

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The point of no quorum is considered withdrawn.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.