begin considering a new strategic concept that would take into account the challenging security environment, and calls on NATO to recognize and help address the threat posed by the proliferation of weapons of mass destruction and by terrorism.

Mr. Speaker, I urge my colleagues to support this resolution.

I reserve the balance of my time.

Mr. CONNOLLY of Virginia. Mr. Speaker, I yield 3 minutes to our friend from Kansas (Mr. MOORE).

Mr. MOORE of Kansas. Mr. Speaker, I rise today to express my strong support for this very important resolution. The North Atlantic Treaty Organization's principal objective is to foster mutual understanding among Alliance parliamentarians of the key security challenges facing the transatlantic partnership. This organization provides a critical forum for international dialogue on an array of security, political and economic matters.

I am honored to represent the United States as a member of the NATO Parliamentary Assembly, a group of bipartisan lawmakers representing all NATO countries who regularly meet to discuss matters of crucial importance, I believe it's crucial and critical to the United States' interests at home and abroad to maintain a solid line of communication with our neighbors in the global community.

That's why, Mr. Speaker, I am honored to be part of our country's NATO Parliamentary Assembly delegation, and I will continue to do my part to foster greater communications and cooperation. Now more than ever, we must support efforts to build relationships between nations so that we can work together to address the issues that affect our entire world.

□ 1515

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

Mr. CONNOLLY of Virginia. Mr. Speaker, I have no further requests for time at this time, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Virginia (Mr. CONNOLLY) that the House suspend the rules and agree to the resolution, H. Res. 152, 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.

EARLY HEARING DETECTION AND INTERVENTION ACT OF 2009

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1246) to amend the Public Health Service Act regarding early detection, diagnosis, and treatment of hearing loss.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1246

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 ''Early Hearing Detection and Intervention Act of 2009''.

SEC. 2. EARLY DETECTION, DIAGNOSIS, AND TREATMENT OF HEARING LOSS.

Section 399M of the Public Health Service Act (42 U.S.C. 280g–1) is amended—

(1) in the section heading, by striking ''infants'' and inserting ''newborns and infants'';

(2) in subsection (a)—

(A) in the matter preceding paragraph (1), by striking ''screening, evaluation and intervention programs and systems'' and inserting ''screening, evaluation, diagnosis, and intervention programs and systems, and to assist in the recruitment, retention, education, and training of qualified personnel and health care providers,'';

(B) by amending paragraph (1) to read as follows:

''(1) To develop and monitor the efficacy of statewide programs and systems for hearing screening of newborns and infants; prompt evaluation and diagnosis of children referred from screening programs; and appropriate educational, audiological, and medical interventions for children identified with hearing loss. Early intervention includes referral to and delivery of information and services by schools and agencies, including community, consumer, and parent-based agencies and organizations and other programs mandated by part C of the Individuals with Disabilities Education Act, which offer programs specifically designed to meet the unique language and communication needs of deaf and hard of hearing newborns, infants, toddlers, and children. Programs and systems under this paragraph shall establish and foster family-to-family support mechanisms that are critical in the first months after a child is identified with hearing loss.''; and

(C) by adding at the end the following:

''(3) To develop efficient models to ensure that newborns and infants who are identified with a hearing loss through screening receive follow-up by a qualified health care provider. These models shall be evaluated for their effectiveness, and State agencies shall be encouraged to adopt models that effectively increase the rate of occurrence of such follow-up.

''(4) To ensure an adequate supply of qualified personnel to meet the screening, evaluation, diagnosis, and early intervention needs of children.'';

(3) in subsection (b)—

(A) in paragraph (1)(A), by striking ''hearing loss screening, evaluation, and intervention programs'' and inserting ''hearing loss screening, evaluation, diagnosis, and intervention programs''; and

(B) in paragraph (2)—

(i) by striking ''for purposes of this section, continue'' and insert the following: ''for purposes of this section—

''(A) continue'';

(ii) by striking the period at the end and inserting ''; and''; and

(iii) by adding at the end the following:

''(B) establish a postdoctoral fellowship program to foster research and development in the area of early hearing detection and intervention.'';

(4) in paragraphs (2) and (3) of subsection (c), by striking the term ''hearing screening, evaluation and intervention programs'' each place such term appears and inserting ''hearing screening, evaluation, diagnosis, and intervention programs'';

(5) in subsection (e)—

(A) in paragraph (3), by striking ''ensuring that families of the child'' and all that follows and inserting ''ensuring that families of the child are provided comprehensive, consumer-oriented information about the full range of family support, training, information services, and language and communication options and are given the opportunity to consider and obtain the full range of such appropriate services, educational and program placements, and other options for their child from highly qualified providers.''; and

(B) in paragraph (6), by striking '', after rescreening,''; and

(6) in subsection (f)—

(A) in paragraph (1), by striking ''fiscal year 2002'' and inserting ''fiscal years 2010 through 2015'';

(B) in paragraph (2), by striking ''fiscal year 2002'' and inserting ''fiscal years 2010 through 2015''; and

(C) in paragraph (3), by striking ''fiscal year 2002'' and inserting ''fiscal years 2010 through 2015''.

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

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks.

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

There was no objection.

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

Mr. Speaker, this is Public Health Week. Tomorrow, my subcommittee, that is, the Health Subcommittee of Energy and Commerce, will be holding a hearing on the role of public health and health care reform. We'll be exploring the role of public health systems and policies and improving the health status of all Americans.

We have before us today a bipartisan set of bills that exemplify this. The bills make a range of policy and program changes designed to keep Americans safer, help them access needed services, and support research into important health problems.

These bills have been introduced and cosponsored by Members on both sides of the aisle. They all passed the House under suspension in the last Congress. They were passed unanimously from committee this year, and I urge you to join me and the broad set of cosponsors in supporting these bills.

The first one, Mr. Speaker, is H.R. 1246, the Early Hearing Detection Intervention Act. I rise obviously in support of that.

Every year, more than 12,000 babies are born with hearing loss. Often, their condition goes undetected for years, and many of these children end up experiencing delays in speech, language, and cognitive development. However, if the hearing loss is detected early, many of these delays can be mitigated or even prevented. For that reason,

early detection is critical to improving outcomes for these children.

The Early Hearing Detection and Intervention Act would improve services for screening, diagnosing, and treating hearing loss in children by amending the Public Health Service Act to reauthorize the Early Hearing Detection and Intervention Program which was first enacted in 2000.

The Early Hearing Detection and Intervention Program provides grants and cooperative agreements for statewide newborn and infant hearing services. These programs focus on screening, evaluation, diagnosis, and early intervention.

I do want to particularly thank my colleague, Representative CAPPS, for her hard work on this very important issue. I obviously urge us passing this bill.

I reserve the balance of my time.

Mr. FORTENBERRY. Mr. Speaker, I ask unanimous consent to yield my time to the gentleman from Louisiana (Mr. SCALISE).

The SPEAKER pro tempore. Without objection, the gentleman from Louisiana (Mr. SCALISE) is recognized for 20 minutes.

There was no objection.

Mr. SCALISE. I want to thank the Speaker and the gentleman from Nebraska.

I rise in support of H.R. 1246, the Early Hearing Detection and Intervention Act of 2009. This legislation was introduced by Representative LOIS CAPPS and was passed by the House last Congress. The bill reforms the Public Health Service Act and reauthorizes the newborns and infants hearing loss program.

Not only does the Early Hearing Detection and Intervention Act reach out to cover more children, but it also provides the Secretary of Health and Human Services the ability to assist in recruitment, retention, education, and training of qualified personal and health care providers. These qualified health care providers will provide children, who have been identified with hearing loss through screening and detection, with adequate follow-up care.

In an effort to foster research and development in the area of early hearing detection and intervention, H.R. 1246 requires the director of the National Institutes of Health to establish a postdoctoral fellowship program. This program is intended to provide more information on how to better the lives of children through early intervention.

I urge my colleagues to support H.R. 1246.

I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield 3 minutes to the gentlewoman from California (Mrs. CAPPS), the sponsor of this legislation, and I don't need to tell anyone how hard she works on this and so many health bills. She is the vice chair of our Health Subcommittee.

Mrs. CAPPS. Mr. Speaker, I thank the chairman of our subcommittee, Mr. PALLONE, for giving me time to speak. Of course, I'm speaking in strong support of H.R. 1246, the Early Hearing Detection and Intervention Act. I am very proud to have introduced this bill with my colleague, Congresswoman Jo Ann Emerson of Missouri.

I want to commend the leadership of the Hearing Health Caucus, Congressman VERN EHLERS and Congresswoman CAROLYN MCCARTHY, our leaders of this caucus now, and I must also mention the work of former Congressman Jim Walsh of New York who had championed this issue for many years before his retirement.

As our chairman mentioned, each year more than 12,000 infants are born with hearing loss. If left undetected, this condition impairs speech development, language development, and cognitive development. Back in 2000, we developed the early hearing detection program, thanks to the hard work of the Hearing Health Caucus, and since that time, we've seen a tremendous increase in the number of newborns who are now being screened for hearing loss.

Back in 2000, only 44 percent of newborns were being screened for hearing loss. That's less than half of the babies born. Now, we're screening newborns at a rate of over 93 percent. So this legislation has had an impact. Again, I commend the work of those made it happen and all of the hard work of our colleagues here in Congress and the Senate and the signing into law.

But we know now that our work is not done. According to the Centers for Disease Control, almost half of the newborns who fail initial screening of their hearing do not go on to receive appropriate follow-up care, and we need to train more health professionals with the skills necessary to provide effective intervention.

As a school nurse for over 20 years, I had a lot of interaction with students who were lagging behind their classmates, failing in class due to undiagnosed or untreated hearing loss. We can prevent more children from suffering in the classroom and really suffering throughout their lives through better investment in follow-up intervention as a part of the successful hearing screening program for newborns and infants.

I urge our colleagues to join in voting in favor of H.R. 1246.

Mr. SCALISE. I have no speakers for this legislation, so I would yield the balance of my time.

Mr. PALLONE. Mr. Speaker, I would also yield back the balance of my time and urge passage of the legislation.

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 bill, H.R. 1246.

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

A motion to reconsider was laid on the table.

NATIONAL PAIN CARE POLICY ACT OF 2009

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 756) to amend the Public Health Service Act with respect to pain care, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 756

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''National Pain Care Policy Act of 2009''.

(b) TABLE OF CONTENTS.—The table of contents of this Act is as follows:

SEC. 2. INSTITUTE OF MEDICINE CONFERENCE ON PAIN.

(a) CONVENING.—Not later than June 30, 2010, the Secretary of Health and Human Services shall seek to enter into an agreement with the Institute of Medicine of the National Academies to convene a Conference on Pain (in this section referred to as ''the Conference'').

(b) PURPOSES.—The purposes of the Conference shall be to—

(1) increase the recognition of pain as a significant public health problem in the United States;

(2) evaluate the adequacy of assessment, diagnosis, treatment, and management of acute and chronic pain in the general population, and in identified racial, ethnic, gender, age, and other demographic groups that may be disproportionately affected by inadequacies in the assessment, diagnosis, treatment, and management of pain;

(3) identify barriers to appropriate pain care, including—

(A) lack of understanding and education among employers, patients, health care providers, regulators, and third-party payors;

(B) barriers to access to care at the primary, specialty, and tertiary care levels, including barriers—

(i) specific to those populations that are disproportionately undertreated for pain;

(ii) related to physician concerns over regulatory and law enforcement policies applicable to some pain therapies; and

(iii) attributable to benefit, coverage, and payment policies in both the public and private sectors; and

(C) gaps in basic and clinical research on the symptoms and causes of pain, and potential assessment methods and new treatments to improve pain care; and

(4) establish an agenda for action in both the public and private sectors that will reduce such barriers and significantly improve the state of pain care research, education, and clinical care in the United States.

(c) OTHER APPROPRIATE ENTITY.—If the Institute of Medicine declines to enter into an agreement under subsection (a), the Secretary of Health and Human Services may enter into such agreement with another appropriate entity.

(d) REPORT.—A report summarizing the Conference's findings and recommendations shall be submitted to the Congress not later than June 30, 2011.

(e) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section,