

There was no objection.

Mrs. RODGERS of Washington. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H.R. 6160, led by Mr. MOLINARO, which reauthorizes the Lifespan Respite Care Program administered by the Administration For Community Living.

This program helps support State systems to provide community-based respite care services to family caregivers tending to children and adults with disabilities and chronic conditions.

There are about 53 million family caregivers in the United States, more than 5 million who are parents or guardians caring for children with special healthcare needs.

Many family caregivers have unmet respite needs, and studies show that increasing respite accessibility can decrease burnout rates and help individuals continue caregiving.

Reauthorizing the Lifespan Respite Care Program will continue vital resources for family caregivers so they can operate at their highest potential.

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 in support of H.R. 6160, a bill to amend the Public Health Service Act to reauthorize the Lifespan Respite Care Program led by Representatives MOLINARO and CÁRDENAS.

There are more than 53 million family caregivers in the United States. For many, caregiving is a 24/7 job. While it can be very rewarding, it can also be emotionally and physically challenging. Respite care, the opportunity to temporarily entrust the care of loved ones to someone else, is one of the most frequently reported unmet needs of caregivers. Respite care can be provided in a variety of settings, including the home, adult daycare centers, or residential care facilities.

By providing temporary relief for caregivers, respite care helps to reduce the mental stress and physical health issues that caregivers might experience. In doing so, respite care also decreases the need for professional long-term care and allows people who require care to remain at home.

This bill reauthorizes the Lifespan Respite Care Program operated by the Administration for Community Living. This program empowers State systems to provide accessible community-based respite care services which can contribute to the health and well-being of both caregivers and care recipients.

This important program provides much-needed relief to caregivers and helps to improve the availability of respite services to families across the age and disability spectrums.

I encourage all my colleagues to vote "yes" on H.R. 6160, and I reserve the balance of my time.

Mrs. RODGERS of Washington. Mr. Speaker, I yield 5 minutes to the gen-

tleman from New York (Mr. MOLINARO), the prime sponsor of this legislation.

Mr. MOLINARO. Mr. Speaker, I thank the chairwoman not only for her leadership but for her support of this legislation as well.

Mr. Speaker, I rise today in support of my bill, H.R. 6160, the Lifespan Respite Care Reauthorization Act.

As we know, over 48 million Americans are caring for someone over the age of 18. Recent reports from the AARP have shown that caregivers have reported increases in stress levels and a decline in overall health.

Respite services offer families much-needed temporary care or supervision for children and adults of all ages with disabilities and chronic illnesses.

As the parent of an adult child with a developmental disability, I know firsthand the value of respite care. Having interacted with many respite care workers, I know how important their work is and how they deserve greater respect and more support.

My bill authorizes the Lifespan Respite Care Program through fiscal year 2029 to provide States with Federal funding to continue to offer these essential services and provide relief to our caregivers.

Authorized by Congress in 2006, the Lifespan Respite Care Program has been a lifeline for our caregivers and provides them with critical assistance so they can recharge and meet their family's needs.

Family caregivers are often the unsung heroes who make personal sacrifices to care for their loved ones. I am proud to work alongside my colleagues to pass this bipartisan Lifespan Respite Care Reauthorization Act and continue to provide caregivers with relief and assistance so they can lead a balanced life while tending to their loved ones.

I would like to extend my appreciation to Congressman CÁRDENAS for his support of this legislation, and I urge my colleagues to support this common-sense bipartisan bill.

Mr. PALLONE. Mr. Speaker, may I inquire as to the time remaining.

The SPEAKER pro tempore. The gentleman from New Jersey has 18½ minutes remaining.

Mr. PALLONE. Mr. Speaker, let me just say that respite care is obviously very important, and this bill goes a long way toward dealing with that. I would ask all my colleagues to support it, and I yield back the balance of my time.

Mrs. RODGERS of Washington. Mr. Speaker, in closing, I urge a "yes" vote on this legislation, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Washington (Mrs. RODGERS) that the House suspend the rules and pass the bill, H.R. 6160, 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.

## POISON CONTROL CENTERS REAUTHORIZATION ACT OF 2024

Mrs. RODGERS of Washington. Mr. Speaker, I move to suspend the rules and pass the bill (S. 4351) to amend the Public Health Service Act to reauthorize certain poison control programs.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 4351

*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 "Poison Control Centers Reauthorization Act of 2024".

### SEC. 2. REAUTHORIZATION OF POISON CONTROL PROGRAMS.

(a) NATIONAL TOLL-FREE NUMBER AND OTHER COMMUNICATION CAPABILITIES.—Section 1271(c) of the Public Health Service Act (42 U.S.C. 300d–71(c)) is amended by striking "fiscal years 2020 through 2024" and inserting "fiscal years 2025 through 2029".

(b) PROMOTING POISON CONTROL CENTER UTILIZATION.—Section 1272(c) of the Public Health Service Act (42 U.S.C. 300d–72(c)) is amended by striking "fiscal years 2020 through 2024" and inserting "fiscal years 2025 through 2029".

(c) POISON CONTROL CENTER GRANT PROGRAM.—Section 1273(g) of the Public Health Service Act (42 U.S.C. 300d–73(g)) is amended by striking "fiscal years 2020 through 2024" and inserting "fiscal years 2025 through 2029".

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

The Chair recognizes the gentlewoman from Washington.

### GENERAL LEAVE

Mrs. RODGERS of Washington. 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 gentlewoman from Washington?

There was no objection.

Mrs. RODGERS of Washington. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of S. 4351, the Poison Control Centers Reauthorization Act of 2024. I thank Mrs. CHAVEZ-DEREMER, the sponsor of H.R. 7251, the House bill passed unanimously by the Energy and Commerce Committee. We applaud her leadership on this important bill and on the reauthorization of this program.

The Poison Control Network Program supports local poison centers to ensure that they can provide 24/7 access to specially trained providers, physicians, or toxicology experts, to provide guidance on possible poisoning and toxic exposures.

This reauthorization will help continue to provide resources for the Poison Help Line, which is a toll-free number for people to access trained experts.

It also renews funding for a nationwide media campaign to spread awareness for the Poison Help Line and disseminate best practices for poison prevention.

In fiscal year 2021, the most common poisonings reported were related to medications such as nonprescription fentanyl. This category is the most common poisoning that resulted in death for both adults and children.

In fact, children under the age of 6 were involved in almost half of all calls to local poison centers.

Poison centers play a critical role in helping to curb the rates of poisonings and toxic exposures. Reauthorizing this program will ensure local centers receive the resources they need to educate their communities and be available to help patients in need.

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 in support of S. 4351, the Poison Control Centers Reauthorization Act.

Each year, there are over 2 million cases of people being exposed to poison in the United States. There are many substances implicated in poison exposures, from pain medications to cleaning substances to cosmetics and personal care products.

The incidence of poison exposure is highest in children under the age of 6, but poisoning affects all age groups, from infants to seniors.

This is why Congress funds poison control centers to serve all 50 States and U.S. territories, as well as the National Poison Help Line that connects callers with the poison control center serving their area. These centers help with poison emergencies and provide information to prevent poisonings. They serve as critical lifelines that provide all Americans with expert advice 24/7, 365 days a year, at no cost.

Over 70 percent of callers to poison control centers get the help they need over the phone and do not need to go to a hospital. Even healthcare professionals utilize poison control centers in emergencies.

The Poison Control Centers Reauthorization Act will reauthorize poison control programs, including the National Poison Hotline, programs to raise awareness of poison control centers, and direct funding for those centers. These important programs are essential to getting people the help they need in poison emergencies.

I thank Representatives CHAVEZ-DEMER, DAVIS, JOYCE, and CHERFILUS-McCORMICK for their work on this bill.

Mr. Speaker, I encourage all of my colleagues to vote "yes" on S. 4351, and I reserve the balance of my time.

Mrs. RODGERS of Washington. Mr. Speaker, I yield 3 minutes to the gentleman from Georgia (Mr. CARTER), a subcommittee chair on the Energy and Commerce Committee.

Mr. CARTER of Georgia. Mr. Speaker, I rise today in strong support of the Poison Control Centers Reauthorization Act of 2024.

As my colleagues have pointed out, this legislation reauthorizes the national network of poison control centers. These centers are available 24 hours a day, 7 days a week, to provide free and confidential assistance with emergencies and other information to help prevent poisoning.

In fact, the Georgia Poison Center is a critical resource in Georgia, responding to over 80,000 calls last year alone. Poison control centers are also essential to combating the opioid and fentanyl crisis, because not only are these centers often the first resource people seek after an opioid overdose occurs, but they also collect real-time data to alert impacted communities about opioid abuse and misuse.

With the rise of illicit fentanyl poisonings across the country, we must prioritize these centers and support them to protect our families and communities.

Ensuring the reauthorization of these poison control centers will be another step in the right direction to combat the rise of illicit opioids that continues to plague our communities.

I would like to commend my colleagues for their continued leadership on this bipartisan legislation, and I urge my colleagues to support it.

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Mr. PALLONE. Mr. Speaker, obviously, it is important for us to reauthorize these poison control programs and the centers. I urge my colleagues to support this on a bipartisan basis, and I yield back the balance of my time.

Mrs. RODGERS of Washington. Mr. Speaker, I encourage a "yes" vote on this bill, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Washington (Mrs. RODGERS) that the House suspend the rules and pass the bill, S. 4351.

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.

#### DEONDRA DIXON INCLUDE PROJECT ACT OF 2024

Mrs. RODGERS of Washington. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 7406) to amend the Public Health Service Act to authorize the Secretary of Health and Human Services to carry out a program of research, training, and investigation related to Down syndrome, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 7406

*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 "DeOndra Dixon INCLUDE Project Act of 2024".

#### SEC. 2. DOWN SYNDROME RESEARCH.

Part A of title IV of the Public Health Service Act (42 U.S.C. 281 et seq.) is amended by adding at the end the following:

##### "SEC. 404P. DOWN SYNDROME RESEARCH.

"(a) IN GENERAL.—The Secretary, acting through the Office of the Director of NIH, and in consultation with other Federal agencies and partners, shall carry out a program of research, training, and investigation related to Down syndrome to be known as the 'INvestigation of Co-occurring conditions across the Lifespan to Understand Down syndromeE Project' or the 'INCLUDE Project'.

"(b) PROGRAM ELEMENTS.—The program under subsection (a) shall include research, training, and investigation related to—

"(1) high-risk, high reward basic science studies of the effects of chromosome 21 on human development and health;

"(2) assembling and maintaining a large study population of individuals with Down syndrome;

"(3) expanding the number of clinical trials that are inclusive of, or expressly for, individuals with Down syndrome, including novel biomedical and pharmacological interventions and other therapies designed to promote or enhance activities of daily living;

"(4) the biological mechanisms in individuals with Down syndrome responsible for structural and functional anomalies in cells, tissues, and organs, cognitive and behavioral dysfunction, and stunted growth;

"(5) the identification of biomarkers for the detection of risk factors, diagnosis, and customized interventions and treatments for conditions co-occurring with Down syndrome;

"(6) why several co-occurring conditions, such as Alzheimer's Disease and autoimmunity, are prevalent in individuals with Down syndrome and how such conditions can be treated concurrently with Down syndrome; and

"(7) improving the quality of life of individuals with Down syndrome and their families.

"(c) COORDINATION; PRIORITIZING NON-DUPLICATIVE RESEARCH.—The Secretary shall ensure that—

"(1) the programs and activities of the institutes, centers, agencies, and offices of the National Institutes of Health relating to Down Syndrome and co-occurring conditions are coordinated, including through the Division of Program Coordination, Planning, and Strategic Initiatives under sections 402(b)(7) and 402A(c); and

"(2) such institutes, centers, agencies, and offices prioritize, as appropriate, Down syndrome research that does not duplicate existing research activities of the National Institutes of Health.

"(d) TECHNICAL ASSISTANCE.—The Secretary shall provide technical assistance to grantees and other involved entities, as appropriate, for carrying out activities pursuant to this section.

"(e) BIENNIAL REPORTS TO CONGRESS.—

"(1) IN GENERAL.—The Secretary shall submit, on a biennial basis, to the Committee on Energy and Commerce and the Subcommittee on Labor, Health and Human Services, Education of the Committee on Appropriations of the House of Representatives and the Committee on Health, Education, Labor, and Pensions and the Subcommittee on Labor, Health and Human Services, Education, and Related Agencies of the Committee on Appropriations of the Senate, a report that catalogs the research conducted or supported under this section.

"(2) CONTENTS.—Each report under paragraph (1) shall include—

"(A) identification of the institute, center, agency, office, or entity involved;

"(B) a statement of whether the research is or was being carried out directly by the institute, center, agency, office, or entity or by multiple