

That the Senate passed without amendment H.R. 1235.

That the Senate passed without amendment H.R. 7213.

With best wishes, I am,  
Sincerely,

KAREN L. HAAS.

### RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until approximately 3 p.m. today.

Accordingly (at 2 o'clock and 15 minutes p.m.), the House stood in recess.

□ 1500

### AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. CARTER of Georgia) at 3 o'clock and 2 minutes p.m.

### ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or votes objected to under clause 6 of rule XX.

The House will resume proceedings on postponed questions at a later time.

### CONGENITAL HEART FUTURES REAUTHORIZATION ACT OF 2017

Mr. WALDEN. Mr. Speaker, I move to suspend the rules and concur in the Senate amendment to the bill (H.R. 1222) to amend the Public Health Service Act to coordinate Federal congenital heart disease research efforts and to improve public education and awareness of congenital heart disease, and for other purposes.

The Clerk read the title of the bill.

The text of the Senate amendment is as follows:

Senate amendment:

Strike all after the enacting clause and insert the following:

#### SECTION 1. SHORT TITLE.

This Act may be cited as the "Congenital Heart Futures Reauthorization Act of 2017".

#### SEC. 2. NATIONAL CONGENITAL HEART DISEASE RESEARCH, SURVEILLANCE, AND AWARENESS.

Section 399V-2 of the Public Health Service Act (42 U.S.C. 280g-13) is amended to read as follows:

#### "SEC. 399V-2. NATIONAL CONGENITAL HEART DISEASE RESEARCH, SURVEILLANCE, AND AWARENESS.

"(a) IN GENERAL.—The Secretary shall, as appropriate—

"(1) enhance and expand research and data collection efforts related to congenital heart disease, including to study and track the epidemiology of congenital heart disease to understand health outcomes for individuals with congenital heart disease across all ages;

"(2) conduct activities to improve public awareness of, and education related to, congenital heart disease, including care of individuals with such disease; and

"(3) award grants to entities to undertake the activities described in this section.

"(b) ACTIVITIES.—

"(1) IN GENERAL.—The Secretary shall carry out activities, including, as appropriate, through a national cohort study and a nationally-representative, population-based surveillance system, to improve the understanding of the epidemiology of congenital heart disease in all age groups, with particular attention to—

"(A) the incidence and prevalence of congenital heart disease in the United States;

"(B) causation and risk factors associated with, and natural history of, congenital heart disease;

"(C) health care utilization by individuals with congenital heart disease;

"(D) demographic factors associated with congenital heart disease, such as age, race, ethnicity, sex, and family history of individuals who are diagnosed with the disease; and

"(E) evidence-based practices related to care and treatment for individuals with congenital heart disease.

"(2) PERMISSIBLE CONSIDERATIONS.—In carrying out the activities under this section, the Secretary may, as appropriate—

"(A) collect data on the health outcomes, including behavioral and mental health outcomes, of a diverse population of individuals of all ages with congenital heart disease, such that analysis of the outcomes will inform evidence-based practices for individuals with congenital heart disease; and

"(B) consider health disparities among individuals with congenital heart disease, which may include the consideration of prenatal exposures.

"(c) AWARENESS CAMPAIGN.—The Secretary may carry out awareness and educational activities related to congenital heart disease in individuals of all ages, which may include information for patients, family members, and health care providers, on topics such as the prevalence of such disease, the effect of such disease on individuals of all ages, and the importance of long-term, specialized care for individuals with such disease.

"(d) PUBLIC ACCESS.—The Secretary shall ensure that, subject to subsection (e), information collected under this section is made available, as appropriate, to the public, including researchers.

"(e) PATIENT PRIVACY.—The Secretary shall ensure that the data and information collected under this section are made available in a manner that, at a minimum, protects personal privacy to the extent required by applicable Federal and State law.

"(f) ELIGIBILITY FOR GRANTS.—To be eligible to receive a grant under subsection (a)(3), an entity shall—

"(1) be a public or private nonprofit entity with specialized experience in congenital heart disease; and

"(2) submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

"(g) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there are authorized to be appropriated \$10,000,000 for each of fiscal years 2020 through 2024."

#### SEC. 3. REPORT.

Not later than 3 years after the date of enactment of the Congenital Heart Futures Reauthorization Act of 2017, the Secretary of Health and Human Services shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report summarizing any activities carried out pursuant to section 399V-2 of the Public Health Service Act (as amended by section 2), including planned activities, and a summary of any research findings and ongoing research efforts, gaps, and areas of greatest need within the Department of Health and Human Services regard-

ing congenital heart disease in patients of all ages.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Oregon (Mr. WALDEN) and the gentleman from New York (Mr. TONKO) each will control 20 minutes.

The Chair recognizes the gentleman from Oregon.

#### GENERAL LEAVE

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

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

There was no objection.

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

Mr. Speaker, I rise today in support of H.R. 1222, the Congenital Heart Futures Reauthorization Act.

Mr. Speaker, I would like to thank Representative GUS BILIRAKIS of Florida, who is a valued member of our Energy and Commerce Committee, for bringing this bill forward and for his passion on this very important issue. As one of the original authors of this legislation, he drove this reauthorization forward, and I am proud to stand in support of it once again with Mr. BILIRAKIS.

As the parent of a child who died from a congenital heart defect, I know how much today's vote gives hope to the parents, infants, and adults across the country who live with the effects of congenital heart disease, the most common birth defect and the leading cause of birth defect-related infant mortality.

This affects 40,000 families every year. Nearly 1 in every 100 babies is born with a congenital heart defect and roughly 25 percent of those will need heart surgery or other significant interventions to survive. Up to 200 each year do not survive. That is why this bill is so important.

Originally passed in 2010, the Congenital Heart Futures Act expanded infrastructure at the CDC and increased research at NIH to better understand and treat patients with congenital heart defects.

The reauthorization before us today ensures continued investment in that research, to identify the root causes of these defects and how to address them from birth to adulthood.

Mr. Speaker, this House passed a version of this legislation earlier this year by a vote of 394-7, and the amended version we will vote on today passed the Senate unanimously.

Mr. Speaker, I urge my colleagues to take this important step for families across the country and to support passage of this bill into law.

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

Mr. TONKO. Mr. Speaker, I yield myself as much time as I may consume.

Mr. Speaker, I rise in support of the Senate amendment to H.R. 1222, the