

During COVID, some of the things that happened have already been mentioned—telehealth services, the business side, education.

For families to stay connected, it is absolutely essential that we have more broadband out there, not less.

We want to keep our promise to those that won these auctions that these airways will be available to them.

Mr. Speaker, I encourage a “yes” vote, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Ohio (Mr. LATTA) that the House suspend the rules and pass the bill, S. 2787.

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.

PREEMIE REAUTHORIZATION ACT OF 2023

Mr. GUTHRIE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3226) to reauthorize the Prematurity Research Expansion and Education for Mothers who deliver Infants Early Act, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3226

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 “PREEMIE Reauthorization Act of 2023”.

SEC. 2. RESEARCH RELATING TO PRETERM LABOR AND DELIVERY AND THE CARE, TREATMENT, AND OUTCOMES OF PRETERM AND LOW BIRTH-WEIGHT INFANTS.

(a) *IN GENERAL.*—Section 3(e) of the Prematurity Research Expansion and Education for Mothers who deliver Infants Early Act (42 U.S.C. 247b–4f(e)) is amended by striking “fiscal years 2019 through 2023” and inserting “fiscal years 2024 through 2028”.

(b) *TECHNICAL CORRECTION.*—Effective as if included in the enactment of the PREEMIE Reauthorization Act of 2018 (Public Law 115–328), section 2 of such Act is amended, in the matter preceding paragraph (1), by striking “Section 2” and inserting “Section 3”.

SEC. 3. INTERAGENCY WORKING GROUP.

Section 5(a) of the PREEMIE Reauthorization Act of 2018 (Public Law 115–328) is amended by striking “The Secretary of Health and Human Services, in collaboration with other departments, as appropriate, may establish” and inserting “Not later than 18 months after the date of the enactment of the PREEMIE Reauthorization Act of 2023, the Secretary of Health and Human Services, in collaboration with other departments, as appropriate, shall establish”.

SEC. 4. STUDY ON PRETERM BIRTHS.

(a) *IN GENERAL.*—The Secretary of Health and Human Services shall enter into appropriate arrangements with the National Academies of Sciences, Engineering, and Medicine under which the National Academies shall—

(1) not later than 30 days after the date of enactment of this Act, convene a committee of experts in maternal health to study premature births in the United States; and

(2) upon completion of the study under paragraph (1)—

(A) approve by consensus a report on the results of such study;

(B) include in such report—

(i) an assessment of each of the topics listed in subsection (b);

(ii) the analysis required by subsection (c); and

(iii) the raw data used to develop such report; and

(C) not later than 24 months after the date of enactment of this Act, transmit such report to—

(i) the Secretary of Health and Human Services;

(ii) the Committee on Energy and Commerce of the House of Representatives; and

(iii) the Committee on Finance and the Committee on Health, Education, Labor, and Pensions of the Senate.

(b) *ASSESSMENT TOPICS.*—The topics listed in this subsection are of each of the following:

(1) The financial costs of premature birth to society, including—

(A) an analysis of stays in neonatal intensive care units and the cost of such stays;

(B) long-term costs of stays in such units to society and the family involved post-discharge; and

(C) health care costs for families post-discharge from such units (such as medications, therapeutic services, co-pays visits and specialty equipment).

(2) The factors that impact pre-term birth rates.

(3) Opportunities for earlier detection of premature birth risk factors, including—

(A) opportunities to improve maternal and infant health; and

(B) opportunities for public health programs to provide support and resources for parents in-hospital, in non-hospital settings, and post-discharge.

(c) *ANALYSIS.*—The analysis required by this subsection is an analysis of—

(1) targeted research strategies to develop effective drugs, treatments, or interventions to bring at-risk pregnancies to term;

(2) State and other programs’ best practices with respect to reducing premature birth rates; and

(3) precision medicine and preventative care approaches starting early in the life course (including during pregnancy) with a focus on behavioral and biological influences on premature birth, child health, and the trajectory of such approaches into adulthood.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Kentucky (Mr. GUTHRIE) and the gentleman from New Jersey (Mr. PALLONE) 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 in which to revise and extend their remarks and include extraneous material in the RECORD on the bill.

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 stand here today firmly committed to the principle that every life is worth living. That starts with giving babies born prematurely a fighting chance at growing up and living their lives to the fullest.

In 2021, the preterm birth rate increased to 10.5 percent, which was the highest recorded rate since 2007. Last

year, 1 in 10 babies were born prematurely.

Premature babies have a higher risk of infant mortality, developmental delays, and chronic health conditions.

This is why I rise today in support of H.R. 3226, the PREEMIE Reauthorization Act of 2023, led by Energy and Commerce Committee members Dr. BURGESS and Dr. Miller-Meeks, Health Subcommittee Ranking Member ESHOO, and Representative ROBIN KELLY.

The legislation would reauthorize programs that are critical to Federal research, education, and intervention activities to reduce preterm birth and infant mortality.

The bill would also authorize a study to identify best practices to help detect and prevent preterm births as well as better understand the factors that lead to such births.

This critical legislation will help to reduce preterm births and ensure that babies have effective treatments to give them the best start in life.

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

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

Mr. Speaker, I rise to speak in support of H.R. 3226, the PREEMIE Reauthorization Act of 2023. This bipartisan legislation sponsored by Representative ESHOO, the ranking member of the Subcommittee on Health, plays a crucial role in improving the care and outcomes for premature babies and their families.

According to the March of Dimes, about 383,000 premature babies were born in the United States last year. These babies oftentimes have more health problems or need to stay in the hospital longer than full-term babies. Some premature babies also face long-term health effects like problems that affect the brain, lungs, hearing, or vision.

Reauthorization of the PREEMIE program will help us to better understand the cause of preterm birth and what more can be done to prevent preterm births.

In 2006, Congress passed the PREEMIE Act, which marked a significant milestone by pioneering a comprehensive public-private national agenda aimed at spurring innovative research initiatives.

In 2013 and then again in 2018, we reauthorized 5-year extensions to the program to continue our country’s commitment to address preterm birth through Federal research, promoting known interventions and successful community outreach programs.

With this legislation today, we will reauthorize key programs at the Centers for Disease Control and Prevention and the Health Resources and Services Administration. These programs support research and programs on preterm birth, improved tracking of national data, and activities aimed at promoting healthy pregnancies and preventing preterm birth.

H.R. 3226 also provides for the study of the costs, impact of social factors, and gaps in public health programs that lead to prematurity, providing us with more vital information. It also calls for the Department of Health and Human Services to make recommendations to Congress to prevent preterm birth.

Importantly, the legislation establishes an interagency working group at HHS to coordinate all Federal activities and programs related to preterm birth, infant mortality, and other adverse birth outcomes.

Again, I thank Representative ESHOO for her leadership on this legislation. I know that she always takes leadership, particularly on issues that affect the healthcare of children.

Mr. Speaker, I encourage all of my colleagues to support this legislation to make a significant impact in the fight against preterm birth complications in all of our districts and communities.

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

Mr. GUTHRIE. Mr. Speaker, I yield 3 minutes to the gentleman from Georgia (Mr. CARTER).

Mr. CARTER of Georgia. Mr. Speaker, I thank the gentleman for yielding.

Mr. Speaker, I rise today in strong support of the PREEMIE Reauthorization Act of 2023, which will reauthorize critical programs to expand research and education into premature birth prevention.

Every year, 10 percent of babies are born prematurely, putting them and their mothers at an increased risk of complicated health problems.

In 2022, there were over 380,000 preterm births, and every year, almost 20,000 babies in the United States will die before their first birthday, many of them from complications of premature birth. Unfortunately, Georgia has one of the highest preterm birth rates in the country.

Babies born prematurely shouldn't be at a disadvantage because of a lack of resources. Every single baby born deserves a healthy start and a fair chance at life.

That is why it is so important for us to reauthorize the PREEMIE Act, which will continue lifesaving research to prevent premature births and give mothers and babies healthy starts in both motherhood and life.

The bipartisan effort will reauthorize critical Federal research, education, and intervention activities to reduce preterm birth and infant mortality.

Mr. Speaker, I encourage my colleagues to support the reauthorization of this bill and support maternal health.

Mr. PALLONE. Mr. Speaker, I yield 3 minutes to the gentlewoman from California (Ms. ESHOO), the ranking member of our Subcommittee on Health.

Ms. ESHOO. Mr. Speaker, I thank the ranking member of the full committee for yielding time.

Today, the House is going to vote on my legislation, H.R. 3226, the

PREEMIE Reauthorization Act. I thank the co-leads of this legislation: Representatives Miller-Meeks, Kelly of Illinois, Burgess, Blunt Rochester, and Kiggans for their work on this important effort.

I first introduced the PREEMIE Act in 2005. It is the first and remains the only law to focus solely on the prevention of preterm births.

H.R. 3226 will improve future policy by studying the current gaps in our healthcare system that have kept rates of preterm births high and by crafting recommendations for how to address them.

Every day in the United States, 1 in 10 infants are born prematurely, placing them and their mothers at an increased risk of complicated health problems.

America's prematurity rate is one of the highest in the developed world, and it is the leading cause of newborn death.

Even babies born just a few weeks prematurely can face serious health challenges. We saw a significant 4 percent increase in preterm births in 2021, the highest recorded rate since 2007.

This bill was advanced by the Subcommittee on Health and the full Energy and Commerce Committee unanimously and enjoys bipartisan cosponsorship.

The PREEMIE Act will help prevent newborn death and disability, expand research into the causes of preterm birth, and promote the development, availability, and uses of evidence-based standards of care for pregnant women. Mr. Speaker, I urge all of my colleagues to support it.

Mr. GUTHRIE. Mr. Speaker, I have no further speakers and am prepared to close. I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I ask for support of the bill on a bipartisan basis. Obviously, reauthorizing and expanding this program for preemies is very important for children.

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

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

I think Ms. ESHOO just stepped off the floor, Mr. Speaker, but my good friend from California announced she is not running for reelection. She is the primary sponsor of this bill in the House, and it is an important bill.

All life is important. It is important that we move forward and give everybody an equal chance to live a full, productive, and happy life.

Mr. Speaker, I encourage my colleagues to vote for this bill.

I appreciate my friend from California, Mr. Speaker, for all of her hard work. We will miss her, but we have another year to continue to work on good things like this.

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 Kentucky (Mr. GUTHRIE) that the House suspend the

rules and pass the bill, H.R. 3226, 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.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until approximately 6:30 p.m. today.

Accordingly (at 5 o'clock and 28 minutes p.m.), the House stood in recess.

□ 1830

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. MURPHY) at 6 o'clock and 30 minutes p.m.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings will resume on motions to suspend the rules previously postponed. Votes will be taken in the following order:

H.R. 3224;

H.R. 5378; and

H.R. 6503.

The first electronic vote will be conducted as a 15-minute vote. Remaining electronic votes will be conducted as 5-minute votes.

COUNTERING WEAPONS OF MASS DESTRUCTION EXTENSION ACT OF 2023

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the unfinished business is the vote on the motion to suspend the rules and pass the bill (H.R. 3224) to amend the Homeland Security Act of 2002 to extend the authorization of the Countering Weapons of Mass Destruction Office of the Department of Homeland Security, and for other purposes, as amended, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New York (Mr. D'ESPOSITO) that the House suspend the rules and pass the bill, as amended.

The vote was taken by electronic device, and there were—yeas 394, nays 0, not voting 39, as follows:

[Roll No. 707]

YEAS—394

Adams	Arrington	Bean (FL)
Aderholt	Auchincloss	Beatty
Aguilar	Babin	Bentz
Alford	Bacon	Bera
Allen	Baird	Bergman
Allred	Balderson	Beyer
Amo	Balint	Bice
Amodei	Banks	Biggs
Armstrong	Barragán	Bilirakis