the world to those fighting a rare disease who face so much uncertainty about what the future may hold. 21st Century Cures turns hopelessness into hope.

Mr. Chairman, we have a real opportunity today to improve the lives of these patients across the country, and we need to seize it.

Mr. UPTON. Mr. Chairman, I yield 1 minute to the gentlewoman from North Carolina (Mrs. ELLMERS), a member of the Health Subcommittee.

Mrs. ELLMERS of North Carolina. Mr. Chairman, I rise today to shed light on why the nonpartisan 21st Century Cures Act is important for patients everywhere.

As a nurse and as part of our team working on this effort over the last year, I can relay that the 21st Century Cures Act is important because of people like my constituent back home, Ellie Helton.

Ellie was a beautiful, courageous constituent of mine. She loved peanut butter cups, the color pink, and most of all her family and her friends. At about this time last year Ellie suffered from a ruptured brain aneurysm that took her life at the tender age of 14.

The 21st Century Cures Act legislation creates an accelerated process by which we discover and develop cures and treatments for patients like Ellie. This legislation is fully offset and will reduce the deficit by more than $500 million over the first decade.

Mr. Chairman, I am so proud to be a Member of Congress who is working on this legislation with all of my colleagues, and I am so proud of our chairman, FRED UPTON, for the work that he has done. This is an incredible effort, and I am so proud to be a part of it.

Mr. PALLONE. Mr. Chairman, I yield 2 minutes to the gentlewoman from California (Mrs. CAPPS), who is also a healthcare professional.

Mrs. CAPPS. I thank my colleague for yielding.

Mr. Chairman, I rise today to speak on behalf of H.R. 6, the 21st Century Cures Act, and I salute the bipartisan authors of this bill.

I am a cosponsor of this legislation. I am proud of the many hours of work that members of the Energy and Commerce Committee have put in to find common ground. This is a real achievement. 21st Century Cures is a good bill. It has come a long way, but I lend my support with some reservations.

Despite bipartisan agreement in committee to provide robust funding for the research initiatives and policies in this bill, the bill before us shorts the NIH by over $1 billion, and these funds are the very ones that are critical for cures.

It is important that we provide the necessary support that the NIH requires to continue to be the gold standard in research and development.

While we all agree that it is important to speed up research and clinical trials to get treatments to those in need, I want to reiterate my concerns that this focus on speed should not undercut the work that so many have done for years, including many of us here in Congress, to improve diversity in research and clinical trials.

While this bill does include my provision to encourage the inclusion of children and the elderly in clinical trials, more needs to be done to ensure that women and minorities are included as well. This is an effort I led during the FDA reauthorization, and it is one that must not be undercut by the Cures effort.

Finally, I must express my disappointment that once again the House majority has decided to add language to the bill that politicizes the bipartisan effort and attacks women's personal decisionmaking.

It is a distraction from the important work that we are trying to do here, and I strongly urge my colleagues on both sides of the aisle to support the amendment to strip it.

The 21st Century Cures initiative is such an important bipartisan effort to strengthen our medical research and treatment development. It could be stronger, and I stand willing to work with my colleagues to do just that.

Mr. UPTON. Mr. Chairman, I yield 1 minute to the gentleman from Missouri (Mr. LONG).

Mr. LONG. Mr. Chairman, what an accomplishment it is to have this historic legislation on the House floor.

I want to congratulate the chairman and my Energy and Commerce Committee colleagues for their hard work. We are much closer to moving American medical innovation into the 21st century. Part of that is to keep up with the ability to communicate in a modern way with patients.

As the chairman knows, I have worked very closely with him and his staff during this past year to draft language to update the Food and Drug Administration's oversight of healthcare information on the Internet, especially on social media.

Millions of people use the Internet to find critical health information on treatments and other health topics. Unfortunately, current FDA regulations do not help communicate accurate, meaningful information online about healthcare solutions, such as prescription drugs and medical devices.

There is enormous potential to improve American lives if we can get the FDA to write workable rules and guidance to communicate information where people's attention is focused.

After all, the FDA itself regularly turns to the Internet to announce its activities and inform the public, presumably in a safe and informative way.

I have legislation to do this, and I hope to continue working with the chairman to modernize healthcare communications and, thus, help improve the lives of all Americans.

I look forward to continuing to work with the chairman on the 21st Century Cures to make sure this monumental bill ultimately meets the President's pen and is signed into law.

Mr. UPTON. Mr. Chairman, I yield 1 minute to the gentleman from West Virginia (Mr. MCKINLEY).

Mr. MCKINLEY. Mr. Chairman, I rise today in favor of H.R. 6.

By encouraging innovation and providing more resources for groundbreaking research, we can provide a better future for our children and our grandchildren.

America has a rich history of scientific discovery, from putting a man on the Moon to finding a cure for polio. With the right focus, we can do the same in finding cures for devastating diseases, like cancer and Alzheimer's.

I want to thank Chairman UPTON for his commitment to making Alzheimer's one of the neurological diseases on which the CDC will collect data. 21st Century Cures will improve the lives of all Americans by bringing research from the lab to our families.

I thank the chairman, the committee, and the staff for all of their dedicated work on this.

Mr. UPTON. Mr. Chairman, I yield 1 minute to the gentlewoman from Indiana (Mrs. BROOKS), a member of the Health Subcommittee.

Mrs. BROOKS of Indiana. Mr. Chairman, I rise today to express my wholehearted support for the 21st Century Cures initiative. This legislation will change lives, and it will save lives.

When Chairman UPTON and Congresswoman DEGETTE introduced this bipartisan initiative, they promised it would be different. They used words like ''bold,'' ''transformative,'' ''profound,'' and ''hope.'' They promised hope, and they promised to change lives. Thankfully, they have delivered on these promises and then some.

21st Century Cures will profoundly transform our Nation's ability to discover, develop, and deliver the cures of tomorrow. It will change and even save lives, lives like that of Fifth District constituent Teresa Altemeyer, who has a form of chronic leukemia.

21st Century Cures can make all of the difference. She recently told me, as one of the many hundreds of thousands of patients living with chronic lingering cancer, ''I am always looking forward to the future for the next therapy that can either hold off my cancer or potentially cure it, and in the past the wait for these medications has been excruciatingly slow.''

Tomorrow I will be missing the funeral of a dear friend, Judy Warren, who died on Sunday from pancreatic cancer. She would have wanted me to be here tomorrow, voting on this bill. It couldn't save her, but it can save Teresa and many others.

Mr. PALLONE. Mr. Chairman, I yield 2 minutes to the gentleman from Iowa (Mr. LOEBSACK).

Mr. LOEBSACK. I thank the ranking member for yielding.

Mr. Chairman, this legislation, I believe, as Mr. LANCE stated, is proof that we can accomplish great things when we put aside partisanship and unite around a common goal.

To that end, I want to thank all of my wonderful colleagues here today who have worked on this thing for so long. I am new to the committee, and coming into this and being able to be a part of this is really a great honor for me.

□ 1845

I want to thank the chair and the ranking member also for my provision to extend and expand the prior authorization program for prior mobility devices in this bill, providing certainty to Medicare beneficiaries that these critical devices will, in fact, be covered.

I am also excited about the NIH innovation fund, which entails mandatory funding, as was mentioned earlier, and will support scientists like those working at the University of Iowa.

As a result, we will have more groundbreaking advances like the University of Iowa researchers' discovery of a biomarker that could lead to early detection for the risk of preeclampsia in pregnant women, a discovery that could save countless lives.

While I am disappointed that the NIH funding was cut from $10 billion to $8.75 billion, I am hopeful that we can restore this amount as the process moves forward.

Finally, I am really happy that we finally have gotten to a point in this body, at least on this legislation, where we can think longer term and not just short term, not just about the costs for this program this year or even for the next 5 years, but think about all the savings that this will entail down the road as well, something that really happens far too often, I think, in this body and over in the Senate as well.

I thank my colleagues for their work on this issue. I am really very pleased to be a part of the process. Thank you for having me as a member of that committee and to be a part of the process.

Mr. UPTON. Mr. Chair, I yield 1 minute to the gentleman from New

York (Mr. COLLINS), a member of the committee.

Mr. COLLINS of New York. Mr. Chair, I rise today in support of H.R. 6, the 21st Century Cures Act. This legislation will modernize and advance our healthcare system to help the millions of Americans battling rare diseases. It increases funding for NIH grants used by scientists at world class universities like those in my district in Buffalo and Rochester, New York.

H.R. 6 streamlines the drug approval process at the FDA, helping get new drugs to market faster. Patients are demanding a fresh approach to drug approval and biomedical research. This legislation provides America's medical innovators the guidance they need to lead a new age of medical innovations.

I want to thank Chairman UPTON and my colleagues on the Committee on Energy and Commerce for their dedication to this cause. I am proud of the work we have accomplished, and I am confident that this legislation accomplishes our goal of incentivizing innovation and defeating disease.

Mr. UPTON. Mr. Chair, I yield 1 minute to another gentleman from New York (Mr. GIBSON), who again had a very positive impact on the legislation that was bipartisan as a part of this bill.

Mr. GIBSON. Mr. Chairman, I rise in support of H.R. 6 on behalf of the many Americans who have been impacted by Lyme disease and other tickborne diseases. Lyme disease is rapidly becoming a public health scourge in the U.S. We simply need to do better at prevention, diagnosis, and treatment.

H.R. 6 includes the text of the Tick-Borne Disease Research Accountability and Transparency Act, which is a truly constituent-driven effort and represents a significant step forward in bringing solutions for our chronic Lyme sufferers.

I would like to thank the physicians, the patient advocates, and researchers that helped in this process, including Dr. Richard Horowitz, Pat Smith, David Roth, Jill and Ira Auerbach, Holly Ahern, Chris Fisk, and other Lyme advocates across the nation, including Representative CHRIS SMITH of New Jersey and my coauthor and friend, Representative JOE COURTNEY of Connecticut.

Finally, I would like to thank Chairman UPTON, Ranking Members PALLONE and DEGETTE, and their dedicated committee staff for working tirelessly to include members' input and manage an open, bipartisan process for this important legislation.

I urge my colleagues to support this bill.

Mr. PALLONE. Mr. Chairman, how much time remains on each side?

The CHAIR. The gentleman from New Jersey has 11 minutes remaining. The gentleman from Michigan has 14½ minutes remaining.

Mr. UPTON. Mr. Chair, I yield 1 minute to the gentleman from Georgia (Mr. ALLEN).

Mr. ALLEN. Mr. Chair, I rise today to support the 21st Century Cures Act and thank the chairman and the Committee on Energy and Commerce to keep America at the forefront of medical innovation by removing barriers that prevent development and delivery of life-improving therapies.

However, this is not only an issue of keeping America competitive; it is a moral issue. The greatest physician in history said in Matthew: ''Whatever you did for one of the least of these brothers and sisters of mine, you did for me.''

I want to share the story of Brennan Simkins, who was diagnosed with childhood cancer. Brennan has had over four stem cell transplants. He is still living today, and he is the student of my wife, who is teaching him piano.

He is truly a miracle and a blessing to us, but he still requires medications. There are medications out there which are caught up in bureaucratic red tape. By passing this bill, we can help patients and families across the country, like Brennan Simkins, get access to the medicines of tomorrow.

The CHAIR. The time of the gentleman has expired.

Mr. UPTON. I yield the gentleman an additional 30 seconds.

Mr. ALLEN. I urge my colleagues to support H.R. 6.

Mr. PALLONE. Mr. Chairman, I yield 2 minutes to the gentleman from California (Mr. AGUILAR).

Mr. AGUILAR. Mr. Chair, I appreciate the gentleman from New Jersey yielding some time.

Tomorrow, the House will vote on the 21st Century Cures Act, legislation that will advance medical research at the FDA and the NIH to lead new treatment for cures for countless people. This is necessary.

However, what is not necessary is the dangerous language that Republican leadership quietly tucked in the bill that blocks access to reproductive care. This is unacceptable.

As a member of the Pro-Choice Caucus, I oppose this and other attempts to expand restrictions on reproductive care. We cannot allow this type of antichoice language to keep appearing in what is otherwise important legislation.

Today, it is in legislation to further medical research. Before, it was in legislation to fund community health centers and to protect victims of trafficking. Allowing this policy to move forward will move women's health care backward. We cannot allow these attacks to continue.

Representatives LEE, CLARKE, and SCHAKOWSKY have offered an amendment to strike this destructive antichoice language. Today, I offer them my strong support.

I urge my colleagues to vote in favor of their amendment and to also insist that we need to stop injecting the Hyde language into parts of law it doesn't belong.

Mr. UPTON. Mr. Chair, I yield 1 minute to the gentlewoman from California (Mrs. MIMI WALTERS).

Mrs. MIMI WALTERS of California. Mr. Chair, I rise today in support of the 21st Century Cures Act. This bill is a bold proposal that would accelerate our scientists' ability to develop lifesaving cures. Our need for action is now. Currently, more than 10,000 known diseases exist in the world; however, we only have treatments for approximately 500.

In my district of southern California, 4-year-old Callan Mullins was born with a severe congenital heart defect. He has undergone four open heart surgeries, suffered numerous strokes, been diagnosed with cerebral palsy; and at the age of 3, doctors delivered the heartbreaking news that he had a brain tumor.

Callan is a fighter and a survivor, but his parents are still seeking answers and medical breakthroughs to ensure that he can live life to its fullest. The Cures Act would offer hope to the millions of Americans like Callan battling devastating illnesses.

I thank Chairman FRED UPTON for his tireless work on this bill. I urge my colleagues to stand with me as we pave the way for lifesaving treatments and cures.

Mr. PALLONE. Mr. Chairman, I yield myself the balance of my time to close.

Before conclusion of debate, Mr. Chairman, let me just take a minute to recognize Chairman UPTON and Representative DEGETTE for their steadfast dedication to this bill.

This bill would not have been possible without their work for so many years, beginning when they had these forums where they heard from patients and the advocacy groups around the country.

The process that they used to actually obtain information that became the basis for this bill was really unusual and was very, I would say, populist and grassroots in a way that I think I would like to see emulated in the future because it was so successful.

It is further proof, I think, also that when we want to work together to achieve great things, we are capable. I know it hasn't always been easy, and the staff has had to work around the clock and on weekends and during holidays since January, but this is a good bill that I am proud to support.

I just want to thank not only the members, but also the staff of Chairman UPTON and Chairman PITTS. That is Gary Andres, Clay Alspach, John Stone, Carly McWilliams, Paul Eddatel, Robert Horne, Joan Hillebrands, Katie Novaria, Adrianna Simonelli, and Heidi Stirrup.

Let me also thank Representative DEGETTE for her work, her staff as well: Lisa Cohen, Rachel Stauffer, and Elizabeth Farrar; Mr. GREEN's staff: Kristen O'Neill; and, of course, my staff: Jeff Carroll, Tiffany Guarascio, Kim Trzeciak, Eric Flamm, Rachel Pryor, Waverly Gordon, and Arielle Woronoff.

Let me just say this: Obviously, I urge support for this legislation. I hope

that we get a huge vote, but I think the biggest satisfaction that I am going to get when this passes and we work to get it passed in the Senate and to the President's desk is that every Member of Congress knows that, when we go home, there are always events with various advocacy groups.

I think, of course, of the pancreatic cancer group because my mom died of pancreatic cancer about 5 years ago, 7 months after she was diagnosed, which is actually a long time. Many people die within 6 weeks or 2 months after diagnosis because the diagnosis takes so long and occurs too late, effectively.

You go to these various events that the groups have. Sometimes, it is a run; or it is a walk. DIANA DEGETTE mentioned ALS. I went to an ALS walk, I think, about 3 or 4 weeks ago.

The typical response—and I am thinking of this last ALS walk—is that someone will come up to you and say: Why aren't you doing enough to find a cure? Why aren't you spending more money? Why aren't you prioritizing this disease? Why is it so difficult to have a clinical trial or to get involved in a clinical trial?

For 20 years, most of the time, when somebody has brought that up, I haven't really had an easy response because, for many of the diseases, there hasn't been really much progress at all.

Now, the biggest satisfaction I am going to have—and I have already had it over the last few weeks—is when I go back and I go to one of these events and one of the patients or advocate representatives says to me: Well, what are you doing about this?

I will be able to say: Well, we have a bill called 21st Century Cures, and it does a lot of things that could make a difference in terms of what your concerns are.

That, to me, is the greatest satisfaction, really, of our being able to pass this bill tomorrow.

I would urge support on a bipartisan basis.

I yield back the balance of my time.

Mr. UPTON. Mr. Chair, if I might ask, how much time do I have remaining?

The CHAIR. The gentleman from Michigan has 12½ minutes remaining.

Mr. UPTON. I yield myself the balance of the time to close. I won't use 12½ minutes, I don't think.

Mr. Chair, I appreciate you being here tonight and the Members, knowing that we are going to debate a number of amendments and vote on final passage tomorrow morning.

We have all thanked a lot of people here, a lot of great staff, terrific staff, a lot of good Members. I am not sure anyone has actually thanked the leadership on both sides.

I want to thank JOHN BOEHNER, the Speaker, not only for giving us H.R. 6, but his strong support all the way; KEVIN MCCARTHY, our majority leader; STEVE SCALISE, our whip; CATHY MCMORRIS RODGERS, our conference chair; and on the Democratic side, too, NANCY PELOSI, former Speaker, has been terrific; STENY HOYER has been in the trenches every day on this issue, came and participated in our very first roundtable more than a year ago to see this bill move forward. It is, indeed, a bipartisan bill.

Every one of us here, as we think about the 434 of us here in the House, every one of us has taken a different path to get here. We each represent diverse districts, and despite our differences geographically and politically, whether we have an R or a D next to our name, I daresay that there is one thread that indeed binds us all.

We are all here to improve the lives of our friends, our neighbors, and our family members at home.

□ 1900

This is Brooke and Brielle. I am in the middle. So look at just Brooke and Brielle. They and so many of our friends, neighbors, and family members are why we are here today. These two little girls from my district in Michigan are bravely battling SMA. They are two of the brightest stars that I know.

Our 21st Century Cures effort seeks to capture just a sliver of the hope and optimism that countless patients like Brooke and Brielle exude, despite insurmountable odds.

A year and a half ago, we had an idea. We sat down, Republicans and Democrats, and it was time for Congress to do something positive to boost research and innovation and deliver real hope for more cures by expediting the approval of drugs and devices. That is what this bill does.

We traveled the country. We had probably 40 or 50 different roundtable and subcommittee hearings all over the place, and we appreciated Republican and Democratic participation. We visited with patients, researchers, innovators, and health experts from across the health spectrum. We listened, and we put pen to paper, and then we listened some more. And that is why we are here today.

There is not a single person in this Chamber or watching at home tonight who has not been touched by disease in some way, and it is about time that we actually do something about it.

So as we begin debate on this landmark bill, I can't help but think of the patients who are sitting across from their doctors right now about to get news that certainly is going to change their world.

It is not just the disease that makes them feel powerless and vulnerable. The very system designed to help them has not kept pace with scientific advances. They need the next generation of treatment and cures, but they don't have until the next generation to wait.

They aren't interested in debating why the timelines, the failure rates, the size and the costs of conducting clinical trials are at all-time highs. They know that, despite the promise of scientific breakthroughs, they can't get the therapy that might save them. That is why we need this bill.

We have all said too many early good-byes—too many—and we have seen families robbed of a parent that is never going to get to see their child's milestones, like not see them walk down the aisle, maybe not see a graduation, maybe not see a career, maybe not see them raise a family of their own, and we have seen children that are born without the gift of a future. Life is not always fair. We know that, but we have got to try and do better.

The last century and the century before it brought just remarkable medical breakthroughs. From x rays and anesthesia to pacemakers and transplants, the tools to diagnose and treat patients have been transformed over and over and over again; yet for every single disease that we defeat, every condition we cure, there are thousands more still plaguing our people. Of the 10,000 known diseases, 7,000 of which are rare, there are treatments for only 500.

The history of health innovation is indeed remarkable, but now we have got our sights set on this bill, 21st Century Cures. The bill is about making sure that our laws, regulations, and resources keep pace with scientific advances.

So what does it take to vanquish a disease? Yes, often billions of dollars, millions of hours—that is for sure—thousands of researchers, and hundreds—maybe thousands—of failed attempts can go into the development of yet just one single treatment or cure. It is daunting, it seems impossible, but still, patients like Brooke and Brielle hold out hope.

They battle through pain, transcend physical limitations, and live lives filled with joy and optimism. Our brothers and sisters, moms and dads, grandparents and friends, they all keep faith in the future, in spite of suffering. This bill, the 21st Century Cures initiative, is for them. It is for those that we lost, those who grapple with sickness today, and those who will be diagnosed tomorrow.

In this, the greatest century in the world on the greatest country on the planet, Americans deserve a system that is second to none. We can and must do better. It is about hope—hope that the burden for patients and caregivers is less tomorrow than it was yesterday—and it is about time.

So as Brooke and Brielle always say with a smile and a sparkle in their eyes, ''We can, and we will.'' The time for 21st Century Cures is now.

Please join us, Republicans and Democrats, leaders on both sides of the aisle, for the patients that we want to solve these diseases for, by supporting this bill, by working with our colleagues in the Senate, but really listening to the voices that call for us to do something well. This is it, H.R. 6. Please vote for it tomorrow.

I yield back the balance of my time.

Mrs. MCMORRIS RODGERS. Mr. Chair, I rise today in support of the 21st Century Cures

Act. I thank Chairman UPTON and my colleagues on the Energy and Commerce Committee for all the work they've done advancing this important initiative.

For the past year and a half, we have been listening to experts and patients across the country detail how we can proactively address America's growing health care needs and areas where cures and therapies are lacking.

The single best thing we can do? Make sure that our ultimate goal should not be to provide lifelong treatment, but to find life-saving cures.

It shouldn't take 15 years and billions of dollars to maybe get a new medical innovation approved. We need to remove the unnecessary barriers between Americans and life-changing innovation.

This means prioritizing resources, cutting through red tape, and empowering scientists and researchers so they can discover, develop and deliver medical breakthroughs. 21st Century Cures does this.

I'm proud to have authored six major provisions in the Cures package. These are bills that modernize HIPAA laws, accelerate the discovery of new cures, create research consortia to treat pediatric disorders, and bring our regulatory framework into the 21st century by embracing technologies that focus on patient-specific therapies and the potential for powerful indicators, like Biomarkers.

Mr. Chair, we have a unique opportunity here today. Today we are offering hope for the millions of Americans suffering from currently incurable and untreatable diseases.

Hope for the Eastern Washington dad with ALS who just wants to see his kids grow up.

Hope for the high school student with cancer waiting for the FDA to approve a clinical trial.

This is our chance to help foster an environment where innovation is accelerated, not stifled. Where discovery and high paying jobs are here in the United States, not abroad.

This is our chance to offer the promise of real solutions to the American people.

Mr. Chair, I ask my colleagues join me in taking advantage of this tremendous opportunity, and passing 21st Century Cures.

Mr. WHITFIELD. Mr. Chair, I rise today in support of H.R. 6, the 21st Century Cures Act, which will help uncover the next generation of ground-breaking cures and treatments for the thousands of diseases that currently have none. H.R. 6 will streamline the delivery process, enhance research and development, and modernize the regulatory system for approving drugs and medical devices. For patients, families, and loved ones affected by serious illnesses, this legislation offers real hope.

Last summer, I was fortunate to meet a young man named Scott Andrew Mosley who lives in my district in Henderson, Kentucky. Scott is 13 years old and was diagnosed with Duchenne's Muscular Dystrophy (DMD) at the age of 6. DMD is a recessive X-linked form of muscular dystrophy, affecting around 1 in 3,600 boys, which results in muscle degeneration and premature death.

DMD begins in the legs and over time attacks all the muscles in the body. Young Scott became unable to walk at the age of 9 because of DMD, but has never complained about the hand he has been dealt. He offers encouraging smiles to everyone he meets, despite knowing he faces a disease without a cure. Last year, a group of gentlemen in the Henderson community rallied together and volunteered to remodel and refit Scott's bedroom with his own shower and equipment necessary to transfer him from bed to bath. These gentlemen volunteered their time, talent, and money to help Scott and his family because it was the right thing to do.

Mr. Chair, as a Member of this esteemed body, I believe it is our duty and obligation to pass the 21st Century Cures Act so that people like Scott Mosley can have hope for a cure for DMD and so many other diseases. Many other Kentuckians and Americans across this country are also in need, and passing the 21st Century Cures Act will bring them hope, and it also is the right thing to do. My thoughts and prayers remain with Scott and the Mosley family, and I thank them for the opportunity to speak on their behalf.

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Chair, I rise in support of H.R. 6, the 21st Century Cures Act. Unanimously passed out of the House Energy and Commerce Committee with a 51–0 vote, the 21st Century Cures initiative will encourage innovation in biomedical research and development of new treatments.

With $8.75 billion in mandatory funding over the next five years delivered to the newly created National Institutes of Health and Cures Innovation Fund and $550 million for the Food and Drug Administration over the next five years, it is clear that Congress is committed to investing in health research. Developing a better system of funding towards high-risk high reward research and research by early stage investigators is crucial to finding better health outcomes. With a better focus on infectious disease, precision medicine, and biomarkers, I strongly believe that we will finally address these areas of unmet medical needs, which are often the most pervasive issues in our health system.

The modernization of clinical trials by supporting a more centralized system, moving to more adaptive clinical trial designs, and creating a national neurological disease surveillance system will help to develop better data and provide more patient success stories. The legislation also allows for better sharing of clinical trial information for researchers and scientists for more efficiency across the board. Also, the bill ensures that strategies will be developed to cast a wider net for clinical trials in order to increase minority representation.

Last October, I wrote a letter urging the White House to take into consideration UT-Southwesten's existing particle therapy research infrastructure and expertise in leading cancer treatment research in the U.S. when selecting the planning grant award recipients. The planned center would serve as a research adjunct to an independently created and funded, sustainable clinical facility for particle beam radiation therapy. Currently, the planning grant includes pilot projects that will enable a research agenda in particle beam delivery systems, dosimetry, radiation biology, and/or translational pre-clinical studies.

Mr. Chair, the advanced planning grant the UT Southwestern Medical Center received in February 2015, is exactly the type of medical and technological advancement the DFW Metroplex and country needs and is the type of federal investment we need to continue to lead the world in state-of-the-art medical research. Not only is this grant a major advancement for STEM, it is a crucial step in the right direction for cancer research and those affected by cancer here in the United States.

This legislation provides new funding opportunities for innovative cancer treatment approaches such as the development of America's first Heavy Ion Center for cancer therapy and would pave the way to keep America at the forefront of medical research and state-of-the-art cancer treatment.

While H.R. 6 contains many provisions regarding the biomedical research workforce, clinical trials, FDA improvements, I am most proud of the initiative's provisions regarding mandatory funding for the NIH and FDA. I strongly believe that the Congress has not placed enough importance on scientific research and this is a way to get us back on track. Investing in innovation will yield high rewards for the medical community, especially patients. I am proud to support H.R. 6, the 21st Century Cures Act.

The CHAIR. All time for general debate has expired.

Mr. UPTON. Mr. Chairman, I move that the Committee do now rise.

The motion was agreed to.

Accordingly, the Committee rose; and the Speaker pro tempore (Mr. THOMPSON of Pennsylvania) having assumed the chair, Mr. HARDY, Chair of the Committee of the Whole House on the state of the Union, reported that that Committee, having had under consideration the bill (H.R. 6) to accelerate the discovery, development, and delivery of 21st century cures, and for other purposes, had come to no resolution thereon.

IRANIAN NUCLEAR AGREEMENT

(Mr. THOMPSON of Pennsylvania asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. THOMPSON of Pennsylvania. Mr. Speaker, on Tuesday, July 7, the Obama administration once again ignored a deadline for the Iranian Nuclear Agreement while failing to set a new date to conclude discussions on what could prove to be some of the most important diplomatic negotiations of our lifetimes.

In March of 2015, I joined 367 Members of the House in sending a letter to President Obama requesting that any agreement would be provided adequate congressional oversight and approval. This was a bipartisan effort because both Democrats and Republicans alike recognized the magnitude of the challenges we face in confronting the possibility of a nuclear Iran.

The United States must promote an agreement that first and foremost advances our national security and the security of our allies in the region. A clear indicator of future performance has always been past performance. Unfortunately, Iran has a decades-long history of obfuscation when it comes to their nuclear program.

Mr. Speaker, we must ensure that negotiations do not result in simply delaying Iran from obtaining a nuclear weapon for just a few short years but, rather, a strong deal that would prevent the current regime from ever obtaining a nuclear weapon.