

Chair's prior announcement, further proceedings on this motion will be postponed.

The point of no quorum is considered withdrawn.

DIABETES SCREENING ACT

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 6012) to direct the Secretary of Health and Human Services to review uptake and utilization of diabetes screening benefits and establish an outreach program with respect to such benefits, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 6012

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. DIABETES SCREENING EVALUATION AND OUTREACH PROGRAM RECOMMENDATIONS.

Part P of title III of the Public Health Service Act (42 U.S.C. 280g et seq.) is amended by inserting after section 399V-3 the following new section:

"SEC. 399V-3A. DIABETES SCREENING EVALUATION AND OUTREACH PROGRAM RECOMMENDATIONS.

"(a) ESTABLISHMENT.—With respect to diabetes screening tests and for the purposes of reducing the number of undiagnosed seniors with diabetes or prediabetes, the Secretary shall—

"(1) review utilization of diabetes screening benefits under programs of the Department of Health and Human Services to identify and address any existing problems with regard to such utilization and related data collection mechanisms; and

"(2) make recommendations (informed by the review under paragraph (1)) on outreach activities being carried out by the Secretary as of the date of the enactment of this section to ensure awareness among seniors and health care providers of—

"(A) such diabetes screening benefits; and
 "(B) the advantages of knowing one's diabetic or prediabetic status for the purpose of diabetes self management.

"(b) CONSULTATION.—The Secretary shall carry out this section in consultation with—

"(1) the heads of appropriate health agencies and offices in the Department of Health and Human Services; and

"(2) entities with an interest in diabetes, including industry, voluntary health organizations (such as diabetes advocacy groups and other related stakeholders), trade associations, and professional societies.

"(c) REPORT.—For each of the fiscal years 2011, 2012, and 2013, the Secretary shall submit to Congress an annual report on the activities carried out under this section during such respective year.

"(d) DEFINITION.—For purposes of this section, the term 'senior' means an individual who is at least 65 years of age."

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 within

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, H.R. 6012, sponsored by Representative Zack Space of Ohio, is designed to reduce the number of undiagnosed seniors with diabetes by evaluating more seniors sooner through the HHS diabetes screening benefit. I urge my colleagues to support this commonsense legislation.

I reserve the balance of my time.

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

H.R. 6012, the diabetes screening bill, would require Health and Human Services to review the utilization of diabetes screening tests available to seniors under Medicare and make recommendations to increase utilization.

We obviously don't know the cause of diabetes, but both genetics and environmental factors such as obesity and lack of activity appear to play roles. Diabetes affects an estimated 24 million Americans.

Approximately 57 million Americans have a pre-diabetic condition. Identifying those with diabetes early can reduce the likelihood of people developing costly and debilitating conditions associated with the disease. We do need to know if people are using this provided service, and if not why not, and examine how do we ensure to connect people with the service.

I urge my colleagues to support this resolution.

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. 6012, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

The title was amended so as to read:

"A bill to direct the Secretary of Health and Human Services to review utilization of diabetes screening benefits and make recommendations on outreach programs with respect to such benefits, and for other purposes."

A motion to reconsider was laid on the table.

□ 2200

NATIONAL NEUROLOGICAL DISEASES SURVEILLANCE SYSTEM ACT OF 2010

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1362) to amend the Public Health Service Act to provide for the estab-

lishment of permanent national surveillance systems for multiple sclerosis, Parkinson's disease, and other neurological diseases and disorders, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1362

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 "National Neurological Diseases Surveillance System Act of 2010".

SEC. 2. NATIONAL NEUROLOGICAL DISEASES SURVEILLANCE SYSTEM.

Part P of title III of the Public Health Service Act (42 U.S.C. 280g et seq.) is amended by adding at the end the following:

"SEC. 399V-5 SURVEILLANCE OF NEUROLOGICAL DISEASES.

"(a) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall—

"(1) enhance and expand infrastructure and activities to track the epidemiology of neurological diseases, including multiple sclerosis and Parkinson's disease; and

"(2) incorporate information obtained through such activities into a statistically-sound, scientifically-credible, integrated surveillance system, to be known as the National Neurological Diseases Surveillance System.

"(b) RESEARCH.—The Secretary shall ensure that the National Neurological Diseases Surveillance System is designed in a manner that facilitates further research on neurological diseases.

"(c) CONTENT.—In carrying out subsection (a), the Secretary—

"(1) shall provide for the collection and storage of information on the incidence and prevalence of neurological diseases in the United States;

"(2) to the extent practicable, shall provide for the collection and storage of other available information on neurological diseases, such as information concerning—

"(A) demographics and other information associated or possibly associated with neurological diseases, such as age, race, ethnicity, sex, geographic location, and family history;

"(B) risk factors associated or possibly associated with neurological diseases, including genetic and environmental risk factors; and

"(C) diagnosis and progression markers;

"(3) may provide for the collection and storage of information relevant to analysis on neurological diseases, such as information concerning—

"(A) the epidemiology of the diseases;

"(B) the natural history of the diseases;

"(C) the prevention of the diseases;

"(D) the detection, management, and treatment approaches for the diseases; and

"(E) the development of outcomes measures; and

"(4) may address issues identified during the consultation process under subsection (d).

"(d) CONSULTATION.—In carrying out this section, the Secretary shall consult with individuals with appropriate expertise, including—

"(1) epidemiologists with experience in disease surveillance or registries;

"(2) representatives of national voluntary health associations that—

"(A) focus on neurological diseases, including multiple sclerosis and Parkinson's disease; and

"(B) have demonstrated experience in research, care, or patient services;

"(3) health information technology experts or other information management specialists;

"(4) clinicians with expertise in neurological diseases; and

"(5) research scientists with experience conducting translational research or utilizing surveillance systems for scientific research purposes.

“(e) GRANTS.—The Secretary may award grants to, or enter into contracts or cooperative agreements with, public or private nonprofit entities to carry out activities under this section.

“(f) COORDINATION WITH OTHER FEDERAL AGENCIES.—Subject to subsection (h), the Secretary shall make information and analysis in the National Neurological Diseases Surveillance System available, as appropriate, to Federal departments and agencies, such as the National Institutes of Health, the Food and Drug Administration, the Centers for Medicare & Medicaid Services, the Agency for Healthcare Research and Quality, the Department of Veterans Affairs, and the Department of Defense.

“(g) PUBLIC ACCESS.—Subject to subsection (h), the Secretary shall make information and analysis in the National Neurological Diseases Surveillance System available, as appropriate, to the public, including researchers.

“(h) PRIVACY.—The Secretary shall ensure that privacy and security protections applicable to the National Neurological Diseases Surveillance System are at least as stringent as the privacy and security protections under HIPAA privacy and security law (as defined in section 3009(a)(2)).

“(i) REPORT.—Not later than 4 years after the date of the enactment of this section, the Secretary shall submit a report to the Congress concerning the implementation of this section. Such report shall include information on—

“(1) the development and maintenance of the National Neurological Diseases Surveillance System;

“(2) the type of information collected and stored in the System;

“(3) the use and availability of such information, including guidelines for such use; and

“(4) the use and coordination of databases that collect or maintain information on neurological diseases.

“(j) DEFINITION.—In this section, the term ‘national voluntary health association’ means a national nonprofit organization with chapters, other affiliated organizations, or networks in States throughout the United States.

“(k) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there is authorized to be appropriated \$5,000,000 for each of fiscal years 2012 through 2016.”.

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 to include extraneous material into the RECORD.

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

There was no objection.

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

Mr. Speaker, I rise today in strong support of H.R. 1362, the National Neurological Diseases Surveillance System Act of 2010.

H.R. 1362 seeks to improve our understanding of multiple sclerosis, Parkinson's disease and other neurological diseases by directing the Centers for Disease Control and Prevention to carry out systematic data collection analysis and interpretation.

I ask my colleagues to support H.R. 1362, and I reserve the balance of my time.

Mr. BURGESS. I yield myself such time as I may consume.

Mr. Speaker, I rise tonight in strong support of H.R. 1362, which I authored with Mr. VAN HOLLEN.

There are over 400,000 Americans living with MS and millions of more Americans who live with some form of neurological disorder.

As co-chairman of the Congressional MS Caucus, I have been working to further research into the development of MS and other neurological disorders to help the population of Americans living with MS. I firmly believe that a national surveillance system will be a critical first step toward allowing our researchers access to information that could be the key to finding cures.

The other night, I was told that we are running for second base in our efforts to cure neurological diseases and that we have never tagged first. This bill, H.R. 1362, the National Neurological Diseases Surveillance System Act of 2010, is our first base.

Currently, there is no formal coordinated system to track and collect data on these diseases, and the lack of comprehensive data collection impedes progression to finding a cure. In fact, the last national study of the prevalence of MS was conducted 34 years ago. This integrated research will help drive innovation and will provide a solid understanding of how factors such as gender and age influence disease prevalence.

As diagnoses are made, we will have the ability to create progression markers, allowing for the compilation of the data and the construction of treatments for future patients with similar backgrounds. Through these efforts, we will be able to disseminate information and to encourage high-risk populations to connect to the available resources.

This legislation will emphasize the study of the epidemiology of neurological diseases. It is vital that we examine previous trends of the disease as they relate to geography, environmental factors, and heredity in order to forecast future trends. In order to advance, we must create a foundation of research for the millions of Americans suffering from MS, Parkinson's, Alzheimer's, and other conditions.

The National Neurological Diseases Surveillance System Act of 2010 has wide support, including by the National MS Society and the Parkinson's Action Network, among many others.

The bill before us reflects countless hours of negotiation. I want to thank Anne Morris and Ryan Long, who are with the committee, as well as Ray Thorn, who is with Mr. VAN HOLLEN's office, for their work. This bill went through regular order. It passed the Energy and Commerce Committee unanimously, and it has come to the floor a better product because of the bipartisan work.

I have spoken to medical students several times recently, and I have told them that the tools and technologies they will have at their disposal will

revolutionize the practice of medicine. This bill is part of that future.

A surveillance system will aid doctors on the ground right now who are struggling with ensuring a proper diagnosis. For example, with an MS examination, it generally reveals evidence of neurologic dysfunction, often asymptomatic in other locations. It is not science fiction to think that, in the future, a scientist noticing a genetic or blood marker in certain patients will be able to use surveillance systems like the ones created under this bill to link genetic factors with occupations, environmental and other demographic information.

As diagnoses are made, we will have the ability to create progression markers, which will help researchers compile the data and construct treatments for future patients with similar backgrounds. That is how we will get the vaccines, the treatments, and the cures for the next generation.

Future physicians will be able to tailor treatment to patients based on previous results and will be able to disseminate the information and encourage high-risk populations to connect to available resources, but we need to put in place the first building blocks. The epidemiologic evidence supports the role of environmental exposure to conditions like multiple sclerosis. MS also correlates with high socioeconomic status, which might reflect improved sanitation and delayed initial exposure to infectious agents, but we will not be able to be sure until we can monitor on a statistically significant basis.

Again, I want to reiterate my strong support for the bill, and I urge my colleagues to support it.

I yield back the balance of my time.

Mr. PALLONE. 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. 1362, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

STEM CELL THERAPEUTIC AND RESEARCH REAUTHORIZATION ACT OF 2010

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (S. 3751) to amend the Stem Cell Therapeutic and Research Act of 2005.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 3751

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 “Stem Cell Therapeutic and Research Reauthorization Act of 2010”.