

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

The point of no quorum is considered withdrawn.

VETERINARY PUBLIC HEALTH AMENDMENTS ACT OF 2010

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2999) to amend the Public Health Service Act to enhance and increase the number of veterinarians trained in veterinary public health, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2999

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 "Veterinary Public Health Amendments Act of 2010".

SEC. 2. INCLUSION OF VETERINARY PUBLIC HEALTH IN CERTAIN PUBLIC HEALTH WORKFORCE PROVISIONS.

(a) PUBLIC HEALTH WORKFORCE GRANTS.—Subsections (b)(1)(A) and (d)(6) of section 765 of the Public Health Service Act (42 U.S.C. 295) are amended by inserting "veterinary public health," after "preventive medicine," each place it appears.

(b) PUBLIC HEALTH WORKFORCE LOAN REPAYMENT PROGRAM.—

(1) IN GENERAL.—Subparagraphs (A) and (B) of section 776(b)(1) of the Public Health Service Act (42 U.S.C. 295f-1(b)(1)) are amended by striking "public health or health professions degree or certificate" each place it appears and inserting "public health (including veterinary public health) or health professions degree or certificate".

(2) TECHNICAL CORRECTION.—Subparagraph (A) of section 776(b)(1) of the Public Health Service Act (42 U.S.C. 295f-1(b)(1)) is amended by adding "or" at the end.

(c) DEFINITION.—Section 799B of the Public Health Service Act (42 U.S.C. 295p) is amended by adding at the end the following:

"(27) VETERINARY PUBLIC HEALTH.—The term 'veterinary public health' includes veterinarians engaged in one or more of the following areas to the extent such areas have an impact on human health: biodefense and emergency preparedness, emerging and reemerging infectious diseases, environmental health, ecosystem health, pre- and post-harvest food protection, regulatory medicine, diagnostic laboratory medicine, veterinary pathology, biomedical research, the practice of food animal medicine in rural areas, and government practice."

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

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material in the RECORD.

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

There was no objection.

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

I rise today, Mr. Speaker, in strong support of H.R. 2999, the Veterinary Public Health Amendments of 2010. Veterinary medicine is an important component of our human public health system. From H1N1 to SARS to food safety, public health veterinarians are critical to our protection of human health.

This bill would ensure that veterinary public health professionals are eligible for two important public health workforce programs, but only to the extent that the work of these veterinarians has an impact on human health. I commend Representative BALDWIN for her leadership on this legislation. I urge my colleagues to support the bill.

I reserve the balance of my time.

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Mr. BURGESS. Mr. Speaker, H.R. 2999, the Veterinary Public Health Workforce and Education Act, would take important steps to increase the number of public health veterinarians.

Food animal veterinarians play a vital role in public health, and experts have said that there is a major shortage. This shortage will have a negative impact on our public health, including the safety of our Nation's food supply. This legislation will help us solve that problem.

H.R. 2999 would allow those seeking veterinary public health degrees to be eligible for public health workforce loan repayment programs. It would also permit the Secretary of Health and Human Services to award training grants to increase the veterinary public health workforce.

On committee we worked in a bipartisan basis to ensure that it is crystal clear that our Nation's food animal veterinarians will be eligible for programs under this bill. We need more food animal veterinarians, and this will help us get there. I urge my colleagues to support this bill.

I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I also yield back the balance of my time and urge passage of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 2999, 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. BURGESS. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

The point of no quorum is considered withdrawn.

GESTATIONAL DIABETES ACT OF 2010

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5354) to establish an Advisory Committee on Gestational Diabetes, to provide grants to better understand and reduce gestational diabetes, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5354

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 "Gestational Diabetes Act of 2010" or the "GEDI Act".

SEC. 2. GESTATIONAL DIABETES.

Part B of title III of the Public Health Service Act (42 U.S.C. 243 et seq.) is amended by adding after section 317H the following:

"SEC. 317H-1. GESTATIONAL DIABETES.

"(a) UNDERSTANDING AND MONITORING GESTATIONAL DIABETES.—

"(1) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, in consultation with the Diabetes Mellitus Interagency Coordinating Committee established under section 429 and representatives of appropriate national health organizations, shall develop a multisite gestational diabetes research project within the diabetes program of the Centers for Disease Control and Prevention to expand and enhance surveillance data and public health research on gestational diabetes.

"(2) AREAS TO BE ADDRESSED.—The research project developed under paragraph (1) shall address—

"(A) procedures to establish accurate and efficient systems for the collection of gestational diabetes data within each State and commonwealth, territory, or possession of the United States;

"(B) the progress of collaborative activities with the National Vital Statistics System, the National Center for Health Statistics, and State health departments with respect to the standard birth certificate, in order to improve surveillance of gestational diabetes;

"(C) postpartum methods of tracking women with gestational diabetes after delivery as well as targeted interventions proven to lower the incidence of type 2 diabetes in that population;

"(D) variations in the distribution of diagnosed and undiagnosed gestational diabetes, and of impaired fasting glucose tolerance and impaired fasting glucose, within and among groups of women; and

"(E) factors and culturally sensitive interventions that influence risks and reduce the incidence of gestational diabetes and related complications during childbirth, including cultural, behavioral, racial, ethnic, geographic, demographic, socioeconomic, and genetic factors.

"(3) REPORT.—Not later than 2 years after the date of the enactment of this section, and annually thereafter, the Secretary shall generate a report on the findings and recommendations of the research project including prevalence of gestational diabetes in the multisite area and disseminate the report to the appropriate Federal and non-Federal agencies.

"(b) EXPANSION OF GESTATIONAL DIABETES RESEARCH.—

"(1) IN GENERAL.—The Secretary shall expand and intensify public health research regarding gestational diabetes. Such research may include—

"(A) developing and testing novel approaches for improving postpartum diabetes testing or screening and for preventing type 2 diabetes in women with a history of gestational diabetes; and

“(B) conducting public health research to further understanding of the epidemiologic, socioenvironmental, behavioral, translation, and biomedical factors and health systems that influence the risk of gestational diabetes and the development of type 2 diabetes in women with a history of gestational diabetes.

“(2) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this subsection \$5,000,000 for each fiscal year 2012 through 2016.

“(c) DEMONSTRATION GRANTS TO LOWER THE RATE OF GESTATIONAL DIABETES.—

“(1) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall award grants, on a competitive basis, to eligible entities for demonstration projects that implement evidence-based interventions to reduce the incidence of gestational diabetes, the recurrence of gestational diabetes in subsequent pregnancies, and the development of type 2 diabetes in women with a history of gestational diabetes.

“(2) PRIORITY.—In making grants under this subsection, the Secretary shall give priority to projects focusing on—

“(A) helping women who have 1 or more risk factors for developing gestational diabetes;

“(B) working with women with a history of gestational diabetes during a previous pregnancy;

“(C) providing postpartum care for women with gestational diabetes;

“(D) tracking cases where women with a history of gestational diabetes developed type 2 diabetes;

“(E) educating mothers with a history of gestational diabetes about the increased risk of their child developing diabetes;

“(F) working to prevent gestational diabetes and prevent or delay the development of type 2 diabetes in women with a history of gestational diabetes; and

“(G) achieving outcomes designed to assess the efficacy and cost-effectiveness of interventions that can inform decisions on long-term sustainability, including third-party reimbursement.

“(3) APPLICATION.—An eligible entity desiring to receive a grant under this subsection shall submit to the Secretary—

“(A) an application at such time, in such manner, and containing such information as the Secretary may require; and

“(B) a plan to—

“(i) lower the rate of gestational diabetes during pregnancy; or

“(ii) develop methods of tracking women with a history of gestational diabetes and develop effective interventions to lower the incidence of the recurrence of gestational diabetes in subsequent pregnancies and the development of type 2 diabetes.

“(4) USES OF FUNDS.—An eligible entity receiving a grant under this subsection shall use the grant funds to carry out demonstration projects described in paragraph (1), including—

“(A) expanding community-based health promotion education, activities, and incentives focused on the prevention of gestational diabetes and development of type 2 diabetes in women with a history of gestational diabetes;

“(B) aiding State- and tribal-based diabetes prevention and control programs to collect, analyze, disseminate, and report surveillance data on women with, and at risk for, gestational diabetes, the recurrence of gestational diabetes in subsequent pregnancies, and, for women with a history of gestational diabetes, the development of type 2 diabetes; and

“(C) training and encouraging health care providers—

“(i) to promote risk assessment, high-quality care, and self-management for gestational diabetes and the recurrence of gestational diabetes in subsequent pregnancies; and

“(ii) to prevent the development of type 2 diabetes in women with a history of gestational di-

abetes, and its complications in the practice settings of the health care providers.

“(5) REPORT.—Not later than 4 years after the date of the enactment of this section, the Secretary shall prepare and submit to the Congress a report concerning the results of the demonstration projects conducted through the grants awarded under this subsection.

“(6) DEFINITION OF ELIGIBLE ENTITY.—In this subsection, the term ‘eligible entity’ means a nonprofit organization (such as a nonprofit academic center or community health center) or a State, tribal, or local health agency.

“(7) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this subsection \$5,000,000 for each fiscal year 2012 through 2016.

“(d) POSTPARTUM FOLLOW-UP REGARDING GESTATIONAL DIABETES.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall work with the State- and tribal-based diabetes prevention and control programs assisted by the Centers to encourage postpartum follow-up after gestational diabetes, as medically appropriate, for the purpose of reducing the incidence of gestational diabetes, the recurrence of gestational diabetes in subsequent pregnancies, the development of type 2 diabetes in women with a history of gestational diabetes, and related complications.”.

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

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material in the RECORD.

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

There was no objection.

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

Mr. Speaker, as many as 135,000 women in the United States each year develop gestational diabetes, and this number is steadily growing. Many women who have had gestational diabetes later developed type 2 diabetes. Babies born to women with gestational diabetes are also at risk for high birth weight.

The Gestational Diabetes Act, sponsored by Representatives ENGEL and BURGESS, will expand research and grant resources available through the Department of Health and Human Services to fight this dangerous disease. It is an important piece of legislation. I urge my colleagues to support the bill.

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

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

I rise today in strong support of H.R. 5354. I worked on this bill with Mr. ENGEL. This bill has gone through regular order and passed the Energy and Commerce Committee unanimously, and I thank all of the staff involved, from the personal staff levels of Mr. ENGEL's office and mine, and the com-

mittee staff for their hard work on the bill before us today.

As an obstetrician, I have witnessed the effect of gestational diabetes on both mother and child. Gestational diabetes is a growing problem, and we really don't know why. Unlike type 2 diabetes, gestational diabetes has a very different issue, requiring a unique approach.

Gestational diabetes affects between 2 and 5 percent of pregnant women, about 135,000 cases in the United States each year, and usually occurs late in pregnancy. If left untreated, gestational diabetes can have a significant impact on both mother and child. Women and children affected by gestational diabetes are at higher risk of developing type 2 diabetes, and it is associated with additional health problems for both mother and child during both pregnancy and childbirth.

In addition, once a mother contracts gestational diabetes, her chances are 2 in 3 that it may return in future pregnancies. That is why this act, the Gestational Diabetes Act of 2009, is a vital investment in our future. This bill will allow for the collection of data and the study of risk factors, as well as continued postpartum evaluations, with the goal of developing proven intervention strategies that will lower the rates of gestational diabetes.

For example, maternal obesity is an independent and more important risk factor for large infants and women with gestational diabetes than it is with simple glucose intolerance.

This legislation has the support of many groups, including the American Diabetes Association, the American Association of Diabetes Educators, the American College of Obstetricians and Gynecologists.

There is currently an insufficient system for monitoring cases of gestational diabetes to uncover trends and target at-risk populations.

This legislation will go beyond what we do know and promote public health research to understand the epidemiological, socioenvironmental, behavioral, translation, and biomedical factors that influence the risk of gestational diabetes and type 2 diabetes. Current treatments are primarily focused on diet and exercise, but there is general disagreement about the degree to which each should be recommended and the overall effectiveness of this approach. There needs to be greater understanding by both providers and patients on how to prevent and treat this condition. New therapies and interventions to detect, treat and slow the incidence of gestational diabetes need to be identified. Through targeted research we will be able to identify triggers that result in gestational diabetes in women with no previous risk factors. Given the tremendous impact for this disease, I urge support of the legislation.

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

Mr. PALLONE. Mr. Speaker, I yield back the balance of my time and urge passage of the bill.

Mr. BURGESS. Mr. Speaker, seeing no further speakers on my time, I will just say the increased incidence in the United States has raised the prevalence, but the risk of gestational diabetes can also be due to genetics, ethnicity, and maternal age. The rates of gestational diabetes are higher among women of African American, Hispanic, Asian and Native American descent. In addition, there is currently an insufficient system for monitoring cases of gestational diabetes, which this legislation will begin to correct.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 5354, 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. BURGESS. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

The point of no quorum is considered withdrawn.

METHAMPHETAMINE EDUCATION, TREATMENT, AND HOPE ACT OF 2010

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2818) to amend the Public Health Service Act to provide for the establishment of a drug-free workplace information clearinghouse, to support residential methamphetamine treatment programs for pregnant and parenting women, to improve the prevention and treatment of methamphetamine addiction, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2818

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 "Methamphetamine Education, Treatment, and Hope Act of 2010".

SEC. 2. ENHANCING HEALTH CARE PROVIDER AWARENESS OF METHAMPHETAMINE ADDICTION.

Section 507(b) of the Public Health Service Act (42 U.S.C. 290bb(b)) is amended—

(1) by redesignating paragraphs (13) and (14) as paragraphs (14) and (15), respectively; and

(2) by inserting after paragraph (12) the following:

"(13) collaborate with professionals in the addiction field and primary health care providers to raise awareness about how to—

"(A) recognize the signs of a substance abuse disorder; and

"(B) apply evidence-based practices for screening and treating individuals with or at-risk for developing an addiction, including addiction to methamphetamine or other drugs.".

SEC. 3. RESIDENTIAL TREATMENT PROGRAMS FOR PREGNANT AND PARENTING WOMEN.

Section 508 of the Public Health Service Act (42 U.S.C. 290bb-1) is amended—

(1) in subsection (a)—

(A) in the matter preceding paragraph (1), by striking "postpartum women treatment for substance abuse" and inserting "parenting women treatment for substance abuse (including treatment for addiction to methamphetamine)";

(B) in paragraph (1), by striking "reside in" and inserting "reside in or receive outpatient treatment services from"; and

(C) in paragraph (2), by striking "the minor children of the women reside with the women in such facilities" and inserting "the minor children of the women who reside in such facilities reside with such women";

(2) in subsection (d), by amending paragraph (2) to read as follows:

"(2) Referrals for necessary hospital and dental services.";

(3) by amending subsection (m) to read as follows:

"(m) ALLOCATION OF AWARDS.—In making awards under subsection (a), the Director shall give priority to any entity that agrees to use the award for a program serving an area that—

"(1) is a rural area, an area designated under section 332 by the Administrator of the Health Resources and Services Administration as a health professional shortage area with a shortage of mental health professionals, or an area determined by the Director to have a shortage of family-based substance abuse treatment options; and

"(2) is determined by the Director to have high rates of addiction to methamphetamine or other drugs.";

(4) in subsection (p)—

(A) by striking "October 1, 1994" and inserting "one year after the date of the enactment of the Methamphetamine Education, Treatment, and Hope Act of 2010";

(B) by inserting "In submitting reports under this subsection, the Director may use data collected under this section or other provisions of law, insofar as such data is used in a manner consistent with all Federal privacy laws applicable to the use of data collected under this section or other provision, respectively," after "biennial report under section 501(k)."; and

(C) by striking "Each report under this subsection shall include" and all that follows and inserting "Each report under this subsection shall, with respect to the period for which the report is prepared, include the following:

"(1) A summary of any evaluations conducted under subsection (o).

"(2) Data on the number of pregnant and parenting women in need of, but not receiving, treatment for substance abuse. Such data shall include, but not be limited to, the number of pregnant and parenting women in need of, but not receiving, treatment for methamphetamine abuse, disaggregated by State and tribe.

"(3) Data on recovery and relapse rates of women receiving treatment for substance abuse under programs carried out pursuant to this section, including data disaggregated with respect to treatment for methamphetamine abuse.";

(5) by redesignating subsections (q) and (r) as subsections (r) and (s), respectively;

(6) by inserting after subsection (p) the following:

"(q) METHAMPHETAMINE ADDICTION.—In carrying out this section, the Director shall expand, intensify, and coordinate efforts to provide pregnant and parenting women treatment for addiction to methamphetamine or other drugs."; and

(7) in subsection (s) (as so redesignated), by striking "such sums as may be necessary to fiscal years 2001 through 2003" and inserting "\$16,000,000 for fiscal year 2012, \$16,500,000 for fiscal year 2013, \$17,000,000 for fiscal year 2014, \$17,500,000 for fiscal year 2015, and \$18,000,000 for fiscal year 2016"."

SEC. 4. WORKPLACE INFORMATION CLEARINGHOUSE.

Section 515(b) of the Public Health Service Act (42 U.S.C. 290bb-21(b)) is amended—

(1) in paragraph (10), by striking "and" at the end;

(2) by redesignating paragraph (11) as paragraph (13); and

(3) by inserting after paragraph (10) the following new paragraph:

"(11) maintain a clearinghouse that provides information and educational materials to employers and employees about comprehensive drug-free workplace programs and substance abuse prevention and treatment resources;"

SEC. 5. YOUTH INVOLVEMENT IN PREVENTION STRATEGIES.

Section 515(b) of the Public Health Service Act (42 U.S.C. 290bb-21(b)), as amended by section 4, is further amended by inserting after paragraph (11) the following new paragraph:

"(12) support the involvement of youth in the development and implementation of prevention strategies focused on youth, with regard to methamphetamine and other drugs; and"."

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

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material in the RECORD.

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

There was no objection.

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

I rise today in strong support of H.R. 2818, the Methamphetamine Education, Treatment and Hope Act, or METH Act, introduced by Representative MCNERNEY. This bill reauthorizes and updates HHS programs for family-based substance abuse treatment, workplace education, and youth.

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

Mr. BURGESS. Mr. Speaker, H.R. 2818, the Methamphetamine Education, Treatment and Hope Act, would reauthorize the residential treatment program for pregnant and low-income women. Currently, the program is only available for those receiving inpatient drug addiction treatment. This legislation would expand the scope to women who are receiving outpatient treatment.

According to the Substance Abuse and Mental Health Services Administration, methamphetamine is a stimulant that is highly addictive. The drug can have a severe impact on an individual's physical and mental well-being.

Under the legislation, priority for the grants would be given to programs in