

With all of these threats surrounding it, we need to stand side by side and let the world know—our enemies and our friends—that we are allies of Israel. They are the U.S.'s strongest ally.

Israel is the only democracy in the region and the only one that respects human rights. It is in their national security interest and our national security interest to ensure Israel can defend itself from the ever-changing military threats. The enemies they have in the neighborhood are enemies to us as well.

I support H.R. 1992. The bill will make sure, too, that Israel's enemies do not gain a military advantage over the State of Israel. I urge its passage.

And that's just the way it is.

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

Mr. Speaker, the United States has no more important relationship, not just in the region but in the world, than the strategic, unbreakable alliance with the democratic Jewish State of Israel.

Israel's security is our security. Israel's security must not in any way be compromised.

As has been noted here already, Israel lives in a most dangerous neighborhood. Her security is dependent on a clearly demonstrated permanently sustained qualitative military edge. This bill, H.R. 1992, improves and enhances our relationship with Israel to guarantee her qualitative military edge in a very dangerous neighborhood.

I strongly urge all of my colleagues to support H.R. 1992 and to protect Israel's security.

I yield back the balance of my time.

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

In closing, let me again stress the importance of the relationship with our ally Israel.

Let me thank Mr. COLLINS for his leadership in authoring this important measure and thank Mr. SCHNEIDER. I am a cosponsor of this bill as well, and let me say we have many common threats, especially Iran's nuclear program.

This measure, H.R. 1992, is a testament to the American people's enduring commitment to the security of Israel. I hope to see it passed today.

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

Mr. GINGREY of Georgia. Mr. Speaker, I rise in strong support of H.R. 1992—the Israel QME Enhancement Act. I would like to commend the author of this legislation and colleague from Georgia, Mr. COLLINS, for his leadership on this issue. I would also like to thank the Foreign Affairs Committee Chairman ROYCE of California and Ranking Member ENGEL of New York on quickly moving this bill through the Committee.

Mr. Speaker, it goes without saying that our strongest ally in the Middle East is the State of Israel. It is, therefore, incumbent upon us to provide them with our unwavering support. In order to uphold this commitment, we must understand the ongoing security threats to Israel.

H.R. 1992 helps achieve this goal by increasing the frequency by which the Secretary of State must report to Congress on Israel's qualitative military edge (QME).

Unfortunately, Israel is constantly on alert from various threats to its existence, particularly cyber and asymmetric ones. In fact, regional, Iran has stated that its desire to "wipe Israel off of the map." Therefore, despite the interim agreement between the P5+1 that was adopted on November 24, 2013, I still believe that it is critically important that we prevent Iran from acquiring a nuclear weapons capability.

Congress took an important step during 2012 by implementing economic sanctions on Iran through the Iran Threat Reduction and Syria Human Rights Act of 2012. This important legislation punishes individuals who knowingly sell more than 1,000,000 barrels of refined product, or individuals that sell, lease, or provide Iran with goods, services, technology, or information.

However, despite these sanctions, Iran's nuclear program has continued to grow. Earlier this year in June, the International Atomic Energy Agency stated that Tehran was violating international regulations by increasing the number of centrifuges. Although the November 24th interim agreement caps Iran's proliferation at 5%, I remain skeptical of Iran's motive for continued nuclear activity.

Mr. Speaker, that is why the bill we have before today is absolutely essential in assisting Israel. By increasing the QME reports delivered to Congress, we can oversee the potential emerging threats that Israel will face in the future. I urge all of my colleague to join me in supporting H.R. 1992.

Mr. PERRY. Mr. Speaker, given the geopolitical history of the region, the U.S. fully understands Israel's need to be better armed than its neighbors.

Potentially threatening Arab countries surrounding Israel have superior numbers, which is the reason why Israel needs to maintain a qualitative edge.

As Iran creeps ever closer to obtaining a nuclear weapon, this qualitative edge has become all the more important.

As our closest ally in the region, we should do all we can to prevent Israel from being put in harm's way.

I believe the legislation before us today does precisely that and I thank the gentleman from Georgia and my colleague on the House Foreign Affairs Committee, Mr. COLLINS, for authoring this bill.

This legislation improves our policy of ensuring Israel's safety by better reflecting the security environment of its potential adversaries.

Israel is mostly attacked by unconventional weapons and those weapons should be considered into the QME.

As cyber-attacks are increasingly being used as a means of warfare, Israel needs to maintain a competitive edge, while countries such as Iran attempt to increase their cyber capabilities.

The SPEAKER pro tempore (Mr. FORTENBERRY). The question is on the motion offered by the gentleman from California (Mr. ROYCE) that the House suspend the rules and pass the bill, H.R. 1992, 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. ROYCE. 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.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess subject to the call of the Chair.

Accordingly (at 1 o'clock and 43 minutes p.m.), the House stood in recess.

□ 1436

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. FORTENBERRY) at 2 o'clock and 36 minutes p.m.

GABRIELLA MILLER KIDS FIRST RESEARCH ACT

Mr. UPTON. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2019) to eliminate taxpayer financing of presidential campaigns and party conventions and reprogram savings to provide for a 10-year pediatric research initiative through the Common Fund administered by 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. 2019

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".

SEC. 2. TERMINATION OF TAXPAYER FINANCING OF POLITICAL PARTY CONVENTIONS; USE OF FUNDS FOR PEDIATRIC RESEARCH INITIATIVE.

(a) TERMINATION OF PAYMENTS FOR CONVENTIONS; USE OF FUNDS FOR PEDIATRIC RESEARCH.—Section 9008 of the Internal Revenue Code of 1986 is amended by adding at the end the following new subsection:

"(i) TERMINATION OF PAYMENTS FOR CONVENTIONS; USE OF AMOUNTS FOR PEDIATRIC RESEARCH INITIATIVE.—Effective on the date of the enactment of the Gabriella Miller Kids First Research Act—

"(1) the entitlement of any major party or minor party to a payment under this section shall terminate; and

"(2) all amounts in each account maintained for the national committee of a major party or minor party under this section shall be transferred to a fund in the Treasury to be known as the '10-Year Pediatric Research Initiative Fund', which shall be available only for the purpose provided in section 402A(a)(2) of the Public Health Service Act, and only to the extent and in such amounts as are provided in advance in appropriation Acts."

(b) CONTINUATION OF PRIORITY OF PAYMENTS FROM ACCOUNTS OVER PAYMENTS TO CANDIDATES.—

(1) AVAILABILITY OF PAYMENTS TO CANDIDATES.—The third sentence of section 9006(c) of such Code is amended by striking "section 9008(b)(3)," and inserting "section 9008(i)(2),".

(2) AVAILABILITY OF PAYMENTS FROM PRESIDENTIAL PRIMARY MATCHING PAYMENT ACCOUNT.—The second sentence of section 9037(a) of such Code is amended by striking “section 9008(b)(3)” and inserting “section 9008(i)(2)”.

(c) CONFORMING AMENDMENTS.—

(1) ELIMINATION OF REPORTS BY FEDERAL ELECTION COMMISSION.—Section 9009(a) of such Code is amended—

(A) by adding “and” at the end of paragraph (2);

(B) by striking the semicolon at the end of paragraph (3) and inserting a period; and

(C) by striking paragraphs (4), (5), and (6).

(2) ELIMINATION OF PENALTIES.—Section 9012 of such Code is amended—

(A) in subsection (a)(1), by striking the second sentence;

(B) in subsection (c), by striking paragraph (2) and redesignating paragraph (3) as paragraph (2);

(C) in subsection (e)(1), by striking the second sentence; and

(D) in subsection (e)(3), by striking “, or in connection with any expense incurred by the national committee of a major party or minor party with respect to a presidential nominating convention”.

SEC. 3. 10-YEAR PEDIATRIC RESEARCH INITIATIVE.

(a) ALLOCATION OF NIH FUNDS IN COMMON FUND FOR PEDIATRIC RESEARCH.—Paragraph (7) of section 402(b) of the Public Health Service Act (42 U.S.C. 282(b)) is amended to read as follows:

“(7)(A) shall, through the Division of Program Coordination, Planning, and Strategic Initiatives—

“(i) identify research that represents important areas of emerging scientific opportunities, rising public health challenges, or knowledge gaps that deserve special emphasis and would benefit from conducting or supporting additional research that involves collaboration between 2 or more national research institutes or national centers, or would otherwise benefit from strategic coordination and planning;

“(ii) include information on such research in reports under section 403; and

“(iii) in the case of such research supported with funds referred to in subparagraph (B)—

“(I) require as appropriate that proposals include milestones and goals for the research;

“(II) require that the proposals include timeframes for funding of the research; and

“(III) ensure appropriate consideration of proposals for which the principal investigator is an individual who has not previously served as the principal investigator of research conducted or supported by the National Institutes of Health;

“(B)(i) may, with respect to funds reserved under section 402A(c)(1) for the Common Fund, allocate such funds to the national research institutes and national centers for conducting and supporting research that is identified under subparagraph (A); and

“(ii) shall, with respect to funds appropriated to the Common Fund pursuant to section 402A(a)(2), allocate such funds to the national research institutes and national centers for making grants for pediatric research that is identified under subparagraph (A); and

“(C) may assign additional functions to the Division in support of responsibilities identified in subparagraph (A), as determined appropriate by the Director;”.

(b) FUNDING FOR 10-YEAR PEDIATRIC RESEARCH INITIATIVE.—Section 402A of the Public Health Service Act (42 U.S.C. 282a) is amended—

(1) in subsection (a)—

(A) by redesignating paragraphs (1) through (3) as subparagraphs (A) through (C), respectively, and moving the indentation of each such subparagraph 2 ems to the right;

(B) by striking “For purposes of carrying out this title” and inserting the following:

“(1) THIS TITLE.—For purposes of carrying out this title”; and

(C) by adding at the end the following:

“(2) FUNDING FOR 10-YEAR PEDIATRIC RESEARCH INITIATIVE THROUGH COMMON FUND.—For the purpose of carrying out section 402(b)(7)(B)(ii), there is authorized to be appropriated to the Common Fund, out of the 10-Year Pediatric Research Initiative Fund described in section 9008 of the Internal Revenue Code of 1986, and in addition to amounts otherwise made available under paragraph (1) of this subsection and reserved under subsection (c)(1)(B)(i) of this section, \$12,600,000 for each of fiscal years 2014 through 2023.”; and

(2) in subsections (c)(1)(B), (c)(1)(D), and (d), by striking “subsection (a)” each place it appears and inserting “subsection (a)(1)”.

(c) SUPPLEMENT, NOT SUPPLANT; PROHIBITION AGAINST TRANSFER.—Funds appropriated pursuant to section 402A(a)(2) of the Public Health Service Act, as added by subsection (b)—

(1) shall be used to supplement, not supplant, the funds otherwise allocated by the National Institutes of Health for pediatric research; and

(2) notwithstanding any transfer authority in any appropriation Act, shall not be used for any purpose other than allocating funds for making grants as described in section 402(b)(7)(B)(ii) of the Public Health Service Act, as added by subsection (a).

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

The Chair recognizes the gentleman from Michigan.

GENERAL LEAVE

Mr. UPTON. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and insert extraneous materials in the RECORD on the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Michigan?

There was no objection.

Mr. UPTON. Mr. Speaker, I yield myself 3 minutes.

Mr. Speaker, I rise today in support of the Gabriella Miller Kids First Research Act of 2013. H.R. 2019, authored by my colleague, GREGG HARPER, is a bill that will help countless kids and families across the country.

The Gabriella Miller Kids First Research Act would prioritize funding for the research of pediatric diseases and disorders such as cancer, autism, and Fragile X. It would eliminate taxpayer financings of party conventions, political money, and use these funds instead to expand pediatric research at the NIH Common Fund through their common fund. This bill certainly does put kids first.

You know, Gabriella Miller was a little warrior in the battle against childhood cancer. At only 10 years of age, she had the courage miles beyond her years. A frying pan and a walnut is all

you need to understand her brave outlook on life.

When she was diagnosed with brain cancer, she was told that the size of that tumor was about like a walnut; and from then on, Gabriella traveled with her trusty frying pan squashing countless walnuts along the way all over the world.

That is the kind of courage and outlook on life that she had. Advancing health research for millions of young patients who suffer from rare and genetic diseases has got to be a priority. While we have made great strides in the country in finding cures and treatments, we certainly have a great amount of work to do. Included in the work is pushing for research that is going to help uncover cures for pediatric diseases.

In order for clinical trials and other advancements to meet their full potential, adequate resources have got to be directed for pediatric research. The legislation is an example of how much can be accomplished by ending wasteful spending and redirecting those funds towards national priorities like pediatric research.

This effort is going to help families like the Kennedys in Mattawan, Michigan, my constituents. Eric and Sarah have two wonderful little girls, Brooke and Brielle, who have the rare disease called spinal muscular atrophy. Those two little angels, who are fighting SMA with the same vigor and sunny outlook exhibited by Gabriella, are decorated little generals in the effort to boost research for rare diseases and serve as inspiration for every one of us.

The sad reality is that it is often difficult to conduct research into rare diseases due to the small number of individuals with those diseases; but we are working to change that—yes, we are—and provide families with greater hope for a cure and in advances of treatment.

This bill has over 150 cosponsors and is supported by a long list of patient advocacy groups including Autism Speaks, Juvenile Diabetes Research Foundation, Leukemia and Lymphoma Society, and FightSMA.

I wholeheartedly agree with the bill's Democrat sponsor, PETER WELCH from Vermont, who recently said last night on CNN:

Can we just put the battle axes down for a while and take a step forward?

He thinks we can. We need to.

With all of us today with so many diseases, we need to pass this bill.

I reserve the balance of my time.

ANGELMAN SYNDROME FOUNDATION,
Aurora, IL, July 5, 2013.

Hon. ERIC CANTOR,
Majority Leader, House of Representatives,
United States Capitol, Washington,
DC.

Hon. GREGG HARPER,
House of Representatives, Cannon House Office
Building, Washington, DC.

DEAR LEADER CANTOR AND CONGRESSMAN HARPER: On behalf of the Angelman Syndrome Foundation, ASF, I write in strong support for H.R. 2019, the Kids First Research Act. This important legislation will

expand pediatric medical research activities at the National Institutes of Health, NIH, by approximately \$130 million. Pediatric research should be a national priority, and ASF applauds Congressman Harper for his leadership on this issue. This legislation has the potential to develop treatments and unlock the cure for thousands of impacted children, including those with Angelman Syndrome.

Angelman syndrome is a single-gene neurodevelopmental disorder that is related to autism. Continued research for pediatric neurodevelopmental disorders, such as Angelman syndrome, will lead to effective treatments that will help combat the autism epidemic in the U.S. The Angelman Syndrome Foundation's mission is to advance the awareness and treatment of Angelman syndrome through education and information, research, and support for individuals with Angelman syndrome, their families and other concerned parties. We exist to give all of them a reason to smile, with the ultimate goal of finding a cure.

On behalf of ASF, thank you again for your leadership and for supporting the Kids First Research Act.

Sincerely,

EILEEN BRAUN,
Executive Director.

ASCO, July 10, 2013.

Hon. GREGG HARPER,
House of Representatives, Cannon House Office Building, Washington, DC.

DEAR REPRESENTATIVE HARPER: On behalf of the American Society of Clinical Oncology (ASCO), thank you for the introduction of The Kids First Research Act of 2013 (H.R. 2019). In this difficult budget environment, we are pleased to see any amount of available funds transferred to vital medical research and offer our endorsement of the legislation. We commend this bipartisan effort in acknowledging that medical research should be a priority for federal spending.

ASCO is the national organization representing more than 30,000 physicians and other health care professionals specializing in the treatment and research of both pediatric and adult cancers. Through its support of research leading to breakthrough improvements in cancer treatment, the NIH consistently provides a dramatic return on investment, both in the form of lives saved and economic growth. Our members witness first hand on a daily basis the high risk, high reward research that begins with NIH funding and results in safer, more effective treatment options for cancer patients.

Given its track record of unmatched successes, we are truly alarmed by the impact of recent budget cuts to the NIH and the National Cancer Institute (NCI). Budget stagnation in the last few fiscal years now compounded by cuts due to sequestration has led to the lowest number of new grants being funded at NIH since 1998. This is a devastating blow to the pace of medical research progress especially since it is occurring at a time of unprecedented basic and clinical science discoveries that point to rapid progress against many cancers. It has put life-saving discoveries on hold, stalled the careers of the young medical scientists who would be developing cures, and slowed one of our nation's areas of historical technology leadership that is also a key economic driver. Given the human and economic costs of these cuts, ASCO calls on Congress to repeal sequestration and return to regular order in budget negotiations. It is urgent that we prevent the \$19 billion in sequestration cuts to the NIH expected over the next ten years and return the NIH to a priority position in federal budget negotiations.

The Kids First Research Act is a great step in the right direction to put the NIH back on

a plan for reasonable growth and can make a difference. Through NIH's time-tested peer review process, this infusion of \$130 million over the next ten years will turn available dollars into new hope for the health of America's children and all of our citizens. But it is important to note that it will not compensate for the larger cuts in this area of investment that have already happened and are on track to worsen.

ASCO stands ready to help in your efforts to support medical research at the NIH. If you have any questions or would like assistance from ASCO on any issue involving cancer research, please do not hesitate to contact Amanda Schwartz at Amanda.schwartz@asco.org or 571-483-1647.

Sincerely,
CLIFFORD A. HUDIS, MD, FACP,
President, American Society
of Clinical Oncology.

BEAR NECESSITIES,
PEDIATRIC CANCER FOUNDATION,
Chicago, IL, July 3, 2013.

Re: Kids First Research Act of 2013 (H.R. 2019)

Hon. GREGG HARPER,
House of Representatives, Cannon House Office Building, Washington, DC.

DEAR CONGRESSMAN HARPER: On behalf of the countless children waging their courageous battle against pediatric cancer, we strongly and respectfully urge you to support the Kids First Research Act of 2013 (H.R. 2019).

This measure will provide much needed additional federal support to complement ongoing research supported by substantial private funding from national non-profit childhood cancer organizations, as well as by the National Institute of Health and National Cancer Institute. Passage of this bill will ensure that the investments of both public and private resources reach their fullest potential by enabling a critical mass of research and discovery required to culminate into promising medical treatments that are "safe and effective" for many childhood diseases, including childhood cancer.

As you may know, one in every 330 children in the United States develops cancer before the age of nineteen. The incidence of cancer among children is increasing. Each school day, enough children are diagnosed with cancer to empty two classrooms. Depending on the type of cancer and the development upon diagnosis, approximately 2,300 children will die from cancer in any given year. The number of children diagnosed with cancer in the U.S. each year puts more potential years of life at risk than any single type of adult cancer. Cancer remains the number one disease killer of America's children.

There are more than 360,000 childhood cancer survivors of all ages in the United States. Unfortunately, 74% of childhood cancer survivors have chronic illnesses, and some 40% of childhood cancer survivors have severe illnesses or die from such illnesses. Survivors are at significant risk for secondary cancers later in life. Current cancer treatments can affect a child's growth, fertility, and endocrine system. Child survivors may be permanently immunologically suppressed. Radiation therapy to a child's brain can significantly damage cognitive function, especially if given at a very young age. While currently there is very little in terms of "safe and effective" cures for any particular type of childhood cancer, the underlying genetics of the disease and recent research breakthroughs make such treatments foreseeable.

Bear Necessities Pediatric Cancer Foundation thanks you for sponsoring the Kids First Research Act of 2013 (H.R. 2019) and we

applaud your ongoing commitment to improving the lives of thousands of children diagnosed with life-threatening diseases and sparing families from the devastation that these types of diagnoses cause. We look forward to working with you to pass this important bill to help ensure a brighter future for America's children.

Sincerely,

KATHLEEN A. CASEY,
CEO and Founder.

MARCH OF DIMES FOUNDATION,
OFFICE OF GOVERNMENT AFFAIRS,
Washington, DC, July 17, 2013.

Hon. GREGG HARPER,
House of Representatives, Washington, DC.
Hon. TOM COLE,
House of Representatives, Washington, DC.
Hon. PETER WELCH,
House of Representatives, Washington, DC.

DEAR REPRESENTATIVES HARPER, COLE AND WELCH: On behalf of the March of Dimes, a unique collaboration of over 3 million volunteers affiliated with 51 chapters representing every state, the District of Columbia and Puerto Rico, I would like to express our support for H.R. 2019, the Kids First Research Act. This legislation would provide a welcome infusion of resources directed to pediatric research at the National Institutes of Health, NIH.

Our nation must commit to a sustained investment in pediatric research to build our future by improving the health of the next generation of children. As one example, over 500,000 infants are born preterm in the U.S. each year. Among those who survive, one in five faces health problems that persist for life such as cerebral palsy, intellectual disabilities, chronic lung disease, and deafness. Research breakthroughs that allow us to reduce the rates of preterm birth would lead to significant declines in infant mortality and save millions in healthcare and special education costs.

The March of Dimes takes no position on H.R. 2019's elimination of the Presidential Election Campaign Fund, but if this step is pursued, we strongly support directing the resultant funds to pediatric research. In addition, we urge Congress and the Administration to work together to find a balanced approach to deficit reduction that ensures the necessary resources are available to fund lifesaving research across the federal health agencies.

Thank you again for your leadership in introducing the Kids First Research Act. We look forward to working with you to make pediatric research a national priority.

Sincerely,

DR. JENNIFER L. HOWSE,
President.

BROOKE'S BLOSSOMING HOPE
FOR CHILDHOOD CANCER FOUNDATION,
December 10, 2013.

Hon. BLAKE FARENTHOLD,
House of Representatives,
Washington, DC.

DEAR MR. FARENTHOLD: As a medical research organization working to accelerate the development of promising medical discoveries or cures for cancers common to children, adolescents, and young adults, we write to express our strong support for your legislation, the Kids First Research Act of 2013 (H.R. 2019).

This measure provides much needed additional federal support to complement ongoing research supported by substantial private funding from national non-profit childhood cancer organizations, as well as by the National Institute of Health and National Cancer Institute. Passage of this bill will ensure that the investments of both public and private resources reach their fullest potential by enabling a critical mass of research

and discovery required to culminate into promising medical treatments that are “safe and effective” for many childhood diseases, including childhood cancer.

As you know, one in every 330 children in the United States develops cancer before the age of nineteen. The incidence of cancer among children is increasing. Each school day, enough children are diagnosed with cancer to empty two classrooms. Depending on the type of cancer and the development upon diagnosis, approximately 2,300 children will die from cancer in any given year. The number of children diagnosed with cancer in the U.S. each year puts more potential years of life at risk than any single type of adult cancer. Cancer remains the number one disease killer of America's children.

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Brooke's Blossoming Hope for Childhood Cancer Foundation thanks you for sponsoring the Kids First Research Act of 2013 (H.R. 2019) and we applaud your ongoing commitment to improving the lives of thousands of children diagnosed with life-threatening diseases and sparing families from the devastation that it causes. We look forward to working with you to pass this important bill to help ensure a brighter future for America's children.

Sincerely,

JESSICA HESTER, M.A. Ed.,
Chief Executive Officer and Founder.

RALLY FOUNDATION,
Sandy Springs, GA, December 10, 2013.

Hon. GREGG HARPER,
House of Representatives, Cannon House Office
Building, Washington, DC.

DEAR MR. HARPER: As a non-profit organization that exists to fund childhood cancer research, the Rally Foundation for Childhood Cancer Research, we write to express our strong support for your legislation, the Kids First Research Act of 2013 (H.R. 2019).

This measure provides much needed additional federal support to complement ongoing research supported by substantial private funding from national non-profit childhood cancer organizations, as well as by the National Institute of Health and National Cancer Institute. Passage of this bill will ensure that the investments of both public and private resources reach their fullest potential by enabling a critical mass of research and discovery required to culminate into promising medical treatments that are “safe and effective” for many childhood diseases, including childhood cancer.

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The Rally Foundation thanks you for sponsoring the Kids First Research Act of 2013 (H.R. 2019) and we applaud your ongoing commitment to improving the lives of thousands of children diagnosed with life-threatening diseases and sparing families from the devastation that it causes. We look forward to working with you to pass this important bill to help ensure a brighter future for America's children.

Sincerely,

DEAN CROWE,
Founder and CEO.

SOLVING KIDS' CANCER,
December 10, 2013.

Hon. GREGG HARPER,
House of Representatives, Cannon House Office
Building, Washington, DC.

DEAR REPRESENTATIVE HARPER: On behalf of Solving Kids' Cancer, I am writing to express our strong support for your legislation, the Kids First Research Act of 2013 (H.R. 2019), which would supply critical funds to the National Institutes of Health for pediatric medical research.

As you know, cancer kills more kids in the U.S. than any other disease. Each school day, enough children are diagnosed with cancer to empty two classrooms. We at Solving Kids' Cancer believe that Every Kid Deserves to Grow Up. For kids with the deadliest childhood cancers, including neuroblastoma, sarcomas and brain tumors, their chances of ever living long enough to be able to cast their first ballot are less than 50 percent. This is unacceptable.

Children with cancer need new treatment options today. As we enter a new era in cancer research with advances in immunotherapy, innovative clinical trials that harness a child's own immune system to fight cancer will help change the future of childhood cancer. But without the necessary funding, children battling cancer will be left behind, with limited treatment options.

Solving Kids' Cancer is proud to lend our support of the Kids First Research Act of 2013 (H.R. 2019). On behalf of the families and children with cancer, thank you for turning awareness into action and for helping to change the world for children.

Sincerely,

SCOTT KENNEDY, MBA,
Co-founder and Executive Director.

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

Mr. Speaker, I rise in opposition to the bill before us today because it is a disingenuous and empty attempt by the Republicans to divert attention from the fact that they have voted to cut research time and time again. So

instead, they will stand before the American public with words that they have no action to back up.

The National Institutes of Health serve a vital mission of supporting biomedical research so that we may better understand and better treat diseases that burden American families; and I stand firmly in favor of supporting NIH research funding, especially as it relates to pediatric research.

Let me be very clear for the record here today. H.R. 2019 does not achieve this purpose. Had this bill, which had been introduced back in May, gone through regular order and come to the Committee on Energy and Commerce for hearings and markup, we would have had the opportunity to discuss and debate the merits of the legislation.

This bill claims to support research on childhood diseases by authorizing—and I note not appropriating, but only authorizing—\$12.6 million for NIH pediatric research grants through savings from ending the public contribution to the cost of political party nominating conventions.

I emphasize that the bill only authorizes funding because I would like to point out that the appropriations needed to actually make these funds available to NIH would still be subject to discretionary spending caps of the Budget Control Act and sequestration cuts.

Now, the sequester alone has cut \$1.5 billion out of NIH'S funding in fiscal year 2013. Even worse, through the Ryan budget, the Republicans adopted spending allocations for fiscal year 2014 that would make additional cuts to NIH, which could result in \$6.7 billion in cuts in total.

For pediatric research, the proportional cut would amount to \$800 million, which is 60 times more than the increase that this bill claims to provide. That's why I think the Republicans are not making a sincere effort to support NIH research. This is a joke.

The best thing, Mr. Speaker, we can do to support NIH and research on pediatric diseases is to pass a balanced and constructive budget package and to provide the Appropriations Committee with a reasonable and realistic amount of funding to work with.

Until then, I would urge my colleagues to oppose this bill that is nothing but a guise. It is a ruse. It does nothing to ensure that we are increasing pediatric cancer research dollars.

Mr. UPTON. Mr. Speaker, I yield 2 minutes to my friend from Virginia (Mr. WOLF), a member of the Appropriations Committee.

Mr. WOLF. I thank the chair.

Mr. Speaker, I rise in support of legislation I have cosponsored, the Gabriella Miller Kids First Research Act. I particularly want to thank the bill sponsors, GREGG HARPER, ERIC CANTOR, and Mr. WELCH of Vermont, for honoring the memory of my constituent, Gabriella Miller, Loudoun County's volunteer of the year.

Gabriella was a 10-year-old straight A student at Loudoun County Day School, who died on October 26 after a courageous 1-year battle with an inoperable brain cancer tumor. In a short amount of time, they achieved many goals. She started the Smashing Walnuts Foundation—which refers to the walnut-sized tumor in her brain—a childhood cancer foundation; she co-wrote a children's book and received an honorary degree from Shenandoah University out in Winchester, Virginia.

Last December at her request I wrote to Macy's as part of the massive 250,000 letter campaign she organized to benefit the Make-a-Wish Foundation. Gabriella raised a lot of money, and more importantly she touched a lot of lives; and I am sure she touched a lot of lives of Members who are in this body.

The bill before us today will help supplement existing NIH research efforts for childhood cancers and disorders by creating a 10-year pediatric research initiative fund, paid for with the remaining Presidential Election Campaign Fund.

I know her parents, Mark and Ellyn, who are with us here today. Her younger brother Jake and her family and friends know of the remarkable impact she has had on our community, on our country, and on families that are facing this nationwide.

I urge, hopefully, a unanimous vote on this.

□ 1445

Mr. PALLONE. Mr. Speaker, I yield 3 minutes to the gentleman from California (Mr. WAXMAN), ranking member of the Energy and Commerce Committee.

Mr. WAXMAN. Mr. Speaker, I rise, reluctantly, to oppose this bill.

First of all, I want to express to Gabriella Miller's family my sincere sympathies.

We all want to fund more research to fight pediatric disease. Nothing could be a more worthy objective. If we could only reverse the cuts that this House has adopted under Republican leadership, the National Institutes of Health could make an even greater amount of progress in understanding and treating so many different devastating diseases for children and others.

This bill was never heard in committee. We never had a chance to have witnesses come forward and talk about it or debate how best to achieve the bill's stated goals. That is why many of us think it is more a statement than a credible proposal, especially when you look at the Republican House majority's record on biomedical research funding. It is a dismal one.

They wrote and passed a bill which would have significantly cut NIH. They supported sequestration, which similarly reduced the NIH budget by nearly \$2 billion in 2013 alone. And now this bill comes along, where they claim to provide NIH with about \$13 million a year for pediatric research. That is a

miniscule amount compared to the funding for pediatric research NIH lost due to Republican budget cuts and sequestration.

The way we usually handle NIH is the Appropriations Committee issues a bill appropriating money for NIH. They can do that. If we increase the money for NIH, they can do that. They don't need this bill to increase funding for pediatric research. What they need is a higher spending cap. This bill doesn't bring about a higher spending cap.

And then I have concerns I want to express about the way they structure the investments in pediatric research by funding it through the NIH Director's Common Fund. By design, that fund is not disease or population specific, giving NIH flexibility to determine funding priorities each year. It also doesn't take into consideration the existing pediatric research initiative, which we strengthened with the recent enactment of pediatric research network legislation.

Researchers all across the country have echoed the importance of sustained NIH funding for our Nation's health, our economic growth, and our global leadership on biomedical research.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. PALLONE. I yield the gentleman an additional 1 minute.

Mr. WAXMAN. Regrettably, this legislation before us does nothing to truly advance research at NIH. If we really had a sincere commitment to strengthen research at NIH, let's work together on a bipartisan basis. Let's have hearings on the legislation. Let's make sure that we have funding for all the research activities.

I think that we need to find a solution to restore NIH funding rather than purely symbolic legislation.

This reminds me of the time when the Republicans closed the government. They refused to pass an appropriations bill for the government to function. And then people said, Well, what about the parks? They said, Well, we'll have a bill just to open the parks. What about NIH research? Well, we'll do NIH research, but not the Centers for Disease Control and not other things.

If you are going to do the job, do it right, and don't pretend, especially to a family that is grieving, that you are really doing more for pediatric research when the overall NIH funds are not increased.

Mr. UPTON. Mr. Speaker, I yield myself 30 seconds.

Mr. Speaker, I just want to remind my friends that this is bipartisan legislation. I congratulate Mr. WELCH for being the lead Democratic sponsor.

I just want to say, too, in terms of looking at the money, the bill itself says:

All amounts in each account maintained for the national committee of a major party or minor party under this section shall be transferred to a fund in the Treasury to be

known as the "10-Year Pediatric Research Initiative Fund," which shall be available only for the purpose provided in section 402A(a)(2) of the Public Health Service Act, and only to the extent and in such amounts as are provided in advance in appropriations Acts.

Tell me how to write it tougher. We did it.

I yield 2 minutes to the gentleman from California, (Mr. MCCARTHY), the majority whip.

Mr. MCCARTHY of California. I thank Chairman UPTON.

Mr. Speaker, I rise in support of H.R. 2019, named in the memory of a remarkable young lady, Gabriella Miller.

The Gabriella Miller Kids First Research Act gives pediatric research a shot in the arm through additional targeted funding, funding that is fully offset by reining in taxpayer funding of political conventions.

The National Institutes of Health works admirably in distributing important Federal funding on basic medical research, but more can be done for childhood illness. In 2012, only 2 percent of NIH funding was spent on pediatric cases.

Today's bill provides additional funding for the NIH to help address the need for coordinated research on various childhood diseases, including cancer, autism, and juvenile diabetes. It helps provide a down payment to the promise that we have to our next generation by helping our scientists and researchers find the cures today to childhood illnesses.

There is no Republican or Democrat form of childhood illness, and there is no Republican or Democrat way to fight it. By working together on this bipartisan bill, we can put our children above the Presidential politics of every 4 years.

I want to thank my good friends Congressman GREGG HARPER and Congressman PETER WELCH for their work on this legislation. I also want to thank Majority Leader CANTOR for his continued leadership on these issues affecting America's families across the country.

Vote "yes" on H.R. 2019.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentleman from Vermont (Mr. WELCH).

Mr. WELCH. Mr. Speaker, I support this legislation, but I want to go through the controversy.

First of all, the argument about campaign finance reform, this is about taking money away from political conventions. The majority on both sides of the aisle have supported that.

Number two, there is an argument that this does not restore NIH funding. That is absolutely true, and we should restore full funding for the National Institutes of Health. Passing this bill doesn't stop us from doing that. It may even put us a step forward.

Third, there is an argument that the money will not get to the intended target because of the way it is designed. But if there is any expression of good faith, it is that the appropriators have made a very clear indication that they

are willing to do everything they possibly can in order to make this happen.

Fourth, it is limited in its scope and in its funds. That is true. But the fact is it does do something. It takes a step forward.

We are having an argument here about whether this is bipartisan or not. We are having an argument about bipartisan or not. We are having an argument about process. But I think if we are candid, we have to acknowledge that, as an institution, both sides have failed when it comes to an overall comprehensive budget, including for the NIH.

On August 12, 2011, this Congress voted 269-161 to implement the sequester, and in the I-told-you-so brand of argument, I voted against that. I voted against it because, in my view, the consequences of that sequester were predictable and foreseeable. These across-the-board cuts from the NIH to the Pentagon made no sense, but that is the box this institution, this House of Representatives, has put itself in.

What we have with this bill, in my view, is an opportunity to lay down the battle axes for just a moment and take a step forward. No one is here—least of all, me, where I am being used, to some extent, as a bipartisan face—to suggest that this does more than it does. But what it does do is something good, and it can begin a process, which is my hope, where we restore full funding to the National Institutes of Health.

Mr. UPTON. Mr. Speaker, I yield 1 minute to the gentleman from Virginia (Mr. CANTOR), majority leader of the House.

Mr. CANTOR. Mr. Speaker, I thank the chairman, the gentleman from Michigan.

Mr. Speaker, I rise in strong support of the Gabriella Miller Kids First Research Act. I also would like to thank my colleague, the gentleman from Vermont, for his courage in providing bipartisan support, along with some other colleagues in support of this bill, as well as the Republican cosponsors, GREGG HARPER from Mississippi and TOM COLE, my colleague from Oklahoma who is here in this Chamber.

For those colleagues who are here in the Chamber, we are joined by Gabriella Miller's parents, Ellyn and Mark Miller, who are in the gallery. I want to thank them for their courage in being here and for their understanding of what goes on on this floor and to not take it in any other way other than we are trying to do what is right in terms of delivering on the legacy of their daughter.

Mr. Speaker, Gabriella Miller, a young girl from Virginia, was only 9 years old when she found out she had an inoperable brain tumor the size of a walnut and wasn't given long to live. Despite her diagnosis, Gabriella and her family chose to fight and share her dream with others of overcoming childhood disease.

Gabriella was so determined that she captivated people's hearts at rallies,

through online videos, and raised hundreds of thousands of dollars for the Make-a-Wish Foundation. She even wrote a book for other children about understanding cancer. She poured every remaining ounce of her life into raising awareness for pediatric research for other children, with the hope that they would not have to suffer the same fate. In her last few months, Gabriella left a mark on the world that will never be forgotten.

Mr. Speaker, there is no question that Washington has a spending problem. The problem is not only that we spend too much, but that we are spending taxpayer dollars on the wrong priorities. Medical research for children should be a national priority.

The first NIH bill I scheduled as majority leader was a bipartisan bill authored by Representative CATHY MCMORRIS RODGERS and Representative LOIS CAPPS to strengthen pediatric research networks. The President signed the bill into law last month.

The bill before us today builds on that legislation by providing resources through the NIH Common Fund for high-risk, high-reward research that has the potential to transform pediatric research for children suffering from many different diseases and disorders. For the first time, Congress will establish a Pediatric Research Initiative Fund that will serve as an accountability mechanism to help ensure that dollars are reaching their intended target.

While all of us support the NIH, this bill is an opportunity to push the agency to make big discoveries that will improve and ultimately save so many lives. We don't have to accept the status quo as the best we can achieve. Yes, the NIH needs taxpayer resources, but it also matters how we invest and apply those dollars.

□ 1500

Now, Mr. Speaker, some of my colleagues on the other side of the aisle say this is just a drop in the bucket compared to the sequester cuts. I agree. The sequester cuts were, unfortunately, indiscriminate, and I and my colleagues have proposed alternatives to them, but let's not let Washington politics get in the way of any effort to help these kids. This is one step of many that we should take together.

How many times do we meet parents and families who share their stories and ask for help? I recently had the privilege of meeting Gabriella's parents, Ellyn and Mark, and they personally shared with me Gabriella's fighting spirit. In fact, in one of her last interviews—and you can view this online—when asked what Gabriella would like to tell our political leaders, she said, "Stop talking. Start doing. We need action."

This, Mr. Speaker, is our opportunity to act.

Outside of this building, this legislation has tremendous support. The leading children's research hospitals,

United for Medical Research, and over 100 patient advocacy groups support this bill. Currently, it leads all other bills on cosponsor.gov with over 2,500 citizen cosponsors. This kind of support is great, but what matters now are the Members of this House and how they vote. The question before the Members today is simple: What is more important—finding cures for our children or balloons for party conventions and catering for politicians?

The bottom line is that this bill is a choice between allocating moneys for political conventions or pediatric medical research. That is the choice. The bill isn't just about a government agency or taxpayer dollars. It is not about Democratic issues or Republican issues. It is about a cause, frankly, that should unite each and every one of us.

Yes, I would say to my colleague from California that this is a serious first step—it is not everything—but to not sit here and impugn anyone's motives, much less say something that is somehow a commentary that this isn't constructive towards the plight of the parents like the Millers who are around this country and who are searching for some indication that we can break the political gridlock on an issue like this. I align myself with the comments of my colleague from Vermont, who says, Can't we just put down the battle axes for something like this? Can't we all do that for somebody like Gabriella?

Now, Gabriella may no longer be with us, but her fight lives on. I ask, Mr. Speaker, that all of us stand united today and join in this fight.

Again, I want to thank Congressman GREGG HARPER, and I want to thank Congressman PETER WELCH for introducing this bill as well as to thank Congressman COLE from Oklahoma. Earlier this year, they began the effort to join with so many who have come before in order to raise awareness of the need for medical research and, yes, this time, of the need for us to prioritize the funding for pediatric research.

I would like to thank Gabriella's parents, the Millers, who are so brave in their commitment to this effort and who realize this is just a first step—being here with us today and joining us in this fight.

I strongly urge my colleagues to support this bill.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. All Members are reminded that it is not in order to introduce or to bring to the attention of the House occupants of the gallery.

The Chair will remind all persons in the gallery that they are here as guests of the House and that any manifestation of approval or disapproval of proceedings is in violation of the rules of the House.

Mr. PALLONE. Mr. Speaker, I now yield 1 minute to the gentleman from Tennessee (Mr. COHEN).

Mr. COHEN. Mr. Speaker, I oppose this legislation because it is window dressing, and it is not the big picture.

Thirteen million dollars is less than 1 percent of the \$1.5 billion sequester cut. It is less than 1 percent. The NIH is our research institution. It is our Department of Defense. It defends us from cancer and heart disease and Alzheimer's and AIDS and diabetes, but it is not being prioritized. It should be the number one priority of this House—keeping Americans safe and alive. Now, the \$13 million was picked because that is the amount of money we put into political conventions. It just so happened to fit. We could have picked the F-35 bomber and saved billions of dollars and taken that out, which we don't need, and put in that money, which would have made a real difference in research.

As for Kids First Research, I live in the city that has the best pediatric cancer facility in the world, St. Jude Children's Research Hospital. It needs more than this. Kids later will get Alzheimer's and AIDS and heart disease and cancer, and they need to be protected. In the long run, they can only be protected with the full funding for the NIH. I urge the full funding for the NIH and not smoke and mirrors.

Mr. UPTON. Mr. Speaker, I yield 3 minutes to the gentleman from Mississippi (Mr. HARPER), the sponsor of the bill.

Mr. HARPER. First of all, I want to thank Congressman PETER WELCH for his hard work on this bill, and I certainly thank Leader ERIC CANTOR and Congressman TOM COLE.

Mr. Speaker, creating a lifetime of hope and opportunity for our most vulnerable kids is more important than subsidizing weeklong political pep rallies for the Democratic and Republican parties. This is why the House must advance H.R. 2019, the Gabriella Miller Kids First Research Act, a bill that pays for children's medical research with the \$126 million that the Federal Government currently sets aside for political conventions.

On November 14, 2013, I had the privilege to meet in Leader CANTOR's office with Ellyn and Mark Miller. I watched them struggle to come up with the words to express their grief, which I saw become steadfast determination to do something special for Gabriella by allowing this bill to be named after their precious daughter. I am wearing the yellow "Smashing Walnuts" bracelet that they gave me that day. I have watched numerous videos of Gabriella in which she has made moving and profound statements, such as, "Once you get cancer, you kinda gotta be all grown up," and "Sometimes you have to stop talking and start doing."

As the father of a 24-year-old son who is living with Fragile X syndrome, I understand the challenges families face in raising children with special needs, but I also recognize the value of expanded and improved medical research. While raising a child with a genetic

disorder can be very difficult, for my family, it has been a blessing, especially knowing that my son, Livingston, is here today.

Mr. Speaker, Evie Horton and her cousin, Reese McDonald, who are kids from Mississippi who fight with all of their strength to overcome the struggles of spinal muscular atrophy, are two more reasons that I introduced this bill. Recent scientific research breakthroughs have also given hope to so many families, but in order for clinical trials and other advancements to meet their full potential, additional Federal research must be directed to pediatric research.

Mr. Speaker, Members of both parties have an opportunity to demonstrate the priorities of this body. Will it be research for our most vulnerable kids or will lawmakers vote to continue funding political party conventions at the taxpayers' expense?

I have listened to how this has been described by the other side. It has been called a joke, a ruse, a fraud, not credible, window dressing, smoke and mirrors, and their referring to Republicans supporting sequestration, I guess, means that it has been forgotten by our friends on the other side of the aisle that 95 Members of the Democratic Party voted in favor of sequestration.

Mr. Speaker, let's get our priorities straight. Let's vote "yes" on the Gabriella Miller Kids First Research Act.

NATIONAL FRAGILE X FOUNDATION,
Walnut Creek, CA, June 12, 2013
ATTN: Scot Malvaney, Policy Director.

Representative GREGG HARPER,
Cannon Building, Washington, DC.

DEAR REPRESENTATIVE HARPER: Confirming our earlier conversations with your office, the National Fragile X Foundation indeed agrees that additional research is needed to find the cures for fragile x syndrome, autism spectrum disorder, childhood cancer, and many other diseases impacting children.

We are therefore pleased to add our support to The Kids First Research Act (H.R. 2019) that you recently introduced with Representative Tom Cole.

As you well know, Fragile x syndrome is one of the conditions for which a cure (or targeted treatments) exist right around the corner.

We wholeheartedly support this critical research initiative which seeks both to identify much needed additional funding for the NIH and to promote collaborations and collaborative spending across related conditions like fragile x syndrome and autism.

Thank you for your leadership on this important issue.

JEFFREY COHEN, JD,
Director, Government Affairs.

GLOBAL GENES, RARE PROJECT,
Aliso Viejo, CA.

Hon. GREGG HARPER,
House of Representatives, Cannon House Office
Building, Washington, DC.

DEAR CONGRESSMAN HARPER, Global Genes/ RARE Project is one of the leading rare and genetic disease patient advocacy organizations in the world. What began as a grassroots movement in 2009 with a few rare disease parent advocates and foundations has grown to over 800 global organizations. Our

mission is centered on increasing rare disease awareness, public and physician education, building community through social media and supporting research initiatives to find treatments and cures for rare and genetic diseases.

We, along with the organizations listed below, are writing to support The Kids First Research Act of 2013 (H.R. 2019). This bipartisan bill would eliminate taxpayer financing of presidential campaigns and party conventions and reprogram those savings to provide for a 10-year pediatric research initiative through the Common Fund administered by the National Institutes of Health.

During these trying fiscal times, we are pleased to see efforts that would increase funds for pediatric research.

Unfortunately, pediatric research is terribly underfunded and largely overlooked, as medicines and devices are often untested in children. Children are usually prescribed medications that have only been tested in adults, which is unacceptable. Children are not adults. More efforts must be made to properly research drugs and devices in the pediatric population, and this is an important step in that process.

We are pleased to express our strong support for H.R. 2019, and believe this legislation will help to bring increased funding and awareness to pediatric medical research. We look forward to working with you and your staff to ensure this bill is enacted into law.

Sincerely,
Global Genes/RARE Project, Alstrom Angels, Cure AHC, Dravet Syndrome Foundation, FMDSA, Gavin R Stevens Foundation, GT23 Foundation, Gwendolyn Strong Foundation, Hannah's Hope Fund for GAN, Hereditary Disease Circle, I Have IHH Foundation, In Need of a Diagnosis, INOD, Jonah's Just Begun, Joshua Hellmann Foundation for Orphan Disease Klippel-Feil Syndrome Alliance.

Little Miss Hannah Foundation, MPS Society, National Gaucher Foundation, Inc., National Tay-Sachs & Allied Diseases Association, Inc., Noah's Hope, Noonan Syndrome Foundation, Peace, Love, and Trevor Foundation, Rasopathies Foundation, Sanfilippo Foundation for Children, Sarcoma Foundation of America, Stop ALD Foundation, Team Sanfilippo, United Leukodystrophy Foundation, U.R. Our Hope.

NATIONAL DOWN SYNDROME SOCIETY,
New York, NY, May 9, 2013.

Hon. GREGG HARPER,
House of Representatives, Cannon HOB, Washington, DC.

DEAR CONGRESSMEN GREGG HARPER: On behalf of the National Down Syndrome Society (NDSS), I am pleased to offer this letter of support for your legislation H.R. 1724, the Kids First Research Act. This legislation will expand pediatric research at the National Institutes of Health by prioritizing resources for research for children with Down syndrome which are currently underrepresented in the NIH budget process.

NDSS supports over 400,000 Americans with Down syndrome along with their families, friends, teachers, coworkers and others who make people with Down syndrome a priority. Our mission is to be the national advocate for the value, acceptance and inclusion of people with Down syndrome.

The re-directing of federal dollars that are currently spent on presidential campaigns and party conventions will expand pediatric research at NIH through the NIH Common Fund. This funding will be used for research that is critical to improve the quality of life for individuals with Down syndrome other pediatric conditions.

NDSS is the largest nonprofit dedicated to advocating for people with Down syndrome

and their families at the federal, state and local levels of government. At NDSS, we envision a world in which all people with Down syndrome have the opportunity to enhance their quality of life, realize their life aspirations, and become valued members of welcoming communities. Your legislation aligns directly with our mission, and we are proud to support your efforts.

Our organization applauds your work on behalf of people with Down syndrome and other pediatric conditions, and looks forward to working with you. On behalf of all individuals and families from the Down syndrome community, I thank you for your leadership on this legislation and offer our enthusiastic endorsement.

Sincerely,

SARA HART WEIR,
Vice President,
Advocacy & Affiliate Relations.

JDRF,

New York, NY, May 10, 2013.

Hon. GREGG HARPER,
House of Representatives, Cannon House Office
Building, Washington, DC.

DEAR REPRESENTATIVE HARPER: On behalf of JDRF and its volunteers, I write to share JDRF's support for your legislation, the Kids First Research Act of 2013, which would provide additional funds to the National Institutes of Health (NIH) for research on pediatric diseases and disorders.

Type 1 diabetes (T1D) is a costly and burdensome autoimmune disease for which there is no cure. The disease usually strikes in childhood, adolescence, or young adulthood, and lasts a lifetime. People with T1D must closely monitor their blood sugar levels and inject or infuse insulin in order to live. Even with the best of efforts and latest technology, blood sugar levels in patients still fluctuate widely and over the long-term can result in devastating complications, such as kidney disease.

Unfortunately, the incidence of type 1 diabetes (T1D) is rising at an alarming rate. From 2001 to 2009, T1D among youth increased 23 percent. If unabated, the prevalence of T1D in youth would double every generation.

JDRF is doing its part to advance research to better treat, prevent and ultimately cure T1D. Last year, JDRF spent \$110 million on T1D research. Our work complements the research being done at NIH. The additional funding provided to NIH by the Kids First Research Act of 2013 could help us realize new therapies and research breakthroughs, that could improve the quality of life for people with T1D and help reduce the associated costs of the disease, sooner rather than later.

Your leadership on this issue and strong support of other issues that affect the T1D community are greatly appreciated.

Sincerely,

JEFFREY BREWER,
President & Chief Executive Officer.

AUTISM SPEAKS,

New York, NY, May 14, 2013.

Hon. GREG HARPER,
House of Representatives, Cannon House Office
Building, Washington, DC.

DEAR CONGRESSMAN HARPER: I am writing to thank you for your leadership on behalf of America's autism community, as demonstrated by your commitment to prioritize autism and pediatric research through the Kids First Research Act. As you know, recent CDC data suggests the prevalence of autism is closer to 1 in 50 children. As you also

know, many of these individuals also have Fragile X Syndrome and your commitment to this community has made a real difference during your time in Washington, DC. It is critical to the autism community that we have national leadership to address the epidemic growth of this disorder.

I am grateful that you and your colleagues recognize this crisis and are striving to address it in several policy areas, including research, disability savings accounts and improved services for our military families affected by autism. I am particularly encouraged by your desire to see autism and pediatric research elevated as a priority at the National Institutes of Health through the Kids First Research Act.

I look forward to working with you in the days and weeks ahead in addressing America's autism crisis.

Sincerely,

LIZ FELD,
President.

THE COALITION FOR
PEDIATRIC MEDICAL RESEARCH,
June 6, 2013.

Hon. FRED UPTON,
Chairman Committee on Energy & Commerce,
U.S. Congress, Rayburn House Office Building,
Washington, DC.

Hon. JOE PITTS,
Chairman, Committee on Energy & Commerce,
Subcommittee on Health, Rayburn House
Office Building, Washington, DC.

Hon. HENRY WAXMAN,
Ranking Member, Committee on Energy & Commerce,
U.S. Congress, Rayburn House Office
Building, Washington, DC.

Hon. FRANK PALLONE,
Ranking Member, Committee on Energy & Commerce,
Subcommittee on Health, Rayburn
House Office Building, Washington, DC.

DEAR CHAIRMEN UPTON AND PITTS & RANKING MEMBERS WAXMAN AND PALLONE: On behalf of the Coalition for Pediatric Medical Research (CPMR), a group of more than 20 of our nation's leading children's research hospitals, I am writing to offer our support for H.R. 2019, the Kids First Research Act of 2013.

For too long, our nation has underinvested in pediatric research as a proportion of the overall population. Healthy living begins with a healthy infancy and childhood, and inadequate support for pediatric research negatively affects our nation's children, particularly those suffering from devastating diseases and disorders. It also hinders our ability to prevent and/or treat adult-onset disorders, such as diabetes and heart disease, whose causes are rooted in the childhood years.

H.R. 2019 is a much-needed step forward to address this imbalance. This legislation will help make clear that the health and well-being of our children is a national priority by reallocating scarce public resources to support pediatric research sponsored by the National Institutes of Health (NIH). This infusion of funds would provide a much-needed boost to our pediatric research community, enabling it to expand research efforts to identify causes of and treatments for many of the most devastating diseases and disorders that affect children. The Coalition is particularly pleased that the legislation would fund multi-institute research activities under the Common Fund, helping drive coordination and collaboration.

The Coalition strongly believes that if enacted into law, a portion of this funding should be used to provide competitive awards to support the research infrastructure and resources necessary to conduct a comprehensive

21st Century pediatric research agenda. Such support should focus on shared and core resources such as biobanks, data warehouses, bioinformatics infrastructure, and the advanced computing technologies needed to process increasingly large data sets. It should also help expedite clinical trials in patients with rare diseases, helping link sites and enabling researchers to recruit a critical mass of kids with any one condition. In addition to the Kids First Research Act, the Coalition continues to strongly support H.R. 225 and S. 424, the National Pediatric Research Network Act, which would authorize NIH to establish a National Pediatric Research Network. We see these two proposals as highly synergistic and complementary and applaud your committees and the full house for quickly passing this bill—for the fourth time—earlier this year.

On behalf of the Coalition, I thank you for your attention to this. If you have any questions, please feel free to contact me at 202.312.7499 or via nicholas.manetto@faegrebd.com.

Sincerely,

NICK MANETTO,
Coalition Advisor.

LEUKEMIA & LYMPHOMA SOCIETY,
Washington, DC, June 6, 2013.

Hon. GREGG HARPER,
House of Representatives, Cannon HOB, Washington, DC.

Hon. PETER WELCH,
House of Representatives, Rayburn HOB, Washington, DC.

Hon. TOM COLE,
House of Representatives, Rayburn HOB, Washington, DC.

DEAR REPRESENTATIVES HARPER, COLE AND WELCH: The Leukemia & Lymphoma Society (LLS) is the world's largest voluntary health agency dedicated to blood cancer. Each year, over 140,000 Americans are newly diagnosed with blood cancers, accounting for nearly 10 percent of all newly diagnosed cancers in the United States. LLS funds lifesaving blood cancer research around the world and provides free information and support services. The mission of LLS is to cure leukemia, lymphoma, Hodgkin's disease and myeloma and provide our patients with affordable, sustainable access to quality healthcare.

LLS is writing to support H.R. 2019, the Kids First Research Act, which will increase funding for pediatric medical research activities administered through the Common Fund at National Institutes of Health (NIH). H.R. 2019 provides much needed funding for crucial research projects, at a critical time in our nation's progress in medical research. In cancer research in particular, we are yielding unprecedented examples of precision based medicine that are fundamentally altering the way in which we will categorize and treat cancers going forward. These funds will help advance the important projects funded by the NIH in areas of high unmet medical need.

LLS understands and appreciates the tremendous challenges and fiscal constraints Congress currently faces and the need to identify a balanced approach to funding necessary national priorities. We appreciate the bi-partisan support that this legislation has received, and look forward to serving as a resource for your offices.

Best,

EMILY SHETTY,
Senior Director,
Federal Legislative Affairs.

CHILDREN'S HOSPITAL ASSOCIATION,
Alexandria, VA, Overland Park, KS, June 8,
2013.

Hon. FRED UPTON,
Chairman, Committee on Energy & Commerce,
Rayburn House Office Building, Wash-
ington, DC.

Hon. HENRY WAXMAN,
Ranking Member, Committee on Energy & Com-
merce, Rayburn House Office Building,
Washington, DC.

DEAR CHAIRMAN UPTON AND RANKING MEM-
BER WAXMAN, On behalf of over 220 of the na-
tion's children's hospitals, I am writing in
support of H.R. 2019, the Kids First Research
Act of 2013.

As you know, children are not just "small
adults." Children require highly-specialized
care and equally specialized research. De-
spite children accounting for nearly 20 per-
cent of our nation's population, the National
Institutes of Health (NIH) has historically
invested a far smaller percentage of research
dollars—between five and 10 percent—in pe-
diatric biomedical research. Healthy living
begins with a healthy infancy and childhood,
and inadequate support for pediatric re-
search does a disservice to our nation's chil-
dren.

The Kids First Research Act of 2013 would
enhance our nation's commitment to pedi-
atric research and help make clear that the
health and well-being of our children is a na-
tional priority. The legislation would pro-
vide a much-needed boost to the pediatric re-
search community, supporting expanded re-
search efforts to identify causes of and treat-
ments for many of the most devastating dis-
eases and disorders that affect children.

In addition to the Kids First Research Act,
the Association continues to strongly sup-
port the National Pediatric Research Net-
work Act, H.R. 225, and its companion bill in
the Senate, S. 424. This legislation would au-
thorize the NIH to establish a National Pedi-
atric Research Network. The Association
views these two proposals as collaborative
and applauds the committee and the House
for quickly passing H.R. 225 earlier this year.

IA On behalf of the Children's Hospital As-
sociation, thank you for your support on this
important issue.

Sincerely,

JIM KAUFMAN,
Vice President, Public Policy.

Mr. PALLONE. Mr. Speaker, I now
yield 2½ minutes to the gentleman
from North Carolina (Mr. PRICE).

Mr. PRICE of North Carolina. Mr.
Speaker, this is a sad and, indeed, de-
pressing debate because there is such a
transparent effort underway to weaken
our Nation's campaign finance laws
even further by the perfectly legiti-
mate, compelling case for sick children
in our country. This represents the
worst of Republican cynicism—I have
just got to say it—and since this mea-
sure stands no chance of passing in the
Senate, it is a fitting end to the least
productive session of Congress in mod-
ern history.

The passage of this bill will do noth-
ing to increase the Federal funding of
pediatric disease research. That is why
it is so cynical. Simply authorizing a
new program will not translate into ad-
ditional funding in the current appro-
priations environment. If the majority
were really serious, it wouldn't have
passed a budget that makes adequate
funding for medical research impos-
sible or, perhaps, it would actually try
to negotiate a comprehensive budget

agreement that lifts sequestration once
and for all from pediatric research and
many other priorities. To make mat-
ters worse, this bill would make it
more difficult to modernize and rein-
vitalize one of the most successful ex-
amples of campaign finance reform in
our Nation's history—the Presidential
public financing program—which has
given candidates a viable alternative
to private and corporate fund-raising
for more than three decades.

Now, I agree with my colleagues from
both parties in that paying for Presi-
dential nominating conventions is not
a wise use of taxpayer dollars, but if
the House majority is truly concerned
about this issue, I would encourage it
to schedule a vote on my bill, the Em-
powering Citizens Act, which not only
would prevent taxpayer dollars from
being used for conventions, but it
would also include important "soft
money" provisions to prevent high-dol-
lar special interests from funding con-
ventions. The Empowering Citizens Act
would mend, not end, the Presidential
public financing system, bringing it up
to date with campaign realities. It
would also establish a voluntary small
donor public funding program for con-
gressional campaigns as well as strong
rules forbidding the coordination be-
tween super-PACs and political parties
or campaigns.

I believe we are at a tipping point in
the short history of campaign finance
reform in our country. We can either
choose to stand by the commonsense
reforms that restored America's faith
in elections after the Watergate scan-
dal or we can choose to cede the con-
trol of political campaigns entirely to
wealthy corporations and interest
groups.

The responsible choice is clear, so I
strongly urge my colleagues to oppose
this measure in the hope that the Re-
publican majority will both get serious
about medical research funding and
will get serious about the oversized in-
fluence of millionaires and billionaires
and super-PACs in our democracy.

Mr. UPTON. Mr. Speaker, at this
point, I yield 1 minute to the gen-
tleman from New Jersey (Mr. LANCE), a
cosponsor of the bill and a member of
the Energy and Commerce Committee.

Mr. LANCE. Mr. Speaker, I rise
today in strong support of the
Gabriella Miller Kids First Research
Act.

My colleagues have told the story of
Gabriella Miller. She was one of the
many young people every year who
leaves this world too early due to dis-
ease. Too many families share this
grief.

Today, we take a step in making a
difference in the lives of those who are
struggling with pediatric diseases and
disorders, such as cancer and autism.
Today, Congress, in working together,
will target taxpayer funding for sci-
entific research and lifesaving treat-
ments that can lead to better outcomes
and, I hope, someday, to a cure.

Especially during the holiday season,
we should be thankful for our many

blessings. I am thankful, in part, for
the families and advocates whose chal-
lenges we may never understand but
whose commitment and love for their
children is unyielding and inspiring.
Today, we take action in their name.

□ 1515

Mr. PALLONE. Mr. Speaker, can I
ask how much time is remaining on
both sides.

The SPEAKER pro tempore. The gen-
tleman from Michigan (Mr. UPTON) has
8 minutes remaining, and the gen-
tleman from New Jersey (Mr. PALLONE)
has 8 minutes remaining.

Mr. PALLONE. Thank you.

I yield 1½ minutes to the gentle-
woman from New York (Mrs. LOWEY),
the ranking member of the Appropria-
tions Committee.

Mrs. LOWEY. Mr. Speaker, I rise to
honor the memory of Gabriella Miller
and her courage and the courage of her
parents, but I oppose this hypocritical
bill.

I have spent my career fighting to
ensure that our researchers have every
resource to find lifesaving treatments
and cures. This bill would do nothing
to increase investments in medical re-
search.

It is unfathomable to me that those
who championed the cuts of \$1.55 bil-
lion to the NIH now try to authorize
with no promise to fund. That cut of
\$1.55 billion led to a cut of \$255 billion
to the National Cancer Institute and
\$66 million to the Child Health Insti-
tute that funds pediatric research.

My heart is with the family of
Gabriella Miller and my dear friends
who lost a little girl of about 6 years
old from a childhood cancer, and I will
never forget it. Let's work together to
truly fund, to appropriate money, not
pretend by authorizing. It is a nice
thing to do, but we have to vote "no"
on this cynical bill.

I ask today that we join together to
increase investments, to increase fund-
ing for pediatric research, not support
cuts to the National Cancer Institute,
cuts to the National Institutes of
Health.

Mr. UPTON. Mr. Speaker, at this
point, I yield 3 minutes to the gen-
tleman from Oklahoma (Mr. COLE), a
member of the Appropriations Com-
mittee and a cosponsor of the bill.

Mr. COLE. I thank my friend for
yielding.

Mr. Speaker, I want to begin by
praising my friend GREGG HARPER and
my friend PETER WELCH, who come to
this floor with a very worthy purpose,
and that is to redirect government
funding toward something that is not
particularly important toward some-
thing that is very important—medical
research for children.

The question when you have a wor-
thy goal is always: How do you pay for
it? Where will you actually get the re-
sources?

For many years, I have brought to
this floor legislation that would elimi-
nate public funding for political party

conventions and Presidential campaigns. I could go into debate ad infinitum. The President has never used any public funding—didn't feel the need for it—in either of his two campaigns. Neither did Mr. Romney. On the political conventions, both political parties this year actually did take the money.

I can tell you as a former chief of staff on the Republican National Committee who put on the convention in 2000, they do not need it. They absolutely do not need it. They can raise all the money they need from private sources, just as their nominees raised money from private sources.

That bill has actually passed this House on multiple occasions with a bipartisan vote. I was prepared to do that again and I got a call from Leader CANTOR. He said: TOM, I know you have been working on this problem for a long time. I know you are concerned about it. What if we redirected that money towards something that is a better purpose, a better use of public dollars? And he mentioned GREGG's bill. I couldn't agree with him more.

So for those of you that are looking for something sinister or trying to link this to something it is not connected to, like the sequester, it is simply a modest step in the right direction. It takes money that we know is wasted and puts it to good use.

For those of you that say it can't pass the other body, the other body in the last Congress on amendment voted 95-5 to take away public funding of political conventions. We still have a disagreement on Presidential campaigns. But funding political conventions really is more important than directing this money to a more worthy purpose? We are not even trying to take it out of the Federal budget. I just think that kind of logic defies imagination.

This is a good-faith effort to do something that ought to bring us together instead of pull us apart. It is a modest step. I would be the first to admit that. But let's take the modest step in the right direction, take public dollars that we are now wasting on political conventions, give them to researchers, and let them do their work. That is just simply a better use of the public purse in a time of limited means.

So I urge support for my friends' bill, H.R. 2019, Mr. HARPER and Mr. WELCH. I want to thank Leader CANTOR. This was his idea of bringing two ideas together. I think it is a good one. I hope this House embraces it in a bipartisan fashion.

I want to thank my friend, the chairman of Energy and Commerce, for his effort to bring this forward and advance it.

EVERYLIFE FOUNDATION
FOR RARE DISEASE,
Novato, CA, June 10, 2013.

Hon. Gregg Harper,
House of Representatives, Cannon House Office
Building, Washington, DC.

DEAR CONGRESSMAN HARPER: The EveryLife Foundation for Rare Diseases is dedicated to accelerating biotech innovation for rare disease treatments through science-driven public policy.

We are writing to support the Kids First Research Act of 2013 (H.R. 2019). This bipartisan bill would eliminate taxpayer financing of presidential campaigns and party conventions and reprogram those savings to provide for a 10-year pediatric research initiative through the Common Fund administered by the National Institutes of Health.

During these trying fiscal times, we are pleased to see efforts that would increase funds for pediatric research. Unfortunately, pediatric rare diseases and cancer is terribly underfunded and largely overlooked by drug companies and research institutions. Public funding is essential to help spur the development of treatments for these children.

We are pleased to express our strong support for H.R. 2019, and believe this legislation will help to bring increased funding and awareness to pediatric medical research. We look forward to working with you and your staff to ensure this bill is enacted into law.

Sincerely,

EMIL D. KAKKIS, M.D., PH.D.,
President.

JUNE 27, 2013.

Hon. GREGG HARPER,
House of Representatives,
Washington, DC.

DEAR REP. HARPER: On behalf of United for Medical Research (UMR), a coalition of leading research institutions, patient and health advocates, and private industry joined together in support of medical research funded by the National Institutes of Health (NIH), we write to thank you for the introduction of the Kids First Research Act (H.R. 2019). We strongly support increased funding for NIH, and appreciate your identification of medical research as a priority in a time of deficit reduction and fiscal austerity.

The lifesaving research funded by NIH has already yielded extraordinary benefits to human health and serves as a beacon of hope for those still suffering from disease or disability, including the families of children afflicted with heartbreaking conditions. NM also plays a role in sustaining the U.S. economy, supporting over 400,000 jobs and generating nearly \$60 billion in nationwide economic output in 2012 alone. Unfortunately, recent cuts to the NIH budget threaten both our ability to improve human health and our worldwide leadership in medical research. UMR believes it is critical to renew our commitment to funding NIH, and we are grateful for your effort to find creative solutions to support medical research.

To ensure continued success in our quest for treatments and cures to our most devastating childhood and adult diseases, as well as continuing to reap the substantial return on investment to our economy, it is imperative that funding for NIH be sustained through regular, annual increases in appropriations. The Kids First Research Act is an important step in mitigating the loss of funding caused by a decade of reduced budgets, we thank you for it, and we look forward to working with you to reinvigorate our investment in the life sciences.

Sincerely,

United for Medical Research.

JUST-IN-TIME NEUROBLASTOMA
FOUNDATION, INC.,
Greenwood Village, CO, June 28, 2013.

Hon. GREGG HARPER,
House of Representatives, Cannon House Office
Building, Washington, DC.

DEAR MR. HARPER: As a non-profit organization working to promote awareness of childhood cancer, we write to express our strong support for your legislation, the Kids First Research Act of 2013 (H.R. 2019).

This measure provides much needed additional federal support to complement ongoing research supported by substantial private funding from national non-profit child-

hood cancer organizations, as well as by the National Institute of Health and National Cancer Institute. Passage of this bill will ensure that the investments of both public and private resources reach their fullest potential by enabling a critical mass of research and discovery required to culminate into promising medical treatments that are "safe and effective" for many childhood diseases, including childhood cancer.

As you know, one in every 330 children in the United States develops cancer before the age of nineteen. The incidence of cancer among children is increasing. Each school day, enough children are diagnosed with cancer to empty two classrooms. Depending on the type of cancer and the development upon diagnosis, approximately 2,300 children will die from cancer in any given year. The number of children diagnosed with cancer in the U.S. each year puts more potential years of life at risk than any single type of adult cancer. Cancer remains the number one disease killer of America's children.

There are more than 360,000 childhood cancer survivors of all ages in the United States. Unfortunately, 74% of childhood cancer survivors have chronic illnesses, and some 40% of childhood cancer survivors have severe illnesses or die from such illnesses. Survivors are at significant risk for secondary cancers later in life. Current cancer treatments can affect a child's growth, fertility, and endocrine system. Child survivors may be permanently immunologically suppressed. Radiation therapy to a child's brain can significantly damage cognitive function, especially if given at a very young age. While currently there is very little in terms of "safe and effective" cures for any particular type of childhood cancer, the underlying genetics of the disease and recent research breakthroughs make such treatments foreseeable.

The Just-In-Time Neuroblastoma Foundation thanks you for sponsoring the Kids First Research Act of 2013 (H.R. 2019) and we applaud your ongoing commitment to improving the lives of thousands children diagnosed with life-threatening diseases and sparing families from the devastation that it causes. We look forward to working with you to pass this important bill to help ensure a brighter future for America's children.

Sincerely,

KATRINA M. BROHMAN,
Co-Founder & Vice President.

THE NICHOLAS CONOR INSTITUTE,
San Diego, CA, June 17, 2013.

Hon. GREGG HARPER,
House of Representatives, Cannon House Office
Building, Washington, DC.

DEAR MR. HARPER: As a medical research organization working to accelerate the development of promising medical discoveries or cures for cancers common to children, adolescents, and young adults, we write to express our strong support for your legislation, the Kids First Research Act of 2013 (H.R. 1724).

This measure provides much needed additional federal support to complement ongoing research supported by substantial private funding from national non-profit childhood cancer organizations, as well as by the National Institute of Health and National Cancer Institute. Passage of this bill will ensure that the investments of both public and private resources reach their fullest potential by enabling a critical mass of research and discovery required to culminate into promising medical treatments that are "safe and effective" for many childhood diseases, including childhood cancer.

As you know, one in every 330 children in the United States develops cancer before the

age of nineteen. The incidence of cancer among children is increasing. Each school day, enough children are diagnosed with cancer to empty two classrooms. Depending on the type of cancer and the development upon diagnosis, approximately 2,300 children will die from cancer in any given year. The number of children diagnosed with cancer in the U.S. each year puts more potential years of life at risk than any single type of adult cancer. Cancer remains the number one disease killer of America's children.

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The Nicholas Conor Institute for Pediatric Cancer Research thanks you for sponsoring the Kids First Research Act of 2013 (H.R. 1724) and we applaud your ongoing commitment to improving the lives of thousands of children diagnosed with life-threatening diseases and sparing families from the devastation that is causes. We look forward to working with you to pass this important bill to help ensure a brighter future for America's children.

Sincerely,

BETH ANNE BABER, PH.D., M.B.A.,
Chief Executive Officer and Co-founder.

PULMONARY HYPERTENSION
ASSOCIATION,

Silver Spring, MD, June 21, 2013.

Hon. JOE PITTS,
Chairman, Subcommittee on Health Energy & Commerce Committee, Cannon House Building.

Hon. KEVIN BRADY,
Chairman, Subcommittee on Health Ways & Means Committee, Cannon House Building.

Hon. FRANK PALLONE,
Ranking Member, Subcommittee on Health Energy & Commerce Committee, Cannon House Building.

Hon. JIM MCDERMOTT,
Ranking Member, Subcommittee on Health Ways & Means Committee, Longworth House Building.

DEAR CHAIRMEN AND RANKING MEMBERS: I write you today on behalf of the Pulmonary Hypertension Association (PHA) to ask for your support of the public health goals of the Kids First Research Act (H.R. 2019). Please work to advance this legislation through the legislative process so that its provisions establishing a new pediatric research initiative at the National Institutes of Health (NIH) might be enacted.

The pulmonary hypertension (PH) community understands the value of investing in critical pediatric medical research. PH is a disabling and often fatal progressive condition where the blood pressure in the lungs rises to dangerously high levels. In PH patients, blood flow between the heart and lungs is blocked or constricted. As a result, the heart must pump harder causing it to enlarge and ultimately fail. PH can be idiopathic, and occur without a known cause, or be secondary to other conditions, such as, scleroderma, lupus, blood clots, and sickle

cell. PH impacts individuals of all races and ages, including children. Similar to other disease states, pediatric research into PH lags behind adult research. While there are nine FDA-approved treatments available for adults with PH, none are approved for children.

PHA supports a pediatric research program to improve the lives of children impacted by PH and we are pleased that Congress is interested in supporting pediatric research at NIH. In the interest of improving care for PH patients, PHA also engages in advocacy activity, including advocating for the Pulmonary Hypertension Research and Diagnosis Act (H.R. 2073), budget neutral legislation designed to improve diagnosis of PH before the condition reaches an advanced stage. We hope you will continue to support and advance legislative efforts focused on bolstering research activities and improving care for patients with PH, such as H.R. 2019 and H.R. 2073.

Sincerely,

RINO ALDRIGHETTI,
President & CEO.

FOUNDATION FOR ANGELMAN
SYNDROME THERAPEUTICS,

Hon. ERIC CANTOR,
Majority Leader, House of Representatives,
United States Capitol, Washington, DC.

Hon. GREGG HARPER,
Member of Congress, House of Representatives,
Cannon House Office Building, Washington, DC.

DEAR LEADER CANTOR AND CONGRESSMEN HARPER: On behalf of the Foundation for Angelman Syndrome Therapeutics (FAST), I am pleased to offer this letter of support for H.R. 2019, the Kids First Research Act. This legislation will expand pediatric medical research activities administered through the Common Fund at the National Institutes of Health. By prioritizing resources for pediatric research, this bill will provide much needed funding to bolster FAST's commitment to find treatments, and eventually a cure for Angelman Syndrome.

The Foundation for Angelman Syndrome Therapeutics (or FAST) is an organization of families and professionals dedicated to finding a cure for Angelman Syndrome and related disorders through the funding of an aggressive research agenda, education, and advocacy. Angelman Syndrome (or AS) is a neurodevelopmental disorder affecting approximately 1 in 15,000 live births. Although the cause of AS is known, there are currently no treatments available for this disorder. FAST is committed to assisting individuals living with Angelman Syndrome realize their full potential and quality of life.

On behalf of FAST, I thank you for your leadership and for supporting this important legislation. If you have any questions, please feel free to contact me.

Sincerely,

PAULA EVANS,
Chairperson.

BRAIN INJURY ASSOCIATION
OF AMERICA,
Vienna, VA, June 26, 2013.

Hon. JOSEPH R. PITTS,
Committee on Energy and Commerce, Subcommittee on Health, Rayburn House Office Building, Washington, DC.

DEAR CHAIRMAN PITTS: The Brain Injury Association of America (BIAA) is the nation's oldest and largest brain injury patient advocacy organization. BIAA supports H.R. 2019, the Kids First Research Act. Thank you for introducing this very important legislation. The Kids First Research Act will ensure important pediatric research is funded at the National Institutes of Health (NIH).

Traumatic brain injury (TBI) is a misdiagnosed, misunderstood, under-funded

neurological disease affecting at least 1.7 million children and adults in the U.S. each year. Depending on type and severity, brain injuries can lead to physical, cognitive, and psychosocial or behavioral impairments ranging from balance and coordination problems to loss of hearing, vision or speech. Fatigue, memory loss, concentration difficulty, anxiety, depression, impulsivity and impaired judgment are also common after brain injury. Even so-called "mild" injuries can have devastating consequences that require intensive treatment and long-term care. Often called the "silent epidemic," brain injury affects people in ways that are invisible. The injury can lower performance at school and at work, interfere with personal relationships and bring financial ruin.

Thank you for supporting pediatric research at NIH. Please contact Amy Colberg, BIAA's Director of Government Affairs with any questions.

Sincerely,

SUSAN H. CONNORS,
President/CEO.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentlewoman from Connecticut (Ms. DELAURO), who is the ranking member of the Labor-HHS Appropriations Subcommittee.

Ms. DELAURO. Mr. Speaker, I rise in opposition to the so-called Kids First Research Act, which despite its name does absolutely nothing to support kids or pediatric research.

This bill does not include a single additional dollar for pediatric research. It just ends another program. It merely suggests this money should be used to fund NIH if, and only if, a later appropriations bill calls for it. The money does not automatically go for pediatric research.

This is a feel-good messaging bill that plays a bait-and-switch on American families hoping and praying for research dollars to save their children. This majority wants to pretend that they are supporting medical research when, in fact, they have continually cut this fundamental priority since 2011.

Consider the very first bill passed in this House in 2011, H.R. 1. That bill was supported by all but three Republicans. Almost every single Member of this majority voted to cut \$1.6 billion from the National Institutes of Health. Most of those who have spoken this morning were those who voted to make that cut.

That cut is 100 times larger than the \$12.6 million increase that this legislation pretends to provide. Because of the deep and reckless sequestration cuts, NIH has been cut by \$1.5 billion more. We don't know whether the budget deal that is being discussed today will put that money back.

Because of these misguided policies, the National Cancer Institute has been slashed by \$255 million and the Child Health Institute by \$66 million.

The SPEAKER pro tempore. The time of the gentlewoman has expired.

Mr. PALLONE. Mr. Speaker, I yield an additional minute to the gentlewoman from Connecticut.

Ms. DELAURO. I strongly support investing in medical research. My heart goes out to the Miller family. I am a

cancer survivor. One of my proudest accomplishments in this body is working in a bipartisan fashion to double the NIH budget between 1998 and 2003. We did it then, and it is something that we need to do again; but this bill, this bill is a sham.

If the majority believes, as I do, that we should increase funding for pediatric research, then let us increase funding for pediatric research. Let us not waste time playing games and misleading the American people.

I urge my colleagues to oppose this bill.

Mr. UPTON. Mr. Speaker, I yield 2 minutes to the gentleman from Georgia (Mr. COLLINS), a cosponsor of the bill.

Mr. COLLINS of Georgia. Thank you, Mr. Chairman.

Mr. Speaker, I am honored today to add my name to the list of those who support this legislation. H.R. 2019 bears the name of a child whose bravery and wisdom should inspire us all.

Gabriella Miller reminds us that government has the ability and the obligation to strive for the greater good—to protect the innocent, to preserve their futures. If we lose sight of that goal, we have failed.

In the year that I have been in Congress, most of my time has been spent fighting against bad policies and bad politics, but today is different. Today, I stand before this body and proclaim we can do something and we can help. The Gabriella Miller Kids First Research Act prioritizes pediatric research to help children with autism, cancer, and other diseases.

If you were to ask me what defines DOUG COLLINS, I would tell you three things: I am a man of faith; I am a husband; and a father, a father to a daughter who has spina bifida, but also inspires me to be the type of person that I would want to be.

She is a lot like Gabriella Miller. Gabriella Miller really won her fight. My daughter continues. It reminds us that you can help and when you can help, you should. When you can make a difference, no matter how small, it still matters. It is still worth doing.

I am a freshman here, but what amazes me is when you take a step forward in putting something productive on the floor which makes at least a small statement—and Congressman HARPER brings forth that with others—when you take a small step forward and bring something down to this floor and are ridiculed and it is said it is window dressing, I am sorry, this is not window dressing. It is a step to bring the government we are called to be, and that is prioritizing, that is putting faith back into a system in which people have lost faith.

On the floor today, it is no wonder that they have lost faith. When a good-faith effort is put forward and it is criticized in light of children and research to make other political points, that is what is truly appalling today; that is what is bad.

This is a simple step that was brought forth in good faith. All I am saying is let's prioritize. I agree with my friends across the aisle: it is time we prioritize our mission; it is time we prioritize our battles here. This is one step forward.

I would encourage all Members to support something that actually does make a difference.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentleman from Maryland (Mr. HOYER), our Democratic whip.

Mr. HOYER. I thank the gentleman for yielding.

Mr. Speaker, the gentleman who preceded me said he is a freshman. I have been here for 33 years. For 23 of those years I served on the Labor, Health and Human Services Appropriations Subcommittee. I served under some extraordinary Republicans and some extraordinary Democrats who chaired that committee. The ones I served under made sure that the NIH got the resources it needed to investigate, research, and try to come up with the cures that will ameliorate the afflictions of mankind from a health perspective.

Of the sponsors of this bill, 134 of them voted for the Ryan budget. The Ryan budget—had it been adopted, had it been implemented—would have cut the National Institutes of Health by \$6 billion.

The budget that we are going to consider will still require reductions in NIH funding by perhaps as much as 80 times to 100 times the money that is theoretically in this bill. By the way, there is no money in this bill. This is an authorization. As I am sure Ms. DELAURO, who is the ranking member, has pointed out it provides no money.

Many of you, perhaps, are going to vote for a budget that will cut NIH; but you are going to pass a bill, and that is what Mr. COLLINS apparently is concerned about, because we are saying that this is a facade, a pretense of support. Paper will not help pediatric research. Money will, investment will.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. PALLONE. I yield an additional minute to the gentleman from Maryland.

Mr. HOYER. To that extent, this is not real. It is a message. Everybody on this floor, I presume, is for children's health, is for pediatric research, is for trying to make sure that our children are healthy and saved from disease and affliction. I presume all of us are for it, but talk is cheap.

The Ryan budget would have cut \$800 million from pediatric research alone; 134 of the sponsors of this bill voted for the Ryan budget. In other words, on one hand you are given—theoretically, if there was money available to do this—\$11 million for pediatric research with this hand—that is 113 over 10—and \$800 million being taken away with this hand.

Who do you think you are fooling?

□ 1530

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. PALLONE. I yield the balance of my time to the gentleman from Maryland.

Mr. HOYER. So let's not fool the public that we are doing something for pediatric research. I know my friend, Mr. UPTON, has been a supporter of NIH in years past. And he is my dear friend and a good Member, but I tell my friend, this bill does not do anything for pediatric research.

You will have an opportunity to vote for pediatric research; vote to get rid of the sequester. Vote to invest in the National Institutes of Health, not to cut it. That will make a difference for pediatric research.

I urge the defeat of this bill.

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

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

Mr. Speaker, I did appreciate the nice words that were directed to me by my friend, Mr. HOYER, in support of the NIH. And I will remind those that don't know that I was the Republican lead a number of years ago with Mr. WAXMAN and Mr. MCCAIN and Mr. Wellstone to double the money for the NIH, one of the most significant things that this Congress, I think, has ever done.

But I have got to say, I simply don't understand the opposition to this bill. Yes, I am absolutely supportive of the NIH bill, and will continue to do that, and more money. The Ryan-Murray budget agreement which we will be voting on tomorrow, I will be supporting it. It includes programs like the NIH, which I am told will be increased about \$23 billion, or 2 percent over the current levels.

In today's "The Hill," there is a full-page ad offered by First Focus Campaign for Children. It says, "Thank you for making children your First Focus," and it lists maybe as many as 80 to 100 Members, including many of those who spoke today against the bill, but it says, "Thank you for making children your First Focus." That is what this bill is about.

It is not just a simple authorization. Yes, we do pass those from time to time. This actually directs. The language of the bill says, "shall be transferred." Shall. It doesn't use the word "may," "may be," whatever. "Shall be transferred to a fund in the Treasury to be known as the '10-Year Pediatric Research Initiative Fund' which shall"—not may—"which shall be available only for the purpose provided in . . . the Public Health Service Act, and only to the extent and in such amounts as are provided in advance in appropriation Acts."

We made it pretty tight. The authors of this bill made it pretty tight. Tell me how we can make it tighter.

Mr. HOYER. Will the gentleman yield?

Mr. UPTON. I yield to the gentleman from Maryland.

Mr. HOYER. I will be glad to make a suggestion on how you could do that.

Mr. UPTON. Well, to me, we use "shall" a number of different times.

Mr. HOYER. You have got to have money.

Mr. UPTON. Well, that is what we do. We take money.

Mr. HOYER. If you don't have any money, you can't spend it.

Mr. UPTON. The money comes from the political conventions. I mean, that is the direct offset that is used.

All of us cry for these families that lose these beautiful little kids. This bill, if it passes and gets enacted, will provide money to help families like Gabriella's, who lost a beautiful little girl, who really used the last year of her life to promote a fund like this and work with the NIH. That is what this should be all about, and I commend Mr. CANTOR and others.

The rule that we hear is you have to find an offset when you increase spending. That is what this bill does. And it finds an offset that I think many of us could accept to actually fund the program and direct the dollars to a fund within the NIH to make sure that it works. That is what we want to have happen.

I would urge my colleagues to vote for this bill. Yes, it is under suspension, no amendments. We need a two-thirds vote, so I ask my colleagues to support this bill.

I yield back the balance of my time.

Mr. DINGELL. Mr. Speaker, I rise in opposition to H.R. 2019, the Kids First Research Act. This among the most hypocritical bills I have seen during my time in Congress, and it should be rejected. My friends on the other side of the aisle say this bill will increase pediatric research funding at the National Institutes of Health, when in fact it does nothing of the sort. Furthermore, their record demonstrates that they have little interest in actually funding life-saving medical research for children.

This legislation does not give NIH a single dollar to spend on pediatric research. Instead, it only provides an authorization for future funding to be provided by the Appropriations Committee. The unfortunate fact is this funding is still subject to sequestration which has resulted in \$1.55 billion being cut from NIH during fiscal year 2013. Therefore, this bill does not increase spending at NIH at all. It seems this is nothing more than a distraction to confuse people about the terrible record the GOP has on this issue.

Since my friends on the other side of the aisle have been in the majority, NIH funding has decreased by \$4.2 billion, or 13 percent. Furthermore, the funding allocation provided to the Labor-HHS-Education Subcommittee for fiscal year 2014 is 22 percent below the enacted level, meaning more cuts are coming. The small, \$16 million authorization that this bill provides will do nothing to reverse the damage that these policies have had on medical research across our country.

If my Republican colleagues are serious about helping children and, promoting medical research, they should work with Democrats in a bipartisan manner to repeal sequestration and replace it with sensible spending cuts, rather than allowing these damaging cuts to

NIH to continue. NIH does not need another meaningless authorization that goes unfunded, they need actual dollars that go to research. I find it hard to believe that my friends on the other side of the aisle truly care about funding pediatric research when their record demonstrates just the opposite. I urge my colleagues to join me in opposing this cynical legislation.

Mr. CONYERS. Mr. Speaker, I rise today in opposition to the "Gabriella Miller Kids First Research Act." H.R. 2019 purports to end the public's contribution to political party conventions and redirect the savings into research on childhood diseases at the National Institutes of Health. In fact, the bill does no such thing.

While I strongly support efforts to increase funding for pediatric research and other research at NIH, I do not believe H.R. 2019 does anything to advance this goal. This bill claims to make available to NIH, the \$12.6 million per year raised as public support for the expenses of party conventions. In actuality, that bill would not do anything to restore the funding cuts that Republicans have strongly supported over the last few years, because it does not actually provide any additional funds to NIH. It only directs the money to be made available in appropriations.

These funds will still have to go through the regular appropriations process, fully subject to the Budget Control Act caps—as reduced by sequestration—and will have to comply with the spending allocations of the Appropriations Committee. It is this exact process, caps, and especially sequestration that cut \$1.55 billion from NIH last year alone, dramatically reduced NIH funding for cancer and other research capabilities.

This bill only authorizes \$12.6 million per year, which is four-tenths of one percent of the roughly \$3.6 billion that NIH spent on pediatric research last year. Adding one more unfunded authorization will not interrupt the destructive downward trend this country is experiencing in research funding. It is not even an honest attempt to do this. NIH is already authorized to spend well beyond the \$12.6 million a year this legislation allows.

Republicans aim to show that pediatric research is a priority, but you only have to look at H.R. 1, the House Republican spending proposal from the 112th Congress, to see what their true priorities are. That proposal, which the vast majority of Republicans supported, slashed total funding for the Labor-HHS-Education Subcommittee by 22 percent, which would have cost NIH \$6.7 billion. The reality is that few Republicans are genuinely interested in providing adequate funding for the NIH.

Mr. Speaker, if my Republican colleagues truly want to support pediatric research, they should restore the \$4.2 billion that has been cut from NIH's funding since they took the majority, and they could support my bill, H.R. 900, which fully repeals sequestration.

Mr. FITZPATRICK. Mr. Speaker, I rise to commend this chamber for coming together to pass The Gabriella Miller Kids First Research Act. Ask any parent, our kids always come first, so when it comes to utilizing taxpayer dollars; it only makes sense that Washington places the children of our nation ahead of partisan politics.

This bill prioritizes allocations for scientific research of pediatric diseases and disorders such as cancer and autism. By eliminating tax-

payer funding for the Republican and Democratic national conventions, and applying these funds to critically needed research for cures to childhood disorders, we are truly doing important and lasting work for our constituents—including the most precious and vulnerable.

As a member of the Autism Caucus, the chance to prioritize federal dollars for critical research on Autism, and those families living with it, is a great opportunity. Ensuring the best for our children, especially those with pediatric disorders, is vital for the continued success of our nation. It is heartening that this Congress was able to come together and work on their behalf.

I am proud to have the opportunity to work with Autism groups in my community, in Pennsylvania's 8th District, that are ready to work with the us in putting an end to Autism and all other pediatric diseases.

Mr. Speaker, I urge the Senate to quickly take up this bill and show that Washington is ready to put our kids first.

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, I rise today in opposition to H.R. 2019, The Gabriella Miller Kids First Research Act. This bill completely bypassed procedure in the House, skipping any committee action prior to a full House vote and leaving no opportunity for discussion as to what could be the best way to fund pediatric research.

While my colleagues and I fully support increased funding to the National Institutes of Health (NIH) and pediatric research, the "Kids First Research Act" would not provide any additional funds to the NIH for this purpose. The bill merely authorizes that the Presidential Election Campaign Fund be available to a certain extent. These funds would still be subject to the Budget Control Act caps and the normal Appropriations Committee process.

H.R. 2019 is merely a messaging tactic for House Republicans to appear to be supportive of biomedical research funding. House Republicans attempted to cut \$1.6 billion from NIH funding in 2011. This year, sequestration cut the NIH budget by \$1.55 billion and took an additional \$255 million from the cancer institute and \$66 million from the child health institute within the NIH.

If House Republicans intend to increase funding for NIH research, they should do so by replacing sequestration with a more balanced approach. This bill not only restricts funding for the NIH, it represents Congressional micromanagement of research. Overall, H.R. 2019 does nothing to advance the goals of biomedical research. I urge my colleagues to support the work of our scientists and researchers and oppose the Kids First Research Act.

Mr. CONNOLLY. Mr. Speaker, today House Republicans forced a vote on the cynically misnamed "Kids First Research Act." The bill purports to increase funding for pediatric research by transferring \$12.6 million from the public financing for party nominating conventions. That might sound substantial if it weren't designed to mask the fact that House Republicans have slashed NIH funding by \$4.2 billion in the last three years. In fact, their most recent budget proposal would have cut NIH funding by another 20%. It's one of the most cynical acts I've seen in a Congress and reminds me of what my friend, humorist Jim Boren, used to say, "If you're going to be a phony, at least be sincere about it."

The SPEAKER pro tempore. The question is on the motion offered by

the gentleman from Michigan (Mr. UPON) that the House suspend the rules and pass the bill, H.R. 2019, 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. PALLONE. 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, this 15-minute vote on suspending the rules and passing H.R. 2019 will be followed by 5-minute votes on suspending the rules and passing H.R. 2319, S. 1471, H.R. 3212, and H.R. 1992.

The vote was taken by electronic device, and there were—yeas 295, nays 103, not voting 33, as follows:

[Roll No. 632]
YEAS—295

Aderholt	Duckworth	Keating
Amash	Duffy	Kelly (PA)
Amodei	Duncan (SC)	Kilmer
Bachmann	Duncan (TN)	Kind
Bachus	Ellmers	King (IA)
Barber	Enyart	King (NY)
Barletta	Esty	Kingston
Barr	Farenthold	Kinzinger (IL)
Barrow (GA)	Fattah	Kirkpatrick
Barton	Fincher	Kline
Benishke	Fitzpatrick	Kuster
Bentivolio	Fleischmann	Labrador
Bera (CA)	Fleming	LaMalfa
Bilirakis	Flores	Lamborn
Bishop (NY)	Forbes	Lance
Bishop (UT)	Fortenberry	Lankford
Black	Foster	Latham
Blackburn	Fox	Latta
Bonamici	Frelinghuysen	Lipinski
Boustany	Gabbard	LoBiondo
Brady (TX)	Gallego	Loeb
Braley (IA)	Garamendi	Long
Bridenstine	Garcia	Lucas
Brooks (AL)	Gardner	Luetkemeyer
Brooks (IN)	Garrett	Lujan Grisham
Brownley (CA)	Gerlach	(NM)
Buchanan	Gibbs	Lummis
Bucshon	Gibson	Lynch
Burgess	Gingrey (GA)	Maffei
Bustos	Gohmert	Maloney, Sean
Calvert	Goodlatte	Marchant
Camp	Gosar	Marino
Campbell	Gowdy	Massie
Cantor	Granger	Matheson
Capito	Graves (GA)	McAllister
Capuano	Graves (MO)	McCarthy (CA)
Carney	Grayson	McCaul
Carter	Green, Gene	McClintock
Cartwright	Griffin (AR)	McHenry
Cassidy	Griffith (VA)	McIntyre
Castor (FL)	Grimm	McKeon
Chabot	Guthrie	McKinley
Chaffetz	Hall	McNerney
Coble	Hanabusa	Meadows
Coffman	Hanna	Meehan
Cole	Harper	Meng
Collins (GA)	Harris	Messer
Collins (NY)	Hartzler	Mica
Conaway	Hastings (FL)	Miller (FL)
Cook	Hastings (WA)	Miller (MI)
Cooper	Heck (NV)	Miller, Gary
Costa	Heck (WA)	Mullin
Cotton	Hensarling	Mulvaney
Courtney	Himes	Murphy (FL)
Cramer	Holding	Murphy (PA)
Crawford	Horsford	Neal
Crenshaw	Hudson	Neugebauer
Cuellar	Huelskamp	Noem
Daines	Huizenga (MI)	Nugent
Davis, Rodney	Hultgren	Nunes
DeFazio	Hunter	Olson
Delaney	Hurt	Owens
DeBene	Issa	Palazzo
Denham	Jenkins	Paulsen
Dent	Johnson (OH)	Pearce
DeSantis	Johnson, Sam	Perry
DesJarlais	Jones	Peters (CA)
Deutch	Jordan	Peters (MI)
Diaz-Balart	Joyce	Peterson

Petri	Ryan (WI)
Pittenger	Salmon
Pitts	Sanford
Poe (TX)	Scalise
Pompeo	Schiff
Posey	Schneider
Price (GA)	Schrader
Rahall	Schweikert
Reed	Scott, Austin
Reichert	Sensenbrenner
Renacci	Sessions
Ribble	Shea-Porter
Rice (SC)	Sherman
Rigell	Shimkus
Roby	Shuster
Roe (TN)	Simpson
Rogers (AL)	Sinema
Rogers (KY)	Smith (MO)
Rogers (MI)	Smith (NE)
Rohrabacher	Smith (NJ)
Rokita	Smith (TX)
Rooney	Smith (WA)
Ros-Lehtinen	Southerland
Roskam	Stewart
Ross	Stivers
Rothfus	Stockman
Royce	Stutzman
Ruiz	Terry
Ryunan	Thompson (PA)
Ryan (OH)	Thornberry

NAYS—103

Andrews	Hoyer	Perlmutter
Becerra	Huffman	Pingree (ME)
Blumenauer	Israel	Pocan
Brady (PA)	Jeffries	Polis
Broun (GA)	Johnson (GA)	Price (NC)
Brown (FL)	Johnson, E. B.	Quigley
Capps	Kelly (IL)	Richmond
Cárdenas	Kennedy	Roybal-Allard
Carson (IN)	Kildee	Rush
Chu	Langevin	Sánchez, Linda
Cicilline	Clay	T.
Clay	Larsen (WA)	Sanchez, Loretta
Larson (CT)	Levin	Sarbanes
Cohen	Lofgren	Schakowsky
Connolly	Lowenthal	Scott, David
Crowley	Lowey	Serrano
Davis (CA)	Lujan, Ben Ray	Sires
Davis, Danny	(NM)	Slaughter
DeGette	Maloney,	Speier
DeLauro	Carolyn	Swalwell (CA)
Dingell	Matsui	Takano
Doggett	McCollum	Thompson (CA)
Edwards	McGovern	Thompson (MS)
Ellison	Michaud	Tierney
Engel	Miller, George	Titus
Eshoo	Moran	Tonko
Farr	Nadler	Van Hollen
Frankel (FL)	Napolitano	Vargas
Grijalva	Negrete McLeod	Vela
Gutiérrez	Nolan	Velázquez
Hahn	O'Rourke	Visclosky
Higgins	Pallone	Wasserman
Hinojosa	Pascarell	Schultz
Holt	Payne	Waxman
Honda	Pelosi	Wilson (FL)

NOT VOTING—33

Bass	Green, Al	Pastor (AZ)
Beatty	Herrera Beutler	Radel
Bishop (GA)	Jackson Lee	Rangel
Butterfield	Lee (CA)	Ruppersberger
Castro (TX)	Lewis	Schock
Clarke	McCarthy (NY)	Schwartz
Conyers	McDermott	Scott (VA)
Culberson	McMorris	Sewell (AL)
Cummings	Rodgers	Waters
Doyle	Meeks	Watt
Franks (AZ)	Moore	
Fudge	Nunnelee	

□ 1600

Ms. BROWN of Florida, Mr. THOMPSON of Mississippi, Ms. ROYBAL-ALLARD, and Mr. TIERNEY changed their vote from “yea” to “nay.”

Messrs. KINGSTON, CARNEY, DEUTCH, Ms. GABBARD, Messrs. GARAMENDI, YARMUTH, PETERSON of Minnesota, and Ms. HANABUSA changed their vote from “nay” to “yea.”

So (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

The result of the vote was announced as above recorded.

The title of the bill was amended so as to read: “A bill to eliminate taxpayer financing of political party conventions and reprogram savings to provide for a 10-year pediatric research initiative through the Common Fund administered by the National Institutes of Health, and for other purposes.”

A motion to reconsider was laid on the table.

Stated for:

Mr. NUNNELEE. Mr. Speaker, on rollcall No. 632, I was unavoidably detained. Had I been present, I would have voted “yes.”

Stated against:

Mr. RUPPERSBERGER. Mr. Speaker, on rollcall No. 632 I was at a medical appointment in Baltimore, MD and therefore unable to vote. Had I been present, I would have voted “no.”

NATIVE AMERICAN VETERANS' MEMORIAL AMENDMENTS ACT OF 2013

The SPEAKER pro tempore (Mr. HOLDING). The unfinished business is the vote on the motion to suspend the rules and pass the bill (H.R. 2319) to clarify certain provisions of the Native American Veterans' Memorial Establishment Act of 1994, 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 Oklahoma (Mr. MULLIN) that the House suspend the rules and pass the bill, as amended.

This is a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 398, nays 0, not voting 33, as follows:

[Roll No. 633]
YEAS—398

Aderholt	Bucshon	Cooper
Amash	Burgess	Costa
Amodei	Bustos	Cotton
Andrews	Calvert	Courtney
Bachmann	Camp	Cramer
Bachus	Campbell	Crawford
Barber	Cantor	Crenshaw
Barletta	Capito	Crowley
Barr	Capps	Cuellar
Barrow (GA)	Capuano	Daines
Barton	Cárdenas	Davis (CA)
Becerra	Carney	Davis, Danny
Benishke	Carson (IN)	Davis, Rodney
Bentivolio	Carter	DeFazio
Bera (CA)	Cartwright	DeGette
Bilirakis	Cassidy	Delaney
Bishop (NY)	Castor (FL)	DeLauro
Bishop (UT)	Chabot	DeBene
Black	Chaffetz	Denham
Blackburn	Chu	Dent
Blumenauer	Cicilline	DeSantis
Bonamici	Clay	DesJarlais
Boustany	Cleaver	Deutch
Brady (PA)	Clyburn	Diaz-Balart
Brady (TX)	Coble	Dingell
Braley (IA)	Coffman	Doggett
Bridenstine	Cohen	Duckworth
Brooks (AL)	Cole	Duffy
Brooks (IN)	Collins (GA)	Duncan (SC)
Broun (GA)	Collins (NY)	Duncan (TN)
Brown (FL)	Conaway	Edwards
Brownley (CA)	Connolly	Ellison
Buchanan	Cook	Ellmers