Every one of these breakthroughs carries the hope for a brighter tomorrow for individuals living with Down syndrome.

I would also like to recognize that this progress doesn't happen without sustained advocacy. In particular, I would like to highlight the role of the Quincy Jones Exceptional Advocacy Award and its founder, Michelle Sie Whitten, for their tireless advocacy to make this happen today.

I again thank our co-leads, Representatives DEGETTE and HUDSON, for their outstanding leadership. I look forward to supporting this measure on the House floor.

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

Mr. GUTHRIE. Mr. Speaker, I encourage a ''yes'' vote on this bill, and I yield back the balance of my time.

Mr. EVANS of Colorado. Speaker, I rise today in strong support of the Deondra Dixon INCLUDE Project Act of 2025. I was incredibly proud to support this bill as it made it's way through the legislative process in the Energy and Commerce Committee, and I am looking forward to it passing with bipartisan support on the House floor.

This legislation provides statutory authority to a project that the NIH has already been carrying out for nearly a decade to investigate the co-occuring conditions that impact Americans with Down Syndrome and their quality-of-life needs. For far too long, federal investment into Down Syndrome has paced behind need. Individuals with Down Syndrome are among our most precious vulnerable citizens—they deserve this nation's support.

I also want to recognize the efforts of a fellow Coloradan who was instrumental in advancing this bill: Michelle Sie Whitten. As President and CEO of the Global Down Syndrome Foundation, Michelle has been a titan of advocacy in the Down Syndrome world. As the mother of a child with Down Syndrome, she has harnessed her love for the folks in this community and channeled it into action—raising millions of dollars for research and serving as a voice for those with Down Syndrome. It is safe to say that we would not be here voting on this bill if not for her tireless work and effort. I want to personally thank Michelle for her leadership and once again reiterate my support for this bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Kentucky (Mr. GUTHRIE) that the House suspend the rules and pass the bill, H.R. 3491.

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

A motion to reconsider was laid on the table.

NIH IMPLEMENTING A MATERNAL HEALTH AND PREGNANCY OUTCOMES VISION FOR EVERYONE ACT

Mr. GUTHRIE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 6238) to establish the IMPROVE Initiative within the National Institutes of Health, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 6238

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 ''NIH Implementing a Maternal health and PRegnancy Outcomes Vision for Everyone Act'' or the ''NIH IMPROVE Act''.

SEC. 2. IMPROVE INITIATIVE.

Part B of title IV of the Public Health Service Act (42 U.S.C. 284 et seq.) is amended by adding at the end the following:

''SEC. 409K. IMPROVE INITIATIVE.

''(a) IN GENERAL.—The Director of NIH shall continue to carry out a program to improve maternal health outcomes, to be known as the Implementing a Maternal health and PRegnancy Outcomes Vision for Everyone Initiative or the 'IMPROVE Initiative' (referred to in this section as the 'Initiative').

''(b) OBJECTIVES.—The Initiative shall—

''(1) advance research to—

''(A) reduce preventable causes of maternal mortality and severe maternal morbidity;

''(B) reduce health disparities related to maternal health outcomes, including such disparities associated with populations with disproportionately high rates of maternal mortality and severe maternal morbidity relative to the national rate; and

''(C) improve health for pregnant and postpartum women before, during, and after pregnancy;

''(2) use an integrated approach to understand the factors, including biological, behavioral, and other factors, that affect maternal mortality and severe maternal morbidity by building an evidence base for improved outcomes in specific regions of the United States; and

''(3) target health disparities associated with maternal mortality and severe maternal morbidity by—

''(A) implementing and evaluating community-based interventions for disproportionately affected women; and

''(B) identifying risk factors and the underlying biological mechanisms associated with leading causes of maternal mortality and severe maternal morbidity in the United States.

''(c) IMPLEMENTATION.—The Director of NIH may award grants or enter into contracts, cooperative agreements, or other transactions to carry out this section.

''(d) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section $63,400,000 for each of fiscal years 2026 through 2030.''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Kentucky (Mr. GUTHRIE) and the gentlewoman from Colorado (Ms. DEGETTE) each will control 20 minutes.

The Chair recognizes the gentleman from Kentucky.

GENERAL LEAVE

Mr. GUTHRIE. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks on the legislation and include extraneous material on H.R. 6238.

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

There was no objection.

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

Mr. Speaker, I rise today in strong support of H.R. 6238, led by my colleagues Representatives UNDERWOOD and FITZPATRICK, which authorizes the Implementing a Maternal health and PRegnancy Outcomes Vision for Everyone Initiative within the National Institutes of Health.

According to CDC estimates, more than 80 percent of the pregnancy-related deaths and roughly half of the severe maternal morbidity events could be prevented.

That is why it is so essential for us to advance the IMPROVE Initiative, which supports research into identifying and reducing preventable causes of maternal death and ways to improve maternal health outcomes.

Mr. Speaker, I encourage my colleagues to support this bill, and I reserve the balance of my time.

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

Mr. Speaker, shockingly, the U.S. has the highest rate of maternal mortality among developed nations in this entire world. What is worse is that the mortality rates for women of color are exponentially higher than those of the general population. Black women die from pregnancy-related causes at rates at least three times those of White women, and that is irrespective of socioeconomic status or income.

It is appalling that this statistic has emerged from data collection by State maternal mortality review committees. Congress affirmed its support for these committees in February by reauthorizing my bill, the Preventing Maternal Deaths Act.

Thanks to this enduring bipartisan commitment, we have identified the problem, that 649 women died of maternal causes in the U.S. in 2024. Now that we have identified the problem, we need to work together to solve it.

Mr. Speaker, 80 to 84 percent of pregnancy-related deaths are preventable. The IMPROVE Initiative at NIH investigates the leading cause of these deaths, supports the development of interventions to prevent them, and importantly identifies factors that contribute to disparities in maternal health. We must not let this critical program lapse.

I thank Representatives UNDERWOOD and FITZPATRICK for their undying and wonderful leadership on this bill, as well as my friend and colleague ROBIN KELLY, who has been a leader on this issue for more than a decade.

Mr. Speaker, I urge my colleagues to join us in passing the bill today because no pregnancy-related death is acceptable in the richest nation in the world. I reserve the balance of my time.

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

Mr. Speaker, I yield 5 minutes to the gentleman from Pennsylvania (Mr. FITZPATRICK), my good friend. He is a member of the Ways and Means and Intel Committees and is really passionate about these issues.

My friend from Colorado has touched on this. It is something that we absolutely have to get to the bottom of. I am very thankful for the leadership of the gentlewoman from Illinois and the gentleman from Pennsylvania.

Mr. FITZPATRICK. Mr. Speaker, I rise today in strong support of our legislation, H.R. 6238, the NIH IMPROVE Act.

Mr. Speaker, this critical legislation will ensure consistent funding for research on maternal care and mortality. So many maternal deaths in America are preventable. Addressing that reality demands research that is stable, long term, and grounded in measurable outcomes.

The NIH IMPROVE Act locks in the dedicated funding that NIH's maternal health portfolio so desperately needs to track outcomes over time, evaluate what works in high-risk settings, and direct resources to the communities facing the greatest challenges.

This bipartisan legislation strengthens a proven NIH initiative and ensures that mothers across our Nation will benefit from research that saves lives and improves care through the entire pregnancy journey.

Mr. Speaker, I thank my colleague Representative UNDERWOOD for her leadership on this critical piece of legislation to ensure that improvements to maternal health across our Nation continue and are strengthened.

Mr. Speaker, I urge all of my colleagues to support this legislation, H.R. 6238.

Ms. DEGETTE. Mr. Speaker, I yield 3 minutes to the gentlewoman from Illinois (Ms. UNDERWOOD), the sponsor of this legislation.

Ms. UNDERWOOD. Mr. Speaker, I rise today in support of my bill, the NIH IMPROVE Act.

This bipartisan bill, co-led by Congressman FITZPATRICK, will provide consistent funding for research on maternal mortality.

The United States has the highest pregnancy-related death rate of any high-income country, and Black women are dying at the highest rate of all.

The crisis is only getting worse. Over the past two decades, maternal mortality rates have more than doubled, and disparities have worsened.

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What is both frustrating and promising is that over 80 percent of these deaths are preventable.

That is why in 2019 I worked with NIH to start the IMPROVE initiative, which stands for Implementing a Maternal health and PRegnancy Outcomes Vision for Everyone. Through IMPROVE, we are making smart investments in evidence-based solutions that save moms' lives and advance birth equity.

Over the past 7 years, IMPROVE has invested more than $200 million in life-saving research that will help end our Nation's maternal health crisis. These investments have already been made all across the country, from Utah to Alabama, Mississippi to Pennsylvania, and to my home State of Illinois. It is already allowing more moms to survive and thrive, and my bill will ensure that this funding keeps flowing to the communities that need it the most.

The NIH IMPROVE Act is one of the 14 bills that make up the momnibus, a comprehensive package of evidence-based, data-driven bills that address every driver of maternal mortality, morbidity, and disparities in the United States.

I know all my colleagues agree that no mom should feel fear or uncertainty about her pregnancy. So, today, I urge them to pass the NIH IMPROVE Act. After that, we are going to keep it going until the entire momnibus is signed into law. Together, we can end this crisis and keep moms alive.

Mr. Speaker, I thank Chairman GUTHRIE and Mr. PALLONE for their support for this legislation.

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

Mr. GUTHRIE. In closing, I urge a ''yes'' vote on this legislation. Mr. Speaker, I have no further speakers, and I yield back the balance of my time.

Ms. ADAMS. Mr. Speaker, I rise to speak in favor of the NIH IMPROVE Act.

One of my core beliefs that has led to my work in Congress is that health care is our most basic human right. Yet, in our country, we see some of the worst disparities in health care access and outcomes. The maternal health crisis is no exception.

Black women are two to three times more likely to die from pregnancy-related causes than other women. Women living in rural areas are losing access to local labor and delivery units, as more rural hospitals close their maternity wards.

This has not only delayed care but has led to worsening outcomes. Our country's maternal mortality rate is higher than any other high-income country in the world. Over 80 percent of these deaths are preventable. We can and must do better.

We have made substantial progress in understanding and addressing this crisis through the NIH IMPROVE Initiative. In early 2019, Congresswoman UNDERWOOD and I met with then-Director of the National Institutes of Health to urge the agency to do more to address the maternal health crisis.

In response, the NIH launched the IMPROVE Initiative later that year, which stands for Implementing a Maternal Health and Pregnancy Outcomes Vision for Everyone. The IMPROVE Initiative supports research to reduce preventable causes of maternal deaths and improve health for women before, during, and after pregnancy.

It includes a special emphasis on health disparities and populations that are disproportionately affected, such as racial and ethnic minorities, very young women and women of advanced maternal age, women living in rural areas, and people with disabilities.

THE IMPROVE Initiative has funded:

Maternal Health Research Centers of Excellence—two of which are housed at HBCUs;

Research projects on social determinants of maternal health, the impact of community violence on maternal health outcomes, and structural racism and discrimination; and

The development of new home-based and point-of-care diagnostic devices for postpartum care.

Through the federal appropriations process, Congress has quintupled funding for the Initiative since it was first launched.

However, it has not yet been put into statute, which would ensure the longevity of the program and maintain consistent funding to address maternal mortality.

The bill would authorize $53.4 million every year for seven years. With that funding, the program will continue to investigate disparities in maternal health care, and develop ways to improve care and outcomes, including in our underserved maternal care deserts.

For too long, families in our country have faced the devastating losses of mothers to pregnancy-related causes. And too often these deaths have been completely preventable.

This is personal to me. My daughter, Jeanelle, almost lost her life to this crisis. Her doctor dismissed her pain and concerns, and by the time her medical team finally responded, it was almost too late.

That dismissal and delay in care is a story I hear far too often from other mothers, especially Black mothers. Jeanelle is one of the tens of thousands of women who've experience ''near misses'' with pregnancy-related complications. That experience made me think about what it means to be a mom.

Jeanelle is my daughter, a sister, and the mother of two amazing chiidren—she's also a dedicated contributor to her community.

Mothers everywhere, like Jeanelle, are calling on Congress to do everything we can to better understand this crisis, so we can fix this crisis.

Dedicated research funding is the way to do that. This bill was reported out of the Energy and Commerce Committee with unanimous support. It is bipartisan and bicameral.

Passing the NIH IMPROVE Act today signifies Congress's united commitment to all mothers across our country that we can and will do better. We will deliver for our moms—because our moms can't wait.

I urge my colleagues to vote in favor of this bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Kentucky (Mr. GUTHRIE) that the House suspend the rules and pass the bill, H.R. 6238, 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.

ACCELERATING ACCESS TO CRITICAL THERAPIES FOR ALS REAUTHORIZATION ACT OF 2026

Mr. GUTHRIE. Mr. Speaker, I move to suspend the rules and pass the bill