DHS has faced continuous challenges in developing and acquiring new technologies to move toward the next generation of national biodetection. This legislation would ensure that DHS is fully leveraging every tool and resource to accomplish this goal, to include utilizing the Department of Energy's national labs to develop new technologies related to biodefense, developing a plan to acquire existing technologies that can meet the Department's biodetection mission needs, conducting external evaluations to identify gaps and potential failure points, and reporting to Congress a defined plan for the future of biodetection.

As our adversaries watch on, we cannot afford to fall behind. America's security depends on it.

I was proud to introduce this legislation, the DHS Biodetection Improvement Act, to ensure DHS is prepared to protect Americans against bioweapons.

Mr. Speaker, I urge my colleagues to support this legislation.

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

Mr. Speaker, while DHS has worked to improve its biodetection capabilities, many challenges remain, and the current technologies are aging.

H.R. 6174 pairs DHS and the Department of Energy's national laboratories, which would improve biodetection innovation and, ultimately, keep our communities safe from biological threats.

Mr. Speaker, I hope my colleagues will join me in supporting this critical bill, and I yield back the balance of my time.

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

Mr. Speaker, again, I urge my colleagues to support H.R. 6174, and I appreciate and thank Mr. STRONG for his hard work on this bill. I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Tennessee (Mr. GREEN) that the House suspend the rules and pass the bill, H.R. 6174.

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. GREEN of Tennessee. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

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

The point of no quorum is considered withdrawn.

GABRIELLA MILLER KIDS FIRST RESEARCH ACT 2.0

Mr. GUTHRIE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3391) to extend the Gabriella Miller Kids First Pediatric Research Program at the National Institutes of Health, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3391

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 ''Gabriella Miller Kids First Research Act 2.0''.

SEC. 2. FUNDING FOR THE PEDIATRIC RESEARCH INITIATIVE.

The Public Health Service Act (42 U.S.C. 201 et seq.) is amended—

(1) in section 402A(a)(2) (42 U.S.C. 282a(a)(2))—

(A) in the heading—

(i) by striking ''10-YEAR''; and

(ii) by striking ''THROUGH COMMON FUND'';

(B) by striking ''to the Common Fund'' and inserting ''to the Division of Program Coordination, Planning, and Strategic Initiatives'';

(C) by striking ''10-Year'';

(D) by striking ''and reserved under subsection (c)(1)(B)(i) of this section''; and

(E) by striking ''2014 through 2023'' and inserting ''2024 through 2028'';

(2) in each of paragraphs (1)(A) and (2)(C) of section 402A(c) (42 U.S.C. 282a(c)), by striking ''section 402(b)(7)(B)'' and inserting ''section 402(b)(7)(B)(i)''; and

(3) in section 402(b)(7)(B)(ii) (42 U.S.C. 282(b)(7)(B)(ii)), by striking ''the Common Fund'' and inserting ''the Division of Program Coordination, Planning, and Strategic Initiatives''.

SEC. 3. COORDINATION OF NIH FUNDING FOR PEDIATRIC RESEARCH.

(a) SENSE OF CONGRESS.—It is the sense of the Congress that the Director of the National Institutes of Health should continue to oversee and coordinate research that is conducted or supported by the National Institutes of Health for research on pediatric cancer and other pediatric diseases and conditions, including through the Pediatric Research Initiative Fund.

(b) AVOIDING DUPLICATION.—Section 402(b)(7)(B)(ii) of the Public Health Service Act (42 U.S.C. 282(b)(7)(B)(ii)) is amended by inserting ''and shall prioritize, as appropriate, such pediatric research that does not duplicate existing research activities of the National Institutes of Health'' before ''; and''.

SEC. 4. REPORT ON PROGRESS AND INVESTMENTS IN PEDIATRIC RESEARCH.

Not later than 5 years after the date of the enactment of this Act, the Secretary of Health and Human Services shall submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate a report that—

(1) details pediatric research projects and initiatives receiving funds allocated pursuant to section 402(b)(7)(B)(ii) of the Public Health Service Act (42 U.S.C. 282(b)(7)(B)(ii)); and

(2) summarizes advancements made in pediatric research with funds allocated pursuant to such section.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Kentucky (Mr. GUTHRIE) and the gentlewoman from Washington (Ms. SCHRIER) 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 rise in support of H.R. 3391, the Gabriella Miller Kids First Research Act 2.0.

In the United States, it is estimated that nearly 10,000 children under the age of 15 will be diagnosed with cancer in 2024. Major advancements over the past several decades have improved survival rates, with 85 percent of children with cancer now living until 5 years or older. However, estimates predict that, tragically, over 1,000 children will still die from cancer this year, making it the leading cause of death from disease for kids.

This legislation would ensure progress toward a better understanding of childhood cancer and structural birth defects will continue. It would also prioritize nonduplicative research and coordination on pediatric research across the National Institutes of Health.

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

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

Mr. Speaker, I rise to speak in support of H.R. 3391, the Gabriella Miller Kids First Research Act 2.0.

This bipartisan legislation, sponsored by Representatives WEXTON and COLE, plays a crucial role in providing essential support for pediatric cancer and disease research.

This bill is named in honor of Gabriella Miller, a Virginia resident who was diagnosed with an inoperable brain tumor at the age of 10. Gabriella was an inspirational activist who tirelessly advocated for research into childhood diseases like cancer until her passing in October 2013.

Her strong voice and bravery turned tragedy into the original Gabriella Miller Kids First Research Act, which was signed into law in 2014. This research program at the National Institutes of Health has made progress toward understanding childhood cancer and disease.

The original law established a 10-year pediatric research initiative fund and authorized funding for childhood disease research. The law has also led to the founding of the Gabriella Miller Kids First Data Resource Center, a comprehensive data resource for research and patient communities meant to advance discoveries.

Despite this progress, cancer is the top disease-related cause of death for children and teens in the United States. It is estimated that over 9,500 American children under age 15 will be diagnosed with cancer this year.

Mr. Speaker, I thank my friend, Representative WEXTON, for her leadership

on this legislation, and I encourage all of my colleagues to vote ''yes'' to make a significant impact in the fight against pediatric cancer.

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

□ 1545

Mr. GUTHRIE. Mr. Speaker, I yield 2 minutes to the gentleman from Florida (Mr. BILIRAKIS), the chairman of the Consumer Protection and Commerce Subcommittee and a leader on consumer protection in this Congress.

Mr. BILIRAKIS. Mr. Speaker, I thank the gentleman for yielding. It has been great working with him all these years, and I appreciate him very much.

I rise in strong support of H.R. 3391, the Gabriella Miller Kids First Research Act 2.0. I am proud to be a co-lead on this bipartisan piece of legislation with my friend and colleague, Representative JENNIFER WEXTON, who does an outstanding job on these issues.

Again, she is retiring at the end of this Congress, and we are going to miss her. She did such wonderful work, particularly on the Parkinson's bill, and we are going to get it across the finish line.

I am grateful for her leadership on this particular bill, as well, to reauthorize the Kids First Pediatric Research Initiative at the National Institutes of Health. Our bill will continue the critical work being done to conduct biomedical research and discover new insights into pediatric conditions such as childhood cancers.

The Kids First program has helped facilitate a better understanding of shared genetic pathways between childhood cancers, birth defects, and other pediatric conditions, and H.R. 3391 ensures that this research will continue for another 5 years.

Further, the Gabriella Miller Kids First Research Act requires coordination of all Federal efforts related to pediatric cancer research, as well as a report detailing current federally funded programs and initiatives and all advancements made thus far, and there have been several advancements.

We all agree that these scientific discoveries could help unlock the key to developing future treatments and cures for our most vulnerable patients—our kids who suffer from pediatric cancers and rare diseases.

We must continue to fight the battle against kids' cancers, both inside and outside the Federal Government. I urge my colleagues to support our bill, the Gabriella Miller Kids First Research Act 2.0.

Ms. SCHRIER. Mr. Speaker, I yield myself the balance of my time for the purpose of closing.

Mr. Speaker, I simply would encourage all my colleagues to vote for this important bill to help cancer research, and I yield back the balance of my time.

Mr. GUTHRIE. Mr. Speaker, I urge my colleagues to support the underlying bill, and I yield back the balance of my time.

Ms. WEXTON. Mr. Speaker, I rise today in support of the Gabriella Miller Kids First Research Act 2.0, which will enable the continuation of critical research of treatments and cures for childhood cancer and rare diseases.

I'm proud to carry this legislation in honor of Gabriella, who was from Virginia's 10th Congressional District. Gabriella was diagnosed with an inoperable brain tumor and passed away in 2013 at age 10.

Gabriella was a fierce fighter not just in her own battle with cancer, but as an advocate on behalf of the millions of other children who have suffered from this terrible disease. In the months following her terminal diagnosis, Gabriella became a national force for change, urging Congress to "stop talking—start doing," and increase funding to discover better treatments and cures.

Her heroic efforts delivered a successful push to pass the Gabriella Miller Kids First Research Act in 2014, bipartisan legislation named in her honor. The Kids First program has made remarkable progress since then—sequencing more than 55,000 genomes from over 21,000 patients in childhood cancer and structural birth defect cohorts and starting the Gabriella Miller Kids First Data Resource Center, a comprehensive data resource for research and patient communities meant to advance discoveries.

But there is still a long fight ahead to better understand, treat, and ultimately cure childhood cancer. Without action by Congress, funding for this critical program is set to expire this year. We must do better for our kids, and this bipartisan legislation would enable the critical work of the Kids First program to continue. For the Millers, and for the millions of American families who have had to go through the horror of receiving a cancer diagnosis for their child, I ask my colleagues to vote "yes" on this important legislation.

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. 3391, as amended.

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. GUTHRIE. 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.

PREVENTING MATERNAL DEATHS REAUTHORIZATION ACT OF 2023

Mr. BURGESS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3838) to amend title III of the Public Health Service Act to reauthorize Federal support of States in their work to save and sustain the health of mothers during pregnancy, childbirth, and the postpartum period, to eliminate disparities in maternal health outcomes for pregnancy-related and pregnancy-associated deaths, to identify solutions to improve healthcare quality and health outcomes for mothers, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3838

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 ''Preventing Maternal Deaths Reauthorization Act of 2023''.

SEC. 2. SAFE MOTHERHOOD.

(a) MATERNAL MORTALITY REVIEW COMMITTEES.—Section 317K(d) of the Public Health Service Act (42 U.S.C. 247b–12(d)) is amended—

(1) in paragraph (1)(A), by inserting ''(including obstetricians and gynecologists)'' after ''clinical specialties''; and

(2) in paragraph (3)(A)(i)—

(A) in subclause (I), by striking ''as applicable'' and inserting ''if available''; and

(B) in subclause (III), by striking '', as appropriate'' and inserting ''and coordinating with death certifiers to improve the collection of death record reports and the quality of death records, including by amending cause-of-death information on a death certificate, as appropriate''.

(b) BEST PRACTICES RELATING TO THE PREVENTION OF MATERNAL MORTALITY.—Section 317K of the Public Health Service Act (42 U.S.C. 247b–12) is amended—

(1) by redesignating subsections (e) and (f) as subsections (f) and (g), respectively; and

(2) by inserting after subsection (d) the following:

''(e) BEST PRACTICES RELATING TO THE PREVENTION OF MATERNAL MORTALITY.—

''(1) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall, in consultation with the Administrator of the Health Resources and Services Administration, disseminate to hospitals, State professional society groups, and perinatal quality collaboratives, best practices on how to prevent maternal mortality and morbidity that consider and reflect best practices identified through other relevant Federal maternal health programs.

''(2) FREQUENCY.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall disseminate the best practices referred to in paragraph (1) not less than once per fiscal year.''.

(c) EXTENSION.—Subsection (g) of section 317K of the Public Health Service Act (42 U.S.C. 247b–12), as redesignated by subsection (b), is amended by striking ''$58,000,000 for each of fiscal years 2019 through 2023'' and inserting ''$108,000,000 for each of fiscal years 2024 through 2028''.

The SPEAKER pro tempore (Mr. LUTTRELL). Pursuant to the rule, the gentleman from Texas (Mr. BURGESS) and the gentlewoman from Washington (Ms. SCHRIER) each will control 20 minutes.

The Chair recognizes the gentleman from Texas.

GENERAL LEAVE

Mr. BURGESS. 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 Texas?

There was no objection.

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