

more women knew the risk factors and recognized the early symptoms of gynecologic cancers so that they could discuss them with their doctors. Ovarian cancer has a 93 percent five-year survival rate if detected in Stage One and only a 27 percent survival rate if detected in Stage Three or Four.

Yet, the majority of women and medical professionals are unaware of the symptoms of ovarian cancer. Women can go undiagnosed or misdiagnosed for years, like Kollene Stacey. Just over five years ago on September 5, 2005, Kollene testified before Congress about the need for legislation for added awareness and education on gynecological cancers. "It took an entire year for me to be diagnosed correctly. By then the cancer was Stage IIIC, an advanced stage of ovarian cancer with only a 38 percent chance of complete cure. Had it been discovered in an early stage, I would have had a 90 percent chance of complete cure."

That is why, in December 2006, Congress passed Johanna's Law, named for Johanna Silver Gordon, who lost her life to ovarian cancer despite being a health conscious woman who visited the gynecologist regularly. Like many women, Johanna had symptoms of ovarian cancer that were missed by both her and her healthcare provider.

Johanna's Law authorized the Centers for Disease Control to create a gynecologic cancer awareness campaign aimed at educating women and health care providers about the signs and symptoms of gynecologic cancers—bloating, pelvic or abdominal pain, difficulty eating or feeling full quickly, and urinary symptoms (urgency or frequency). The campaign, Inside Knowledge: Get the Facts About Gynecologic Cancer, seeks to raise awareness of the five main types of gynecologic cancer: ovarian, cervical, uterine, vaginal and vulvar. To date, the Inside Knowledge campaign has supported many activities, including the development of:

Cancer-specific fact sheets about gynecologic cancers in both English and Spanish,

A comprehensive gynecologic cancer brochure,

Formative research and concept testing using focus groups to better understand the target audience,

Materials for primary care and health care professionals, and

Print and broadcast Public Service Announcements (PSAs).

All materials created through Johanna's Law have been sent to television, radio and print outlets around the country. The CDC is tracking the airing of PSAs and audience impressions. The CDC is also reaching out to groups, encouraging the use of the materials.

We still have a long way to go but Johanna's law is making a difference. Doctors, nurses and cancer survivors agree—providing more information about gynecologic cancers saves women's lives.

H.R. 2941 reauthorizes and enhances this critically important awareness campaign. This legislation provides for the continuation of the education campaign started by the Centers for Disease Control and Prevention to increase the awareness and knowledge of health care providers and women with respect to gynecological cancers. It also enhances cooperation with non-governmental organizations carrying out complementary education and awareness campaigns.

H.R. 2941 is a good bill, it is good public policy. I urge my colleagues to support this bill, and I urge our colleagues in the Senate to act quickly and move this critically needed legislation to the President's desk for his signature. This is literally a matter of life and death.

Mr. BURGESS. I yield back the balance of my time.

Mr. PALLONE. I 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. 2941, 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.

BIRTH DEFECTS PREVENTION, RISK REDUCTION, AND AWARENESS ACT OF 2010

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5462) to authorize the Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention, to establish and implement a birth defects prevention, risk reduction, and public awareness program, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5462

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 "Birth Defects Prevention, Risk Reduction, and Awareness Act of 2010".

SEC. 2. BIRTH DEFECTS PREVENTION, RISK REDUCTION, AND AWARENESS.

(a) PROGRAM.—The Public Health Service Act (42 U.S.C. 201 et seq.) is amended by inserting after section 317T (42 U.S.C. 247b–22) the following new section:

"SEC. 317U. BIRTH DEFECTS PREVENTION, RISK REDUCTION, AND AWARENESS.

"(a) GRANT PROGRAM.—The Secretary shall establish and implement a birth defects prevention and public awareness program to award grants to States or organizations for the provision of pregnancy and breastfeeding information services.

"(b) PREFERENCE.—In the case of States or organizations that are otherwise equally qualified, the Secretary, in awarding a grant under this section, shall give preference to—

"(1) States that made pregnancy and breastfeeding information services available on January 1, 2006; and

"(2) organizations that will provide pregnancy and breastfeeding information services in such States.

"(c) MATCHING FUNDS.—The Secretary may only award a grant under this section to a State or organization that agrees, with respect to the costs to be incurred in carrying out the grant activities, to make available (directly or through donations from public or private entities) non-Federal funds toward such costs in an amount equal to not less than 25 percent of the amount of the grant.

"(d) COORDINATION.—The Secretary shall ensure that activities carried out using a grant under this section are coordinated, to the maximum extent practicable, with other birth defects prevention and environmental health activities of the Federal Government, including activities carried out by the Health Resources and Services Administration and the Centers for Disease Control and Prevention with respect to pediatric environmental health specialty units and children's environmental health centers.

"(e) EVALUATION.—In furtherance of the program established under subsection (a), the Secretary shall provide for an evaluation of pregnancy and breastfeeding information services to identify efficient and effective models of—

"(1) providing information;

"(2) raising awareness and increasing knowledge about birth defects prevention measures;

"(3) modifying risk behaviors; or

"(4) other outcome measures as determined appropriate by the Secretary.

"(f) PREGNANCY AND BREASTFEEDING INFORMATION SERVICES DEFINED.—For purposes of this section, the term 'pregnancy and breastfeeding information services' includes only—

"(1) information services to provide accurate, evidence-based, clinical information regarding maternal exposures during pregnancy or breastfeeding that may be associated with birth defects or other health risks to an infant that is breastfed, such as exposures to medications, chemicals, infections, foodborne pathogens, illnesses, nutrition, or lifestyle factors;

"(2) the provision of accurate, evidence-based information weighing risks of exposures during breastfeeding against the benefits of breastfeeding; and

"(3) the provision of information described in paragraph (1) or (2) through counselors, Web sites, fact sheets, telephonic or electronic communication, community outreach efforts, or other appropriate means.

"(g) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there are authorized to be appropriated \$4,500,000 for fiscal year 2012, \$5,500,000 for fiscal year 2013, \$6,500,000 for fiscal year 2014, \$7,500,000 for fiscal year 2015, and \$8,500,000 for fiscal year 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 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. I yield myself such time as I may consume.

Mr. Speaker, H.R. 5462, the Birth Defects Prevention, Risk Reduction and Awareness Act, would establish a program to award grants for evidence-based clinical information to mothers and their health care professionals about exposures during pregnancy and breast feeding. I would like to thank my colleague from Connecticut (Ms. DELAURO) for her leadership on this issue and so many issues that affect mothers and children.

I reserve the balance of my time.

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

Mr. Speaker, I rise in support of H.R. 5462, the Birth Defects Prevention, Risk Reduction and Awareness Act of 2010, legislation that I authored with the gentlewoman from Connecticut (Ms. DELAURO).

This bill was developed over a period of several months with the guidance of the Centers for Disease Control. It does speak volumes that a bill can come this far in such a short period of time when we are willing to do our due diligence prior to introduction.

I have dedicated my professional career to protecting mother and child, while providing them with the most accurate information possible and the health services that they need.

People like to think that doctors have all the answers. Doctors like to think the CDC can provide all the information, but that isn't always the way it works. I can't tell you the number of times that women came into the hospital, usually late at night, because she was concerned about the health of her baby. Maybe it was because of something she had done, maybe she just had concerns. But this type of unnecessary utilization can be reduced by education, particularly among populations that may not have had the same level of health literacy as to how this could have happened.

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H.R. 5462 will provide mothers with up-to-date, evidence-based information through services designed to do targeted research. We have such a service in Texas. I used them when I was in practice. Ideally, they should be serving at least 4 percent of our pregnant population but are only able to serve up to 3,000 persons today. Those cases are important, but I know we can do better.

Many women with chronic diseases may discontinue or reduce medications when they become pregnant due to fears about the risk of birth defects. In fact, in many cases the medications cause a lower risk of birth defects than the failure to treat and appropriately manage the underlying disease during pregnancy.

Pregnancy risk information services provide information and expert consultation to pregnant women and their health care providers regarding exposures to medications, chemicals, illicit drugs, alcohol, infections, and illness that may pose a risk of birth defects.

These services also provide information on exposures during breast-feeding. The information provided reduces unnecessary concern about perceived and nonexistent risk and ensures that women stay on the path to a healthy pregnancy.

Currently, Federal agencies are only able to provide awareness and information about pregnancy and breast-feeding issues. They do not provide pregnancy and breast-feeding exposure risk assessment, education, and counseling.

This legislation will establish a grant program to revitalize the Nation's network of pregnancy risk information services. This will help save health care costs by avoiding unnecessary doctor visits and reducing the cost of treating uncontrolled chronic illness when pregnant women discontinue their medications unnecessarily. I urge my colleagues to support this legislation.

I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I urge passage of the bill.

I yield back the balance of my time.

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

I just wanted to point out that this legislation has the support of the American College of Obstetrics and Gynecology, the American Academy of Pediatrics, the March of Dimes Foundation, amongst many others. I join these organizations in urging my support for this legislation.

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. 5462, 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.

ARTHRITIS PREVENTION, CONTROL, AND CURE ACT OF 2010

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1210) to amend the Public Health Service Act to provide for arthritis research and public health, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1210

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 "Arthritis Prevention, Control, and Cure Act of 2010".

SEC. 2. ENHANCING PUBLIC HEALTH ACTIVITIES RELATED TO ARTHRITIS THROUGH THE NATIONAL ARTHRITIS ACTION PLAN.

Part B of title III of the Public Health Service Act (42 U.S.C. 243 et seq.) is amended by inserting after section 314 the following:

"SEC. 315. NATIONAL ARTHRITIS ACTION PLAN.

"(a) ESTABLISHMENT OF PLAN.—The Secretary may develop and implement a National Arthritis Action Plan (in this section referred to as the 'Plan') consistent with this section.

"(b) CONTROL, PREVENTION, AND SURVEILLANCE.—

"(1) IN GENERAL.—Under the Plan, the Secretary may, directly or through competitive grants to eligible entities, conduct, support, and promote the coordination of research, investigations, demonstrations, training, and studies relating to the control, prevention, and surveillance of arthritis and other rheumatic diseases.

"(2) TRAINING AND TECHNICAL ASSISTANCE.—

"(A) PROVISION.—Upon the request of an applicant receiving a grant under paragraph (1), the Secretary may, subject to subparagraph (B), provide training, technical assistance, supplies, equipment, or services for the purpose of aiding the applicant in carrying out grant activities and, for such purpose, may detail to the applicant any officer or employee of the Department of Health and Human Services.

"(B) CORRESPONDING REDUCTION IN PAYMENTS.—With respect to a request described in subparagraph (A), the Secretary shall reduce the amount of payments under the grant under paragraph (1) to the applicant involved by an amount equal to the costs of detailing personnel (including pay, allowances, and travel expenses) and the fair market value of any supplies, equipment, or services provided by the Secretary.

"(3) ARTHRITIS PREVENTION RESEARCH AT THE CENTERS FOR DISEASE CONTROL AND PREVENTION.—The Secretary may provide additional grant support under this subsection to encourage the expansion of research related to the prevention and management of arthritis at the Centers for Disease Control and Prevention.

"(4) ELIGIBLE ENTITY.—For purposes of this subsection, the term 'eligible entity' means a public or private nonprofit entity that demonstrates to the satisfaction of the Secretary, in the application described in subsection (e), the ability of the entity to carry out the activities described in paragraph (1).

"(c) EDUCATION AND OUTREACH.—

"(1) IN GENERAL.—Under the Plan, the Secretary may coordinate and carry out national education and outreach activities, directly or through the provision of grants to eligible entities, to support, develop, and implement education initiatives and outreach strategies appropriate for arthritis and other rheumatic diseases.

"(2) INITIATIVES AND STRATEGIES.—Initiatives and strategies implemented under paragraph (1) may include public awareness campaigns, public service announcements, and community partnership workshops, as well as programs targeted to businesses and employers, managed care organizations, and health care providers.

"(3) PRIORITY.—In carrying out paragraph (1), the Secretary—

"(A) may emphasize prevention, early diagnosis, and appropriate management of arthritis, and opportunities for effective patient self-management; and

"(B) may give priority to reaching high-risk or underserved populations.

"(4) COLLABORATION.—In carrying out this subsection, the Secretary shall consult and collaborate with stakeholders from the public, private, and nonprofit sectors with expertise relating to arthritis control, prevention, and treatment.

"(5) ELIGIBLE ENTITY.—For purposes of this subsection, the term 'eligible entity' means a public or private nonprofit entity that demonstrates to the satisfaction of the Secretary, in