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(Original Signature of Member)

118TH CONGRESS  
2D SESSION

**H. R.** \_\_\_\_\_

To amend the Public Health Service Act to authorize the Secretary of Health and Human Services to carry out a program of research, training, and investigation related to Down syndrome, and for other purposes.

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IN THE HOUSE OF REPRESENTATIVES

Mrs. RODGERS of Washington introduced the following bill; which was referred to the Committee on \_\_\_\_\_

\_\_\_\_\_  
**A BILL**

To amend the Public Health Service Act to authorize the Secretary of Health and Human Services to carry out a program of research, training, and investigation related to Down syndrome, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “DeOndra Dixon IN-  
5 CLUDE Project Act of 2024”.

6 **SEC. 2. FINDINGS.**

7 The Congress finds the following:

1           (1) Down syndrome is the most common chro-  
2           mosomal disorder. Each year, about 6,000 babies  
3           born in the United States have Down syndrome, af-  
4           fecting about 1 in every 700 babies born.

5           (2) Individuals with Down syndrome have a full  
6           or partial extra copy of chromosome 21 that leads  
7           to certain physical, intellectual, and developmental  
8           challenges.

9           (3) Life expectancy of individuals with Down  
10          syndrome in the United States has increased dra-  
11          matically in recent decades. In 1960, the average life  
12          expectancy was about 10 years. Today, the average  
13          life expectancy of an individual with Down syndrome  
14          is nearly 60 years.

15          (4) Individuals with Down syndrome can attend  
16          school, work, make their own life decisions, have  
17          meaningful relationships, vote, and contribute to so-  
18          ciety.

19          (5) Individuals with Down syndrome are at an  
20          increased risk for certain medical conditions, such as  
21          autoimmune disorders, leukemia, congenital heart  
22          disease, sleep dysfunction, and Alzheimer's disease,  
23          but may be at a decreased risk for other conditions.

24          (6) Research and medical care supporting indi-  
25          viduals with Down syndrome and their unique dis-

1 ease profile will improve health outcomes and may  
2 potentially lead to treatments for individuals born  
3 with or without Down syndrome who suffer from  
4 diseases associated with that unique profile.

5 **SEC. 3. DOWN SYNDROME RESEARCH.**

6 Part A of title IV of the Public Health Service Act  
7 (42 U.S.C. 281 et seq.) is amended by adding at the end  
8 the following:

9 **“SEC. 404P. DOWN SYNDROM RESEARCH.**

10 “(a) IN GENERAL.—The Secretary, acting through  
11 the Office of the Director of NIH, and in consultation with  
12 other Federal agencies and partners, shall carry out, di-  
13 rectly or through grants or contracts, a program of re-  
14 search, training, and investigation related to Down syn-  
15 drome to be known as the INvestigation of Co-occurring  
16 conditions across the Lifespan to Understand Down syn-  
17 dromE Project or the INCLUDE Project.

18 “(b) PROGRAM ELEMENTS.—The program under  
19 subsection (a) shall include research, training, and inves-  
20 tigation related to—

21 “(1) high-risk, high reward basic science studies  
22 of the effects of chromosome 21 on human develop-  
23 ment and health;

24 “(2) assembling and maintaining a large study  
25 population of individuals with Down syndrome;

1           “(3) expanding the number of clinical trials  
2           that are inclusive of, or expressly for, individuals  
3           with Down syndrome, including novel biomedical and  
4           pharmacological interventions and other therapies  
5           designed to promote or enhance activities of daily  
6           living;

7           “(4) the biological mechanisms in individuals  
8           with Down syndrome responsible for structural and  
9           functional anomalies in cells, tissues, and organs,  
10          cognitive and behavioral dysfunction, and stunted  
11          growth;

12          “(5) the identification of biomarkers for the de-  
13          tection of risk factors, diagnosis, and customized  
14          interventions and treatments for conditions co-occur-  
15          ring with Down syndrome;

16          “(6) why several co-occurring conditions, such  
17          as Alzheimer’s Disease and autoimmunity, are prev-  
18          alent in individuals with Down syndrome and how  
19          such conditions can be treated concurrently with  
20          Down syndrome; and

21          “(7) improving the quality of life of individuals  
22          with Down syndrome and their families.

23          “(c) COORDINATION; PRIORITIZING NONDUPLICA-  
24          TIVE RESEARCH.—The Secretary shall ensure that—

1           “(1) the programs and activities of the insti-  
2           tutes, centers, agencies, and offices of the National  
3           Institutes of Health relating to Down Syndrome and  
4           co-occurring conditions are coordinated, including  
5           through the Division of Program Coordination,  
6           Planning, and Strategic Initiatives under sections  
7           402(b)(7) and 402A(c); and

8           “(2) such institutes, centers, agencies, and of-  
9           fices prioritize, as appropriate, Down syndrome re-  
10          search that does not duplicate existing research ac-  
11          tivities of the National Institutes of Health.

12          “(d) TECHNICAL ASSISTANCE.—The Secretary shall  
13          provide technical assistance to grantees and other involved  
14          entities, as appropriate, for carrying out activities pursu-  
15          ant to this section.

16          “(e) BIENNIAL REPORTS TO CONGRESS.—

17                 “(1) IN GENERAL.—The Secretary shall submit,  
18                 on a biennial basis, to the Committee on Energy and  
19                 Commerce and the Subcommittee on Labor, Health  
20                 and Human Services, Education of the Committee  
21                 on Appropriations of the House of Representatives  
22                 and the Committee on Health, Education, Labor,  
23                 and Pensions and the Subcommittee on Labor,  
24                 Health and Human Services, Education, and Re-  
25                 lated Agencies of the Committee on Appropriations

1 of the Senate, a report that catalogs the research  
2 conducted or supported under this section.

3 “(2) CONTENTS.—Each report under para-  
4 graph (1) shall include—

5 “(A) identification of the institute, center,  
6 agency, office, or entity involved;

7 “(B) a statement of whether the research  
8 is or was being carried out directly by the insti-  
9 tute, center, agency, office, or entity or by mul-  
10 tiple institutes, centers, agencies, offices, or en-  
11 tities; and

12 “(C) identification of any resulting real  
13 world evidence that is or may be used for clin-  
14 ical research and medical care for patients with  
15 Down syndrome.

16 “(f) AUTHORIZATION OF APPROPRIATIONS.—

17 “(1) IN GENERAL.—To carry out this section,  
18 there is authorized to be appropriated \$250,000,000  
19 for each of fiscal years 2025 through 2030.

20 “(2) SUPPLEMENT, NOT SUPPLANT.—Funds  
21 appropriated to carry out this section shall be used  
22 to supplement, not supplant, other funds allocated  
23 by the National Institutes of Health for research  
24 and other activities relating to Down syndrome.”.