Mr. PALLONE. Madam Speaker, many of us have elder parents, relatives, neighbors or colleagues who have experienced an unnecessary fall. Recently, Nancy Reagan and Senator ROBERT BYRD have both suffered from falls that have caused them to be hospitalized.

Falls among elderly Americans in fact are so commonplace that one in three Americans over the age of 65 each year experiences a debilitating fall. As a result, it is the leading cause of injury-related deaths for older Americans.

The Centers for Disease Control and Prevention, CDC, estimates that fall-related medical expenses cost Americans more than $20 billion annually. Projections are that those expenses will climb to more than $40 billion over the next 15 years, posing additional burdens on already strapped Medicare and Medicaid funding.

Effective demonstration tests and comprehensive public information and education campaigns can help reduce and mitigate these avoidable and frequently disabling injuries.

To that end, I introduced H.R. 3701, the "Keeping Seniors Safe from Falls Act of 2007" with my good friend Representative RALPH HALL, which is the House companion to S. 845, the bill we are debating today. If enacted, this legislation would launch a comprehensive preventive care program and educational campaign to reduce the number and severity of falls to the elderly.

In closing I want to acknowledge all the hard work that went into this bill, including the work of my colleagues both here in the House and the Senate, as well as the Falls Free Coalition working group, which has been advocating for this legislation for sometime.

Madam Speaker, falls among the elderly are clearly an issue that affect and potentially imperil us all. This legislation offers a national approach to reducing these tragic events I urge my colleagues on both sides of the aisle to support this important bill.

Mrs. CAPPS. Madam Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from California (Mrs. CAPPS) that the House suspend the rules and pass the Senate bill, S. 845.

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

A motion to reconsider was laid on the table.

FOOD ALLERGY AND ANAPHYLAXIS MANAGEMENT ACT OF 2008

Mrs. CAPPS. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 2063) to direct the Secretary of Health and Human Services, in consultation with the Secretary of Education, to develop a voluntary policy for managing the risk of food allergy and anaphylaxis in schools, to establish school-based food allergy management grants, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2063

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 ''Food Allergy and Anaphylaxis Management Act of 2008''.

SEC. 2. FINDINGS.

Congress finds as follows:

(1) Food allergy is an increasing food safety and public health concern in the United States, especially among students.

(2) Peanut allergy doubled among children from 1997 to 2002.

(3) In a 2004 survey of 400 elementary school nurses, 37 percent reported having at least 10 students with severe food allergies and 62 percent reported having at least 5.

(4) Forty-four percent of the elementary school nurses surveyed reported that the number of students in their school with food allergy had increased over the past 5 years, while only 2 percent reported a decrease.

(5) In a 2001 study of 32 fatal food-allergy induced anaphylactic reactions (the largest study of its kind to date), more than half (53 percent) of the individuals were aged 18 or younger.

(6) Eight foods account for 90 percent of all food-allergic reactions: milk, eggs, fish, shellfish, tree nuts, peanuts, wheat, and soy.

(7) Currently, there is no cure for food allergies; strict avoidance of the offending food is the only way to prevent a reaction.

(8) Anaphylaxis is a systemic allergic reaction that can kill within minutes.

(9) Food-allergic reactions are the leading cause of anaphylaxis outside the hospital setting, accounting for an estimated 30,000 emergency room visits, 2,000 hospitalizations, and 150 to 200 deaths each year in the United States.

(10) Fatalities from anaphylaxis are associated with a delay in the administration of epinephrine (adrenaline), or when epinephrine was not administered at all. In a study of 13 food allergy-induced anaphylactic reactions in school-age children (6 fatal and 7 near fatal), only 2 of the children who died received epinephrine within 1 hour of ingesting the allergen, and all but 1 of the children who survived received epinephrine within 30 minutes.

(11) The importance of managing life-threatening food allergies in the school setting has been recognized by the American Medical Association, the American Academy of Pediatrics, the American Academy of Allergy, Asthma and Immunology, the American College of Allergy, Asthma and Immunology, and the National Association of School Nurses.

(12) There are no Federal guidelines concerning the management of life-threatening food allergies in the school setting.

(13) Three-quarters of the elementary school nurses surveyed reported developing their own training guidelines.

(14) Relatively few schools actually employ a full-time school nurse. Many are forced to cover more than 1 school, and are often in charge of hundreds if not thousands of students.

(15) Parents of students with severe food allergies often face entirely different food allergy management approaches when their students change schools or school districts.

(16) In a study of food allergy reactions in schools and day-care settings, delays in treatment were attributed to a failure to follow emergency plans, calling parents instead of administering emergency medications, and an inability to administer epinephrine.

SEC. 3. DEFINITIONS.

In this Act:

(1) ESEA DEFINITIONS.—The terms ''local educational agency'', ''secondary school'', and ''elementary school'' have the meanings given the terms in section 9101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7801).

(2) SCHOOL.—The term ''school'' includes public—

(A) kindergartens;

(B) elementary schools; and

(C) secondary schools.

(3) SECRETARY.—The term ''Secretary'' means the Secretary of Health and Human Services, in consultation with the Secretary of Education.

SEC. 4. ESTABLISHMENT OF VOLUNTARY FOOD ALLERGY AND ANAPHYLAXIS MANAGEMENT POLICY.

(a) ESTABLISHMENT.—Not later than 1 year after the date of enactment of this Act, the Secretary shall—

(1) develop a policy to be used on a voluntary basis to manage the risk of food allergy and anaphylaxis in schools; and

(2) make such policy available to local educational agencies and other interested individuals and entities, including licensed child care providers, preschool programs, and Head Start, to be implemented on a voluntary basis only.

(b) CONTENTS.—The voluntary policy developed by the Secretary under subsection (a) shall contain guidelines that address each of the following:

(1) Parental obligation to provide the school, prior to the start of every school year, with—

(A) documentation from the student's physician or nurse—

(i) supporting a diagnosis of food allergy and the risk of anaphylaxis;

(ii) identifying any food to which the student is allergic;

(iii) describing, if appropriate, any prior history of anaphylaxis;

(iv) listing any medication prescribed for the student for the treatment of anaphylaxis;

(v) detailing emergency treatment procedures in the event of a reaction;

(vi) listing the signs and symptoms of a reaction; and

(vii) assessing the student's readiness for self-administration of prescription medication; and

(B) a list of substitute meals that may be offered to the student by school food service personnel.

(2) The creation and maintenance of an individual health care plan tailored to the needs of each student with a documented risk for anaphylaxis, including any procedures for the self-administration of medication by such students in instances where—

(A) the students are capable of self-administering medication; and

(B) such administration is not prohibited by State law.

(3) Communication strategies between individual schools and local providers of emergency medical services, including appropriate instructions for emergency medical response.

(4) Strategies to reduce the risk of exposure to anaphylactic causative agents in classrooms and common school areas such as cafeterias.

(5) The dissemination of information on life-threatening food allergies to school staff, parents, and students, if appropriate by law.

(6) Food allergy management training of school personnel who regularly come into contact with students with life-threatening food allergies.

(7) The authorization and training of school personnel to administer epinephrine when the school nurse is not immediately available.

(8) The timely accessibility of epinephrine by school personnel when the nurse is not immediately available.

(9) Extracurricular programs such as non-academic outings and field trips, before- and after-school programs, and school-sponsored programs held on weekends that are addressed in the individual health care plan.

(10) The collection and publication of data for each administration of epinephrine to a student at risk for anaphylaxis.

(c) RELATION TO STATE LAW.—Nothing in this Act or the policy developed by the Secretary under subsection (a) shall be construed to preempt State law, including any State law regarding whether students at risk for anaphylaxis may self-administer medication.

SEC. 5. VOLUNTARY NATURE OF POLICY AND GUIDELINES.

The policy developed by the Secretary under section 4(a) and the food allergy management guidelines contained in such policy are voluntary. Nothing in this Act or the policy developed by the Secretary under section 4(a) shall be

construed to require a local educational agency or school to implement such policy or guidelines.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from California (Mrs. CAPPS) and the gentleman from Georgia (Mr. DEAL) each will control 20 minutes.

The Chair recognizes the gentlewoman from California.

GENERAL LEAVE

Mrs. CAPPS. Madam 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 under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from California?

There was no objection.

Mrs. CAPPS. Madam Speaker, I yield myself such time as I may consume.

I rise in strong support of H.R. 2063, the Food Allergy and Anaphylaxis Management Act of 2008.

This legislation would provide schools with uniform guidance on how to create appropriate management and emergency plans for children with food allergies.

I was a school nurse, again, for 20 years, and I know so well the challenges confronting educators when working to ensure that their students are adequately cared for. And with the current shortage of school nurses, it is more important than ever that we assist local educational agencies in being prepared to manage the risk of food allergy and anaphylaxis in school.

The risk of accidental exposure to foods can be reduced in the school setting if schools will work with students, parents, nurses, and physicians to minimize risks and provide a safe educational environment for food-allergic students.

I want to commend my good friend from New York NITA LOWEY for her tireless work on this important bill. I urge my colleagues on both sides of the aisle to join me in supporting H.R. 2063.

Madam Speaker, I reserve the balance of my time.

Mr. DEAL of Georgia. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I do rise in support of H.R. 2063, the Food Allergy and Anaphylaxis Management Act of 2008.

Many children face life-threatening food allergies which dramatically impact their lifestyles and make an ordinarily safe place like a school cafeteria a place filled with potential dangers. However, despite this threat and the growing prevalence of these food allergies, many schools struggle to establish effective guidelines to protect the health and well-being of students with food allergies.

I had the occasion this past year to visit with neighbors and constituents of mine whose children have these kind of allergies, one of the children having a very severe food allergy problem. It is truly remarkable the degree of care that children and parents must take and the life-changing events that occur as a result of these food allergies.

This legislation seeks to address this problem by requiring the Department of Health and Human Services to establish voluntary guidelines and policies to manage the risks of food allergy in a school setting. This policy will take into account the important role played by parents and the individual needs of students with differing allergies. Hopefully, this legislation will provide important Federal guidelines, which, when implemented, will provide peace of mind for parents of children with food allergies when they send their children to school every day.

Madam Speaker, I reserve the balance of my time.

Mrs. CAPPS. Madam Speaker, I am very pleased to yield 5 minutes to the author of the bill, our good friend and colleague from New York (Mrs. LOWEY).

Mrs. LOWEY. Madam Speaker, I rise in strong support of H.R. 2063, the Food Allergy and Anaphylaxis Management Act.

And I want to thank my good friend Congresswoman LOIS CAPPS and Congressman DEAL for your support on this very important legislation.

More than 11 million Americans suffer from food allergies. Each year several hundred of these individuals die and an estimated 30,000 receive lifesaving treatments in emergency rooms due to food-induced anaphylaxis. Despite the critical nature of these allergies, the only way to prevent dangerous reactions is to avoid all foods that contain allergy-inducing ingredients. And while there have been vast improvements in food labeling, this is still easier said than done, particularly for millions of children in school-based settings.

□ 1545

Unfortunately, we have a patchwork of policies, regulations and State laws to address this problem. Food allergies and the risk of anaphylaxis are simply too dangerous to not have a more uniform approach to safety.

The Food Allergy and Anaphylaxis Management Act, which I first introduced in 2005, would require the Department of Health and Human Services to provide schools across the country with uniform guidance on how to create management and emergency plans for students with food allergies. These guidelines, which will be developed in consultation with the country's leading scientists and public health officials, will help schools tailor management plans to their students' individual needs, while also giving them confidence that the measures they are taking have the stamp of approval from the Federal Government. These guidelines are not only critically important in keeping children safe throughout the school day, but in ensuring that there is uniformity in how schools address this growing problem.

With the enactment of this legislation, parents will no longer have to worry about their children's safety if they move to a different school district or State. And most importantly, parents will no longer be charged with creating these policies on their own. This commonsense legislation will give schools, teachers and parents the information they need to keep food-allergic children safer and deserves the support of every one of my colleagues.

I would like to thank Senator DODD, who is pushing a similar bill in the Senate, Leader HOYER and his staff, Ivana Alexander, Chairmen DINGELL, MILLER and PALLONE and their staffs, particularly William Garner and Bobby Clark, for their support of this bill, and of course Jean Doyle, my legislative director, for her tireless efforts on this issue. I would also like to thank Anne Munoz-Furlong from the Food Allergy and Anaphylaxis Network, Todd Slotkin from the Food Allergy Initiative, Dave Bunning from the Food Allergy Project, and Dr. Hugh Sampson from Mt. Sinai Hospital for their tireless work on behalf of all individuals with food allergies.

This bill will take an important step in protecting children with food allergies.

I urge my colleagues to support it.

Mr. DEAL of Georgia. Madam Speaker, I would urge the adoption of this legislation.

I yield back the balance of my time.

Mrs. CAPPS. Madam Speaker, I am very pleased to yield 1 minute to our majority leader of the House, the gentleman from Maryland (Mr. HOYER).

Mr. HOYER. I thank the gentlelady for yielding, and I rise in very strong support of this legislation, and I thank the gentlelady from New York for her leadership on this issue. I thank Mr. DEAL for his leadership, as well, on this very, very important issue.

Madam Speaker, today this House is considering seven very important but largely noncontroversial public health bills. This week, of course, is National Public Health Week, a time to reflect on the importance of the quality of public health programs and a time to reiterate our commitment to addressing the critical problems that afflict America's health care system, such as exploding costs and the rising number of uninsured.

Today, however, I want to address one of the seven health bills that we are considering. The one under consideration right now is H.R. 2063, the Food Allergy and Anaphylaxis Management Act, introduced by my good friend, NITA LOWEY, of New York, the chairwoman of the Foreign Operations Subcommittee, with whom I had the great privilege of serving for many years. She is a longtime member of the Health and Human Services and Education Subcommittee of the Appropriations Committee. On that committee, she has focused on health care for Americans, but health care particularly for children, as she has focused on education for our children.

In short, Madam Speaker, this legislation will provide schools across the

country with uniform guidance on how to create appropriate management and emergency plans for children with food allergies. It will direct the Secretary of Health and Human Services to develop a voluntary policy for schools to implement measures to prevent exposure to food allergens and to ensure a prompt response if a child suffers a potentially fatal anaphylactic reaction.

Madam Speaker, deadly food allergies are not some arcane, rare occurrence. Frankly, even if they were, they would require our attention. But the reality is that as many as 2 million school-age children suffer from food allergies. One of those children is my granddaughter, Alexa.

No cure currently exists. Avoiding any and all products with allergy-causing ingredients is the only way to prevent potentially life-threatening reactions, reactions including severe anaphylaxis, which often occur at school and which can kill within minutes, unless epinephrine is administered.

Alexa, Madam Speaker, is 5 years of age. When she is at my house, as she was this past weekend, when she is in a restaurant, she is acutely aware, extraordinarily aware, for a 5-year-old, of what she can and cannot eat. And her mother, my daughter, asked the restaurant, what do you cook your french fries in? What do you use on your foods? It is an extraordinarily anxious time when my granddaughter eats. Just last week, for example, members of my family, including Alexa, visited my office, and we had sandwiches put out for a number of the family members. We had to make sure that all peanut butter and jelly sandwiches were removed from our conference room before Alexa entered to protect her.

To tell you how extraordinarily sensitive she is, she was in Disney World in Florida. She was walking with her mother and father down the pathway there from one exhibit to the other, and all of a sudden she started to wheeze heavily. Anne, who had seen this happen before, could not understand it because she didn't have anything to eat. They retraced their steps, and about 100 feet before this started, 100 feet, they saw some popcorn being popped in peanut oil. And it was simply the wind wafting that peanut odor. And whatever it was in the air she then breathed in, and that immediately started to give her a problem.

The importance of managing life-threatening food allergies in the school setting has been recognized by the American Medical Association, the American Academy of Pediatrics, the National Association of School Nurses and the American Academy of Allergy, Asthma and Immunology. One of the extraordinary nurses of America is our colleague, LOIS CAPPS. And I want to thank Congresswoman CAPPS for her leadership on this issue, as well. As a health professional, she knows firsthand of the consequences of allowing this to go unchecked and unprepared for.

Unfortunately, no consistent, standardized guidelines currently exist to help schools safely manage students with potentially deadly food allergies. As a matter of fact, my daughter, and parents similarly situated, meet with their child's teacher, Alexa is in kindergarten, and teaches them how to use the EpiPen, and it is ever present. My daughter goes nowhere without her EpiPen for use on Alexa should she have an attack.

That is why it is critical that we pass H.R. 2063 to ensure the safety of not only Alexa, but the millions of other school-age children afflicted with food allergies across the country.

I recently went to an event in New York. And after the event, I went to dinner, and there were eight of us at the table. Three of us were grandfathers. Eight people, in New York, not anything dealing with this issue, all three grandfathers were telling one another about the fact that they have grandchildren with food allergies. That is why it is critical that we pass this bill to ensure the safety not only of Alexa, but as I said, of the millions of other school-age children.

Madam Speaker, I urge all Members on both sides of the aisle to support this important, life-saving legislation.

Mrs. CAPPS. At this point, Madam Speaker, I have no further speakers, and as has been so eloquently underscored by our majority leader on behalf of all of the families, millions of children, as has been said across this country, their families, but also the schools in which they attend public schools that it is incumbent upon us to pass this important legislation and get this bill signed into law.

Mr. VAN HOLLEN. Madam Speaker, I rise in strong support of the Food Allergy and Anaphylaxis Management Act.

Imagine having a child with a food allergy who is at school and can potentially eat something that will cause a life-threatening or fatal reaction. This can especially be a very nerve-wracking experience for any parent when their child is away from home and spends most of their time in school.

This commonsense legislation was brought to my attention by many school-age children from my congressional district. They shared their experiences of what they have to do every day to manage their food allergies. They have to scrutinize everything they eat in order to make sure they avoid the allergy-producing ingredients. The least we can do for these children and their parents is to encourage school districts across the country to adopt uniform guidelines in managing the risk of food allergy and anaphylaxis, and develop emergency plans for children who suffer from this illness. This legislation would accomplish this goal by creating a new grant program to provide resources for those school districts who voluntarily implement these measures.

Madam Speaker, by passing this bill, we can help reduce the number of life-threatening allergic reactions and help children manage their food allergies. I urge my colleagues to support this legislation.

Mrs. CAPPS. I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from California (Mrs. CAPPS) that the House suspend the rules and pass the bill, H.R. 2063, as amended.

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

The title was amended so as to read: ''A bill to direct the Secretary of Health and Human Services, in consultation with the Secretary of Education, to develop a voluntary policy for managing the risk of food allergy and anaphylaxis in schools.''.

A motion to reconsider was laid on the table.

NEWBORN SCREENING SAVES LIVES ACT OF 2007

Mrs. CAPPS. Madam Speaker, I move to suspend the rules and pass the Senate bill (S. 1858) to amend the Public Health Service Act to establish grant programs to provide for education and outreach on newborn screening and coordinated followup care once newborn screening has been conducted, to reauthorize programs under part A of title XI of such Act, and for other purposes.

The Clerk read the title of the Senate bill.

The text of the Senate bill is as follows:

S. 1858

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 ''Newborn Screening Saves Lives Act of 2007''.

SEC. 2. IMPROVED NEWBORN AND CHILD SCREENING FOR HERITABLE DISORDER.

Section 1109 of the Public Health Service Act (42 U.S.C. 300b–8) is amended—

(1) by striking subsections (a), (b), and (c) and inserting the following:

''(a) AUTHORIZATION OF GRANT PROGRAM.—From amounts appropriated under subsection (j), the Secretary, acting through the Administrator of the Health Resources and Services Administration (referred to in this section as the 'Administrator') and in consultation with the Advisory Committee on Heritable Disorders in Newborns and Children (referred to in this section as the 'Advisory Committee'), shall award grants to eligible entities to enable such entities—

''(1) to enhance, improve or expand the ability of State and local public health agencies to provide screening, counseling, or health care services to newborns and children having or at risk for heritable disorders;

''(2) to assist in providing health care professionals and newborn screening laboratory personnel with education in newborn screening and training in relevant and new technologies in newborn screening and congenital, genetic, and metabolic disorders;

''(3) to develop and deliver educational programs (at appropriate literacy levels) about newborn screening counseling, testing, follow-up, treatment, and specialty services to parents, families, and patient advocacy and support groups; and

''(4) to establish, maintain, and operate a system to assess and coordinate treatment relating to congenital, genetic, and metabolic disorders.