

There was no objection.

The text of the resolution is as follows:

H. RES. 1513

Resolved, That a revised edition of the Rules and Manual of the House of Representatives for the One Hundred Eleventh Congress be printed as a House document, and that three thousand additional copies shall be printed and bound for the use of the House of Representatives, of which nine hundred copies shall be bound in leather with thumb index and delivered as may be directed by the Parliamentarian of the House.

The resolution was agreed to.

A motion to reconsider was laid on the table.

AUTHORIZING CHAIRMAN AND RANKING MINORITY MEMBER OF EACH STANDING COMMITTEE AND SUBCOMMITTEE TO EXTEND REMARKS IN RECORD

Mr. FOSTER. Mr. Speaker, I ask unanimous consent that the chairman and ranking minority member of each standing committee and each subcommittee be permitted to extend their remarks in the CONGRESSIONAL RECORD, up to and including the RECORD's last publication, and to include a summary of the work of that committee or subcommittee.

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

There was no objection.

GRANTING MEMBERS OF THE HOUSE PRIVILEGE TO REVISE AND EXTEND REMARKS IN CONGRESSIONAL RECORD UNTIL LAST EDITION IS PUBLISHED

Mr. FOSTER. Mr. Speaker, I ask unanimous consent that Members may have until publication of the last edition of the CONGRESSIONAL RECORD authorized for the Second Session of the 110th Congress by the Joint Committee on Printing to revise and extend their remarks and to include brief, related extraneous material on any matter occurring before the adjournment of the Second Session sine die.

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

There was no objection.

ARTHRITIS PREVENTION, CONTROL, AND CURE ACT OF 2008

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that the Committee on Energy and Commerce be discharged from further consideration of the bill (H.R. 1283) to amend the Public Health Service Act to provide for arthritis research and public health, and for other purposes, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

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

There was no objection.

The text of the bill is as follows:

H.R. 1283

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 2007".

SEC. 2. FINDINGS.

Congress makes the following findings:

(1) Arthritis and other rheumatic diseases are among the most common chronic conditions in the United States. There are more than 100 different forms of arthritis, which affect joints, the tissues which surround the joint, and other connective tissue. Two of the most common forms are osteoarthritis, which affects approximately 21,000,000 Americans, and rheumatoid arthritis.

(2) Arthritis and other rheumatic diseases cause severe and chronic pain, swollen tissue, ligament and joint destruction, deformities, permanent disability, and death. Arthritis and other rheumatic diseases erode patients' quality of life and can diminish their mental health, impose significant limitations on their daily activities, and disrupt the lives of their family members and caregivers.

(3) One out of every 5 or 46 million adults in the United States suffers from arthritis. The number of individuals in the United States with arthritis will grow as the number of older Americans continues to increase dramatically in the next few decades.

(4) By 2030, nearly 67,000,000 or 25 percent of the projected United States adult population will have arthritis, and arthritis will limit the daily activities of nearly 25,000,000 individuals. These estimates may be conservative as they do not account for the current trends in obesity, which may contribute to future cases of osteoarthritis.

(5) According to the Centers for Disease Control and Prevention, the total costs attributable to arthritis and other rheumatic conditions in the United States in 2003 was approximately \$128,000,000,000. This equaled 1.2 percent of the 2003 United States gross domestic product. \$80,800,000,000 of such costs consisted of direct costs for medical care, and \$47,000,000,000 consisted of indirect costs for lost earnings. National medical costs attributable to arthritis grew by 24 percent between 1997 and 2003. This rise in medical costs resulted from an increase in the number of people with arthritis and other rheumatic conditions.

(6) Arthritis and other rheumatic diseases affect all types of people of the United States, not just older individuals. Arthritis and other rheumatic diseases disproportionately affect women in the United States. 8,700,000 young adults ages 18 through 44 have arthritis, and millions of others are at risk for developing the disease.

(7) Nearly 300,000 children in the United States, or 3 children out of every 1,000, have some form of arthritis or other rheumatic disease. It is the sense of the Congress that the substantial morbidity associated with pediatric arthritis warrants a greater Federal investment in research to identify new and more effective treatments for these diseases.

(8) Arthritis and other rheumatic diseases are the leading cause of disability among adults in the United States. Over 40 percent, or nearly 19,000,000, adults with arthritis are limited in their activities because of their arthritis. In addition to activity limitations, 31 percent or 8,200,000 of working age adults with arthritis report being limited in work activities due to arthritis.

(9) Obese adults are up to 4 times more likely to develop knee osteoarthritis than

normal weight adults. Excess body weight is also associated with worse progression of arthritis, contributing to functional limitation, mobility problems, and disability. About 35 percent of adults with arthritis are obese compared to only 21 percent of those without arthritis.

(10) Arthritis results in 744,000 hospitalizations and 36,500,000 outpatient care visits every year.

(11) In 1975, the National Arthritis Act of 1974 (Public Law 93-640) was enacted to promote basic and clinical arthritis research, establish multipurpose arthritis centers, and expand clinical knowledge in the field of arthritis. The Act was successfully implemented, and continued funding of arthritis-related research has led to important advances in arthritis control, treatment, and prevention.

(12) Early diagnosis, treatment, and appropriate management of arthritis can control symptoms and improve quality of life. Weight control and exercise can demonstrably lower health risks from arthritis, as can other forms of patient education, training, and self-management. The genetics of arthritis are being actively investigated. New, innovative, and increasingly effective drug therapies, joint replacements, and other therapeutic options are being developed.

(13) While research has identified many effective interventions against arthritis, such interventions are broadly underutilized. That underutilization leads to unnecessary loss of life, health, and quality of life, as well as avoidable or unnecessarily high health care costs. Increasing physical activity, losing excess weight, and participating in self-management education classes have been shown to reduce pain, improve functional limitations and mental health, and reduce disability among persons with arthritis. Some self-management programs have been proven to reduce arthritis pain by 20 percent and physician visits by 40 percent. Despite this fact, less than 1 percent of the people in the United States with arthritis participate in such programs, and self-management courses are not offered in all areas of the United States.

(14) Rheumatologists are internists or pediatric sub-specialists who are uniquely qualified by an additional 2 to 4 years of training and experience in the diagnosis and treatment of rheumatic conditions. Typically, rheumatologists act as consultants, but also often act as managers, relying on the help of many skilled professionals, including nurses, physical and occupational therapists, psychologists, and social workers. Many rheumatologists conduct research to determine the cause and effective treatment of disabling and sometimes fatal rheumatic diseases.

(15) Recognizing that the Nation requires a public health approach to arthritis, the Department of Health and Human Services established important national goals related to arthritis in its Healthy People 2010 initiative. Moreover, various Federal and non-Federal stakeholders have worked cooperatively to develop a comprehensive National Arthritis Action Plan: A Public Health Strategy.

(16) Greater efforts and commitments are needed from Congress, the States, providers, and patients to achieve the goals of Healthy People 2010, implement a national public health strategy consistent with the National Arthritis Action Plan, and lessen the burden of arthritis on citizens of the United States.

SEC. 3. ENHANCING THE PUBLIC HEALTH ACTIVITIES RELATED TO ARTHRITIS OF THE CENTERS FOR DISEASE CONTROL AND PREVENTION 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. IMPLEMENTATION OF THE NATIONAL ARTHRITIS ACTION PLAN.

“The Secretary shall develop and implement a National Arthritis Action Plan that consists of—

“(1) the Federal arthritis prevention and control activities, as described in section 315A;

“(2) the State arthritis control and prevention programs, as described in section 315B;

“(3) the comprehensive arthritis action grant program, as described in section 315C; and

“(4) a national arthritis education and outreach program, as described in section 315D.

“SEC. 315A. FEDERAL ARTHRITIS PREVENTION AND CONTROL ACTIVITIES.

“(a) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall, directly, or through a grant to an eligible entity, 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.

“(b) DUTIES OF SECRETARY.—The activities of the Secretary under subsection (a) shall include—

“(1) the collection, publication, and analysis of data on the prevalence and incidence of arthritis and other rheumatic diseases;

“(2) the development of uniform data sets for public health surveillance and clinical quality improvement activities;

“(3) the identification of evidence-based and cost-effective best practices for the prevention, diagnosis, management, and care of arthritis and other rheumatic diseases;

“(4) research, including research on behavioral interventions to prevent arthritis and on other evidence-based best practices relating to arthritis prevention, diagnosis, management, and care; and

“(5) demonstration projects, including community-based and patient self-management programs of arthritis control, prevention, and care, and similar collaborations with academic institutions, hospitals, health insurers, researchers, health professionals, and nonprofit organizations.

“(c) TRAINING AND TECHNICAL ASSISTANCE.—With respect to the planning, development, and operation of any activity carried out under subsection (a), the Secretary may provide training, technical assistance, supplies, equipment, or services, and may assign any officer or employee of the Department of Health and Human Services to a State or local health agency, or to any public or nonprofit entity designated by a State health agency, in lieu of providing grant funds under this section.

“(d) ARTHRITIS PREVENTION RESEARCH AT THE CENTERS FOR DISEASE CONTROL AND PREVENTION CENTERS.—The Secretary shall provide additional grant support for research projects at the Centers for Prevention Research by the Centers for Disease Control and Prevention to encourage the expansion of research portfolios at the Centers for Prevention Research to include arthritis-specific research activities related to the prevention and management of arthritis.

“(e) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section such sums as may be necessary for each of fiscal years 2008 through 2012.

“SEC. 315B. STATE ARTHRITIS CONTROL AND PREVENTION PROGRAMS.

“(a) IN GENERAL.—The Secretary shall award grants to eligible entities to provide support for comprehensive arthritis control and prevention programs and to enable such entities to provide public health surveillance, prevention, and control activities related to arthritis and other rheumatic diseases.

“(b) ELIGIBILITY.—To be eligible to receive a grant under this section, an entity shall be a State or Indian tribe.

“(c) APPLICATION.—To be eligible to receive a grant under this section, an entity shall submit to the Secretary an application at such time, in such manner, and containing such agreements, assurances, and information as the Secretary may require, including a comprehensive arthritis control and prevention plan that—

“(1) is developed with the advice of stakeholders from the public, private, and nonprofit sectors that have expertise relating to arthritis control, prevention, and treatment that increase the quality of life and decrease the level of disability;

“(2) is intended to reduce the morbidity of arthritis, with priority on preventing and controlling arthritis in at-risk populations and reducing disparities in arthritis prevention, diagnosis, management, and quality of care in underserved populations;

“(3) describes the arthritis-related services and activities to be undertaken or supported by the entity; and

“(4) is developed in a manner that is consistent with the National Arthritis Action Plan or a subsequent strategic plan designated by the Secretary.

“(d) USE OF FUNDS.—An eligible entity shall use amounts received under a grant awarded under subsection (a) to conduct, in a manner consistent with the comprehensive arthritis control and prevention plan submitted by the entity in the application under subsection (c)—

“(1) public health surveillance and epidemiological activities relating to the prevalence of arthritis and assessment of disparities in arthritis prevention, diagnosis, management, and care;

“(2) public information and education programs; and

“(3) education, training, and clinical skills improvement activities for health professionals, including allied health personnel.

“(e) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section such sums as may be necessary for each of fiscal years 2008 through 2012.

“SEC. 315C. COMPREHENSIVE ARTHRITIS ACTION GRANTS.

“(a) IN GENERAL.—The Secretary shall award grants on a competitive basis to eligible entities to enable such eligible entities to assist in the implementation of a national strategy for arthritis control and prevention.

“(b) ELIGIBILITY.—To be eligible to receive a grant under this section, an entity shall be a national public or private nonprofit entity.

“(c) APPLICATION.—To be eligible to receive a grant under this section, an entity shall submit to the Secretary an application at such time, in such manner, and containing such agreements, assurances, and information as the Secretary may require, including a description of how funds received under a grant awarded under this section will—

“(1) supplement or fulfill unmet needs identified in the comprehensive arthritis control and prevention plan of a State or Indian tribe; and

“(2) otherwise help achieve the goals of the National Arthritis Action Plan or a subsequent strategic plan designated by the Secretary.

“(d) PRIORITY.—In awarding grants under this section, the Secretary shall give priority to eligible entities submitting applications proposing to carry out programs for controlling and preventing arthritis in at-risk populations or reducing disparities in underserved populations.

“(e) USE OF FUNDS.—An eligible entity shall use amounts received under a grant awarded under subsection (a) for 1 or more of the following purposes:

“(1) To expand the availability of physical activity programs designed specifically for people with arthritis.

“(2) To provide awareness education to patients, family members, and health care providers, to help such individuals recognize the signs and symptoms of arthritis, and to address the control and prevention of arthritis.

“(3) To decrease long-term consequences of arthritis by making information available to individuals with regard to the self-management of arthritis.

“(4) To provide information on nutrition education programs with regard to preventing or mitigating the impact of arthritis.

“(f) EVALUATION.—An eligible entity that receives a grant under this section shall submit to the Secretary an evaluation of the operations and activities carried out under such grant that includes an analysis of increased utilization and benefit of public health programs relevant to the activities described in the appropriate provisions of subsection (e).

“(g) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section such sums as may be necessary for each of fiscal years 2008 through 2012.

“SEC. 315D. NATIONAL ARTHRITIS EDUCATION AND OUTREACH.

“(a) IN GENERAL.—The Secretary shall coordinate a national education and outreach program to support, develop, and implement education initiatives and outreach strategies appropriate for arthritis and other rheumatic diseases.

“(b) INITIATIVES AND STRATEGIES.—Initiatives and strategies implemented under the program described in subsection (a) may include public awareness campaigns, public service announcements, and community partnership workshops, as well as programs targeted at businesses and employers, managed care organizations, and health care providers.

“(c) PRIORITY.—In carrying out subsection (a), the Secretary—

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

“(2) shall give priority to reaching high-risk or underserved populations.

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

“(e) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section such sums as may be necessary for each of fiscal years 2008 through 2012.”

SEC. 4. EXPANSION AND COORDINATION OF ACTIVITIES OF THE NATIONAL INSTITUTES OF HEALTH WITH RESPECT TO RESEARCH ON ARTHRITIS.

Title IV of the Public Health Service Act (42 U.S.C. 281 et seq.) is amended by inserting after section 439 the following:

“SEC. 439A. ARTHRITIS AND RHEUMATIC DISEASES INTERAGENCY COORDINATING COMMITTEE.

“(a) IN GENERAL.—

“(1) ESTABLISHMENT.—The Secretary shall establish an Arthritis and Rheumatic Diseases Interagency Coordinating Committee (referred to in this section as the ‘Coordinating Committee’).”

“(2) DUTIES.—The coordinating committee established under paragraph (1) shall—

“(A) provide for the improved coordination of the research activities of all the national research institutes relating to arthritis and rheumatic diseases; and

“(B) provide for full and regular communication and exchange of information necessary to maintain adequate coordination across all Federal health programs and activities related to arthritis and rheumatic diseases.

“(b) ARTHRITIS AND RHEUMATIC DISEASES INTERAGENCY COORDINATING COMMITTEE.—

“(1) COMPOSITION.—The Coordinating Committee shall consist of members, appointed by the Secretary, of which—

“(A) ⅔ of such members shall represent governmental agencies, including—

“(i) the directors of each of the national research institutes and divisions involved in research regarding arthritis and rheumatic diseases (or the directors’ respective designees); and

“(ii) representatives of other Federal departments and agencies (as determined appropriate by the Secretary) whose programs involve health functions or responsibilities relevant to arthritis and rheumatic diseases, including the Centers for Disease Control and Prevention, the Health Resources and Services Administration, and the Food and Drug Administration; and

“(B) ⅓ of such members shall be public members, including a broad cross section of persons affected by arthritis, researchers, clinicians, and representatives of voluntary health agencies, who—

“(i) shall serve for a term of 3 years; and

“(ii) may serve for an unlimited number of terms if reappointed.

“(2) CHAIRPERSON.—

“(A) APPOINTMENT.—The Chairperson of the Coordinating Committee (referred to in this subsection as the ‘Chairperson’) shall be appointed by and be directly responsible to the Secretary.

“(B) DUTIES.—The Chairperson shall—

“(i) serve as the principal advisor to the Secretary, the Assistant Secretary for Health, and the Director of NIH on matters relating to arthritis and rheumatic diseases; and

“(ii) provide advice to the Director of the Centers for Disease Control and Prevention, the Commissioner of Food and Drugs, and the heads of other relevant Federal agencies, on matters relating to arthritis and rheumatic diseases.

“(3) ADMINISTRATIVE SUPPORT; MEETINGS.—

“(A) ADMINISTRATIVE SUPPORT.—The Secretary shall provide necessary and appropriate administrative support to the Coordinating Committee.

“(B) MEETINGS.—The Coordinating Committee shall meet on a regular basis as determined by the Secretary, in consultation with the Chairperson.

“(c) ARTHRITIS AND RHEUMATIC DISEASES SUMMIT.—

“(1) IN GENERAL.—Not later than 1 year after the date of enactment of the Arthritis Prevention, Control, and Cure Act of 2007, the Coordinating Committee shall convene a summit of researchers, public health professionals, representatives of voluntary health agencies, representatives of academic institutions, and Federal and State policymakers, to provide a detailed overview of current research activities at the National Institutes of Health, as well as to discuss and solicit input related to potential areas of collaboration between the National Insti-

tutes of Health and other Federal health agencies, including the Centers for Disease Control and Prevention, the Agency for Healthcare Research and Quality, and the Health Resources and Services Administration, related to research, prevention, and treatment of arthritis and rheumatic diseases.

“(2) SUMMIT DETAILS.—The summit developed under paragraph (1) shall focus on—

“(A) a broad range of research activities relating to biomedical, epidemiological, psychosocial, and rehabilitative issues, including studies of the impact of the diseases described in paragraph (1) in rural and underserved communities;

“(B) clinical research for the development and evaluation of new treatments, including new biological agents;

“(C) translational research on evidence-based and cost-effective best practices in the treatment, prevention, and management of the disease;

“(D) information and education programs for health care professionals and the public;

“(E) priorities among the programs and activities of the various Federal agencies regarding such diseases; and

“(F) challenges and opportunities for scientists, clinicians, patients, and voluntary organizations.

“(d) REPORT TO CONGRESS.—Not later than 180 days after the convening of the Arthritis and Rheumatic Diseases Summit under subsection (c)(1), the Director of NIH shall prepare and submit a report to Congress that includes proceedings from the summit and a description of arthritis research, education, and other activities that are conducted or supported through the national research institutes.

“(e) PUBLIC INFORMATION.—The Coordinating Committee shall make readily available to the public information about the research, education, and other activities relating to arthritis and other rheumatic diseases, conducted or supported by the National Institutes of Health.

“(f) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated such sums as may be necessary for each of fiscal years 2008 through 2012 to carry out this section.”

SEC. 5. EXPANSION, INTENSIFICATION, AND INNOVATION OF RESEARCH AND PUBLIC HEALTH ACTIVITIES RELATED TO JUVENILE ARTHRITIS.

(a) JUVENILE ARTHRITIS INITIATIVE THROUGH THE DIRECTOR OF THE NATIONAL INSTITUTES OF HEALTH.—Part A of title IV of the Public Health Service Act (42 U.S.C. 281 et seq.) is amended by adding at the end the following:

“SEC. 404I. JUVENILE ARTHRITIS INITIATIVE THROUGH THE DIRECTOR OF THE NATIONAL INSTITUTES OF HEALTH.

“(a) EXPANSION AND INTENSIFICATION OF ACTIVITIES.—

“(1) IN GENERAL.—The Director of NIH, in coordination with the Director of the National Institute of Arthritis and Musculoskeletal and Skin Diseases, and the directors of the other national research institutes, as appropriate, shall expand and intensify programs of the National Institutes of Health with respect to research and related activities concerning various forms of juvenile arthritis.

“(2) COORDINATION.—The directors referred to in paragraph (1) shall jointly coordinate the programs referred to in such paragraph and consult with additional Federal officials, voluntary health associations, medical professional societies, and private entities as appropriate.

“(b) PLANNING GRANTS AND CONTRACTS FOR INNOVATIVE RESEARCH IN JUVENILE ARTHRITIS.—

“(1) IN GENERAL.—In carrying out subsection (a)(1) the Director of NIH shall award planning grants or contracts for the establishment of new research programs, or enhancement of existing research programs, that focus on juvenile arthritis.

“(2) RESEARCH.—

“(A) TYPES OF RESEARCH.—In carrying out this subsection, the Secretary shall encourage research that focuses on genetics, on the development of biomarkers, and on pharmacological and other therapies.

“(B) PRIORITY.—In awarding planning grants or contracts under paragraph (1), the Director of NIH may give priority to collaborative partnerships, which may include academic health centers, private sector entities, and nonprofit organizations.

“(C) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated such sums as may be necessary for each of fiscal years 2008 through 2012 to carry out this section. Such authorization shall be in addition to any authorization of appropriations under any other provision of law to carry out juvenile arthritis activities or other arthritis-related research.”

(b) PUBLIC HEALTH AND SURVEILLANCE ACTIVITIES RELATED TO JUVENILE ARTHRITIS AT THE CENTERS FOR DISEASE CONTROL AND PREVENTION.—Part B of title III of the Public Health Service Act (42 U.S.C. 243 et seq.) is amended by inserting after section 320A the following:

“SEC. 320B. SURVEILLANCE AND RESEARCH REGARDING JUVENILE ARTHRITIS.

“(a) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may award grants to and enter into cooperative agreements with public or nonprofit private entities for the collection, analysis, and reporting of data on juvenile arthritis.

“(b) TECHNICAL ASSISTANCE.—In awarding grants and entering into agreements under subsection (a), the Secretary may provide direct technical assistance in lieu of cash.

“(c) COORDINATION WITH NIH.—The Secretary shall ensure that epidemiological and other types of information obtained under subsection (a) is made available to the National Institutes of Health.

“(d) CREATION OF A NATIONAL JUVENILE ARTHRITIS PATIENT REGISTRY.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention and in collaboration with a national voluntary health organization with experience serving the juvenile arthritis population as well as the full spectrum of arthritis-related conditions, shall support the development of a National Juvenile Arthritis Patient Registry to collect specific data for follow-up studies regarding the prevalence and incidence of juvenile arthritis, as well as capturing information on evidence-based health outcomes related to specific therapies and interventions.

“(e) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated such sums as may be necessary to carry out this section.”

SEC. 6. INVESTMENT IN TOMORROW'S PEDIATRIC RHEUMATOLOGISTS.

(a) IN GENERAL.—Part Q of title III of the Public Health Service Act (42 U.S.C. 280h et seq.) is amended by adding at the end the following:

“SEC. 399Z-1. INVESTMENT IN TOMORROW'S PEDIATRIC RHEUMATOLOGISTS.

“(a) ENHANCED SUPPORT.—In order to ensure an adequate future supply of pediatric rheumatologists, the Secretary, in consultation with the Administrator of the Health Resources and Services Administration, shall support activities that provide for—

“(1) an increase in the number and size of institutional training grants awarded to institutions to support pediatric rheumatology training; and

“(2) an expansion of public-private partnerships to encourage academic institutions, private sector entities, and health agencies to promote educational training and fellowship opportunities for pediatric rheumatologists.

“(b) AUTHORIZATION.—There are authorized to be appropriated such sums as may be necessary for each of fiscal years 2008 through 2012 to carry out this section.”.

(b) PEDIATRIC LOAN REPAYMENT PROGRAM.—Part Q of title III of the Public Health Service Act (42 U.S.C. 280h et seq.), as amended by subsection (a), is further amended by adding at the end the following:

“SEC. 399Z-2. PEDIATRIC RHEUMATOLOGY LOAN REPAYMENT PROGRAM.

“(a) IN GENERAL.—The Secretary, in consultation with the Administrator of the Health Resources and Services Administration, may establish a pediatric rheumatology loan repayment program.

“(b) PROGRAM ADMINISTRATION.—Through the program established under subsection (a), the Secretary shall—

“(1) enter into contracts with qualified health professionals who are pediatric rheumatologists under which—

“(A) such professionals agree to provide health care in an area with a shortage of pediatric rheumatologists; and

“(B) the Federal Government agrees to repay, for each year of such service, not more than \$25,000 of the principal and interest of the educational loans of such professionals; and

“(2) in addition to making payments under paragraph (1) on behalf of an individual, make payments to the individual for the purpose of providing reimbursement for tax liability resulting from the payments made under paragraph (1), in an amount equal to 39 percent of the total amount of the payments made for the taxable year involved.

“(c) FUNDING.—

“(1) IN GENERAL.—For the purpose of carrying out this section, the Secretary may reserve, from amounts appropriated for the Health Resources and Services Administration for the fiscal year involved, such amounts as the Secretary determines to be appropriate.

“(2) AVAILABILITY OF FUNDS.—Amounts made available to carry out this section shall remain available until the expiration of the second fiscal year beginning after the fiscal year for which such amounts were made available.”.

SEC. 7. CAREER DEVELOPMENT AWARDS IN PEDIATRIC RHEUMATOLOGY.

Part G of title IV of the Public Health Service Act (42 U.S.C. 288 et seq.) is amended—

(1) by redesignating the second section 487F (relating to a pediatric research loan repayment program) as section 487G;

(2) by inserting after section 487G (as so redesignated) the following:

“SEC. 487H. CAREER DEVELOPMENT AWARDS IN PEDIATRIC RHEUMATOLOGY.

“(a) IN GENERAL.—The Secretary, in consultation with the Director of NIH, may establish a program to increase the number of career development awards for health professionals who intend to build careers in clinical and translational research relating to pediatric rheumatology.

“(b) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated such sums as may be necessary to carry out this section.”.

SEC. 8. GENERAL ACCOUNTING OFFICE STUDY OF ARTHRITIS AND THE WORKPLACE.

(a) STUDY AND REPORT.—Not later than 3 years after the date of enactment of this Act, the Comptroller General of the United

States shall conduct a study on the economic impact of arthritis in the workplace, and submit a report to the appropriate committees of Congress containing the results of the study.

(b) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated such sums as may be necessary to carry out this section.

AMENDMENT OFFERED BY MR. PALLONE

Mr. PALLONE. Mr. Speaker, I have an amendment in the nature of a substitute at the desk.

The Clerk read as follows:

Amendment offered by Mr. PALLONE: Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the “Arthritis Prevention, Control, and Cure Act of 2008”.

SEC. 2. ENHANCING THE PUBLIC HEALTH ACTIVITIES RELATED TO ARTHRITIS OF THE CENTERS FOR DISEASE CONTROL AND PREVENTION 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. IMPLEMENTATION OF THE NATIONAL ARTHRITIS ACTION PROGRAM.

“(a) ESTABLISHMENT OF PROGRAM.—The Secretary may develop and implement a National Arthritis Action Program (in this section referred to as the ‘Program’) consistent with this section.

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

“(1) IN GENERAL.—Under the Program, the Secretary, acting through the Director of the Centers for Disease Control and Prevention, 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.—With respect to the planning, development, and operation of any activity carried out under paragraph (1), the Secretary may provide training, technical assistance, supplies, equipment, or services, and may assign any officer or employee of the Department of Health and Human Services to a State or local health agency, or to any public or nonprofit entity designated by a State health agency, in lieu of providing grant funds under this subsection.

“(3) ARTHRITIS PREVENTION RESEARCH AT THE CENTERS FOR DISEASE CONTROL AND PREVENTION CENTERS.—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 national 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 Program, 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 at 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 national 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).

“(d) COMPREHENSIVE STATE GRANTS.—

“(1) IN GENERAL.—Under the Program, the Secretary may award grants to eligible entities to provide support for comprehensive arthritis control and prevention programs and to enable such entities to provide public health surveillance, prevention, and control activities related to arthritis and other rheumatic diseases.

“(2) ELIGIBILITY.—To be eligible to receive a grant under this subsection, an entity shall be a State or Indian tribe.

“(3) APPLICATION.—To be eligible to receive a grant under this subsection, an entity shall submit to the Secretary an application at such time, in such manner, and containing such agreements, assurances, and information as the Secretary may require, including a comprehensive arthritis control and prevention plan that—

“(A) is developed with the advice of stakeholders from the public, private, and nonprofit sectors that have expertise relating to arthritis control, prevention, and treatment that increase the quality of life and decrease the level of disability;

“(B) is intended to reduce the morbidity of arthritis, with priority on preventing and controlling arthritis in at-risk populations and reducing disparities in arthritis prevention, diagnosis, management, and quality of care in underserved populations;

“(C) describes the arthritis-related services and activities to be undertaken or supported by the entity; and

“(D) demonstrates the relationship the entity has with the community and local entities and how the entity plans to involve such community and local entities in carrying out the activities described in paragraph (1).

“(4) USE OF FUNDS.—An eligible entity may use amounts received under a grant awarded under this subsection to conduct, in a manner consistent with the comprehensive arthritis control and prevention plan submitted by the entity in the application under paragraph (3)—

“(A) public health surveillance and epidemiological activities relating to the prevalence of arthritis and assessment of disparities in arthritis prevention, diagnosis, management, and care;

“(B) public information and education programs; and

“(C) education, training, and clinical skills improvement activities for health professionals, including allied health personnel.

“(e) GENERAL APPLICATION.—To be eligible to receive a grant under this section, except under subsection (d), an entity shall submit

to the Secretary an application at such time, in such manner, and containing such agreements, assurances, and information as the Secretary may require, including a description of how funds received under a grant awarded under this section will supplement or fulfill unmet needs identified in a comprehensive arthritis control and prevention plan of the entity.

“(f) DEFINITIONS.—For purposes of this section:

“(1) INDIAN TRIBE.—The term ‘Indian tribe’ has the meaning given such term in section 4(e) of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b(e)).

“(2) STATE.—The term ‘State’ means any State of the United States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, American Samoa, Guam, and the Northern Mariana Islands.

“(g) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section—

“(1) for fiscal year 2009, \$32,000,000;

“(2) for fiscal year 2010, \$34,000,000;

“(3) for fiscal year 2011, \$36,000,000;

“(4) for fiscal year 2012, \$38,000,000; and

“(5) for fiscal year 2013, \$40,000,000.”

SEC. 3. ACTIVITIES OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES WITH RESPECT TO JUVENILE ARTHRITIS AND RELATED CONDITIONS.

(a) IN GENERAL.—The Secretary of Health and Human Services, in coordination with the Director of the National Institutes of Health, may expand and intensify programs of the National Institutes of Health with respect to research and related activities concerning various forms of juvenile arthritis and related conditions.

(b) COORDINATION.—The Director of the National Institutes of Health may coordinate the programs referred to in subsection (a) and consult with additional Federal officials, voluntary health associations, medical professional societies, and private entities as appropriate.

SEC. 4. PUBLIC HEALTH AND SURVEILLANCE ACTIVITIES RELATED TO JUVENILE ARTHRITIS AT THE CENTERS FOR DISEASE CONTROL AND PREVENTION.

Part B of title III of the Public Health Service Act (42 U.S.C. 243 et seq.) is amended by inserting after section 320A the following:

“SEC. 320B. SURVEILLANCE AND RESEARCH REGARDING JUVENILE ARTHRITIS.

“(a) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may award grants to and enter into cooperative agreements with public or nonprofit private entities for the collection, analysis, and reporting of data on juvenile arthritis.

“(b) TECHNICAL ASSISTANCE.—In awarding grants and entering into agreements under subsection (a), the Secretary may provide direct technical assistance in lieu of cash.

“(c) COORDINATION WITH NIH.—The Secretary shall ensure that epidemiological and other types of information obtained under subsection (a) is made available to the National Institutes of Health.

“(d) CREATION OF A NATIONAL JUVENILE ARTHRITIS POPULATION-BASED DATABASE.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention and in collaboration with a national voluntary health organization with experience serving the juvenile arthritis population as well as the full spectrum of arthritis-related conditions, may support the development of a national juvenile arthritis population-based database to collect specific data for follow-up studies regarding the prevalence and incidence of juvenile arthritis, as well as capturing information on evidence-based health outcomes related to specific therapies and interventions.

“(e) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there is authorized to be appropriated \$25,000,000 for each of fiscal years 2009 through 2013.”

SEC. 5. INVESTMENT IN TOMORROW'S PEDIATRIC RHEUMATOLOGISTS.

(a) ENHANCED SUPPORT.—

(1) IN GENERAL.—In order to ensure an adequate future supply of pediatric rheumatologists, the Secretary of Health and Human Services, in consultation with the Administrator of the Health Resources and Services Administration, shall support activities that provide for—

(A) an increase in the number and size of institutional training grants awarded to institutions to support pediatric rheumatology training; and

(B) an expansion of public-private partnerships to encourage academic institutions, private sector entities, and health agencies to promote educational training and fellowship opportunities for pediatric rheumatologists.

(2) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this subsection \$3,750,000 for each of the fiscal years 2009 through 2013.

(b) PEDIATRIC LOAN REPAYMENT PROGRAM.—

(1) IN GENERAL.—The Secretary of Health and Human Services, in consultation with the Administrator of the Health Resources and Services Administration, shall establish and, subject to the determination under paragraph (3), carry out a pediatric rheumatology loan repayment program.

(2) PROGRAM ADMINISTRATION.—Through the program established under this subsection, the Secretary shall—

(A) enter into contracts with qualified health professionals who are pediatric rheumatologists under which—

(i) such professionals agree to provide health care in an area with a shortage of pediatric rheumatologists and that has the capacity to support pediatric rheumatology, as determined by the Secretary of Health and Human Services; and

(ii) the Federal Government agrees to repay, for each year of such service, not more than \$25,000 of the principal and interest of the educational loans of such professionals; and

(B) in addition to making payments under paragraph (1) on behalf of an individual, make payments to the individual for the purpose of providing reimbursement for tax liability resulting from the payments made under paragraph (1), in an amount equal to 39 percent of the total amount of the payments made for the taxable year involved.

(3) DETERMINATION OF SHORTAGE AREAS.—For purposes of this subsection, an area shall be determined to be an area with a shortage of pediatric rheumatologists based on the ratio of the number of children who reside in such area who are in need of services of a pediatric rheumatologist to the number of pediatric rheumatologists who furnish services within 100 miles of the area.

(4) PERIODIC ASSESSMENTS.—

(A) IN GENERAL.—The Secretary of Health and Human Services shall periodically assess—

(i) the extent to which the loan repayment program under this section is needed; and

(ii) the extent to which the program is effective in increasing the number of pediatric rheumatologists nationally and the number of pediatric rheumatologists in areas with a shortage of pediatric rheumatologists.

In the case that the Secretary determines, pursuant to an assessment under this subparagraph, that there is no longer a need for the loan repayment program, such program

shall be terminated as of a date specified by the Secretary.

(B) ANNUAL REPORTS.—The Secretary of Health and Human Services shall annually report to Congress on the periodic assessments conducted under subparagraph (A).

(5) FUNDING.—

(A) IN GENERAL.—For the purpose of carrying out this subsection, the Secretary of Health and Human Services may reserve, from amounts appropriated for the Health Resources and Services Administration for the fiscal year involved, such amounts as the Secretary determines to be appropriate.

(B) AVAILABILITY OF FUNDS.—Amounts made available to carry out this section shall remain available until the expiration of the second fiscal year beginning after the fiscal year for which such amounts were made available.

Mr. PALLONE (during the reading). Mr. Speaker, I ask unanimous consent to dispense with the reading of the amendment.

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

There was no objection.

The amendment was agreed to.

Ms. ESHOO. Mr. Speaker, I rise today in strong support of my legislation, H.R. 1283, the Arthritis Prevention, Control, and Cure Act. I have fought long and hard for this bill, along with the Arthritis Foundation, the American College of Rheumatology, and the thousands of advocates across the country that understand the need for this legislation.

With 1 out of 5 adults suffering from arthritis, this debilitating condition is the most common cause of disability in the United States. More than 300,000 children suffer from juvenile arthritis—more than the number of children with juvenile diabetes yet we have a severe shortage of pediatric rheumatologists in our country with only 239 nationwide and 11 states without even one. Early diagnosis for this disease is crucial and without it, thousands of children go undiagnosed because they don't have access to the right doctor.

This bill addresses the shortage through loan reimbursements for doctors who go into pediatric rheumatology, an increase in research of juvenile arthritis, and State grants for comprehensive arthritis programs and public health outreach.

I'm very proud to see the Arthritis Prevention, Control, and Cure Act on the floor today and I look forward to seeing the Senate companion, sponsored by my dear friend Senator KENNEDY, pass the other body as well.

The bill was ordered to be engrossed and read a third time, was read the third time, and passed, and a motion to reconsider was laid on the table.

□ 1315

GENERAL LEAVE

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and include extraneous material on the bill just passed.

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

There was no objection.