

I hope that all of our colleagues, both in the majority and the minority, will join us in voting “yes” on the previous question and “yes” on this rule so we can move on to serious, thoughtful, deliberate consideration of all of these critical measures that we bring before the Congress and the American people.

I also hope that all of our colleagues will join me in supporting S. 3201, the fentanyl legislation, which our colleague discussed, on suspension tomorrow.

Mr. WALDEN. Will the gentleman yield?

Mr. RASKIN. I yield to the gentleman from Oregon.

Mr. WALDEN. Madam Speaker, we agree on the fentanyl issue, I think.

My understanding is that the leader posted this, Madam Speaker, at 11:50 this morning, about a half an hour after we posted our previous question proposal to bring this to the floor.

We are just curious what text, when it is scheduled. We need to resolve this issue, we would agree.

□ 1345

Mr. RASKIN. Madam Speaker, reclaiming my time. I am thrilled to be able to assure the gentleman that we are taking up the exact Senate bill in its exact verbatim text.

Mr. WALDEN. Madam Speaker, I ask the gentleman when that will occur.

Mr. RASKIN. Madam Speaker, this will occur tomorrow morning on the first bill at 12:15, 12:30. It is the first bill.

Madam Speaker, let me just say that I hope our friends take yes for an answer, and I hope that this will perhaps usher in their ability to support the underlying legislation here because I know that they agree with us that the Constitution gives the House of Representatives and the Senate the power to declare war. It gives Congress the power to declare war, to spend money on war. We should not allow a President of any party—Democratic, Republican, or anything else—to usurp that power and to engage in unilateral Presidential wars without our specific authorization, without our declaration, unless there is an attack on the land, the people of the United States, or our Armed Forces, as specified in the War Powers Resolution.

Madam Speaker, I urge a “yes” vote on the rule and the previous question.

The material previously referred to by Mr. WOODALL is as follows:

AMENDMENT TO HOUSE RESOLUTION 811

At the end of the resolution, add the following:

SEC. 6. Immediately upon adoption of this resolution, the House shall proceed to the consideration in the House of the bill (S. 3201) to extend the temporary scheduling order for fentanyl-related substances, and for other purposes. All points of order against consideration of the bill are waived. The bill shall be considered as read. All points of order against provisions in the bill are waived. The previous question shall be considered as ordered on the bill and on any amendment thereto to final passage without

intervening motion except: (1) one hour of debate equally divided and controlled by the chair and ranking minority member of the Committee on Energy & Commerce; and (2) one motion to recommit.

SEC. 7. Clause 1(c) of rule XIX shall not apply to the consideration of S. 3201.

Mr. RASKIN. Madam Speaker, I yield back the balance of my time, and I move the previous question on the resolution.

The SPEAKER pro tempore. The question is on ordering the previous question on the resolution.

The question was taken; and the Speaker pro tempore announced that the yeas appeared to have it.

Mr. WOODALL. Madam 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 question will be postponed.

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.

GLOBAL HOPE ACT OF 2019

Mr. PHILLIPS. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 5338) to authorize the Secretary of State to pursue public-private partnerships, innovative financing mechanisms, research partnerships, and coordination with international and multilateral organizations to address childhood cancer globally, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5338

*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 “Global Hope Act of 2019”.

SEC. 2. FINDINGS.

Congress finds the following:

(1) Approximately 300,000 children aged 0 to 19 years old are diagnosed with cancer each year.

(2) The most common categories of childhood cancers include leukemia, brain cancer, lymphoma, and solid tumors, such as neuroblastoma and Wilms tumor.

(3) Most childhood cancers can be cured with generic medicines and can be cost-effective for all income levels.

(4) In the United States, the survival rate for children diagnosed with cancer is over 80 percent. In many developing countries, the mortality rate of children diagnosed with cancer is around 80 percent. In some parts of Africa, the mortality rate reaches 90 percent.

(5) In September 2018, the World Health Organization announced a new effort—the Global Initiative for Childhood Cancer—with

the aim of reaching at least a 60-percent survival rate for children with cancer by 2030, thereby saving an additional 1,000,000 lives.

SEC. 3. SENSE OF CONGRESS.

It is the sense of Congress as follows:

(1) The work of the United States on infectious disease remains the core tenet of United States work on global health.

(2) As the United States and international partners continue to succeed in lowering incidences of infectious diseases, global mortality rates of non-communicable diseases will become an increasing burden that must be addressed.

(3) The United States should work to support the goals of the World Health Organization Initiative for Childhood Cancer, helping increase survival rates for children with cancer.

SEC. 4. STATEMENT OF POLICY.

The United States shall seek to—

(1) increase political commitment for childhood cancer diagnosis, treatment, and care globally;

(2) support efforts to increase the survival rate of children with cancer globally;

(3) support efforts to train medical personnel and develop the capabilities of other existing healthcare infrastructure to diagnose, treat, and care for childhood cancer;

(4) improve access to affordable and essential medicines and technologies that treat childhood cancer;

(5) elevate and prioritize efforts to reduce the mortality rate of childhood cancer in international organizations such as the United Nations;

(6) pursue research and research partnerships with international institutions to identify low-cost interventions and best practices to diagnose, treat, and care for childhood cancer in the United States and globally; and

(7) improve partnerships with international health ministries and pharmaceutical companies to facilitate efforts for broader, global clinical trials for medicines to treat or care for childhood cancer in the United States and globally.

SEC. 5. AUTHORIZATION.

The Secretary of State, in coordination with the heads of relevant Federal departments and agencies, is authorized and encouraged to—

(1) pursue public-private partnerships, other research partnerships, and innovative financing mechanisms to address childhood cancer globally; and

(2) coordinate with appropriate agencies of the United Nations and other relevant multilateral organizations to address childhood cancer globally.

SEC. 6. REPORT.

Not later than 1 year after the date of the enactment of this Act, the Secretary of State shall submit to the Committee on Foreign Affairs of the House of Representatives and the Committee on Foreign Relations of the Senate a report that includes the following:

(1) An assessment of opportunities for United States engagement in global efforts to increase the worldwide survival rate of children with cancer.

(2) An assessment of efforts taken by the United States to support efforts to increase the worldwide survival rate of children with cancer.

(3) An assessment of existing programs funded by the United States that could be expanded to support efforts to increase the worldwide survival rate of children with cancer.

(4) An assessment of how such increased international engagement could positively affect—

(A) survival rates of individuals with childhood cancer in the United States; and