

bill (S. 4978) to amend the Public Health Service Act to reauthorize the State offices of rural health program.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 4978.

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 “State Offices of Rural Health Program Reauthorization Act of 2022”.

SEC. 2. STATE OFFICES OF RURAL HEALTH.

Section 338J(i)(1) of the Public Health Service Act (42 U.S.C. 254r(i)(1)) is amended by striking “fiscal years 2018 through 2022” and inserting “fiscal years 2023 through 2027”.

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 S. 4978.

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.

Today I rise in support of S. 4978, the State Offices of Rural Health Program Reauthorization Act of 2022. Since 1991, the Health Resources and Services Administration’s State Offices of Rural Health Program has assisted States in strengthening rural healthcare delivery systems by maintaining a central hub for rural health in each State. This bill would reauthorize the program for 5 years, through 2027.

Madam Speaker, this legislation could not come at a more crucial time. Today, rural Americans face a far greater risk of death from many of the leading causes of death for adults in our country, including heart disease, cancer, stroke, and chronic lower respiratory diseases.

In addition, unintentional injury deaths among rural populations are approximately 50 percent higher than among urban populations.

These adverse effects in rural areas also translate to pediatric populations. A study conducted by the Centers for Disease Control and Prevention found that children living in rural areas with mental, behavioral, and developmental disorders faced more community and family challenges than children living in urban areas with the same disorders. Adolescent suicide rate is also approximately 47 percent higher in rural areas.

HRSA’s State Offices of Rural Health Program has met the health needs of rural Americans head on for the last 30 years. The program provides funding

for an institutional framework that links small rural communities with State and Federal resources to develop long-term solutions to rural health programs through research, as well as dissemination of information and solutions to barriers to rural health.

These offices must also coordinate all activities in the State related to rural healthcare and conduct recruitment and retention activities for healthcare professionals to serve in rural areas.

Madam Speaker, I urge all my colleagues to support this bipartisan legislation, 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 today in support of S. 4978, State Offices of Rural Health Program Reauthorization Act. This program provides funding to connect small rural communities with State and Federal resources to develop long-term solutions to rural health programs that help improve access to care in underserved areas of our country.

This legislation is a clean, 5-year reauthorization at currently authorized levels and will help to preserve the program’s flexibility to meet State and local rural healthcare needs.

I urge my colleagues to support this bill.

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

MR. PALLONE. Madam Speaker, I also would urge everyone, all of my colleagues, on a bipartisan basis to support this bill.

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, S. 4978.

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.

CHILDHOOD CANCER SURVIVORSHIP, TREATMENT, ACCESS, AND RESEARCH REAUTHORIZATION ACT OF 2022

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (S. 4120) to maximize discovery, and accelerate development and availability, of promising childhood cancer treatments, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 4120

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 “Childhood Cancer Survivorship, Treatment, Access, and Research Reauthorization Act of 2022” or the

“Childhood Cancer STAR Reauthorization Act”.

SEC. 2. REAUTHORIZING AND IMPROVING THE CHILDHOOD STAR ACT.

(a) CHILDREN’S CANCER BIOREPOSITORIES.—Section 417E of the Public Health Service Act (42 U.S.C. 285a–11) is amended—

(1) in subsection (a)—

(A) in paragraph (2)(A), by inserting before the period at the end of the second sentence the following: “, such as collected samples of both solid tumor cancer and paired samples”;

(B) in paragraph (9), by striking “Childhood Cancer Survivorship, Treatment, Access, and Research Act of 2018” and inserting “Childhood Cancer Survivorship, Treatment, Access, and Research Reauthorization Act of 2022”;

(C) by redesignating paragraph (10) as paragraph (11); and

(D) by inserting after paragraph (9) the following:

“(10) REPORT ON RESEARCHER ACCESS TO CHILDREN’S CANCER BIOREPOSITORY SAMPLES.—Not later than 2 years after the date of enactment of the Childhood Cancer Survivorship, Treatment, Access, and Research Reauthorization Act of 2022, the Director of NIH shall—

“(A) conduct a review of the procedures established under paragraph (2)(C) and other policies or procedures related to researcher access to such biospecimens to identify any opportunities to reduce administrative burden, consistent with paragraph (2)(D), in a manner that protects personal privacy to the extent required by applicable Federal and State privacy law, at a minimum; and

“(B) submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report on the findings of the review under subparagraph (A) and whether the Director of NIH plans to make any changes to the policies or procedures considered in such review, based on such findings.”; and

(2) in subsection (d), by striking “2019 through 2023” and inserting “2024 through 2028”.

(b) CANCER SURVIVORSHIP PROGRAMS.—Section 201 of the Childhood Cancer Survivorship, Treatment, Access, and Research Act of 2018 (Public Law 115–180) is amended—

(1) in subsection (a)—

(A) in the subsection heading, by striking “PILOT PROGRAMS TO EXPLORE” and inserting “RESEARCH TO EVALUATE”

(B) in paragraph (1)—

(i) by striking “may make awards to eligible entities to establish pilot programs” and inserting “shall, as appropriate, make awards to eligible entities to conduct or support research”;

(ii) by striking “model systems” and inserting “approaches”;

(iii) by inserting “and adolescent” after “childhood”; and

(iv) by striking “evaluation of models for”;

(C) in paragraph (2)—

(i) in subparagraph (A), in the matter preceding clause (i), by inserting “within the existing peer review process,” after “practicable.”; and

(ii) in subparagraph (B)(v), by striking “in treating survivors of childhood cancers” and inserting “in carrying out the activities described in paragraph (1)”;

(D) in paragraph (3)(B)(v), by striking “design of systems for the effective transfer of treatment information and care summaries from cancer care providers to other health care providers” and inserting “design tools to support the secure electronic transfer of treatment information and care summaries

between health care providers or, as applicable and appropriate, longitudinal childhood cancer survivorship cohorts"; and

(2) in subsection (b)—

(A) in each of paragraphs (1) and (2), by striking "date of enactment of this Act" and inserting "date of enactment of the Childhood Cancer Survivorship, Treatment, Access, and Research Reauthorization Act of 2022"; and

(B) in paragraph (1)—

(i) by striking subparagraphs (A) and (C);

(ii) by redesignating subparagraph (B) as subparagraph (A); and

(iii) by adding at the end the following:

"(B) recommendations for enhancing or promoting activities of the Department of Health and Human Services related to workforce development for health care providers who provide psychosocial care to pediatric cancer patients and survivors."

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. Mr. 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 S. 4120.

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

There was no objection.

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

I rise in support of S. 4120, the Senate companion to H.R. 7630, the Childhood Cancer STAR Reauthorization Act. Last night, this bill passed in the Senate by unanimous consent, and I am glad that we are now considering it under suspension.

Mr. Speaker, cancer is the leading cause of death in American children, yet only 4 percent of the National Cancer Institute's budget is dedicated to childhood and adolescent cancer research.

Since its original implementation, the STAR Act has provided resources for State cancer registries to identify and track pediatric cancer incidence, enhance research on childhood cancer survivorship and innovative treatment models, and support the pediatric cancer workforce.

The bill before us reauthorizes the STAR Act for 5 years at \$30 million per year, requires a report on researcher access to cancer biorepository samples, and expands research to evaluate survivorship and treatment approaches in children and adolescents with cancer.

I thank the House and Senate sponsors and families across the country who have advocated for this important reauthorization.

I look forward to the STAR Act passing and adding on to the Energy and Commerce Committee's efforts in the 117th Congress to enhance pediatric cancer research, such as the Gabriella Miller Kids First Research Act 2.0 and ARPA-H.

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

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

Mr. Speaker, I rise today in support of S. 4120, the Childhood Cancer STAR Reauthorization Act led by Mr. MCCAUL. This program at the National Institutes of Health is integral to the fight against childhood cancers and also helps inform how best to care for those who are childhood cancer survivors.

The Childhood Cancer STAR Act, enacted in 2018, has been fully funded each year and has led to new standards of care for childhood cancer survivors, increased the ability for new childhood cancer research at NIH, and helped collect better data about prevalence of childhood cancers.

This straight reauthorization, at currently reauthorized levels, also includes a report to Congress to make sure that researchers outside of NIH are able to capitalize on the work facilitated by the STAR Act.

This bill passed the House by unanimous consent and has over 100 cosponsors in the House. I plan to support it today. I urge my colleagues to support this bill.

Mr. Speaker, it is hard to come to the floor of the House and talk about childhood cancer and not talk about a young lady that I knew when I was about 9 or 10 years old, Tam Hanback. Over the last probably 45, 46 years, I have thought about her often. Every time I see St. Jude's commercials, I think about her from our Sunday school class.

If we had the technology then that we have today, she would probably be 58 years old, just like I am, but unfortunately, we didn't.

So in honor of her, Tam Hanback, from Alabama, I will support this bill, and I encourage my friends to do so as well.

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

Mr. PALLONE. Mr. Speaker, again, this is an important piece of legislation. I ask all Members on both sides of the aisle to support it.

Mr. 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, S. 4120.

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.

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MARTHA WRIGHT-REED JUST AND REASONABLE COMMUNICATIONS ACT OF 2022

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (S. 1541) to amend the Communications Act of 1934 to require the Federal Com-

munications Commission to ensure just and reasonable charges for telephone and advanced communications services in correctional and detention facilities.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 1541

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 "Martha Wright-Reed Just and Reasonable Communications Act of 2022".

SEC. 2. TECHNICAL AMENDMENTS.

(a) IN GENERAL.—Section 276 of the Communications Act of 1934 (47 U.S.C. 276) is amended—

(1) in subsection (b)(1)(A)—

(A) by striking "per call";

(B) by inserting ", and all rates and charges are just and reasonable," after "fairly compensated";

(C) by striking "each and every";

(D) by striking "call using" and inserting "communications using"; and

(E) by inserting "or other calling device" after "payphone"; and

(2) in subsection (d), by inserting "and advanced communications services described in subparagraphs (A), (B), (D), and (E) of section 3(1)" after "inmate telephone service".

(b) DEFINITION OF ADVANCED COMMUNICATIONS SERVICES.—Section 3(1) of the Communications Act of 1934 (47 U.S.C. 153(1)) is amended—

(1) in subparagraph (C), by striking "and" at the end;

(2) in subparagraph (D), by striking the period at the end and inserting "; and"; and

(3) by adding at the end the following:

"(E) any audio or video communications service used by inmates for the purpose of communicating with individuals outside the correctional institution where the inmate is held, regardless of technology used."

(c) APPLICATION OF THE ACT.—Section 2(b) of the Communications Act of 1934 (47 U.S.C. 152(b)) is amended by inserting "section 276," after "sections 223 through 227, inclusive,".

SEC. 3. IMPLEMENTATION.

(a) RULEMAKING.—Not earlier than 18 months and not later than 24 months after the date of enactment of this Act, the Federal Communications Commission shall promulgate any regulations necessary to implement this Act and the amendments made by this Act.

(b) USE OF DATA.—In implementing this Act and the amendments made by this Act, including by promulgating regulations under subsection (a) and determining just and reasonable rates, the Federal Communications Commission—

(1) may use industry-wide average costs of telephone service and advanced communications services and the average costs of service of a communications service provider; and

(2) shall consider costs associated with any safety and security measures necessary to provide a service described in paragraph (1) and differences in the costs described in paragraph (1) by small, medium, or large facilities or other characteristics.

SEC. 4. EFFECT ON OTHER LAWS.

Nothing in this Act shall be construed to modify or affect any Federal, State, or local law to require telephone service or advanced communications services at a State or local prison, jail, or detention facility or prohibit the implementation of any safety and security measures related to such services at such facilities.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from