matching fund waivers and resume their work to enhance drug, alcohol, and tobacco prevention efforts. The legislation also allows additional funds to be made available for expanded technical assistance by the Drug-Free Communities Program, as requested in the administration's fiscal year 2022 budget. This additional support would provide critical resources to the Drug-Free Communities Coalitions facing the greatest challenges posed by the pandemic.

I urge my colleagues to support H.R. 654, a bipartisan bill that will allow important work to continue in our communities.

Madam Speaker, I reserve the balance of my time.

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

Madam Speaker, I rise today in support of H.R. 654, the Drug-Free Communities Pandemic Relief Act, which was introduced by Representatives JOYCE and KILMER.

The Drug-Free Communities Support Program funds community-based coalitions that work to prevent youth substance use disorders. Their work at the local level is important, especially as we sadly saw a record in overdose deaths last year.

We all know that the economic consequences of the pandemic have impacted many sectors, and that includes the sustainability of the Drug-Free Communities Support Program. Under current law, coalitions that receive Federal grants must match part of the funding with non-Federal funds. But the economic consequences of the pandemic have left many coalitions struggling to meet the matching requirement.

H.R. 654 temporarily permits the Office of National Drug Control Policy to waive the local matching requirement if a coalition is unable to fulfill this requirement due to the pandemic. Providing targeted relief for these coalitions will help them continue to implement local strategies to address the increases in substance use disorders and overdose deaths in our communities.

I thank Representatives JOYCE and KILMER for leading the support initiative, and I urge a ''yes'' vote.

Madam Speaker, I reserve the balance of my time

Mr. PALLONE. Madam Speaker, I have no additional speakers, and I reserve the balance of my time.

Mr. GUTHRIE. Madam Speaker, I yield 3 minutes to the gentleman from Ohio (Mr. JOYCE), who is the primary sponsor of this piece of legislation.

Mr. JOYCE of Ohio. Madam Speaker, I rise today in support of my bill, the Drug-Free Communities Pandemic Relief Act.

The unfortunate reality is that while the COVID–19 pandemic ravaged our Nation last year, so did the opioid crisis.

More than 93,000 overdose deaths were reported in 2020.

Meanwhile, enough fentanyl has been seized at our southern border this year to kill the entire U.S. population seven times over.

And just the other week, the DEA warned that counterfeit pills laced with this deadly synthetic opioid are spreading across all 50 States.

These statistics are harrowing, and the stories of loss they cause are heartbreaking. All of us have loved ones, friends, or neighbors in our communities that have been impacted.

As a former Geauga County prosecutor, I saw firsthand how addiction has devastated communities in northeast Ohio and know how important it is to support local efforts that reduce and prevent youth drug use.

That is why I introduced the Drug-Free Communities Pandemic Relief Act with my friend and colleague on the other side of the aisle, Congressman KILMER.

Recognizing that local problems need local solutions, the Drug-Free Communities Program provides funding to local coalitions that engage multiple sectors of their communities in order to reduce and prevent substance abuse disorder among younger Americans.

No other drug prevention program has consistently achieved the same reduction in youth drug use than the Drug-Free Communities Program has.

However, hundreds of coalitions have been unable to meet the program's local matching requirements due to financial difficulties caused by the COVID–19 pandemic.

My bipartisan legislation will address that challenge and ensure these coalitions have the resources and flexibility they need during these difficult times to combat the crisis of addiction gripping our country.

With more Americans dying from drug overdoses than ever before, it is critical that we do everything we can to support and empower those working on the front lines in our communities to reduce and prevent addiction among our children.

I strongly urge all my colleagues to vote ''yes'' on this bill today.

□ 1630

Mr. PALLONE. Madam Speaker, I am prepared to close, and I reserve the balance of my time.

Mr. GUTHRIE. Madam Speaker, I am prepared to close, and I yield myself such time as I may consume.

Madam Speaker, my friend from Ohio said it best. Local solutions to community problems. It is a national problem. It is a statewide problem. But it is happening in each community, and so local solutions are part of the strategy moving forward. And giving these coalitions the opportunity to participate in these grants as they have seen some other funding and other resources dry up due to the pandemic, it is something that is important for us to continue and move this forward. I appreciate my friend from Ohio and my other good friend from Washington State for moving this forward.

Madam Speaker, I urge its passage, and I yield back the balance of my time.

Mr. PALLONE. Madam Speaker, I urge support for this bill. It is very important in terms of trying to promote these coalitions at a local community level to prevent drug overuse.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 654, 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. GOOD of Virginia. Madam Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

STRENGTHENING AMERICA'S STRATEGIC NATIONAL STOCKPILE ACT OF 2021

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 3635) to amend the Public Health Service Act with respect to the Strategic National Stockpile, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3635

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

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''Strengthening America's Strategic National Stockpile Act of 2021''.

(b) TABLE OF CONTENTS.—The table of contents for this Act is as follows:

SEC. 2. REIMBURSABLE TRANSFERS.

Section 319F–2(a) of the Public Health Service Act (42 U.S.C. 247d–6b(a)) is amended by adding at the end the following:

''(6) TRANSFERS AND REIMBURSEMENTS.—

''(A) IN GENERAL.—Without regard to chapter 5 of title 40, United States Code, the Secretary may transfer to any Federal department or agency, on a reimbursable basis, any drugs, vaccines and other biological products, medical devices, and other supplies in the stockpile if—

''(i) the transferred supplies are less than one year from expiry;

''(ii) the stockpile is able to replenish the supplies, as appropriate; and

''(iii) the Secretary decides the transfer is in the best interest of the United States Government.

''(B) USE OF REIMBURSEMENT.—Reimbursement derived from the transfer of supplies pursuant to subparagraph (A) may, to the extent and in the amounts made available in advance in appropriations Acts, be used by the Secretary to carry out this section. Funds made available pursuant to the preceding sentence are in addition to any other funds that may be made available for such purpose.

''(C) RULE OF CONSTRUCTION.—This paragraph shall not be construed to preclude transfers of products in the stockpile under other authorities.

''(D) REPORT.—Not later than September 30, 2023, the Secretary shall submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate a report on each transfer made under this paragraph and the amount received by the Secretary in exchange for that transfer.

''(E) SUNSET.—The authority to make transfers under this paragraph shall cease to be effective on September 30, 2024.''.

SEC. 3. EQUIPMENT MAINTENANCE.

Section 319F–2 of the Public Health Service Act (42 U.S.C. 247d–6b) is amended—

(1) in subsection (a)(3)—

(A) in subparagraph (I), by striking ''; and'' and inserting a semicolon;

(B) in subparagraph (J), by striking the period at the end and inserting a semicolon; and

(C) by inserting the following new subparagraph at the end:

''(K) ensure contents of the stockpile remain in good working order and, as appropriate, conduct maintenance services on contents of the stockpile; and''; and

(2) in subsection (c)(7)(B), by adding at the end the following new clause:

''(ix) EQUIPMENT MAINTENANCE SERVICE.—In carrying out this section, the Secretary may enter into contracts for the procurement of equipment maintenance services.''.

SEC. 4. SUPPLY CHAIN FLEXIBILITY MANUFACTURING PILOT.

(a) IN GENERAL.—Section 319F–2(a)(3) of the Public Health Service Act (42 U.S.C. 247d–6b(a)(3)), as amended by section 3, is further amended by adding at the end the following new subparagraph:

''(L) enhance medical supply chain elasticity and establish and maintain domestic reserves of critical medical supplies (including personal protective equipment, ancillary medical supplies, and other applicable supplies required for the administration of drugs, vaccines and other biological products, and other medical devices (including diagnostic tests)) by—

''(i) increasing emergency stock of critical medical supplies;

''(ii) geographically diversifying domestic production of such medical supplies, as appropriate;

''(iii) entering into cooperative agreements or partnerships with respect to manufacturing lines, facilities, and equipment for the domestic production of such medical supplies; and

''(iv) managing, either directly or through cooperative agreements with manufacturers and distributors, domestic reserves established under this subparagraph by refreshing and replenishing stock of such medical supplies.''.

(b) REPORTING; SUNSET.—Section 319F–2(a) of the Public Health Service Act (42 U.S.C. 247d–6b(a)), as amended by section 2, is further amended by adding at the end the following:

''(7) REPORTING.—Not later than September 30, 2023, the Secretary shall submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor and Pensions of the Senate a report on the details of each cooperative agreement or partnership entered into under paragraph (3)(L), including the amount expended by the Secretary on each such cooperative agreement or partnership.

''(8) SUNSET.—The authority to enter into cooperative agreements or partnerships pursuant to paragraph (3)(L) shall cease to be effective on September 30, 2024.''.

(c) FUNDING.—Section 319F–2(f) of the Public Health Service Act (42 U.S.C. 247d–6b(f)) is amended by adding at the end the following:

''(3) SUPPLY CHAIN ELASTICITY.—

''(A) IN GENERAL.—For the purpose of carrying out subsection (a)(3)(L), there is authorized to be appropriated $500,000,000 for each of fiscal years 2022 through 2024, to remain available until expended.

''(B) RELATION TO OTHER AMOUNTS.—The amount authorized to be appropriated by subparagraph (A) for the purpose of carrying out subsection (a)(3)(L) is in addition to any other amounts available for such purpose.''.

SEC. 5. GAO STUDY ON THE FEASIBILITY AND BENEFITS OF A USER FEE AGREEMENT.

(a) IN GENERAL.—The Comptroller General of the United States shall conduct a study to investigate the feasibility of establishing user fees to offset certain Federal costs attributable to the procurement of single-source materials for the Strategic National Stockpile under section 319F–2 of the Public Health Service Act (42 U.S.C. 247d–6b) and distributions of such materials from the Stockpile. In conducting this study, the Comptroller General shall consider, to the extent information is available—

(1) whether entities receiving such distributions generate profits from those distributions;

(2) any Federal costs attributable to such distributions;

(3) whether such user fees would provide the Secretary with funding to potentially offset procurement costs of such materials for the Strategic National Stockpile; and

(4) any other issues the Comptroller General identifies as relevant.

(b) REPORT.—Not later than February 1, 2024, the Comptroller General of the United States shall submit to the Congress a report on the findings and conclusions of the study under subsection (a).

SEC. 6. GRANTS FOR STATE STRATEGIC STOCKPILES.

Title III of the Public Health Service Act is amended by inserting after section 319F–4 of such Act (42 U.S.C. 247d–6e) the following new section:

''SEC. 319F–5. GRANTS FOR STATE STRATEGIC STOCKPILES.

''(a) IN GENERAL.—The Secretary may establish a pilot program consisting of awarding grants to States to expand or maintain a strategic stockpile of commercially available drugs, devices, personal protective equipment, and other products deemed by the State to be essential in the event of a public health emergency.

''(b) ALLOWABLE USE OF FUNDS.—

''(1) USES.—A State receiving a grant under this section may use the grant funds to—

''(A) acquire commercially available products listed pursuant to paragraph (2) for inclusion in the State's strategic stockpile;

''(B) store, maintain, and distribute products in such stockpile; and

''(C) conduct planning in connection with such activities.

''(2) LIST.—The Secretary shall develop and publish a list of the products that are eligible, as described in subsection (a), for inclusion in a State's strategic stockpile using funds received under this section.

''(3) CONSULTATION.—In developing the list under paragraph (2) and otherwise determining the allowable uses of grant funds under this section, the Secretary shall consult with States and relevant stakeholders, including public health organizations.

''(c) FUNDING REQUIREMENT.—The Secretary may not obligate or expend any funds to award grants or fund any previously awarded grants under this section for a fiscal year unless the total amount made available to carry out section 319F–2 for such fiscal year is equal to or greater than the total amount of funds made available to carry out section 319F–2 for fiscal year 2022.

''(d) MATCHING FUNDS.—

''(1) IN GENERAL.—With respect to the costs of expanding and maintaining a strategic stockpile through a grant under this section, as a condition on receipt of the grant, a State shall make available (directly) non-Federal contributions in cash toward such costs in an amount that is equal to not less than the amount of Federal funds provided through the grant.

''(2) WAIVER.—The Secretary may waive the requirement of paragraph (1) with respect to a State for the first two years of the State receiving a grant under this section if the Secretary determines that such waiver is needed for the State to establish a strategic stockpile described in subsection (a).

''(e) TECHNICAL ASSISTANCE.—The Secretary shall provide technical assistance to States in establishing, expanding, and maintaining a stockpile described in subsection (a).

''(f) DEFINITION.—In this section, the term 'drug' has the meaning given to that term in section 201 of the Federal Food, Drug, and Cosmetic Act.

''(g) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there is authorized to be appropriated $3,500,000,000 for each of fiscal years 2022 through 2024, to remain available until expended.

''(h) SUNSET.—The authority vested by this section terminates at the end of fiscal year 2024.''.

SEC. 7. ACTION REPORTING.

(a) IN GENERAL.—The Secretary of Health and Human Services or the Assistant Secretary for Preparedness and Response, in consultation with the Administrator of the Federal Emergency Management Agency, shall—

(1) not later than 30 days after the date of enactment of this Act, issue a report to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate regarding all State, local, Tribal, and territorial requests for supplies from the Strategic National Stockpile related to COVID–19; and

(2) not less than every 30 days thereafter through the end of the emergency period (as such term is defined in section 1135(g)(1)(B) of the Social Security Act (42 U.S.C. 1320b–5(g)(1)(B))), submit to such committees an updated version of such report.

(b) REPORTING PERIOD.—

(1) INITIAL REPORT.—The initial report under subsection (a) shall address all requests described in such subsection made during the period—

(A) beginning on January 31, 2022; and

(B) ending on the date that is 30 days before the date of submission of the report.

(2) UPDATES.—Each update to the report under subsection (a) shall address all requests described in such subsection made during the period—

(A) beginning at the end of the previous reporting period under this section; and

(B) ending on the date that is 30 days before the date of submission of the updated report.

(c) CONTENTS OF REPORT.—The report under subsection (a) (and updates thereto) shall include—

(1) the details of each request described in such subsection, including—

(A) the specific medical countermeasures, devices, personal protective equipment, and other materials requested; and

(B) the amount of such materials requested; and

(2) the outcomes of each request described in subsection (a), including—

(A) whether the request was wholly fulfilled, partially fulfilled, or denied;

(B) if the request was wholly or partially fulfilled, the fulfillment amount; and

(C) if the request was partially fulfilled or denied, a rationale for such outcome.

SEC. 8. IMPROVED, TRANSPARENT PROCESSES.

(a) IN GENERAL.—Not later than January 1, 2022, the Secretary of Health and Human Services shall develop and implement improved, transparent processes for the use and distribution of drugs, vaccines and other biological products, medical devices, and other supplies (including personal protective equipment, ancillary medical supplies, and other applicable supplies required for the administration of drugs, vaccines and other biological products, medical devices, and diagnostic tests) in the Strategic National Stockpile under section 319F–2 of the Public Health Service Act (42 U.S.C. 247d–6b) (in this section referred to as the ''Stockpile'').

(b) PROCESSES.—The processes developed under subsection (a) shall include—

(1) the form and manner in which States, localities, Tribes, and territories are required to submit requests for supplies from the Stockpile;

(2) the criteria used by the Secretary of Health and Human Services in responding to such requests, including the reasons for fulfilling or denying such requests;

(3) what circumstances result in prioritization of distribution of supplies from the Stockpile to States, localities, Tribes, or territories;

(4) clear plans for future, urgent communication between the Secretary and States, localities, Tribes, and territories regarding the outcome of such requests; and

(5) any differences in the processes developed under subsection (a) for geographically related emergencies, such as weather events, and national emergencies, such as pandemics.

(c) CLASSIFICATION.—The processes developed under subsection (a) shall be unclassified to the greatest extent possible consistent with national security. The Secretary of Health and Human Services may classify portions of such processes as necessary to protect national security.

(d) REPORT TO CONGRESS.—Not later than January 1, 2022, the Secretary of Health and Human Services shall—

(1) submit a report to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate regarding the improved, transparent processes developed under this section;

(2) include in such report recommendations for opportunities for communication (by telebriefing, phone calls, or in-person meetings) between the Secretary and States, localities, Tribes, and territories regarding such improved, transparent processes; and

(3) submit such report in unclassified form to the greatest extent possible, except that the Secretary may include a classified appendix if necessary to protect national security.

SEC. 9. AUTHORIZATION OF APPROPRIATIONS.

Section 319F–2(f)(1) of the Public Health Service Act (42 U.S.C. 247d–6b(f)(1)) is amended by striking ''$610,000,000 for each of fiscal years 2019 through 2023'' and inserting ''$705,000,000 for each of fiscal years 2022 through 2024''.

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

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 3635.

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

There was no objection.

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

Madam Speaker, I rise today in support of H.R. 3635, the Strengthening America's Strategic National Stockpile Act of 2021.

This bill makes long-overdue improvements to the Strategic National Stockpile to ensure we have access to critical lifesaving medical supplies during public health emergencies. Since the beginning of the COVID–19 pandemic, there has been a lot of attention around the Strategic National Stockpile and our preparedness for this pandemic.

The stockpile was not stocked as it should have been and this bill makes important improvements to correct that for the future. The bill will ensure that the Strategic National Stockpile, also known as SNS, is operating at its highest potential moving forward in order to continue to respond to COVID–19, and also to prepare for the next public health emergency.

This bipartisan bill seeks to reduce America's dependence on foreign sources of critical medical supplies, including personal protective equipment. It does this by boosting domestic manufacturing to make those supplies in the United States and promoting private-public partnerships to ensure a coordinated response. The legislation also makes needed improvements to the Strategic National Stockpile to ensure it is fully equipped with medical supplies that are safe and in working order.

Importantly, the bill also improves transparency around the readiness of the Strategic National Stockpile and how requests from States and Tribes are being managed. It also directs the Department of Health and Human Services to develop and implement improved, transparent processes for these types of requests moving forward. This will be critical for ensuring adequate supplies within the Strategic National Stockpile, as well as informing readiness efforts in the States and also at Tribal levels.

As healthcare systems all across our Nation continue to be stretched to the limit combating the COVID–19 Delta variant, we need to continue to push solutions that support our public health and national security response capability. The improvements to the Strategic National Stockpile put forward in this bill are critical to protecting our frontline workers and patients with the supplies that they need to stay safe.

Madam Speaker, I commend the bipartisan leadership of Representatives SLOTKIN and HUDSON in preparing this bill. This bipartisan bill was passed out of the Committee on Energy and Commerce and by this House unanimously last Congress.

Madam Speaker, I encourage my colleagues to once again join me in strong support of this important bill, and I reserve the balance of my time.

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

Madam Speaker, I rise in support of H.R. 3635, Strengthening America's Strategic National Stockpile Act, which was spearheaded by Representatives HUDSON and SLOTKIN. This legislation includes several critical initiatives that will improve the Strategic National Stockpile, or SNS.

First, the bill allows the SNS to transfer products between federal agencies and to ensure they are used before their expiration.

Second, the bill directs the Secretary of Health and Human Services to examine user fee agreements, ensure the SNS products are in working order, and allows agreements with domestic producers to improve the supply chain to refresh and replenish existing stocks.

Third, the bill directs the Federal Emergency Management Agency and the Centers for Disease Control and Prevention to report on distributions from the SNS, as well as requests for supplies from State, local, Tribal, and territorial agencies.

Finally, the bill authorizes a pilot program to establish State stockpiles. We must ensure our country is prepared to combat the next health crisis, no matter if it is from a disease, disaster, or terrorism.

Madam Speaker, I urge my colleagues to support this bipartisan legislation to improve and sustain the Strategic National Stockpile, and I reserve the balance of my time.

Mr. PALLONE. Madam Speaker, I have no additional speakers, and I reserve the balance of my time.

Mr. GUTHRIE. Madam Speaker, I yield 3 minutes to the gentleman from North Carolina (Mr. HUDSON), my colleague, and a primary sponsor of this piece of legislation.

Mr. HUDSON. Madam Speaker, I rise in support of H.R. 3635, Strengthening America's Strategic National Stockpile Act of 2021, a bill I am proud to have introduced along with Representative SLOTKIN.

The COVID–19 pandemic has exposed the dangers of relying on foreign countries for needed medical supplies.

H.R. 3635 will reduce our dependence on foreign sources of supplies like PPE by boosting domestic manufacturing to make these products here in the United States. It would also make critical improvements to our Strategic National Stockpile to ensure it is full and items are ready to be deployed when needed.

Strengthening our stockpile of PPE and domestic manufacturing has never been more important for our economy and our national security. I urge my colleagues to support this legislation so we can be better prepared for the next public health emergency.

Madam Speaker, additionally, I am proud to have introduced H.R. 4032, the Open RAN Outreach Act, a bill that will also be considered by this House today.

The Open RAN Outreach Act will strengthen our telecommunications supply chains and help protect small and rural communications providers from Chinese-backed companies. Protecting our supply chains and pushing back against China are more critical than ever before, especially for our vulnerable telecommunications networks. Providers backed by the Chinese Communist Party have tried to undercut the market and expand their outreach, particularly in our underserved rural communities.

By passing H.R. 4032, we can encourage a competitive market of trusted vendors to expand network access across our country. Just like H.R. 3635, this bill is also critical not just for our economy, but for our national security.

Madam Speaker, I urge my colleagues to support it as well.

Mr. PALLONE. Madam Speaker, I reserve the balance of my time.

Mr. GUTHRIE. Madam Speaker, I yield 3 minutes to the gentlewoman from Indiana (Mrs. WALORSKI), a member of the Committee on Ways and Means.

Mrs. WALORSKI. Madam Speaker, I rise today in support of H.R. 3635, the Strengthening America's Strategic National Stockpile Act. A key lesson from the pandemic has been the absolute need to end our dependence on the Chinese Communist Party for the production of medicines, personal protective equipment, and other critical medical supplies.

Now more than ever, we know that secure and resilient supply chains are vital to the safety and success of the American people. It is so critical to focus on breaking our dependency on China and move domestic manufacturing of PPE products back home to the U.S.

Early on in the pandemic, the Department of Homeland Security concluded that China ''intentionally concealed the severity'' of this virus so they could hoard PPE by blocking exports and buying it up through its state-owned enterprises, a theory that has been confirmed time and time again.

In March of 2020, the New York Times reported that factories in China were not authorized to export masks, and all the while bought up much of the world's supply first. In February of last year, Chinese entrepreneurs and aid groups visited pharmacies in affluent countries and emerging markets, buying masks in bulk to send to China.

Similarly, the Sydney Morning Herald reported that the Greenland Group, a Chinese government-backed property giant, instructed its employees worldwide—even accountants and receptionists and their HR teams—to stop what they were doing and bulk buy as many medical supplies as they could in January and February of 2020.

It is quite simple. We must not trust the Chinese Communist Party. The bipartisan legislation before us today is a strong step in the right direction toward strengthening American manufacturing of PPE in Indiana and across the rest of the country.

Specifically, it includes the Medical Supplies for Pandemics Act I led with Congresswoman DINGELL, that would enhance medical supply chain elasticity, improve the domestic production of PPE, and partner with private industry to refresh and replenish existing stocks of medical supplies.

Our legislation takes other important measures, such as supporting State efforts to expand and maintain our own stockpiles, improving maintenance of the national stockpile to ensure it is in good working order and allow the transfer of stockpile items nearing their expiration dates to other federal agencies.

To prepare for the next crisis and better protect frontline healthcare workers, we need to boost U.S. manufacturing of PPE and strengthen the Strategic National Stockpile.

Madam Speaker, I urge support, and I thank my colleagues.

Mr. GUTHRIE. Madam Speaker, I am prepared to close, and I yield myself such time as I may consume.

Madam Speaker, I urge support of this piece of legislation.

Fortunately, the last big pandemic that came across the country was in 1918, the flu pandemic, so over 100 years. What we learned, although it was well-planned and all, the Strategic National Stockpile, until you really face a pandemic like we have, you don't truly understand exactly everything you need to do, although the Strategic National Stockpile was there, it was drawn from, it was used. There were a lot of lessons learned.

Madam Speaker, it is important that we apply these lessons. I appreciate my colleagues for doing this, moving forward. Hopefully, it will be another 100 years or more before we have to use the Strategic National Stockpile, but it certainly is prudent that we are ready.

Madam Speaker, I urge the passage of this legislation, and I yield back the balance of my time.

Mr. PALLONE. Madam Speaker, I agree with my colleague that what this bill does is basically take the lessons that we learned from the pandemic about what can be done to improve the Strategic National Stockpile for the future.

Madam Speaker, I ask everyone to support the bill on a bipartisan basis, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 3635.

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. GOOD of Virginia. Madam Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

SECURE EQUIPMENT ACT OF 2021

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 3919) to ensure that the Federal Communications Commission does not approve radio frequency devices that pose a national security risk, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3919

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 ''Secure Equipment Act of 2021''.

SEC. 2. UPDATES TO EQUIPMENT AUTHORIZATION PROCESS OF FEDERAL COMMUNICATIONS COMMISSION.

(a) RULEMAKING.—

(1) IN GENERAL.—Not later than 1 year after the date of the enactment of this Act, the Commission shall adopt rules in the proceeding initiated in the Notice of Proposed Rulemaking in the matter of Protecting Against National Security Threats to the Communications Supply Chain through the Equipment Authorization Program (ET Docket No. 21–232; FCC 21–73; adopted June 17, 2021), in accordance with paragraph (2), to update the equipment authorization procedures of the Commission.

(2) UPDATES REQUIRED.—In the rules adopted under paragraph (1), the Commission shall clarify that the Commission will no longer review or approve any application for equipment authorization for equipment that is on the list of covered communications equipment or services published by the Commission under section 2(a) of the Secure and Trusted Communications Networks Act of 2019 (47 U.S.C. 1601(a)).

(3) APPLICABILITY.—

(A) IN GENERAL.—In the rules adopted under paragraph (1), the Commission may not provide for review or revocation of any equipment authorization granted before the date on which such rules are adopted on the basis of the equipment being on the list described in paragraph (2).

(B) RULE OF CONSTRUCTION.—Nothing in this section may be construed to prohibit the Commission, other than in the rules adopted under paragraph (1), from—

(i) examining the necessity of review or revocation of any equipment authorization on the basis of the equipment being on the list described in paragraph (2); or