

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 state-wide 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 post-doctoral 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. 1. Short title; table of contents.

Sec. 2. Institute of Medicine Conference on Pain.

Sec. 3. Pain research at National Institutes of Health.

Sec. 4. Pain care education and training.

Sec. 5. Public awareness campaign on pain management.

### 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,

there is authorized to be appropriated \$500,000 for each of fiscal years 2010 and 2011.

**SEC. 3. PAIN RESEARCH AT NATIONAL INSTITUTES OF HEALTH.**

Part B of title IV of the Public Health Service Act (42 U.S.C. 284 et seq.) is amended by adding at the end the following:

**“SEC. 409J. PAIN RESEARCH.**

“(a) RESEARCH INITIATIVES.—

“(1) IN GENERAL.—The Director of NIH is encouraged to continue and expand, through the Pain Consortium, an aggressive program of basic and clinical research on the causes of and potential treatments for pain.

“(2) ANNUAL RECOMMENDATIONS.—Not less than annually, the Pain Consortium, in consultation with the Division of Program Coordination, Planning, and Strategic Initiatives, shall develop and submit to the Director of NIH recommendations on appropriate pain research initiatives that could be undertaken with funds reserved under section 402A(c)(1) for the Common Fund or otherwise available for such initiatives.

“(3) DEFINITION.—In this subsection, the term ‘Pain Consortium’ means the Pain Consortium of the National Institutes of Health or a similar trans-National Institutes of Health coordinating entity designated by the Secretary for purposes of this subsection.

“(b) INTERAGENCY PAIN RESEARCH COORDINATING COMMITTEE.—

“(1) ESTABLISHMENT.—The Secretary shall establish not later than 1 year after the date of the enactment of this section and as necessary maintain a committee, to be known as the Interagency Pain Research Coordinating Committee (in this section referred to as the ‘Committee’), to coordinate all efforts within the Department of Health and Human Services and other Federal agencies that relate to pain research.

“(2) MEMBERSHIP.—

“(A) IN GENERAL.—The Committee shall be composed of the following voting members:

“(i) Not more than 7 voting Federal representatives as follows:

“(I) The Director of the Centers for Disease Control and Prevention.

“(II) The Director of the National Institutes of Health and the directors of such national research institutes and national centers as the Secretary determines appropriate.

“(III) The heads of such other agencies of the Department of Health and Human Services as the Secretary determines appropriate.

“(IV) Representatives of other Federal agencies that conduct or support pain care research and treatment, including the Department of Defense and the Department of Veterans Affairs.

“(ii) 12 additional voting members appointed under subparagraph (B).

“(B) ADDITIONAL MEMBERS.—The Committee shall include additional voting members appointed by the Secretary as follows:

“(i) 6 members shall be appointed from among scientists, physicians, and other health professionals, who—

“(I) are not officers or employees of the United States;

“(II) represent multiple disciplines, including clinical, basic, and public health sciences;

“(III) represent different geographical regions of the United States; and

“(IV) are from practice settings, academia, manufacturers or other research settings; and

“(ii) 6 members shall be appointed from members of the general public, who are representatives of leading research, advocacy, and service organizations for individuals with pain-related conditions.

“(C) NONVOTING MEMBERS.—The Committee shall include such nonvoting members as the Secretary determines to be appropriate.

“(3) CHAIRPERSON.—The voting members of the Committee shall select a chairperson from among such members. The selection of a chairperson shall be subject to the approval of the Director of NIH.

“(4) MEETINGS.—The Committee shall meet at the call of the chairperson of the Committee or upon the request of the Director of NIH, but in no case less often than once each year.

“(5) DUTIES.—The Committee shall—

“(A) develop a summary of advances in pain care research supported or conducted by the Federal agencies relevant to the diagnosis, prevention, and treatment of pain and diseases and disorders associated with pain;

“(B) identify critical gaps in basic and clinical research on the symptoms and causes of pain;

“(C) make recommendations to ensure that the activities of the National Institutes of Health and other Federal agencies, including the Department of Defense and the Department of Veteran Affairs, are free of unnecessary duplication of effort;

“(D) make recommendations on how best to disseminate information on pain care; and

“(E) make recommendations on how to expand partnerships between public entities, including Federal agencies, and private entities to expand collaborative, cross-cutting research.

“(6) REVIEW.—The Secretary shall review the necessity of the Committee at least once every 2 years.”.

**SEC. 4. PAIN CARE EDUCATION AND TRAINING.**

Part D of title VII of the Public Health Service Act (42 U.S.C. 294 et seq.) is amended by adding at the end the following new section:

**“SEC. 759. PROGRAM FOR EDUCATION AND TRAINING IN PAIN CARE.**

“(a) IN GENERAL.—The Secretary may make awards of grants, cooperative agreements, and contracts to health professions schools, hospices, and other public and private entities for the development and implementation of programs to provide education and training to health care professionals in pain care.

“(b) PRIORITIES.—In making awards under subsection (a), the Secretary shall give priority to awards for the implementation of programs under such subsection.

“(c) CERTAIN TOPICS.—An award may be made under subsection (a) only if the applicant for the award agrees that the program carried out with the award will include information and education on—

“(1) recognized means for assessing, diagnosing, treating, and managing pain and related signs and symptoms, including the medically appropriate use of controlled substances;

“(2) applicable laws, regulations, rules, and policies on controlled substances, including the degree to which misconceptions and concerns regarding such laws, regulations, rules, and policies, or the enforcement thereof, may create barriers to patient access to appropriate and effective pain care;

“(3) interdisciplinary approaches to the delivery of pain care, including delivery through specialized centers providing comprehensive pain care treatment expertise;

“(4) cultural, linguistic, literacy, geographic, and other barriers to care in underserved populations; and

“(5) recent findings, developments, and improvements in the provision of pain care.

“(d) PROGRAM SITES.—Education and training under subsection (a) may be provided at or through health professions schools, residency training programs, and other graduate

programs in the health professions; entities that provide continuing education in medicine, pain management, dentistry, psychology, social work, nursing, and pharmacy; hospices; and such other programs or sites as the Secretary determines to be appropriate.

“(e) EVALUATION OF PROGRAMS.—The Secretary shall (directly or through grants or contracts) provide for the evaluation of programs implemented under subsection (a) in order to determine the effect of such programs on knowledge and practice of pain care.

“(f) PEER REVIEW GROUPS.—In carrying out section 799(f) with respect to this section, the Secretary shall ensure that the membership of each peer review group involved includes individuals with expertise and experience in pain care.

“(g) PAIN CARE DEFINED.—For purposes of this section the term ‘pain care’ means the assessment, diagnosis, treatment, or management of acute or chronic pain regardless of causation or body location.

“(h) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, \$5,000,000 for each of the fiscal years 2010 through 2012. Amounts appropriated under this subsection shall remain available until expended.”.

**SEC. 5. PUBLIC AWARENESS CAMPAIGN ON PAIN MANAGEMENT.**

Part B of title II of the Public Health Service Act (42 U.S.C. 238 et seq.) is amended by adding at the end the following:

**“SEC. 249. NATIONAL EDUCATION OUTREACH AND AWARENESS CAMPAIGN ON PAIN MANAGEMENT.**

“(a) ESTABLISHMENT.—Not later than June 30, 2010, the Secretary shall establish and implement a national pain care education outreach and awareness campaign described in subsection (b).

“(b) REQUIREMENTS.—The Secretary shall design the public awareness campaign under this section to educate consumers, patients, their families, and other caregivers with respect to—

“(1) the incidence and importance of pain as a national public health problem;

“(2) the adverse physical, psychological, emotional, societal, and financial consequences that can result if pain is not appropriately assessed, diagnosed, treated, or managed;

“(3) the availability, benefits, and risks of all pain treatment and management options;

“(4) having pain promptly assessed, appropriately diagnosed, treated, and managed, and regularly reassessed with treatment adjusted as needed;

“(5) the role of credentialed pain management specialists and subspecialists, and of comprehensive interdisciplinary centers of treatment expertise;

“(6) the availability in the public, non-profit, and private sectors of pain management-related information, services, and resources for consumers, employers, third-party payors, patients, their families, and caregivers, including information on—

“(A) appropriate assessment, diagnosis, treatment, and management options for all types of pain and pain-related symptoms; and

“(B) conditions for which no treatment options are yet recognized; and

“(7) other issues the Secretary deems appropriate.

“(c) CONSULTATION.—In designing and implementing the public awareness campaign required by this section, the Secretary shall consult with organizations representing patients in pain and other consumers, employers, physicians including physicians specializing in pain care, other pain management professionals, medical device manufacturers, and pharmaceutical companies.

“(d) COORDINATION.—

“(1) LEAD OFFICIAL.—The Secretary shall designate one official in the Department of Health and Human Services to oversee the campaign established under this section.

“(2) AGENCY COORDINATION.—The Secretary shall ensure the involvement in the public awareness campaign under this section of the Surgeon General of the Public Health Service, the Director of the Centers for Disease Control and Prevention, and such other representatives of offices and agencies of the Department of Health and Human Services as the Secretary determines appropriate.

“(e) UNDERSERVED AREAS AND POPULATIONS.—In designing the public awareness campaign under this section, the Secretary shall—

“(1) take into account the special needs of geographic areas and racial, ethnic, gender, age, and other demographic groups that are currently underserved; and

“(2) provide resources that will reduce disparities in access to appropriate diagnosis, assessment, and treatment.

“(f) GRANTS AND CONTRACTS.—The Secretary may make awards of grants, cooperative agreements, and contracts to public agencies and private nonprofit organizations to assist with the development and implementation of the public awareness campaign under this section.

“(g) EVALUATION AND REPORT.—Not later than the end of fiscal year 2012, the Secretary shall prepare and submit to the Congress a report evaluating the effectiveness of the public awareness campaign under this section in educating the general public with respect to the matters described in subsection (b).

“(h) AUTHORIZATION OF APPROPRIATIONS.—For purposes of carrying out this section, there are authorized to be appropriated \$2,000,000 for fiscal year 2010 and \$4,000,000 for each of fiscal years 2011 and 2012.”

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Louisiana (Mr. SCALISE) 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. I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H.R. 756, the National Pain Care Policy Act of 2009.

Pain is the most common reason Americans access the health care system and is a leading cause of disability. It is also a major contributor to health care costs. National Center for Health Statistics estimates that 76.2 million, or one in four, Americans have suffered from pain that lasts longer than 24 hours. Millions more Americans suffer from acute pain. While untreated pain can seriously impact every aspect of daily living, most painful conditions can be relieved through treatment.

This bill will expand research on the causes and treatments of pain, award grants for pain care education and training programs for health profes-

sionals, and establish and implement a national pain care education outreach and awareness campaign.

Once again, I'd like to thank my colleague, Representative CAPPs, for sponsoring this bill and for her hard work on the bill. I urge my colleagues to pass this very important bill.

I reserve the balance of my time.

Mr. SCALISE. Mr. Speaker, I rise in support of H.R. 756, the National Pain Care Policy Act of 2009. I want to commend Congresswoman LOIS CAPPs and Congressman MIKE ROGERS for their bipartisan work on this bill.

The National Center for Health Statistics estimates that 76.2 million Americans have suffered pain that lasts longer than 24 hours. Most painful conditions can be relieved with proper treatment and adequate pain management. This bill creates an interagency coordinating committee to coordinate all efforts within HHS and other Federal agencies related to pain research. This effort, along with efforts at the NIH via the pain consortium, will go a long way towards increasing research and awareness of chronic pain.

Mr. Speaker, I urge Members to support this legislation.

I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, once again, I yield 3 minutes to the gentleman from California (Mrs. CAPPs), the sponsor of the legislation.

Mrs. CAPPs. Mr. Speaker, again, I thank our chairman of our subcommittee for giving me this time to speak in strong support of H.R. 756, the National Pain Care Policy Act.

I want to thank our colleague from Michigan, MIKE ROGERS, for his tireless advocacy on behalf of pain care. It's been several years that we've been working together, and we have a great deal of gratitude for the vast coalition of organizations who have been supporting this legislation and working so hard on behalf of people with pain who suffer every single day.

Most Americans would be surprised if they understood that the leading cause of disability in the United States is pain and that its treatment and management is straining our health care system. Americans suffering from chronic pain, or from pain as a symptom of another illness, face so many barriers to achieving relief. Fortunately, we don't have to remain debilitated by pain because we can take several steps in this legislation to improve the way we research, diagnose, and treat pain.

This legislation takes a multifaceted approach to addressing pain. First, it calls on the Institute of Medicine to convene a conference on pain. The bill will also enable coordination and improvement of pain research at the National Institutes of Health.

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This information will then be disseminated to the health community. H.R. 756 will also create a grant program in order to improve training for

health professionals in recognizing and treating pain effectively.

Finally, through this legislation we will initiate a public health awareness campaign so that patients know they do not need to suffer from pain, but rather they can seek available treatment options.

It is my hope that passage of this bill in the House today will spur the Senate to act soon so we can see this bill signed into law before the end of the year.

Most of us have either suffered from pain ourselves—and chronic pain, as our colleague from the other side said, is pain that doesn't go away for at least 24 hours. That's awfully miserable. Either we have experienced that ourselves or we have some family member or loved one that we can think of who would be very much affected in a positive way by passing this legislation.

So the sooner we get to work on improving pain care, the sooner we can see relief for the millions of Americans who are suffering from pain every day.

Again, I urge my colleagues to vote “yes” on H.R. 756.

Mr. SCALISE. I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I urge passage of this 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 bill, H.R. 756, as amended.

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

A motion to reconsider was laid on the table.

#### MELANIE BLOCKER STOKES MOM'S OPPORTUNITY TO ACCESS HEALTH, EDUCATION, RESEARCH, AND SUPPORT FOR POSTPARTUM DEPRESSION ACT

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 20) to provide for research on, and services for individuals with, postpartum depression and psychosis, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 20

*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 “Melanie Blocker Stokes Mom's Opportunity to Access Health, Education, Research, and Support for Postpartum Depression Act” or the “Melanie Blocker Stokes MOTHERS Act”.*

#### SEC. 2. DEFINITIONS.

*For purposes of this Act—*

*(1) the term “postpartum condition” means postpartum depression or postpartum psychosis; and*

*(2) the term “Secretary” means the Secretary of Health and Human Services.*