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.

□ 1610

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

(H.R. 8205) to amend the Accelerating Access to Critical Therapies for ALS Act to reauthorize the provisions of such Act through fiscal year 2031, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 8205

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 ''Accelerating Access to Critical Therapies for ALS Reauthorization Act of 2026''.

SEC. 2. REAUTHORIZATION OF ACCELERATING ACCESS TO CRITICAL THERAPIES FOR ALS ACT.

(a) IN GENERAL.—Section 7 of the Accelerating Access to Critical Therapies for ALS Act (Public Law 117–79) is amended by striking ''2026'' and inserting ''2031''.

(b) GRANTS FOR ALS RESEARCH.—Section 2(f) of the Accelerating Access to Critical Therapies for ALS Act (21 U.S.C. 360ee note) is amended by striking ''2026'' and inserting ''2031''.

SEC. 3. IMPROVEMENTS TO PROGRAM FOR GRANTS FOR RESEARCH ON THERAPIES FOR ALS.

(a) RENEWAL OF GRANTS FOR RESEARCH ON THERAPIES FOR ALS REVIEW.—Section 2(b) of the Accelerating Access to Critical Therapies for ALS Act (21 U.S.C. 360ee note) is amended by adding at the end the following:

''(4) RENEWAL OF GRANTS FOR RESEARCH ON THERAPIES FOR ALS REVIEW.—In reviewing applications for renewals of a grant awarded under this section with respect to an investigational drug, the Secretary shall request from the manufacturer or sponsor, and assess, the enrollment, safety, and any available efficacy data relating to the investigational drug in the prevention, diagnosis, mitigation, treatment, or cure of amyotrophic lateral sclerosis.''.

(b) REPORTING SAFETY DATA.—Section 2(c) of the Accelerating Access to Critical Therapies for ALS Act (21 U.S.C. 360ee note) is amended—

(1) in paragraph (2)(B), by striking ''and'' at the end;

(2) in paragraph (3), by striking the period at the end and inserting ''; and''; and

(3) by adding at the end the following:

''(4) the entity seeking such grant will promptly report any new and serious adverse events and safety information that is considered to be unexpected with respect to the phase 3 trial to the grant-making institution, in addition to complying with the safety reporting requirements under section 312.32 of title 21, Code of Federal Regulations (or any successor regulations).''.

(c) CLARIFYING PARTICIPATING CLINICAL TRIAL DEFINITION.—Section 2(e) of the Accelerating Access to Critical Therapies for ALS Act (21 U.S.C. 360ee note) is amended by adding at the end the following:

''(4) The term 'phase 3', with respect to a clinical trial, includes a phase 2/3 combined trial that begins enrollment within a timeframe, determined by the Secretary through the terms and conditions of the grant awarded under this section.''.

SEC. 4. FDA RARE NEURODEGENERATIVE DISEASE ACTION PLAN.

Section 4 of the Accelerating Access to Critical Therapies for ALS Act (21 U.S.C. 360aa note) is amended—

(1) in the section heading, by striking ''**ALS AND OTHER RARE NEURODEGENERATIVE DISEASE ACTION PLAN**'' *and inserting* ''**FDA RARE NEURODEGENERATIVE DISEASE ACTION PLAN**''*; and*

(2) by adding at the end the following:

''(c) FDA RARE NEURODEGENERATIVE DISEASE ACTION PLAN.—

''(1) IN GENERAL.—Not later than 18 months after the date of enactment of the Accelerating Access to Critical Therapies for ALS Reauthorization Act of 2026, the Commissioner of Food and Drugs shall publish on the website of the Food and Drug Administration an action plan that includes a description of the actions that the Food and Drug Administration intends to take during the 5-year period following publication of the action plan with respect to the program enhancements, policy development, regulatory science initiatives, and other appropriate initiatives described in subsection (a).

''(2) REPORT.—Not later than 5 years after the date of enactment of the Accelerating Access to Critical Therapies for ALS Reauthorization Act of 2026, the Commissioner of Food and Drugs shall publish on the website of the Food and Drug Administration a report that describes the actions taken by the Food and Drug Administration under the action plan published under paragraph (1) and the extent to which such action plan meets the requirements specified in paragraph (1).''.

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 may have 5 legislative days to revise and extend their remarks on the legislation and to include extraneous material on H.R. 8205.

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. 8205 led by my colleagues, Representative QUIGLEY and Representative CALVERT.

H.R. 8205 reauthorizes the Accelerating Access to Critical Therapies for ALS Reauthorization Act, which has supported critical research and development for ALS therapies. The ACT for ALS program has worked to expand access to key therapies for both individuals with ALS and those with other rare neurodegenerative conditions. It is imperative that we pass this bill today to continue advancing research and therapeutic development in the fight against this disease.

To my fellow Americans living with ALS and their caregivers, Mr. Speaker, I want to take a moment to let them know that I recognize their resilience and their commitment to a better future for themselves and other patients with ALS. Mr. Speaker, I want them to know that I stand with them, and I ask that my colleagues do the same.

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, about 5,000 Americans are diagnosed with ALS every year. It is a disease that causes the nervous system to stop working and die, leading to muscle weakness and eventually paralysis. Essentially, when someone gets the diagnosis, it is a death sentence.

I am all too familiar with this disease and its rapid progression because in 1996, I lost my father-in-law to ALS.

The original Accelerating Access to Critical Therapies for ALS Act passed in 2021 and unleashed incredible Federal resources to improve our understanding of this relentless disease in search of a cure. It revolutionized the way FDA uses real-world evidence to foster the development of ALS therapeutics and gave patients a chance to try investigational drugs for rare neurodegenerative diseases.

We have the opportunity today to ensure ALS patients can continue to access promising new therapies, and our preeminent biomedical research institutions can continue to work towards a cure. This reauthorization will provide the continuing statutory basis for the great work that the Accelerating Access to Critical Therapies for ALS Act began, and it couldn't come at a better moment.

We have seen immense research progress in the 5 years since passage. Health Subcommittee members here today heard from Brian Wallach and Sandra Abrevaya in our hearing on this bill a few months ago when they told us with no uncertainty how important it is for people facing down this cruel disease that we keep this momentum going.

Brian and Sandra are an inspiration to all of us and to people everywhere who are seeking cures for these terrible diseases.

I want to tell Congressman MIKE QUIGLEY that his unwavering leadership on the original Accelerating Access to Critical Therapies for ALS Act and this reauthorization is saving and improving lives. I thank them for putting us on the path of finding a cure for ALS.

Mr. Speaker, I yield 3 minutes to the gentleman from Illinois (Mr. QUIGLEY), who is the sponsor of this bill.

Mr. QUIGLEY. Mr. Speaker, I thank the gentlewoman from Colorado for her kind remarks.

Mr. Speaker, several years ago, a Chicagoan named Brian Wallach came to my office and shared the fact that he was just diagnosed with ALS, a devastating disease that steals a person's ability to move or speak.

The average life expectancy at the time with someone diagnosed with ALS was 2 to 5 years. When Brian came to visit us in Congress, that was the reality he was facing.

He cofounded an organization called I AM ALS with his wife, Sandra Abrevaya. Sandra's life changed overnight, too when she became an ALS caretaker. Since then, she cofounded a company to improve the care of people living with ALS.

This awe-inspiring couple came to my office with a big idea to advance ALS research and access to treatments. After meeting with Brian and Sandra, I was convinced that ALS was not incurable. The research was just underfunded. I was moved by their dedication to each other and the cause.

Like too many families across the country, my family has been touched by neurodegenerative disease. I lost my father to Parkinson's. However, since I started working on the first Accelerating Access to Critical Therapies for ALS Act, there hasn't been one Member of Congress whom I talked to who didn't have a personal story or know the impact of one of these diseases.

Our bipartisan work on the first Accelerating Access to Critical Therapies for ALS Act broke through the bitter politics that can divide this place. I believe we have the opportunity to do that again today.

In the last 5 years, ACT for ALS programs have helped people living with ALS to access promising therapies. They have created new methods for researchers to share their work and sustain critical natural history studies.

Since we passed the first bill 5 years ago, we have been able to secure over $350 million in Federal funding for these programs. Today, we are voting on a bill to extend these programs for 5 more years.

To everyone living with ALS who has advocated for this bill, I hope today's vote shows that Congress hears you and we are here for you and that, every once in a while, we break through. At those moments, I am proud to serve here.

To Brian who is still with us fighting the disease and Sandra: Thank you for your tireless advocacy and big dreams.

Finally, I thank Representative KEN CALVERT for his work on this with me in the House, and Senators CHRIS COONS and LISA MURKOWSKI for their work in the Senate.

Mr. Speaker, I urge my colleagues to vote ''yes.''

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Mr. GUTHRIE. Mr. Speaker, I yield myself the balance of my time to close.

Mr. Speaker, in closing, I will mention Brian and Sandra testified before our committee. When I was first elected to Congress, the Ensor family from Bullitt County, Kentucky, came to see me, and I got to know Mitch. I went to his funeral services, unfortunately. I was touched by his family, which is why this bill is important to me.

Mr. Speaker, I strongly encourage everybody to vote for this bill. There may be a procedural call on this bill. This bill will pass this week. I look forward to seeing it pass, being sent to the Senate, and hopefully signed into law very soon.

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

Mr. CALVERT. Mr. Speaker, I rise today in support of the ACT for ALS Reauthorization Act, H.R. 8205, legislation that will reauthorize programs that support research and development of drugs and other therapies to address ALS.

It is hard to believe, but the original ACT for ALS Act was signed into law a little less than five years ago. As a Co-Chair of the bipartisan ALS Caucus, I saw first-hand the effort to get that landmark legislation across the finish line was the result of the passion and detepnination of the ALS advocacy community.

The passage of the ACT for ALS Act authorized key programs to expand access to new investigational drugs and grants for research of this terrible disease. Working with my Appropriations Committee colleagues, the ALS Caucus, and ALS advocates, we have been successful at making historic investments into these programs.

In Fiscal Year 2022, Congress invested nearly $30 million in ACT for ALS programs. That number increased nearly 200 percent in Fiscal Year 2025 to $86 million—nearly matching the $100 million authorization cap enshrined into law. Since the initial passge, the law has demonstrably sped infrastructure, access, and targeted progress.

By reauthorizing the ACT for ALS, the trajectory is hopeful due to better tools, data, and collaboration. ALS patients and families are relying on us not to lose momentum and to build upon hopeful progress and someday find a cure for this devastating illness.

I want to thank my ALS Caucus Members, including the bill's sponsor Representative QUIGLEY, for their work. I want to give my heartfelt appreciation, once again, to the ALS advocacy community and the families who have been forever changed by ALS. I urge all of my colleagues to stand with these families, give them hope, and pass the ACT for ALS Reauthorization Act.

The SPEAKER pro tempore (Mr. YAKYM). 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. 8205, as amended.

The question was taken.

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

Mr. GUTHRIE. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

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

The point of no quorum is considered withdrawn.

PUTTING PATIENTS FIRST BY STRENGTHENING PROVIDER ACCOUNTABILITY IN FECA ACT

Mr. WALBERG. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 8823) to amend the Federal Employees Compensation Act to allow the Secretary of Labor to suspend payments to medical providers who have been convicted of fraud, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 8823

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 ''Putting Patients First by Strengthening Provider Accountability in FECA Act''.

SEC. 2. FRAUD CONVICTIONS.

(a) IN GENERAL.—Section 8103 of title 5, United States Code, is amended—

(1) in subsection (a), by striking ''These expenses'' and inserting ''Subject to subsection (c), these expenses'';

(2) in subsection (b), by striking ''The Secretary, under'' and inserting ''Subject to subsection (c), the Secretary, under''; and

(3) by adding at the end the following:

''(c)(1) The Secretary of Labor may suspend payments to a provider of services, appliances, or supplies furnished pursuant to subsection (a), or vouchers or certifications described in subsection (b) for the expenses incurred by the employing agency with respect to such a provider, if the provider has been convicted of fraud with respect to—

''(A) this subchapter;

''(B) any Federal health care benefit program (as defined in section 24 of title 18, United States Code); or

''(C) any State program for which payments are made to providers for services, appliances, or supplies similar to such services, appliances, or supplies provided pursuant to this subchapter.

''(2) The Secretary shall promulgate regulations to carry out this subsection.''.

(b) EFFECTIVE DATE.—The amendments made by this Act shall apply with respect to payments made to a provider of services, appliances, or supplies on or after the date that is 180 days after the date of enactment of this Act.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Michigan (Mr. WALBERG) and the gentleman from California (Mr. TAKANO) each will control 20 minutes.

The Chair recognizes the gentleman from Michigan.

GENERAL LEAVE

Mr. WALBERG. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and to include extraneous material on H.R. 8823.

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

There was no objection.

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

Mr. Speaker, I rise today in strong support of H.R. 8823, bipartisan legislation that protects both taxpayers and the Federal employees who rely on the Federal Employees' Compensation Act, when they are injured on the job.

Federal workers who are navigating an injury deserve timely, honest, and compassionate care, not to become the target of fraud. Programs like FECA exist to ensure these workers receive the medical treatment and support they need to recover.

Unfortunately, some bad actors have exploited that trust. Instead of following through on the responsibility to care for injured workers, certain medical providers have treated FECA like a personal ATM: submitting fraudulent claims, abusing the system, and enriching themselves at the expense of both taxpayers and the very people they were entrusted to help.

The Office of Inspector General recently testified before Congress that since 2015, it has opened more than 320 criminal investigations involving the FECA program. These investigations have resulted in the indictment and