Today, the Committee continues its critical work to improve our public health systems, advance access to care, and enhance the capacity, quality, and integrity of our country’s biomedical research ecosystem.

We will discuss 11 bills that collectively address critical aspects of these public health issues. Already this year, we have passed legislation to reauthorize the Food and Drug Administration’s (FDA) user fees and to enhance its ability to bring safe and effective treatments and devices to market. We have authorized the Advanced Research Projects Agency for Health, or ARPA-H, to transform how we detect, treat, and cure the deadliest diseases affecting Americans. And last week the House overwhelmingly passed bipartisan legislation to respond to the mental health and drug overdose crises. Our bipartisan work to improve the health of all Americans continues today.

We will discuss four bills that address the health needs of our rural and underserved communities. One bill would allow Federally-Qualified Health Centers to use New Access Point grants for establishing mobile health units in order to increase access to health care in rural and underserved communities. Other bills will establish a task force to study barriers to the adoption of telehealth technology in rural areas, promote positive healthy behaviors and outcomes for populations in medically underserved communities through the use of community health workers, and reauthorize grants for trauma care to support the improvement of emergency medical services and trauma care readiness and coordination, particularly in rural areas.

We will also examine legislation that would continue to fund the IMPROVE Initiative through the Eunice Kennedy Shriver National Institute of Child Health and Human Development. This initiative reflects our shared bipartisan interest in improving maternal health, by advancing research that reduces maternal mortality and morbidity, addresses disparities in maternal health outcomes, and improves health for pregnant and postpartum women before, during, and after pregnancy.

We will also consider legislation that will support and expand research and awareness of uterine fibroids, a condition that impacts as many as 80 percent of women.

Shortcomings in clinical trial diversity have created knowledge gaps in our understanding of diseases, conditions, treatments, and prevention. These gaps impact health care decision making, risk reduction, knowledge of treatment outcomes, and the development of interventions and medications. We will also discuss bipartisan legislation that will address these shortcomings.
by supporting and increasing diversity in National Institutes of Health (NIH) funded clinical trials.

Another bipartisan bill supports pediatric research awards for early career pediatric researchers and prioritizes researchers who have been historically underrepresented in the field of pediatric medical research.

We will also consider three bills focused on security in biomedical research. As we look to secure the integrity of our research enterprise, we must do so in a way that does not impede global collaboration and scientific discovery. Many of us will agree that the United States cannot and will not remain a leader in medical research without attracting the brightest minds across the world and working with the best institutions. We can both protect our national interests and remain a world leader in biomedical research, and I look forward to working with my Republican colleagues on these bills.

To the witnesses, thank you for joining us. I look forward to hearing your perspectives on the bills we are examining today.