For example, one of the only two hospitals offering healthy newborn services in the U.S. is the Lucile Packard Children's Hospital. When healthy newborns are excluded from the calculation, the Packard hospital has the highest ''case mix index'' of all children's hospitals in California. With the healthy newborns included, it has the lowest. In other words, Packard is unfairly denied resources to treat seriously ill newborns because it also provides services to healthy newborns. Until the problem is corrected, the Packard hospital will continue to be shortchanged more than $300,000 each year.

This bill corrects the reimbursement problem faced by these two hospitals only for fiscal year 2005. Another bill to reauthorize the Children's Hospital Graduate Medical Education Act, currently on referral to the Subcommittee on Health, will correct this problem in fiscal year 2006 and future years. This legislation is needed to provide relief to the two affected hospitals in fiscal year 2005. This legislation does not change the eligibility for hospitals to qualify under the CHGME program.

I believe that it is unreasonable to penalize hospitals offering services to healthy newborns and urge my colleagues to support this legislation.

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

Mr. BILIRAKIS. Mr. Speaker, I have no further speakers, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. CULBERSON). The question is on the motion offered by the gentleman from Florida (Mr. BILIRAKIS) that the House suspend the rules and pass the bill, H.R. 5204.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

RESEARCH REVIEW ACT OF 2004

Mr. BILIRAKIS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5213) to expand research information regarding multidisciplinary research projects and epidemiological studies, as amended.

The Clerk read as follows:

H.R. 5213

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 ''Research Review Act of 2004''.

SEC. 2. MULTI-DISCIPLINARY RESEARCH TEAM AND CONSORTIA REPORT.

(a) IN GENERAL.—The Secretary of Health and Human Services (referred to in this Act as the ''Secretary''), in coordination with the Director of the National Institutes of Health, shall prepare a report outlining the methods by which the Roadmap for Medical Research, an initiative of such Institutes, has advanced the use of multidisciplinary research teams and consortia of research institutions to advance treatments, develop new therapies, and collaborate on clinical trials, including with respect to spinal cord injury and paralysis research.

(b) REPORT.—Not later than February 1, 2005, the Secretary shall submit the report under subsection (a) to the Committee on Energy and Commerce of the House of Representatives and to the Committe on Health, Education, Labor, and Pensions of the Senate.

SEC. 3. EPIDEMIOLOGICAL STUDY REPORT.

(a) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall prepare a report outlining the epidemiological studies currently under way at such Centers, future planned studies, the criteria involved in determining what epidemiological studies to conduct, defer, or suspend, and the scope of those studies, including with respect to the inflammatory bowel disease epidemiological study. The report shall include a description of the activities the Centers for Disease Control and Prevention undertakes to establish partnerships with research and patient advocacy communities to expand epidemiological studies.

(b) REPORT.—Not later than May 1, 2005, the Secretary shall submit the report under subsection (a) to the Committee on Energy and Commerce of the House of Representatives and to the Committee on Health, Education, Labor, and Pensions of the Senate.

SEC. 4. STUDY BY GOVERNMENT ACCOUNTABILITY OFFICE ON MEDICARE AND MEDICAID COVERAGE STANDARDS.

(a) IN GENERAL.—The Comptroller General of the United States shall conduct a study on the coverage standards that, under the programs under titles XVIII and XIX of the Social Security Act (commonly known as Medicare and Medicaid, respectively), apply to patients with inflammatory bowel disease for the following therapies:

(1) Parenteral nutrition.
(2) Enteral nutrition formula.
(3) Medically necessary food products.
(4) Ostomy supplies.
(5) Therapies approved by the Food and Drug Administration for Crohn's disease and ulcerative colitis.

(b) CONTENT.—The study under subsection (a) shall take into account the appropriate outpatient or home health care delivery settings.

(c) REPORT.—Not later than six months after the date of the enactment of this Act, the Comptroller General shall submit to the Congress a report describing the findings of the study under subsection (a).

SEC. 5. STUDY BY GOVERNMENT ACCOUNTABILITY OFFICE INVOLVING DISABILITY INSURANCE.

(a) IN GENERAL.—The Comptroller General of the United States shall conduct a study of the problems patients encounter when applying for disability insurance benefits under title II of the Social Security Act. The study shall include recommendations for improving the application process for patients with inflammatory bowel disease.

(b) REPORT.—Not later than six months after the date of the enactment of this Act, the Comptroller General shall submit to the Congress a report describing the findings of the study under subsection (a).

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Florida (Mr. BILIRAKIS) and the gentleman from Ohio (Mr. BROWN) each will control 20 minutes.

The Chair recognizes the gentleman from Florida (Mr. BILIRAKIS).

GENERAL LEAVE

Mr. BILIRAKIS. 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 on H.R. 5213, as amended.

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

There was no objection.

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

Mr. Speaker, I rise today in support of H.R. 5213, the Research Review Act. I introduced this legislation only with the fantastic cooperation of my colleagues and friends, the gentlewoman from New York (Mrs. KELLY) and the gentleman from Ohio (Mr. BROWN) from Ohio, the ranking member on my subcommittee. It was with their cooperation and with the hard work of members of the staff, Mr. Speaker, we were able to get this thing done at really almost the 11th hour.

As chairman of the Committee on Energy and Commerce, Subcommittee on Health, I am extremely concerned, as I think all of us are, about how Federal agencies that fall under our committee's jurisdiction set their priorities for disease research. Every day I have patients, along with their families and friends, looking to me to increase research funding for diseases and conditions that afflict them or their loved ones. While I know that it is not in anyone's best interests to mandate agencies to conduct research into specific diseases, I do believe it is my job, I believe it is our job, to ensure that the Federal initiatives are sufficient.

Next year, I look forward to working with the gentleman from Texas (Chairman BARTON), the gentleman from Ohio (Mr. BROWN) and the gentleman from Michigan (Mr. DINGELL) and all the members of the Committee on Energy and Commerce to reauthorize the National Institutes of Health. My subcommittee has held five hearings during this Congress, the 108th, to highlight research activities at the NIH and to educate members and others about the work that the NIH is doing so we can assess how to help NIH better meet its stated mission.

One thing that has become clear is that while NIH is an exemplary agency, its transparency and accountability in letting Members of Congress and the public know what research is being funded and why could be improved. Providing the public with information is not a problem that is unique to the NIH, however; many of our agencies have similar problems translating their efforts to the public.

I introduced H.R. 5213 to take an additional step in assisting Congress to understand the process of Federal agencies. I believe that this legislation will assist Members of Congress as we work with Federal agencies in the future. It will allow two agencies, the NIH and the CDC, to highlight their involvement using the examples of two debilitating conditions that afflict many individuals, paralysis and inflammatory bowel disease, which we refer to as IBD.

H.R. 5213 directs the Secretary of Health and Human Services, in coordination with the Director of the National Institutes of Health, to prepare a report outlining the methods by which the roadmap for medical research created by Director Dr. Elias Zerhouni has advanced the use of multidisciplinary research teams and institutions to advance treatments, develop new therapies and collaborate in clinical trials, and to also include in this report how this relates to the Federal research initiatives into spinal cord and paralysis research.

The bill also requires the Director of the Centers for Disease Control and Prevention, CDC, to prepare a report outlining epidemiological studies conducted at the CDC, including the irritated bowel disease study currently under way at CDC. The study would include a description of the activity CDC is undertaking to establish partnerships with research and patient advocacy groups to expand these studies, such as the partnership between the CDC and the Chron's and Colitis Foundation.

Additionally, H.R. 5213 directs the General Accounting Office to conduct studies on the Medicare and Medicaid coverage standards that apply to patients with inflammatory bowel disease for therapy, such as medically necessary food products and nutrition services, and the problems that IBD patients encounter when applying for Social Security disability benefits.

Both paralysis and inflammatory bowel disease are crippling diseases, Mr. Speaker, though in very different ways, and both can be extremely debilitating.

I would like to thank the Christopher Reeve Foundation and, in particular, Mr. Christopher Reeve and the Chron's and Colitis Foundation for all of their help. I have worked closely with both of these groups, as well, as I indicated, with the gentlewoman from New York (Mrs. KELLY) and the gentleman from Ohio (Mr. BROWN) to develop this legislation.

I do want to thank the staff, Mr. Ford from the other side, Cheryl Jaeger and Jeanne Haggerty of our staff on this side, for their hard work in getting this piece of legislation ready to come to the floor today; and also I would like to thank the gentleman from Texas (Chairman BARTON) for his leadership in working to provide oversight and reauthorize these Federal agencies; and obviously the cooperation I have always had with the gentleman from Ohio (Mr. BROWN).

I urge my colleagues to approve this important bipartisan bill.

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

Mr. BROWN of Ohio. Mr. Speaker, I yield myself 3 minutes.

Mr. Speaker, over the past 20 or so years, overall inpatient, that is hospital and rehabilitation, overall inpatient days for those living with paralysis have been cut in half. However, those individuals living with paralysis still face astronomical medical costs, and only one-third remain employed after becoming paralyzed.

Fortunately, we stand on the brink of amazing breakthroughs in science for those living with paralysis, with spinal cord injury and other physical disabilities. Through the Christopher Reeve Paralysis Foundation, Christopher Reeve and his wife, Dana, have courageously pushed forward by helping thousands of patients and their families adjust to the dramatic changes engendered by paralysis and by investing in the awareness and advancement of medical research.

I have been honored to cosponsor the Christopher Reeve Paralysis Act in the past two Congresses, alongside my friend, the chairman of the Subcommittee on Health, the gentleman from Florida (Mr. BILIRAKIS).

This legislation is an important step toward understanding the developments and advancements in paralysis and spinal cord injury research and will help our Nation's leaders in medical research set their priorities for the future.

I am also pleased that this legislation includes several provisions relating to the inflammatory bowel disease known as IBD. I have heard from many Ohioans who suffer through this disease, including a remarkable young woman named Sarah Levin.

Sarah Levin takes 11 medications a day. She has endured major surgery and taken steroids that have compromised her physical health. She has been forced to miss work again and again, because Chron's disease can flare up at any time.

Despite the difficult conditions, Sarah has joined her father and thousands of advocates across this country working on legislation focusing on IBD.

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Like so many others, she has been tireless. She has been positive. And her efforts have made a real difference for many of those who are suffering.

This legislation will examine the epidemiology of IBD and therapies currently approved by FDA for the treatment of this debilitating condition.

These studies will also examine appropriate settings for the treatment of IBD and barriers that currently exist for those IBD patients applying for Social Security disability benefits.

This bill contains important measures that promote the public health, and I urge my colleagues to support it.

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

Mr. BILIRAKIS. Mr. Speaker, I yield such time as she may consume to the gentlewoman from New York (Mrs. KELLY), who probably knows more about IBD, with the exception of the medical doctors in the Congress, and she shares that information with us, and we are just very indebted to her for making us aware of the horrors of this disease.

Mrs. KELLY. Mr. Speaker, I rise today in support of this measure, H.R. 5213, the Research Review Act of 2004.

This bill represents an important step forward in a long struggle by so many important people in the Crohn's and colitis advocacy communities, patients and their families who have worked so hard to support and advance this legislation. My legislation was H.R. 290, the Inflammatory Bowel Disease Act. We have rolled that bill into this act, and I am very grateful to my colleague, the gentleman from Florida (Mr. BILIRAKIS), for his interest in this issue and for his leadership in getting this bill to the Floor.

Crohn's Disease and ulcerative colitis, collectively known as inflammatory bowel disease, are chronic disorders of the gastrointestinal tract that cause severe pain and suffering in the more than 1 million Americans who are afflicted. We are at an exciting time with respect to the prospect for research and advances on these challenging diseases.

A few years ago, the scientific community discovered the first gene associated with Crohn's disease. This landmark discovery and other advancements in the field have opened up exciting new research pathways which have the potential to lead to better treatments and, hopefully, soon, one day, a cure. However, more needs to be done. This legislation seeks to further this momentum by capitalizing on these promising opportunities.

The IBD epidemiologic study at the Centers for Disease Control is critical to our understanding of the scope of this group of diseases. The CDC, together with the Crohn's and Colitis Foundation of America, have made significant strides toward uncovering vital information about the people who are afflicted with digestive disorders and how many there are out there. This will provide the foundation to move forward with research and disease management and then a cure. We should encourage this type of public-private partnership, and I hope that the CDC will support this worthy project on a long-term basis.

Again, I really want to thank my colleague, the gentleman from Florida (Mr. BILIRAKIS), and my colleague, the gentleman from Texas (Mr. BARTON), and my colleague, the gentleman from Ohio (Mr. BROWN), for their work on this. I encourage all Members to support this measure.

Mr. Speaker, I hope that all Members will vote for this bill.

Mr. BROWN of Ohio. Mr. Speaker, I have no further speakers, and I yield back the balance of my time.

Mr. BILIRAKIS. Mr. Speaker, I have no further speakers, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. CULBERSON). The question is on the motion offered by the gentleman from Florida (Mr. BILIRAKIS) that the House suspend the rules and pass the bill, H.R. 5213, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds of those present have voted in the affirmative.

Mr. BILIRAKIS. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

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.

DISTRICT OF COLUMBIA MENTAL HEALTH CIVIL COMMITMENT MODERNIZATION ACT OF 2004

Mr. TOM DAVIS of Virginia. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4302) to amend title 21, District of Columbia Official Code, to enact the provisions of the Mental Health Civil Commitment Act of 2002 which affect the Commission on Mental Health and require action by Congress in order to take effect, as amended.

The Clerk read as follows:

H.R. 4302

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 ''District of Columbia Mental Health Civil Commitment Modernization Act of 2004''.

SEC. 2. COMPOSITION, APPOINTMENT, AND ORGANIZATION OF COMMISSION ON MENTAL HEALTH.

(a) IN GENERAL.—Section 21–502, District of Columbia Official Code, is amended to read as follows:

''§ 21–502. Commission on Mental Health; composition; appointment and terms of members; organization; chairperson; salaries

''(a) The Commission on Mental Health is continued. The Chief Judge of the Superior Court of the District of Columbia shall appoint the members of the Commission, and the Commission shall be composed of 9 members and an alternate chairperson. One member shall be a magistrate judge of the Court appointed pursuant to title 11, District of Columbia Official Code, who shall be a member of the bar of the Court and has engaged in active practice of law in the District of Columbia for a period of at least 5 years prior to his or her appointment. The magistrate judge shall be the Chairperson of the Commission and act as the administrative head of the Commission. The Chairperson shall preside at all hearings and direct all of the proceedings before the Commission. Eight members of the Commission shall be psychiatrists or qualified psychologists, as those terms are defined in section 21–501, who have not had less than 5 years of experience in the diagnosis and treatment of mental illness.

''(b)(1) Appointment of members of the Commission shall be for terms of 4 years.

''(2) The initial appointment of a psychiatrist or a qualified psychologist shall be for a probationary period of one year. After the initial one-year probationary appointment, subsequent appointments of the psychiatrist or qualified psychologist shall be for terms of 4 years.

''(c) The psychiatrist or qualified psychologist members of the Commission shall serve on a part-time basis and shall be rotated by assignment of the Chief Judge of the Court, so that at any one time the Commission shall consist of the Chairperson and 2 members, each of whom is either a psychiatrist or a qualified psychologist. Members of the Commission who are psychiatrists or qualified psychologists may practice their professions during their tenures of office, but may not participate in the disposition of a case of a person in which they have rendered professional service or advice.

''(d) The Chief Judge of the Court shall appoint a magistrate judge of the Court to serve as an alternate Chairperson of the Commission. The alternate Chairperson shall serve on a part time basis and act as Chairperson in the absence of the permanent Chairperson.

''(e) The rate of compensation for the members of the Commission who are psychiatrists or qualified psychologists shall be fixed by the Executive Officer of the Court.''.

(b) CLERICAL AMENDMENT.—The item relating to section 21–502 in the table of sections for subchapter I of chapter 5 of title 21, District of Columbia Official Code, is amended to read as follows:

''21–502. Commission on Mental Health; composition; appointment and terms of members; organization; chairperson; salaries.''.

(c) EFFECTIVE DATE; TRANSITION FOR CURRENT MEMBERS.—The amendments made by this section shall take effect on the date of the enactment of this Act, except nothing in this section or the amendments made by this section may be construed to affect the appointment or term of service of any individual who serves as a member or alternate member of the Commission on Mental Health (including an individual who serves as the Chairperson or alternate Chairperson of the Commission) on such date.

SEC. 3. COMMISSION MEMBERS DEEMED COMPETENT AND COMPELLABLE WITNESSES AT MENTAL HEALTH PROCEEDINGS.

Section 21–503(b), District of Columbia Official Code, is amended by striking ''The Commission, or any of the members thereof,'' and inserting ''Commission members who are psychiatrists or qualified psychologists''.

SEC. 4. DETENTION FOR EMERGENCY OBSERVATION AND DIAGNOSIS.

Section 21–526, District of Columbia Official Code, is amended by adding at the end the following new subsections:

''(c) The maximum period of time for detention for emergency observation and diagnosis may be extended for up to 21 days, if judicial proceedings under subchapter IV of this chapter have been commenced before the expiration of the order entered under section 21–524 and a psychiatrist or qualified psychologist has examined the person who is the subject of the judicial proceedings and is of the opinion that the person being detained remains mentally ill and is likely to injure himself or others as a result of the illness unless the emergency detention is continued. For good cause shown, the Court may extend the period of detention for emergency observation and diagnosis. The period of detention for emergency observation and diagnosis may be extended pursuant to section 21–543(b) or following a hearing before the Commission pursuant to subsections (d) and (e) of this section.

''(d) If the Commission, at the conclusion of its hearing pursuant to section 21–542, has found that the person with respect to whom the hearing was held is mentally ill and, because of the mental illness, is likely to injure himself or others if not committed, and has concluded that a recommendation of inpatient commitment is the least restrictive alternative available to prevent the person from injuring himself or others, the detention for emergency observation and diagnosis may be continued by the Department or hospital—

''(1) pending the conclusion of judicial proceedings under subchapter IV of this chapter;

''(2) until the Court enters an order discharging the person; or

''(3) until the Department or hospital determines that continued hospitalization is no longer the least restrictive form of treatment appropriate for the person being detained.

''(e) If the Commission, at the conclusion of its hearing, finds that the person is mentally ill, is likely to injure himself or other persons as a result of mental illness if not committed, and that outpatient treatment is the least restrictive form of commitment appropriate, then, within 14 days of the date of the hearing, the person shall be discharged from inpatient status and shall receive outpatient mental health services or mental health supports as an emergency nonvoluntary patient consistent with this subchapter, pending the conclusion of judicial proceedings under subchapter IV of this chapter.''.

SEC. 5. REPRESENTATION BY COUNSEL OF PERSONS ALLEGED TO BE MENTALLY ILL.

Section 21–543, District of Columbia Official Code, is amended—

(1) in subsection (a) (as redesignated by section 2(r)(1) of the Mental Health Civil Commitment Act of 2002), by striking the last sentence; and

(2) by adding at the end the following new subsection:

''(b) The Commission may not grant a continuance for counsel to prepare his case for more than 5 days. The Commission may grant continuances for good cause shown for periods of up to 14 days. If the Commission grants a continuance, the emergency observation and detention of the person about whom the hearing is being held shall be extended for the duration of the continuance.''.

SEC. 6. HEARING AND DETERMINATION ON QUESTION OF MENTAL ILLNESS.

(a) IN GENERAL.—Section 21–545, District of Columbia Official Code, is amended—

(1) in subsection (a), by striking ''jury trial'' each place it appears and inserting ''jury trial or a trial by the Court'';

(2) by amending subsection (b) to read as follows:

''(b)(1) If the Court or jury finds that the person is not mentally ill or is not likely to injure himself or others as a result of mental illness, the Court shall dismiss the petition and order the person's release.

''(2) If the Court or jury finds that the person is mentally ill and, because of that mental illness, is likely to injure himself or others if not committed, the Court may order the person's commitment to the Department or to any other facility, hospital, or mental health provider that the Court believes is the least restrictive alternative consistent with the best interests of the person and the public. An order of commitment issued pursuant to this paragraph shall be for a period of one year.''; and

(3) by adding at the end the following new subsections:

''(c) The psychiatrists and qualified psychologists who are members of the Commission shall be competent and compellable witnesses at a hearing or trial held pursuant to this chapter.

''(d) The jury to be used in any case where a jury trial is demanded under this chapter shall be impaneled, upon order of the Court, from the jurors in attendance upon other branches of the Court, who shall perform the services in addition to and as part of their duties in the Court.''.

(b) EFFECTIVE DATE.—The amendments made by this section shall apply with respect