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.

''(b) ELIGIBLE ENTITY.—In this section, the term 'eligible entity' means—

''(1) a State or a political subdivision of a State;

''(2) a consortium of 2 or more States or political subdivisions of States;

''(3) a territory;

''(4) a health facility or program operated by or pursuant to a contract with or grant from the Indian Health Service; or

''(5) any other entity with appropriate expertise in newborn screening, as determined by the Secretary.

''(c) APPROVAL FACTORS.—An application submitted for a grant under subsection (a)(1) shall not be approved by the Secretary unless the application contains assurances that the eligible entity has adopted and implemented, is in the process of adopting and implementing, or will use amounts received under such grant to adopt and implement the guidelines and recommendations of the Advisory Committee that are adopted by the Secretary and in effect at the time the grant is awarded or renewed under this section, which shall include the screening of each newborn for the heritable disorders recommended by the Advisory Committee and adopted by the Secretary.'';

(2) by redesignating subsections (d) through (i) as subsections (e) through (j), respectively;

(3) by inserting after subsection (c), the following:

''(d) COORDINATION.—The Secretary shall take all necessary steps to coordinate programs funded with grants received under this section and to coordinate with existing newborn screening activities.''; and

(4) by striking subsection (j) (as so redesignated) and inserting the following:

''(j) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated—

''(1) to provide grants for the purpose of carrying activities under section (a)(1), $15,000,000 for fiscal year 2008; $15,187,500 for fiscal year 2009, $15,375,000 for fiscal year 2010, $15,562,500 for fiscal year 2011, and $15,750,000 for fiscal year 2012; and

''(2) to provide grant for the purpose of carrying out activities under paragraphs (2), (3), and (4) of subsection (a), $15,000,000 for fiscal year 2008, $15,187,500 for fiscal year 2009, $15,375,000 for fiscal year 2010, $15,562,500 for fiscal year 2011, and $15,750,000 for fiscal year 2012.''.

SEC. 3. EVALUATING THE EFFECTIVENESS OF NEWBORN AND CHILD SCREENING PROGRAMS.

Section 1110 of the Public Health Service Act (42 U.S.C. 300b–9) is amended by adding at the end the following:

''(d) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section $5,000,000 for fiscal year 2008, $5,062,500 for fiscal year 2009, $5,125,000 for fiscal year 2010, $5,187,500 for fiscal year 2011, and $5,250,000 for fiscal year 2012.''.

SEC. 4. ADVISORY COMMITTEE ON HERITABLE DISORDERS IN NEWBORNS AND CHILDREN.

Section 1111 of the Public Health Service Act (42 U.S.C. 300b–10) is amended—

(1) in subsection (b)—

(A) by redesignating paragraph (3) as paragraph (6);

(B) in paragraph (2), by striking ''and'' after the semicolon;

(C) by inserting after paragraph (2) the following:

''(3) make systematic evidence-based and peer-reviewed recommendations that include the heritable disorders that have the potential to significantly impact public health for which all newborns should be screened, including secondary conditions that may be identified as a result of the laboratory methods used for screening;

''(4) develop a model decision-matrix for newborn screening expansion, including an evaluation of the potential public health impact of such expansion, and periodically update the recommended uniform screening panel, as appropriate, based on such decision-matrix;

''(5) consider ways to ensure that all States attain the capacity to screen for the conditions described in paragraph (3), and include in such consideration the results of grant funding under section 1109; and'';

(D) in paragraph (6) (as so redesignated by subparagraph (A)), by striking the period at the end and inserting '', which may include recommendations, advice, or information dealing with—

''(A) follow-up activities, including those necessary to achieve rapid diagnosis in the short-term, and those that ascertain long-term case management outcomes and appropriate access to related services;

''(B) implementation, monitoring, and evaluation of newborn screening activities, including diagnosis, screening, follow-up, and treatment activities;

''(C) diagnostic and other technology used in screening;

''(D) the availability and reporting of testing for conditions for which there is no existing treatment;

''(E) conditions not included in the recommended uniform screening panel that are treatable with Food and Drug Administration-approved products or other safe and effective treatments, as determined by scientific evidence and peer review;

''(F) minimum standards and related policies and procedures used by State newborn screening programs, such as language and terminology used by State newborn screening programs to include standardization of case definitions and names of disorders for which newborn screening tests are performed;

''(G) quality assurance, oversight, and evaluation of State newborn screening programs, including ensuring that tests and technologies used by each State meet established standards for detecting and reporting positive screening results;

''(H) public and provider awareness and education;

''(I) the cost and effectiveness of newborn screening and medical evaluation systems and intervention programs conducted by State-based programs;

''(J) identification of the causes of, public health impacts of, and risk factors for heritable disorders; and

''(K) coordination of surveillance activities, including standardized data collection and reporting, harmonization of laboratory definitions for heritable disorders and testing results, and confirmatory testing and verification of positive results, in order to assess and enhance monitoring of newborn diseases.''; and

(2) in subsection (c)(2)—

(A) by redesignating subparagraphs (E), (F) and (G) as subparagraphs (F), (H), and (I);

(B) by inserting after subparagraph (D) the following:

''(E) the Commissioner of the Food and Drug Administration;''; and

(C) by inserting after subparagraph (F), as so redesignated, the following:

''(G) individuals with expertise in ethics and infectious diseases who have worked and published material in the area of newborn screening;''; and

(3) by adding at the end the following:

''(d) DECISION ON RECOMMENDATIONS.—

''(1) IN GENERAL.—Not later than 180 days after the Advisory Committee issues a recommendation pursuant to this section, the Secretary shall adopt or reject such recommendation.

''(2) PENDING RECOMMENDATIONS.—The Secretary shall adopt or reject any recommendation issued by the Advisory Committee that is pending on the date of enactment of the Newborn Screening Saves Lives Act of 2007 by not later than 180 days after the date of enactment of such Act.

''(3) DETERMINATIONS TO BE MADE PUBLIC.—The Secretary shall publicize any determination on adopting or rejecting a recommendation of the Advisory Committee pursuant to this subsection, including the justification for the determination.

''(e) ANNUAL REPORT.—Not later than 3 years after the date of enactment of the Newborn Screening Saves Lives Act of 2007, and each fiscal year thereafter, the Advisory Committee shall—

''(1) publish a report on peer-reviewed newborn screening guidelines, including follow-up and treatment, in the United States;

''(2) submit such report to the appropriate committees of Congress, the Secretary, the Interagency Coordinating Committee established under Section 1114, and the State departments of health; and

''(3) disseminate such report on as wide a basis as practicable, including through posting on the internet clearinghouse established under section 1112.

''(f) CONTINUATION OF OPERATION OF COMMITTEE.—Notwithstanding section 14 of the Federal Advisory Committee Act (5 U.S.C. App.), the Advisory Committee shall continue to operate during the 5-year period beginning on the date of enactment of the Newborn Screening Saves Lives Act of 2007.

''(g) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section, $1,000,000 for fiscal year 2008, $1,012,500 for fiscal year 2009, $1,025,000 for fiscal year 2010, $1,037,500 for fiscal year 2011, and $1,050,000 for fiscal year 2012.''.

SEC. 5. INFORMATION CLEARINGHOUSE.

Part A of title XI of the Public Health Service Act (42 U.S.C. 300b–1 et seq.) is amended by adding at the end the following:

''SEC. 1112. CLEARINGHOUSE OF NEWBORN SCREENING INFORMATION.

''(a) IN GENERAL.—The Secretary, acting through the Administrator of the Health Resources and Services Administration (referred to in this part as the 'Administrator'), in consultation with the Director of the Centers for Disease Control and Prevention and the Director of the National Institutes of Health, shall establish and maintain a central clearinghouse of current educational and family support and services information, materials, resources, research, and data on newborn screening to—

''(1) enable parents and family members of newborns, health professionals, industry representatives, and other members of the public to increase their awareness, knowledge, and understanding of newborn screening;

''(2) increase awareness, knowledge, and understanding of newborn diseases and screening services for expectant individuals and families; and

''(3) maintain current data on quality indicators to measure performance of newborn screening, such as false-positive rates and other quality indicators as determined by the Advisory Committee under section 1111.

''(b) INTERNET AVAILABILITY.—The Secretary, acting through the Administrator, shall ensure that the clearinghouse described under subsection (a)—

''(1) is available on the Internet;

''(2) includes an interactive forum;

''(3) is updated on a regular basis, but not less than quarterly; and

''(4) provides—

''(A) links to Government-sponsored, nonprofit, and other Internet websites of laboratories that have demonstrated expertise in

newborn screening that supply research-based information on newborn screening tests currently available throughout the United States;

''(B) information about newborn conditions and screening services available in each State from laboratories certified under subpart 2 of part F of title III, including information about supplemental screening that is available but not required, in the State where the infant is born;

''(C) current research on both treatable and not-yet treatable conditions for which newborn screening tests are available;

''(D) the availability of Federal funding for newborn and child screening for heritable disorders including grants authorized under the Newborn Screening Saves Lives Act of 2007; and

''(E) other relevant information as determined appropriate by the Secretary.

''(c) NONDUPLICATION.—In developing the clearinghouse under this section, the Secretary shall ensure that such clearinghouse minimizes duplication and supplements, not supplants, existing information sharing efforts.

''(d) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section, $2,500,000 for fiscal year 2008, $2,531,250 for fiscal year 2009, $2,562,500 for fiscal year 2010, $2,593,750 for fiscal year 2011, and $2,625,000 for fiscal year 2012.''.

SEC. 6. LABORATORY QUALITY AND SURVEILLANCE.

Part A of title XI of the Public Health Service Act (42 U.S.C. 300b–1 et seq.), as amended by section 5, is further amended by adding at the end the following:

''SEC. 1113. LABORATORY QUALITY.

''(a) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention and in consultation with the Advisory Committee on Heritable Disorders in Newborns and Children established under section 1111, shall provide for—

''(1) quality assurance for laboratories involved in screening newborns and children for heritable disorders, including quality assurance for newborn-screening tests, performance evaluation services, and technical assistance and technology transfer to newborn screening laboratories to ensure analytic validity and utility of screening tests; and

''(2) appropriate quality control and other performance test materials to evaluate the performance of new screening tools.

''(b) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated $5,000,000 for fiscal year 2008, $5,062,500 for fiscal year 2009, $5,125,000 for fiscal year 2010, $5,187,500 for fiscal year 2011, and $5,250,000 for fiscal year 2012.

''SEC. 1114. INTERAGENCY COORDINATING COMMITTEE ON NEWBORN AND CHILD SCREENING.

''(a) PURPOSE.—It is the purpose of this section to—

''(1) assess existing activities and infrastructure, including activities on birth defects and developmental disabilities authorized under section 317C, in order to make recommendations for programs to collect, analyze, and make available data on the heritable disorders recommended by the Advisory Committee on Heritable Disorders in Newborns and Children under section 1111, including data on the incidence and prevalence of, as well as poor health outcomes resulting from, such disorders; and

''(2) make recommendations for the establishment of regional centers for the conduct of applied epidemiological research on effective interventions to promote the prevention of poor health outcomes resulting from such disorders as well as providing information and education to the public on such effective interventions.

''(b) ESTABLISHMENT.—The Secretary shall establish an Interagency Coordinating Committee on Newborn and Child Screening (referred to in this section as the 'Interagency Coordinating Committee') to carry out the purpose of this section.

''(c) COMPOSITION.—The Interagency Coordinating Committee shall be composed of the Director of the Centers for Disease Control and Prevention, the Administrator, the Director of the Agency for Healthcare Research and Quality, and the Director of the National Institutes of Health, or their designees.

''(d) ACTIVITIES.—The Interagency Coordinating Committee shall—

''(1) report to the Secretary and the appropriate committees of Congress on its recommendations related to the purpose described in subsection (a); and

''(2) carry out other activities determined appropriate by the Secretary.

''(e) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated $1,000,000 for fiscal year 2008, $1,012,500 for fiscal year 2009, $1,025,000 for fiscal year 2010, $1,037,500 for fiscal year 2011, and $1,050,000 for fiscal year 2012.''.

SEC. 7. CONTINGENCY PLANNING.

Part A of title XI of the Public Health Service Act (42 U.S.C. 300b–1 et seq.), as amended by section 6, is further amended by adding at the end the following:

''SEC. 1115. NATIONAL CONTINGENCY PLAN FOR NEWBORN SCREENING.

''(a) IN GENERAL.—Not later than 180 days after the date of enactment of this section, the Secretary, acting through the Director of the Centers for Disease Control and Prevention and in consultation with the Administrator and State departments of health (or related agencies), shall develop a national contingency plan for newborn screening for use by a State, region, or consortia of States in the event of a public health emergency.

''(b) CONTENTS.—The contingency plan developed under subsection (a) shall include a plan for—

''(1) the collection and transport of specimens;

''(2) the shipment of specimens to State newborn screening laboratories;

''(3) the processing of specimens;

''(4) the reporting of screening results to physicians and families;

''(5) the diagnostic confirmation of positive screening results;

''(6) ensuring the availability of treatment and management resources;

''(7) educating families about newborn screening; and

''(8) carrying out other activities determined appropriate by the Secretary.

''SEC. 1116. HUNTER KELLY RESEARCH PROGRAM.

''(a) NEWBORN SCREENING ACTIVITIES.—

''(1) IN GENERAL.—The Secretary, in conjunction with the Director of the National Institutes of Health and taking into consideration the recommendations of the Advisory Committee, may continue carrying out, coordinating, and expanding research in newborn screening (to be known as 'Hunter Kelly Newborn Screening Research Program') including—

''(A) identifying, developing, and testing the most promising new screening technologies, in order to improve already existing screening tests, increase the specificity of newborn screening, and expand the number of conditions for which screening tests are available;

''(B) experimental treatments and disease management strategies for additional newborn conditions, and other genetic, metabolic, hormonal and or functional conditions that can be detected through newborn screening for which treatment is not yet available; and

''(C) other activities that would improve newborn screening, as identified by the Director.

''(2) ADDITIONAL NEWBORN CONDITION.—For purposes of this subsection, the term 'additional newborn condition' means any condition that is not one of the core conditions recommended by the Advisory Committee and adopted by the Secretary.

''(b) FUNDING.—In carrying out the research program under this section, the Secretary and the Director shall ensure that entities receiving funding through the program will provide assurances, as practicable, that such entities will work in consultation with the appropriate State departments of health, and, as practicable, focus their research on screening technology not currently performed in the States in which the entities are located, and the conditions on the uniform screening panel (or the standard test existing on the uniform screening panel).

''(c) REPORTS.—The Director is encouraged to include information about the activities carried out under this section in the biennial report required under section 403 of the National Institutes of Health Reform Act of 2006. If such information is included, the Director shall make such information available to be included on the Internet Clearinghouse established under section 1112.

''(d) NONDUPLICATION.—In carrying out programs under this section, the Secretary shall minimize duplication and supplement, not supplant, existing efforts of the type carried out under this section.

''(e) PEER REVIEW.—Nothing in this section shall be construed to interfere with the scientific peer-review process at the National Institutes of Health.''.

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 rise in strong support of Senate bill 1858, the Newborn Screening Saves Lives Act. This legislation would facilitate the creation of Federal guidelines on newborn screening and would assist State newborn screening programs in meeting these guidelines.

Newborn screening is used for early identification of infants affected by certain genetic, metabolic, hormonal, and functional conditions for which there may be an effective treatment or intervention. If left untreated, these disorders can cause death, disability, mental retardation and other serious conditions. Every year, more than 4 million infants are born and screened

to detect conditions that could threaten their lives and their long-term health.

Senate bill 1858 will educate parents and health care providers about newborn screening. It will improve follow-up care for infants when illness is detected, and it will help States expand and improve their newborn screening programs.

It is very important to note that the House Committee on Energy and Commerce held a markup of House companion legislation H.R. 3825, which was introduced by my colleague, LUCILLE ROYBAL-ALLARD. And I want to say a word of commendation toward LUCILLE ROYBAL-ALLARD, who has really worked diligently over quite a period of time to make sure that this bill reached the floor today. She couldn't be here to speak on behalf of the legislation, but I know that there has been a great deal of leadership that has brought us to this point today.

The House Energy and Commerce Committee amended H.R. 3825 to ensure that it was identical to the Senate bill, 1858, which has already passed the Senate by unanimous consent. And so the good work of our friend, Congresswoman ROYBAL-ALLARD, has brought us to this point and to the commitment that I share on this important piece of legislation.

I appreciate all of her efforts to carry this legislation forward and admire her dedication to helping the children and families affected by these conditions.

I urge all of my colleagues to join in support of Senate bill 1858.

I reserve the remainder of my time.

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

Newborn screening can certainly identify children at risk for certain metabolic and genetic diseases for which there may be an effective treatment. If it is detected early it is certainly a cost-saving way of dealing with these problems that can lead to death, disability, mental retardation and many other serious conditions.

Currently, States have differing policies and procedures for doing newborn screening. Accurate screening ensures affected babies are identified and receive the proper care.

□ 1600

This legislation establishes a newborn screening education and outreach program at the Department of Health and Human Services in order to improve newborn screening. Many parents of newborns are not aware of the wide variety of screening tests that are available. Thus, the legislation would establish a clearinghouse of educational and family support and services information on newborn screening in order to provide resources for those families.

This legislation moved through our committee in a bipartisan process and the majority and the minority were able to reconcile a few differences on the legislation in that committee process. I would ask my colleagues to join me in supporting this important bill.

Madam Speaker, I reserve the balance of my time.

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

Mr. DEAL of Georgia. Madam Speaker, I am pleased to yield 3 minutes to the gentleman from New York (Mr. REYNOLDS).

Mr. REYNOLDS. Madam Speaker, I thank the gentleman from Georgia.

Madam Speaker, as one of the chief sponsors of the Newborn Screening Saves Lives Act, I rise today in strong support of Senate 1858 and urge its passage. I would like to extend my thanks to Chairman DINGELL and Ranking Member BARTON for working together to get this bill to the floor today.

This bill is a tribute to children and their parents who have had to face the pain of experiencing a disease that wasn't caught by newborn screening. Each year, over 4 million children are routinely tested at birth for genetic disorders. But what so many parents don't realize is that the actual number of conditions that their child is screened for depends on the State they live in. A child's life in one State should never mean more or less than a child's life in another.

Every child born with a disease, whether it is common or rare, should receive early diagnosis and treatment. That is why we need the Newborn Screening Laws Saves Lives Act signed into law and adequately funded. Through this legislation, we cannot only educate parents about lifesaving tests available for their newborn child, but greatly expand the screening programs at the State level.

Left untreated, many disorders are life-threatening or can cause serious mental and physical disabilities. Early detection through screening can lessen effects or even completely prevent progression of many disorders by providing for immediate medical intervention.

My State of New York has long been a national leader in newborn screening, starting in 1960 when Dr. Robert Guthrie developed the first newborn screening tests in Buffalo, New York. New York now tests each child for 44 different conditions.

In 2004, the American College of Medical Genetics completed a report commissioned by the U.S. Department of Health and Human Services which recommended at a minimum every baby born in the United States be screened for a core set of 29 treatable disorders. Currently, only 19 States and the District of Columbia require infants to be screened for all 29 of the recommended disorders. It is my sincere hope through grants and research funding provided for in the Newborn Screening Saves Lives Act, every State will be able to coordinate their newborn screening tests in order to bring consistency across the country.

Finally, I would like to acknowledge the strong bipartisan efforts of my colleagues LUCILLE ROYBAL-ALLARD, MIKE SIMPSON, and HENRY WAXMAN. They have long fought for life saving changes to newborn screening it, and it has been a pleasure working with them to achieve its consideration today.

I would like to thank Jill and Jim Kelly and Jacque Waggoner from Western New York for their tireless advocacy on behalf of enhanced newborn screening and for the tremendous efforts to raise public awareness about this vital issue.

Madam Speaker, I urge a ''yes'' vote on the bill.

Mr. DEAL of Georgia. Madam Speaker, I have no other requests for time. I urge the adoption of the resolution, and I yield back the balance of my time.

Mrs. CAPPS. Madam Speaker, I have no further speakers. I urge the adoption of S. 1858, the Newborn Screening Saves Lives Act, and 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. 1858.

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.

TRAUMATIC BRAIN INJURY ACT OF 2008

Ms. BALDWIN. Madam Speaker, I move to suspend the rules and pass the Senate bill (S. 793) to provide for the expansion and improvement of traumatic brain injury programs, as amended.

The Clerk read the title of the Senate bill.

The text of the Senate bill is as follows:

S. 793

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 ''Traumatic Brain Injury Act of 2008''.

SEC. 2. CONFORMING AMENDMENTS RELATING TO RESTRUCTURING.

Part J of title III of the Public Health Service Act (42 U.S.C. 280b et seq.) is amended—

(1) by redesignating the section 393B (42 U.S.C. 280b–1c) relating to the use of allotments for rape prevention education, as section 393A and moving such section so that it follows section 393;

(2) by redesignating existing section 393A (42 U.S.C. 280b–1b) relating to prevention of traumatic brain injury, as section 393B; and

(3) by redesignating the section 393B (42 U.S.C. 280b–1d) relating to traumatic brain injury registries, as section 393C.

SEC. 3. TRAUMATIC BRAIN INJURY PROGRAMS OF THE CENTERS FOR DISEASE CONTROL AND PREVENTION.

(a) PREVENTION OF TRAUMATIC BRAIN INJURY.—Clause (ii) of section 393B(b)(3)(A) of the Public Health Service Act, as so redesignated, (42 U.S.C. 280b–1b) is amended by