

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.

□ 2045

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

institutes, centers, agencies, offices, or entities; and

“(C) identification of any resulting real world evidence that is or may be used for clinical research and medical care for patients with Down syndrome.

“(f) AUTHORIZATION OF APPROPRIATIONS.—

“(1) IN GENERAL.—To carry out this section, there is authorized to be appropriated \$90,000,000 for each of fiscal years 2025 through 2029.

“(2) SUPPLEMENT, NOT SUPPLANT.—Funds appropriated to carry out this section shall be used to supplement, not supplant, other funds allocated by the National Institutes of Health for research and other activities relating to Down syndrome.”.

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 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 today in support of H.R. 7406, the DeOndra Dixon INCLUDE Project Act of 2024, which I have led alongside my colleagues DIANA DEGETTE, TOM COLE, ROSA DELAULO, PETE STAUBER, and ELEANOR HOLMES NORTON.

As many know, one of my primary missions here in Congress has been to improve the lives of individuals with disabilities. It is deeply personal to me.

Our son, Cole, was born with that extra 21st chromosome, and for the past 17 years, I have seen the world through his eyes. It has made me a better mom and a better legislator.

When the INCLUDE Project was established in 2018, Down syndrome was among one of the least studied and funded genetic conditions at NIH despite being the most common chromosome abnormality, affecting 1 in every 700 babies.

Individuals with Down syndrome also have an increased risk of common diseases and medical conditions, such as cardiac issues, autoimmune conditions, and an early onset Alzheimer's-type dementia, which means the value of this research is hardly limited to the Down syndrome community. It has the potential to provide benefits to millions of people battling other conditions, as well.

The INCLUDE Project has made great strides, funding over 200 research awards, producing at least 600 publications, and helping to coordinate Down syndrome research and resources at over 20 institutes and centers.

H.R. 7406 will help us take Down syndrome research to new heights and

usher in a new era of breakthroughs to ensure that every person with Down syndrome and their families have the opportunity to reach their full potential.

Mr. Speaker, I urge 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. 7406, the DeOndra Dixon INCLUDE Project Act, sponsored by Chair RODGERS and Representatives DEGETTE, COLE, HOLMES NORTON, and others.

This bill would reauthorize for 5 years funding for the INvestigation of Co-occurring conditions across the Lifespan to Understand Down syndrome. It is known as the INCLUDE Project at the National Institutes of Health.

This bill is named in honor of DeOndra Dixon, a lifelong advocate for the Down syndrome community. DeOndra was born with Down syndrome and was a tireless advocate for those with the disease. She was an awardee of the 2009 Quincy Jones Exceptional Advocacy Award and a 2011 ambassador for the Quincy Jones Exceptional Advocacy Award.

Sadly, DeOndra passed away in October 2020, but her memory lives on with her loved ones and the many people who she helped throughout her years of advocacy.

H.R. 7406 honors her legacy by continuing to support and fund Down syndrome research through the NIH.

Since its launch in 2018, the INCLUDE Project at NIH has been a key mechanism to fund Down syndrome research. In my district, Rutgers University received funding from the INCLUDE Project to study the predisposition people with Down syndrome have for Alzheimer's disease.

Studies like these help the scientific community better understand the disease and ensure those diagnosed with Down syndrome can live life to their fullest potential. This legislation would reauthorize funding for the program for 5 years and ensure that we continue to make progress in Down syndrome research.

I thank Chair RODGERS for her leadership on this issue. She has been a champion for people living with disabilities, and her advocacy for the INCLUDE program demonstrates that ongoing commitment.

Mr. Speaker, I encourage my colleagues to vote “yes” to reauthorize this legislation, and I reserve the balance of my time.

Mrs. RODGERS of Washington. Mr. Speaker, I yield 5 minutes to the gentleman from Minnesota (Mr. STAUBER), the dad of Isaac, most importantly.

Mr. STAUBER. Mr. Speaker, I thank Chairwoman RODGERS for her support and steadfast leadership on this issue.

Mr. Speaker, I rise today to speak not just as a Member of Congress but as a father to a 22-year-old young man

with Down syndrome. My son is a living testament to the fact that his value and his potential extend far beyond any limitations imposed by his disability.

Society must never devalue any human life for a perceived flaw or defect. For too long, our society did just that with how it viewed and treated people with Down syndrome, but when we stopped sending people to institutions and started providing proper medical care, such as surgery for those with a congenital heart defect, we saw their life spans increase beyond what doctors told society was possible.

The DeOndra Dixon INCLUDE Project Act is a critical step toward advancing our understanding of Down syndrome and improving the quality of life for those living with it.

Named in honor of DeOndra Dixon, whose life exemplified resilience and excellence, this bill seeks to advance our collective effort to ensure that every individual, regardless of their circumstance, receives the respect and care they deserve.

This legislation will provide crucial statutory authority for an essential research initiative under the National Institutes of Health. The INCLUDE Project dedicated to this cause will benefit from solidified funding and framework.

This bill would enable sustained and coordinated efforts to address not only the primary characteristics of Down syndrome but also the occurring conditions that can impact individuals' health and well-being, such as Alzheimer's disease, which was previously mentioned.

Individuals with Down syndrome have a completely different disease spectrum than that of the general population, predisposing them to many conditions but protecting them from others.

INCLUDE allows for more specialized research, which will lead people with Down syndrome to live even longer, better lives, and it will create breakthroughs in identifying treatments and cures for some of the most devastating diseases that affect people like you and me.

Mr. Speaker, I urge my fellow Members to join me in voting “yes” on the DeOndra Dixon INCLUDE Project Act. Let us stand together to support this important initiative and ensure that scientific advancements lead to tangible improvements in the lives of individuals with Down syndrome.

Mr. PALLONE. Mr. Speaker, this is such an important bill that does research on not only Down syndrome but other conditions, and I urge my colleagues to support it on a bipartisan basis. I yield back the balance of my time.

Mrs. RODGERS of Washington. Mr. Speaker, I encourage my colleagues to support the 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, H.R. 7406, 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.

SUPPORTING AND IMPROVING RURAL EMS NEEDS REAUTHORIZATION ACT

Mrs. RODGERS of Washington. Mr. Speaker, I move to suspend the rules and pass the bill (S. 265) to reauthorize the rural emergency medical service training and equipment assistance program, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 265

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 “Supporting and Improving Rural EMS Needs Reauthorization Act” or the “SIREN Reauthorization Act”.

SEC. 2. RURAL EMERGENCY MEDICAL SERVICE TRAINING AND EQUIPMENT ASSISTANCE PROGRAM.

Section 330J of the Public Health Service Act (42 U.S.C. 254c-15) is amended—

(1) in subsection (a), by striking “the Administrator of the Health Resources and Services Administration (referred to in this section as the ‘Secretary’)” and inserting “the Assistant Secretary,”;

(2) in subsection (c)—

(A) in paragraph (1)—

(i) in subparagraph (C), by striking “; and” and inserting a semicolon; and

(ii) by adding at the end the following:

“(E) ensure emergency medical services personnel are trained on mental health and substance use disorders and care for individuals with such disorders in emergency situations; and”;

(B) in paragraph (2)—

(i) in subparagraph (B), by striking “; or” and inserting a semicolon;

(ii) in subparagraph (C), by striking the period and inserting “; or”;

(iii) by adding at the end the following:

“(D) acquire drugs or devices approved, cleared, or otherwise legally marketed under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected overdose.”;

(3) by striking subsection (f);

(4) by redesignating subsection (g) as subsection (f);

(5) in subsection (f)(1), as so redesignated, by striking “2019 through 2023” and inserting “2024 through 2028”;

(6) by redesignating such section 330J as section 553 of the Public Health Service Act; and

(7) by transferring such section 553, as so redesignated, to appear at the end of part D of title V of the Public Health Service Act (42 U.S.C. 290dd et seq.).

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 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. 265, the SIREN Reauthorization Act.

EMS agencies play a critical role within our healthcare system, especially in rural areas where they may be the only provider for miles. More than half of rural EMS agencies are staffed solely by volunteers and oftentimes must raise their own funds just to continue operating.

The SIREN Reauthorization Act would continue vital resources for the Rural Emergency Medical Services Training program, which helps support local EMS agencies with recruitment and training efforts as well as purchasing equipment, including overdose reversal medication.

First responders are on the front lines of the opioid epidemic and must be able to properly acquire and administer overdose reversal medications to help save lives and prevent overdose deaths.

Reauthorizing this program is crucial to help bolster the rural health workforce.

Mr. Speaker, I encourage my colleagues to support the 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 today to speak in support of S. 265, the Supporting and Improving Rural EMS Needs Reauthorization Act, or the SIREN Reauthorization Act.

First created in 2018, the SIREN Act created a grant program for public and nonprofit emergency medical services, agencies, and fire departments in rural areas to support the recruitment, retention, education, and equipping of EMS personnel.

Administered by the Substance Abuse and Mental Health Services Administration, SAMHSA, this grant program has become a key partner to rural communities to ensure their EMS systems have funding for the most basic of operations. These grants go beyond brick-and-mortar assistance by helping rural EMS agencies better train and recruit staff, acquire new equipment, and develop new ways to educate EMS personnel.

These grants have provided critical funding to assist acquiring medication, medical supplies, increasing basic and advanced life support, and even replacing older response vehicles with newer or safer models.

In communities where the nearest hospital or trauma center is several

towns away, the small-town or frontier EMS workers are often the lifeline for patients in critical and vulnerable States. It is imperative that they have the Federal support they need to carry out this very important mission without interruption.

I thank Representatives DINGELL and JOYCE for their leadership in the House and their companion legislation, H.R. 4646, which passed the House in May. I also thank Chair RODGERS and subcommittee Chair GUTHRIE for their collaboration to ensure this program continues to receive the bipartisan support that it so well deserves.

Mr. Speaker, I urge that we support this bill to help rural EMS services. It is so important in rural areas, and I yield back the balance of my time.

Mrs. RODGERS of Washington. 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 gentlewoman from Washington (Mrs. RODGERS) that the House suspend the rules and pass the bill, S. 265.

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.

□ 2100

SUPPORTING PATIENT EDUCATION AND KNOWLEDGE ACT OF 2024

Mrs. RODGERS of Washington. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 6033) to require the Secretary of Health and Human Services to establish a task force to improve access to health care information technology for non-English speakers, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 6033

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 “Supporting Patient Education And Knowledge Act of 2024” or the “SPEAK Act of 2024”.

SEC. 2. GUIDANCE ON FURNISHING SERVICES VIA TELEHEALTH TO INDIVIDUALS WITH LIMITED ENGLISH PROFICIENCY.

(a) IN GENERAL.—Not later than 1 year after the date of the enactment of this section, the Secretary of Health and Human Services, in consultation with 1 or more entities from each of the categories described in paragraphs (1) through (7) of subsection (b), shall issue and disseminate, or update and revise as applicable, guidance for the entities described in such subsection on the following:

(1) Best practices on facilitating and integrating use of interpreters during a telemedicine appointment.

(2) Best practices on providing accessible instructions on how to access telecommunications systems (as such term is used for purposes of section 1834(m) of the Social Security Act (42 U.S.C. 1395m(m)) for individuals with limited English proficiency.

(3) Best practices on improving access to digital patient portals for individuals with limited English proficiency.