

Mr. Speaker, I will be very brief and close and put the rest of it in the RECORD.

Autism Speaks says that the Autism CARES Act is the single most important driver of autism research, training, and data collection programs at NIH, HRSA, and CDC.

Mr. Speaker, we are joined here by Chris Banks, the CEO of Autism Society. They say it is a pivotable law for individuals with autism and their families to live fully, and it is crucial to understand the immense impact this law has on the daily lives of the autism community.

The Association of University Centers on Disabilities is also very, very supportive, and Profound Autism Alliance has pushed hard for this bill and its enhanced focus on individuals with profound autism, which they define as people who require lifetime, 24/7 care.

Mr. Speaker, I urge my colleagues to support the bill, and the President, we hope, will sign it.

Mr. Speaker, H.R. 7213: Directs the NIH to include in the scope of research issues encountered by individuals and caregivers as they age, mental health concerns, issues related to aging, as well as co-occurring conditions and needs for supports and services, such as care necessary for physical safety and the prevention of self-injurious behavior.

Increases the number of NIH Centers of Excellence to seven and ensures research reflects the entire population of individuals with autism spectrum disorder and is designed to address the full range of needs faced by individuals, including to ensure the physical safety and to promote the well being of all Americans with autism.

Includes, for the first time, a professional bypass budget to provide the autism community with a comprehensive budget highlighting priority research areas and resources needed to advance quality of life improvements for all individuals with autism.

Promotes the adoption of assistive communication technologies to improve communications outcomes for those with communication assistance needs.

My bill also helps adults with autism who were and are today often misdiagnosed, underdiagnosed and overlooked.

Language throughout the bill continues to emphasize that causes, diagnosis, detection, prevention and treatment of autism spectrum disorder must be throughout the lifespan of a person. To this end, Congress has included the study of gerontology—the study of aging, including the physical, mental, and social changes that occur as people age, as an NIH research priority.

H.R. 7213 continues to emphasize the need for early detection and intervention—including the use of advanced technologies in early detection—to provide the highest quality of life possible for those with autism.

The earlier a child can be identified as having ASD, the earlier they can access interventions and services.

Researchers have developed technologies to identify signs of autism in children as young as eighteen months—this is an incredible development and there is more research being done now to determine if autism can be identified even earlier. However, the median age of

diagnosis in the United States is not until after 4 years of age, and diagnosis often occurs even later among those without intellectual disabilities or delays in social communication.

The delivery of services and interventions must keep up with a younger patient population, and services and interventions for autistic individuals must continue to improve across their lifespans.

Examples of services and interventions research include approaches to address conditions that affect the quality of life for individuals on the autism spectrum, such as behavior that puts individuals with significant support needs or their caregivers at risk (e.g., self-injurious, elopement, aggression, etc.), or mental health concerns (anxiety, depression, suicidality). The Autism CARES Act emphasizes the need to improve the quality of life for individuals with the full range of needs across the lifespan. Continued research by NIH to study how to improve interventions and the delivery of services is crucial.

H.R. 7213 calls for a report on youth aging out of school-aged services since the pandemic, and recommendations to improve mental health outcomes and address related disparities in mental health care for individuals with autism spectrum disorder, including prevention, care coordination, and community-based services.

Ms. CASTOR of Florida. Mr. Speaker, I am prepared to close, and I reserve the balance of my time.

Mr. BUCSHON. Mr. Speaker, I yield 5 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 Senate amendment to H.R. 7213, the Autism CARES Act of 2024, which reauthorizes and strengthens the autism spectrum disorder research, education, and support initiative through 2029.

The Autism CARES Act is the single most important driver of Federal investment in autism research and training programs over the past few decades. It has led to improvements in early intervention services, a better understanding of the prevalence of autism, and a better understanding of the co-occurring health conditions that individuals with autism experience.

Importantly, it has also been responsible for thousands of future health professionals being trained on how to screen, diagnose, and provide interventions to individuals with autism and other neurodevelopmental disabilities to improve their health and well-being.

Thanks to the Autism CARES Act, many health professionals are better equipped to meet the ever-changing and diverse needs of individuals with autism and other people with neurodevelopmental disabilities.

Located in my home State of Georgia within Children's Healthcare of Atlanta, the Marcus Autism Center is one of the largest autism centers in the U.S. and is actively involved in research to pinpoint the earliest signs of autism and determine better ways to treat the disorder. Marcus integrates research into clinical practice to maxi-

mize the potential of children with autism.

NIH had historically supported research grants focused on intervention and services, and I am hopeful that with engagement from Congress and stakeholders, NIH can once again support this important research through the centers of excellence program.

I thank Representative CHRIS SMITH for working on this important issue, and I urge my colleagues to support this legislation.

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Ms. CASTOR of Florida. Mr. Speaker, I urge all of my colleagues to support H.R. 7213, and I yield back the balance of my time.

Mr. BUCSHON. Mr. Speaker, in closing, 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 gentleman from Indiana (Mr. BUCSHON) that the House suspend the rules and concur in the Senate amendment to the bill, H.R. 7213.

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. BUCSHON. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this motion will be postponed.

REAUTHORIZATION OF THE SOAR TO HEALTH AND WELLNESS TRAINING PROGRAM

Mr. BUCSHON. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 7224) to amend the Public Health Service Act to reauthorize the Stop, Observe, Ask, and Respond to Health and Wellness Training Program.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 7224

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

SECTION 1. REAUTHORIZATION OF THE SOAR TO HEALTH AND WELLNESS TRAINING PROGRAM.

Section 1254(h) of the Public Health Service Act (42 U.S.C. 300d-54(h)) 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 gentleman from Indiana (Mr. BUCSHON) and the gentlewoman from Florida (Ms. CASTOR) each will control 20 minutes.

The Chair recognizes the gentleman from Indiana.

GENERAL LEAVE

Mr. BUCSHON. 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 Indiana?

There was no objection.

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

Mr. Speaker, I rise in support of H.R. 7224, a bill to amend the Public Health Service Act to reauthorize the Stop, Observe, Ask, and Respond to Health and Wellness Training Program led by Representatives WAGNER and COHEN.

Individuals who have experienced human trafficking will often encounter a healthcare or social service provider during or after their exploitation. The Stop, Observe, Ask, and Respond, or SOAR, to Health and Wellness Training Program was signed into law in 2018 to help local healthcare professionals receive essential training to identify and care for victims of human trafficking.

Reauthorizing this program will maintain a vital source of support for victims of human trafficking by ensuring communities have the resources available to provide appropriate services.

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

Ms. CASTOR of Florida. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise to speak in support of H.R. 7224, a bill to amend the Public Health Service Act to reauthorize the Stop, Observe, Ask, and Respond to Health and Wellness Training Program.

This bipartisan legislation, introduced by Representative COHEN, would reauthorize the program administered by the Administration of Children and Families that trains healthcare and social service providers on human trafficking.

The SOAR program is designed to educate healthcare providers, social workers, public health professionals, and behavioral health professionals on how to identify and respond appropriately to individuals who either have experienced trafficking or are at risk of it.

This training is targeted at physicians, pharmacists, nurses, dentists, psychologists, social workers and case managers, school counselors, public health professionals, and allied health professionals, as well.

Human trafficking impacts thousands of people in the United States. According to the Harvard Medical School Center for Primary Care, over 88 percent of human-trafficking victims seek medical care in various health settings. Ensuring that our health professionals who serve on the front lines of providing medical care for human-trafficking victims are appropriately trained and supported is essential.

In 2019, the original SOAR to Health and Wellness Act was signed into law, which established the SOAR to Health and Wellness Training Program. This program helps healthcare settings cre-

ate a plan for treating human-trafficking victims and support victim recovery.

Since the establishment, over 90 percent of providers who received SOAR training reported high or very high confidence in identifying and responding to human trafficking.

With the passage of the reauthorization bill, we can continue to fund this important training initiative, as well as encourage collaboration between healthcare providers and law enforcement and social service providers in the fight against human trafficking.

I thank Representative COHEN for his leadership on this legislation, as well as Dr. BUCSHON and my colleagues on the Energy and Commerce Committee for working with us to bring this to the floor.

Mr. Speaker, I encourage all of my colleagues to vote "yes" to continue a well-rounded national effort to combat human trafficking, and I reserve the balance of my time.

Mr. BUCSHON. Mr. Speaker, I yield 5 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 support of H.R. 7224, which reauthorizes the Stop, Observe, Ask, and Respond to Health and Wellness Act. I am proud to co-lead this important bill with the gentleman from Tennessee (Mr. COHEN), and I thank him for his work.

Mr. Speaker, this bill provides healthcare professionals with training on how to identify and appropriately treat victims of human trafficking. Every 2 minutes, a child in the United States falls into the human-trafficking ring.

In 2023, nearly 10,000 cases were reported to the National Human Trafficking Hotline, with over 600 of those occurring in Georgia. At some point during their captivity, many of these victims will come into contact with healthcare professionals. A doctor's visit or an emergency department trip can offer a critical point of intervention for victims and a brief chance when a victim may be able to detach from traffickers.

This legislation will teach healthcare professionals how to properly identify and respond to victims of human trafficking. That is why I applaud Representative COHEN for introducing this bill, and I urge my colleagues to support it.

Ms. CASTOR of Florida. Mr. Speaker, I yield such time as he may consume to the gentleman from Tennessee (Mr. COHEN), the sponsor of this legislation.

Mr. COHEN. Mr. Speaker, I appreciate the recognition and the cosponsorship and support.

Mr. Speaker, this bill came from a meeting I had in Memphis with nurses at the University of Tennessee. They were discussing human trafficking and ways that victims could be identified, and the idea came to fruition through the work of the University of Tennessee Nursing School.

Human traffickers exploit tens of thousands of people in the United States. When we talk about human trafficking here, we are basically talking about sexual trafficking. I mean, the trafficking of workers, the trafficking in a variety of occupations, but these are women who are trafficked for sex.

The actual number is difficult to determine, but it is one of the reasons we introduced the SOAR Act several years ago. I am pleased it passed, and it has done much good.

It has shown that, when nurses are trained, they can identify victims of sexual trafficking. Oftentimes they end up in health facilities because they get beaten by the people who put them into this position. They have wounds, and they have to come to emergency rooms. The nurses are there to observe. If they are trained, they are the initial source. They can then get these women out of the human trafficking and prevent this scourge on human society.

This bill expanded the training program under the Department of Health and Human Services to train these workers, health and social service providers, to identify potential human-trafficking victims, work with law enforcement to report and facilitate the communication with such victims, refer victims to social or victim service agencies and organizations, and provide victims with coordinated care tailored to their circumstances.

The program has been successful. In September 2017 and September 2023, the Office of Trafficking in Persons hosted 222 events through which they trained over 263,000 healthcare professionals. After receiving the training, 91.4 percent of the participants indicated they had high or very high confidence in their ability to identify and respond to human trafficking.

The SOAR to Health and Wellness Program has made tremendous strides to train healthcare professionals on the signs of human trafficking and the appropriate steps to be taken once they identify the victim.

As Members of Congress, we should continue to support this program so that more people could be trained to properly identify and assist victims of human trafficking. Pass the reauthorization bill here, and let our constituents know that, if they are being trafficked or are suspicious that someone they know is being trafficked, help is available.

The Homeland Security Investigations Tip Line is 866-347-2423, and the National Human Trafficking Hotline is 888-373-7888.

Mr. Speaker, I urge my colleagues to support the bill to reauthorize the SOAR Act, and I thank the committee ranking member and the committee chair for bringing the bill to the floor.

Ms. CASTOR of Florida. Mr. Speaker, I encourage all of my colleagues to vote in favor of H.R. 7224, and I yield back the balance of my time.

Mr. BUCSHON. Mr. Speaker, in closing, 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 gentleman from Indiana (Mr. BUCSHON) that the House suspend the rules and pass the bill, H.R. 7224.

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.

AMENDMENTS TO THE CONTROLLED SUBSTANCES ACT

Mr. BUCSHON. Mr. Speaker, I move to suspend the rules and pass the bill (S. 223) to amend the Controlled Substances Act to fix a technical error in the definitions.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 223

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

SECTION 1. AMENDMENTS TO THE CONTROLLED SUBSTANCES ACT.

Section 102 of the Controlled Substances Act (21 U.S.C. 802) is amended—

(1) by redesignating paragraph (58) as paragraph (59);

(2) by redesignating the second paragraph designated as paragraph (57) (relating to the definition of “serious drug felony”) as paragraph (58); and

(3) by moving paragraphs (57), (58) (as so redesignated), and (59) (as so redesignated) 2 ems to the left.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Indiana (Mr. BUCSHON) and the gentleman from Florida (Ms. CASTOR) each will control 20 minutes.

The Chair recognizes the gentleman from Indiana.

GENERAL LEAVE

Mr. BUCSHON. 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 Indiana?

There was no objection.

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

Mr. Speaker, I rise in support of S. 223, a bill to amend the Controlled Substances Act to fix a technical error in the definitions, led by Senators CHUCK GRASSLEY and Representative BURCHETT.

In 2018, the First Step Act, or the FSA, included a redundantly numbered subparagraph 57, causing “serious drug felony” and “serious violent felony” to be misnumbered in statute.

The misnumbering of the affected subparagraphs causes confusion in Federal district courts during litigation and can result in costly mistakes when the wrong subparagraph 57 charge is used.

Correcting this error is important to the efficiency and accuracy of Federal

criminal court cases. This bill rectifies this technical error by correctly renumbering the affected subparagraphs in the statute.

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

Ms. CASTOR of Florida. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise to speak in support of S. 223, a bill that amends the Controlled Substances Act to fix a technical error in the definitions. This legislation, sponsored by Representatives BURCHETT and COHEN here in the House, would clarify the definitions of the different types of recidivist enhancements in the statute.

When the First Step Act was first signed into law in 2018, it created two new types of recidivist enhancements: serious drug felony and serious violent felony.

In the statute, however, both are numbered as paragraph 57, and this technical error has caused confusion between the two definitions. To prevent any further confusion with the interpretation of the statute, this bill corrects this technical error and properly numbers these definitions as different paragraphs.

Mr. Speaker, I encourage my colleagues to vote “yes” on this legislation to prevent potential costly mistakes in Federal criminal court cases, and I yield back the balance of my time.

Mr. BUCSHON. Mr. Speaker, in closing, 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 gentleman from Indiana (Mr. BUCSHON) that the House suspend the rules and pass the bill, S. 223.

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.

WOMEN AND LUNG CANCER RESEARCH AND PREVENTIVE SERVICES ACT OF 2024

Mr. BUCSHON. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4534) to require a review of women and lung cancer, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4534

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 “Women and Lung Cancer Research and Preventive Services Act of 2024”.

SEC. 2. INTERAGENCY REVIEW TO EVALUATE AND IDENTIFY OPPORTUNITIES FOR THE ACCELERATION OF RESEARCH ON LUNG CANCER IN WOMEN AND UNDERSERVED POPULATIONS, GREATER ACCESS TO PREVENTIVE SERVICES, AND STRATEGIC PUBLIC AWARENESS AND EDUCATION CAMPAIGNS.

(a) IN GENERAL.—The Secretary of Health and Human Services, in consultation with the Secretary of Defense and Secretary of Veterans Affairs, shall conduct an interagency review to evaluate the status of, and identify opportunities related to—

- (1) research on lung cancer in women;
- (2) research on lung cancer in underserved populations that meet the eligibility criteria for lung cancer screening as recommended by the United States Preventive Services Task Force;
- (3) access to lung cancer preventive services; and
- (4) strategic public awareness and education campaigns on lung cancer.

(b) CONTENT.—The review and recommendations under subsection (a) shall include—

(1) a review and comprehensive report on the outcomes of previous research, the status of existing research activities, and knowledge gaps related to lung cancer in women and underserved populations in all agencies of the Federal Government;

(2) opportunities for collaborative, interagency, multidisciplinary, and innovative research, that would—

(A) encourage innovative approaches to eliminate knowledge gaps in research on lung cancer in women;

(B) evaluate environmental and genomic factors that may be related to the etiology of lung cancer in women; and

(C) foster advances in imaging technology and techniques to improve risk assessment, diagnosis, treatment, and the simultaneous utilization of other preventive services and activities;

(3) opportunities regarding the development of a national lung cancer screening strategy to expand access to such screenings, particularly among women and underserved populations; and

(4) opportunities regarding the development of a national public education and awareness campaign on—

(A) lung cancer in women and underserved populations; and

(B) the importance of early detection of lung cancer.

(c) REPORT.—Not later than two years after the date of the enactment of this Act, the Secretary of Health and Human Services shall submit to Congress a report on the review conducted under subsection (a).

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Indiana (Mr. BUCSHON) and the gentleman from Florida (Ms. CASTOR) each will control 20 minutes.

The Chair recognizes the gentleman from Indiana.

GENERAL LEAVE

Mr. BUCSHON. 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 Indiana?

There was no objection.

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

Mr. Speaker, I rise in support of H.R. 4534, the Women and Lung Cancer Research and Preventive Services Act of