

of 2008, which passed by greater than 300 votes on the House floor. The Senate modified the measure slightly, and we now must pass the Senate version and quickly get it to the President.

I again ask my colleagues to vote in support of S. 2932. This bill saves many lives. Especially children and seniors have been saved by the Poison Control Centers. Therefore, I encourage my colleagues to support this life-saving amendment.

Mr. TERRY. Having no further speakers, Madam Speaker, I yield back the balance of our time.

Mr. PALLONE. Madam Speaker, I have no further requests. I urge support of the bill, and yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the Senate bill, S. 2932. The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. TERRY. Madam Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

The point of no quorum is considered withdrawn.

SUPPORTING THE GOALS AND IDEALS OF TAY-SACHS AWARENESS MONTH

Mr. PALLONE. Madam Speaker, I move to suspend the rules and agree to the resolution (H. Res. 1333) supporting the goals and ideals of Tay-Sachs Awareness Month, as amended.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 1333

Whereas Tay-Sachs disease is a rare, genetic disorder that causes destruction of nerve cells in the brain and spinal cord due to the poor functioning of an enzyme called beta-hexosaminidase A;

Whereas there is no proven treatment or cure for Tay-Sachs disease, which is always fatal in children;

Whereas the disorder was named after Warren Tay, an ophthalmologist from the United Kingdom, and Bernard Sachs, a neurologist from the United States, both of whom contributed to the discovery of the disease in 1881 and 1887, respectively;

Whereas Tay-Sachs disease often affects families with no prior history of the disease;

Whereas approximately 1 in 27 Ashkenazi Jews, 1 in 30 Louisianan Cajuns, 1 in 30 French Canadians, 1 in 50 Irish Americans, and 1 in every 250 people are carriers of Tay-Sachs disease;

Whereas approximately 1,200,000 Americans are carriers of Tay-Sachs disease;

Whereas unaffected carriers of the disease possess the recessive gene that can trigger the disease in future generations;

Whereas if both parents of a child are carriers of Tay-Sachs disease, there is a 1 in 4 chance that the child will develop Tay-Sachs disease;

Whereas a blood test can determine if an individual is a carrier of Tay-Sachs disease, and those citizens who are members of high-risk populations should consider being screened; and

Whereas heightened awareness and continued research efforts are the best ways to find a treatment for this horrific disease: Now, therefore, be it

Resolved, That the House of Representatives supports the goals and ideals of Tay-Sachs Awareness Month and encourages and supports education and research efforts with respect to Tay-Sachs disease.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Georgia (Mr. DEAL) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. 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 resolution under consideration.

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

There was no objection.

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

Madam Speaker, I rise in support of H. Res. 1333, Supporting the Goals and Ideals of Tay-Sachs Awareness Month.

Tay-Sachs is a rare genetic disorder that causes destruction of nerve cells in the brain and spinal cord. It usually develops in infants and leads to blindness and paralysis before ultimately giving way to death. Unfortunately, there is presently no treatment or cure for this disease.

The resolution before us today supports education and continued research efforts to combat Tay-Sachs disease so that one day we may find a cure.

I want to thank my colleague, Representative ARCURI from New York, for his work in raising this important issue. I know this issue is close to his heart and I want to express my gratitude to him.

I urge my colleagues to support this important resolution.

I reserve the balance of my time.

Mr. DEAL of Georgia. Madam Speaker, I too rise in support of this legislation. Presently, there is no treatment for Tay-Sachs disease. But I would like to thank the National Institute of Neurological Disorders and Stroke for their efforts to reduce the burden of neurological disease. They are part of the National Institutes of Health, and they conduct research on this particular disease in laboratories at NIH, and also support additional research through grants to major medical institutions across the country.

It is important for us to understand and to become more aware of this particular problem, and that's what this

legislation seeks to do. I would urge its support.

I yield back the balance of my time. Mr. PALLONE. Madam Speaker, I yield 2 minutes to the gentleman from New York (Mr. ARCURI).

Mr. ARCURI. Madam Speaker, I rise today in strong support of House Resolution 1333, which recognizes this September 2008 as Tay-Sachs Disease Awareness Month. I am proud to cosponsor this resolution, and I commend my friend from Ohio, Senator BROWN, for spearheading a companion resolution in the Senate.

Tay-Sachs Disease is a progressive neurological disorder for which there is no treatment or cure. The most common form of it affects infants who appear healthy at birth and seem to develop normally at first; but at around 6 months, symptoms of the disease begin to appear. The baby gradually begins to regress, losing the ability to crawl, turn over, sit or reach out. Eventually, as paralysis sets in, the child becomes blind, deaf and unable to swallow. Tragically, few infants born with Tay-Sachs live past the age of 5.

This terrible disease appears most often in families with no prior history because the Tay-Sachs gene can be carried through many generations without being expressed. However, when two carriers of the gene become parents, there is a 1-in-4 chance that any child they have may be born with the disease.

While about 1.2 million Americans are carriers of the Tay-Sachs gene, certain populations are at much higher risk. About 1 in 30 American Jews, 1 in 50 Irish Americans is a carrier. French Canadians, Louisiana Cajuns, Pennsylvania Dutch are high risk populations, but all populations are at risk.

It's easy to reduce this terrible disease like Tay-Sachs to statistics, but there are real human stories behind these statistics that must not be overlooked. My wife's son, Joey Deon, was born a happy, healthy and all around pleasant baby. There was no warning he would be afflicted by this terrible disease. But at the age of 1 he began to show symptoms. His mother, like many other parents of children with Tay-Sachs, was forced to watch a once active, healthy baby slowly lose his bodily functions.

□ 1700

God came to claim his angel in his sleep one day before his 5th birthday. Thankfully, he did not suffer as many with this disease do suffer.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. PALLONE. I yield the gentleman an additional 2 minutes.

Mr. ARCURI. He did not suffer, but very often children afflicted with this disease suffer badly before death.

Madam Speaker, a simple blood test can identify carriers of the Tay-Sachs gene before they have children. But very few people, including those in high-risk populations, are aware of its

availability. This critical test can identify carrier couples before a tragedy occurs. Raising awareness of this terrible disease is important, but it is critical that we also put the words into actions.

Millions of Americans who suffer from rare diseases like Tay-Sachs and more common diseases like cancer stand to benefit from an expanded Federal commitment to stem cell research. We must also continue to increase funding for the National Institutes of Health. Federal support for cutting-edge biomedical research will make treatments and cures for diseases like Tay-Sachs a reality.

I urge my colleagues to support House Resolution 1333 and Tay-Sachs Awareness Month.

Mr. PALLONE. Madam Speaker, I have no further speakers, and I would urge support of the legislation.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and agree to the resolution, H. Res. 1333, as amended.

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

A motion to reconsider was laid on the table.

HEALTH CARE SAFETY NET ACT OF 2008

Mr. PALLONE. Madam Speaker, I move to suspend the rules and concur in the Senate amendment to the bill (H.R. 1343) to amend the Public Health Service Act to provide additional authorizations of appropriations for the health centers program under section 330 of such Act, and for other purposes.

The Clerk read the title of the bill.

The text of the Senate amendment is as follows:

Senate amendment:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the "Health Care Safety Net Act of 2008".

SEC. 2. COMMUNITY HEALTH CENTERS PROGRAM OF THE PUBLIC HEALTH SERVICE ACT.

(a) ADDITIONAL AUTHORIZATIONS OF APPROPRIATIONS FOR THE HEALTH CENTERS PROGRAM OF PUBLIC HEALTH SERVICE ACT.—Section 330(r) of the Public Health Service Act (42 U.S.C. 254b(r)) is amended by amending paragraph (1) to read as follows:

"(1) IN GENERAL.—For the purpose of carrying out this section, in addition to the amounts authorized to be appropriated under subsection (d), there are authorized to be appropriated—

"(A) \$2,065,000,000 for fiscal year 2008;

"(B) \$2,313,000,000 for fiscal year 2009;

"(C) \$2,602,000,000 for fiscal year 2010;

"(D) \$2,940,000,000 for fiscal year 2011; and

"(E) \$3,337,000,000 for fiscal year 2012.".

(b) STUDIES RELATING TO COMMUNITY HEALTH CENTERS.—

(1) DEFINITIONS.—For purposes of this subsection—

(A) the term "community health center" means a health center receiving assistance

under section 330 of the Public Health Service Act (42 U.S.C. 254b); and

(B) the term "medically underserved population" has the meaning given that term in such section 330.

(2) SCHOOL-BASED HEALTH CENTER STUDY.—

(A) IN GENERAL.—Not later than 2 years after the date of enactment of this Act, the Comptroller General of the United States shall issue a study of the economic costs and benefits of school-based health centers and the impact on the health of students of these centers.

(B) CONTENT.—In conducting the study under subparagraph (A), the Comptroller General of the United States shall analyze—

(i) the impact that Federal funding could have on the operation of school-based health centers;

(ii) any cost savings to other Federal programs derived from providing health services in school-based health centers;

(iii) the effect on the Federal Budget and the health of students of providing Federal funds to school-based health centers and clinics, including the result of providing disease prevention and nutrition information;

(iv) the impact of access to health care from school-based health centers in rural or underserved areas; and

(v) other sources of Federal funding for school-based health centers.

(3) HEALTH CARE QUALITY STUDY.—

(A) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services (referred to in this Act as the "Secretary"), acting through the Administrator of the Health Resources and Services Administration, and in collaboration with the Agency for Healthcare Research and Quality, shall prepare and submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report that describes agency efforts to expand and accelerate quality improvement activities in community health centers.

(B) CONTENT.—The report under subparagraph (A) shall focus on—

(i) Federal efforts, as of the date of enactment of this Act, regarding health care quality in community health centers, including quality data collection, analysis, and reporting requirements;

(ii) identification of effective models for quality improvement in community health centers, which may include models that—

(I) incorporate care coordination, disease management, and other services demonstrated to improve care;

(II) are designed to address multiple, co-occurring diseases and conditions;

(III) improve access to providers through non-traditional means, such as the use of remote monitoring equipment;

(IV) target various medically underserved populations, including uninsured patient populations;

(V) increase access to specialty care, including referrals and diagnostic testing; and

(VI) enhance the use of electronic health records to improve quality;

(iii) efforts to determine how effective quality improvement models may be adapted for implementation by community health centers that vary by size, budget, staffing, services offered, populations served, and other characteristics determined appropriate by the Secretary;

(iv) types of technical assistance and resources provided to community health centers that may facilitate the implementation of quality improvement interventions;

(v) proposed or adopted methodologies for community health center evaluations of quality improvement interventions, including any development of new measures that are tailored to safety-net, community-based providers;

(vi) successful strategies for sustaining quality improvement interventions in the long-term; and

(vii) partnerships with other Federal agencies and private organizations or networks as appropriate, to enhance health care quality in community health centers.

(C) DISSEMINATION.—The Administrator of the Health Resources and Services Administration shall establish a formal mechanism or mechanisms for the ongoing dissemination of agency initiatives, best practices, and other information that may assist health care quality improvement efforts in community health centers.

(4) GAO STUDY ON INTEGRATED HEALTH SYSTEMS MODEL FOR THE DELIVERY OF HEALTH CARE SERVICES TO MEDICALLY UNDERSERVED AND UNINSURED POPULATIONS.—

(A) STUDY.—The Comptroller General of the United States shall conduct a study on integrated health system models of at least 15 sites for the delivery of health care services to medically underserved and uninsured populations. The study shall include an examination of—

(i) health care delivery models sponsored by public or private non-profit entities that—

(I) integrate primary, specialty, and acute care; and

(II) serve medically underserved and uninsured populations; and

(ii) such models in rural and urban areas.

(B) REPORT.—Not later than 1 year after the date of the enactment of this Act, the Comptroller General of the United States shall submit to Congress a report on the study conducted under subparagraph (A). The report shall include—

(i) an evaluation of the models, as described in subparagraph (A), in—

(I) expanding access to primary, preventive, and specialty services for medically underserved and uninsured populations; and

(II) improving care coordination and health outcomes;

(III) increasing efficiency in the delivery of quality health care; and

(IV) conducting some combination of the following services—

(aa) outreach activities;

(bb) case management and patient navigation services;

(cc) chronic care management;

(dd) transportation to health care facilities;

(ee) development of provider networks and other innovative models to engage local physicians and other providers to serve the medically underserved within a community;

(ff) recruitment, training, and compensation of necessary personnel;

(gg) acquisition of technology for the purpose of coordinating care;

(hh) improvements to provider communication, including implementation of shared information systems or shared clinical systems;

(ii) determination of eligibility for Federal, State, and local programs that provide, or financially support the provision of, medical, social, housing, educational, or other related services;

(jj) development of prevention and disease management tools and processes;

(kk) translation services;

(ll) development and implementation of evaluation measures and processes to assess patient outcomes;

(mm) integration of primary care and mental health services; and

(nn) carrying out other activities that may be appropriate to a community and that would increase access by the uninsured to health care, such as access initiatives for which private entities provide non-Federal contributions to supplement the Federal funds provided through the grants for the initiatives; and

(i) an assessment of—

(I) challenges, including barriers to Federal programs, encountered by such entities in providing care to medically underserved and uninsured populations; and

(II) advantages and disadvantages of such models compared to other models of care delivery for medically underserved and uninsured populations, including—