

health, recreation, job training, employment, housing, transportation, and early, primary, secondary, and postsecondary education. With access to and assistance with these types of services and supports, individuals on the autism spectrum can live rich, full and productive lives. We know that services for youth who are on the autism spectrum and who are transitioning to adulthood are an especially pressing need.

Thanks to the reports from the GAO, we also know that there is a critical shortage of appropriately trained personnel across numerous important disciplines who can provide the services and supports to children and adults with autism spectrum disorders and related developmental disabilities and to their families. The bill, the TRAIN Act, will help this. This bill will help practicing professionals, as well as those in training, to become professionals, to get the most up-to-date practices, and to be informed by the most current research findings.

There is an urgent need to translate current and future research results into effective practices that can be implemented to support children and adults with autism spectrum disorders and related disabilities, including early intervention in preschool programs, in child care, in community schools, to health providers, to employment sites, in community living, and to first responders. This bill will do that, too.

I think it is important to note for my colleagues and I want them to know we are not re-creating the wheel. The bill is based on expanding and enhancing the network of University Centers of Excellence on developmental disabilities, known as Yoo-Seds. My colleagues should know that the bill helps minority-serving institutions gain the skillsets and resources to work with and to serve currently underserved populations. People like NFL star Rodney Peete's wife, Holly Robinson Peete, have helped others understand that autism doesn't know race and can affect any family.

You should also know that this bill is supported by groups like Autism Speaks, the Autism Society of America, self-advocates from the Autism Self-Advocate Network, and many other organizations. For those reasons, I ask my colleagues to vote "yes" on this bill.

Before I forget, I would like to thank Anne Morris with Chairman WAXMAN, Emily Gibbons with Chairman PALLONE, and Kenneth DeGraff on my staff for their hard work on this bill.

Thank you again, Chairman PALLONE. I hope you and I can continue to work on other items on the autism agenda, including a reauthorization of the CAA law.

Mr. WHITFIELD. I would just like to reiterate what the gentleman from Pennsylvania said, which is that early detection can make all the difference in the world. This legislation goes a long way in providing assistance and in aiding in early detection.

Mr. BURTON of Indiana. Mr. Speaker, I rise in support of the "Training and Research for Autism Improvements Nationwide Act" (H.R. 5756). Upon the diagnosis of only grandson, who is autistic, I took it upon myself to be active in promoting autism awareness and advocating more research for the disorder. I am also a member of the Congressional Autism Caucus. About twenty years ago, autism was considered a rare disease affecting about 1 in 10,000 children. Today, the Center for Disease Control and Prevention estimates that an average of 1 in 110 children in the United States are diagnosed with an Autism Spectrum Disorder (ASD) every year. ASD occur in all racial, ethnic, and socioeconomic groups, but are four times more likely to occur in boys than in girls. In my home state of Indiana, we experienced a 923% cumulative growth rate for autism from 1992–2003.

The "Training and Research for Autism Improvements Nationwide Act" is desperately needed in our country. Thousands of families living with autism on a daily basis have to cope in their own way and fight to find available resources and services for their children, or in the case of adult individuals with autism services to help them live independent and productive lives. All too often, there is little to no coordination between service providers, government agencies, and the medical/academic community who are researching and trying to unlock the mysteries of ASDs. The "Training and Research for Autism Improvements Nationwide Act" is a first step in filling these gaps.

Specifically, the "Training and Research for Autism Improvements Nationwide Act" would authorize the establishment of a new Federal program to provide technical assistance to improve services rendered to children and adults with autism, and their families and to expand the number of University Centers for Excellence in Developmental Disabilities Education, Research, and Service. Grants would go to University Centers for Excellence to provide individuals—including parents, health, allied health, vocational, and educational professionals—with interdisciplinary training, continuing education, technical assistance, and information to improve services provided to children and adults with autism and their families. The bill also authorizes grant money to a national organization to provide training and technical assistance to do the following: assist in the dissemination of information; develop a web portal; compile and disseminate materials for training and technical assistance so that the entire network can benefit from items developed at individual centers; and convene expert panels to exchange ideas and make recommendations that further training, assessment, interventions, services, and support for individuals living with autism.

Another grant would be awarded to not more than 4 new University Centers to facilitate outreach and collaboration with minority institutions.

I want to thank Representatives SMITH and DOYLE for working to bring this important bill to the House floor for a vote. As a member of the Coalition on Autism Research and Education also known as the Congressional Autism Caucus, I have worked closely with both Representative DOYLE and SMITH on autism awareness issues and I'm proud to join them in supporting this initiative. While I believe that the "Training and Research for Autism Im-

provements Nationwide Act" will go a long way to provide needed resources and information to families living with autism, I also believe that as a Nation we need to do more. This epidemic of autism is an immediate crisis to our education system, and our health care systems, our long-term housing and care system for the disabled.

Autism is a condition that can be treated to a degree but it has no known cure; it will not go away and neither should our efforts to research this disorder and aide American Families.

Autism is not bound or limited to the walls of a household. I believe that our Nation's educational, labor, housing, law enforcement and medical communities are currently ill-equipped and undertrained to handle this underrepresented generation of autistic individuals and that it is going to take a national commitment driven from the highest levels to marshal the necessary resources and energy to catch up. That is why I introduced legislation H.R. 3703 to require the President to call, not later than December 31, 2010, a White House Conference on Autism. Therefore, in addition to lending their support to the "Training and Research for Autism Improvements Nationwide Act", I am also urging all of my colleagues to join in cosponsoring H.R. 3703.

Mr. Speaker, I thank you for the opportunity to speak in support of both the "Training and Research for Autism Improvements Nationwide Act" and the "White House Conference on Autism Act of 2009."

Mr. WHITFIELD. I urge Members to support this legislation, and I yield back the balance of my time.

Mr. PALLONE. I urge the passage of the bill, and 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 pass the bill, H.R. 5756, as amended.

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. BROUN of Georgia. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

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.

COMBAT METHAMPHETAMINE ENHANCEMENT ACT OF 2010

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2923) to enhance the ability to combat methamphetamine, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2923

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 "Combat Methamphetamine Enhancement Act of 2010".

SEC. 2. REQUIREMENT OF SELF-CERTIFICATION BY ALL REGULATED PERSONS SELLING SCHEDULED LISTED CHEMICALS.

Section 310(e)(2) of the Controlled Substances Act (21 U.S.C. 830(e)(2)) is amended by inserting at the end the following:

“(C) Each regulated person who makes a sale at retail of a scheduled listed chemical product and is required under subsection (b)(3) to submit a report of the sales transaction to the Attorney General may not sell any scheduled listed chemical product at retail unless such regulated person has submitted to the Attorney General a self-certification including a statement that the seller understands each of the requirements that apply under this paragraph and under subsection (d) and agrees to comply with the requirements. The Attorney General shall by regulation establish criteria for certifications of mail-order distributors that are consistent with the criteria established for the certifications of regulated sellers under paragraph (1)(B).”

SEC. 3. PUBLICATION OF SELF-CERTIFIED REGULATED SELLERS AND REGULATED PERSONS LISTS.

Section 310(e)(1)(B) of the Controlled Substances Act (21 U.S.C. 830(e)(1)(B)) is amended by inserting at the end the following:

“(v) PUBLICATION OF LIST OF SELF-CERTIFIED PERSONS.—The Attorney General shall develop and make available a list of all persons who are currently self-certified in accordance with this section. This list shall be made publicly available on the website of the Drug Enforcement Administration in an electronically downloadable format.”

SEC. 4. REQUIREMENT THAT DISTRIBUTORS OF LISTED CHEMICALS SELL ONLY TO SELF-CERTIFIED REGULATED SELLERS AND REGULATED PERSONS.

Section 402(a) of the Controlled Substances Act (21 U.S.C. 842(a)) is amended—

(1) in paragraph (13), by striking “or” after the semicolon;

(2) in paragraph (14), by striking the period and inserting “; or”;

(3) by inserting after paragraph (14) the following:

“(15) to distribute a scheduled listed chemical product to a regulated seller, or to a regulated person referred to in section 310(b)(3)(B), unless such regulated seller or regulated person is, at the time of such distribution, currently registered with the Drug Enforcement Administration, or on the list of persons referred to under section 310(e)(1)(B)(v);” and

(4) by inserting at the end the following: “For purposes of paragraph (15), if the distributor is temporarily unable to access the list of persons referred to under section 310(e)(1)(B)(v), the distributor may rely on a written, faxed, or electronic copy of a certificate of self-certification submitted by the regulated seller or regulated person, provided the distributor confirms within 7 business days of the distribution that such regulated seller or regulated person is on the list referred to under section 310(e)(1)(B)(v).”

SEC. 5. NEGLIGENT FAILURE TO SELF-CERTIFY AS REQUIRED.

Section 402(a)(10) of the Controlled Substances Act (21 U.S.C. 842(a)(10)) is amended by inserting before the semicolon the following: “or negligently to fail to self-certify as required under section 310”.

SEC. 6. EFFECTIVE DATE AND REGULATIONS.

(a) EFFECTIVE DATE.—This Act and the amendments made by this Act shall take effect 180 days after the date of enactment of this Act.

(b) REGULATIONS.—In promulgating the regulations authorized by section 2, the Attorney General may issue regulations on an interim basis as necessary to ensure the im-

plementation of this Act by the effective date.

SEC. 7. BUDGETARY EFFECTS.

The budgetary effects of this Act, for the purpose of complying with the Statutory Pay-As-You-Go Act of 2010, shall be determined by reference to the latest statement titled “Budgetary Effects of PAYGO Legislation” for this Act, submitted for printing in the Congressional Record by the Chairman of the House Budget Committee, provided that such statement has been submitted prior to the vote on passage.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Kentucky (Mr. WHITFIELD) 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 and to include extraneous material in the RECORD.

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 today in strong support of H.R. 2923, the Combat Methamphetamine Enhancement Act of 2010.

H.R. 2923 is designed to respond to problems that the Drug Enforcement Agency has identified in the implementation of the Combat Methamphetamine Epidemic Act of 2006. That 2006 law required retail sellers of ephedrine and pseudoephedrine products to file a self-certification attesting that they have trained their personnel about the law and its requirements. According to the DEA, thousands of sellers have not yet self-certified. This legislation is designed to improve compliance with the 2006 law, and it will provide the DEA with enforcement tools, like civil fines.

I want to commend Representative GORDON as well as Senator FEINSTEIN for their leadership on this legislation. I also want to thank Ranking Members SHIMKUS and BARTON for working with us in moving this bill forward so quickly.

Mr. Speaker, I urge my colleagues to support the bill.

I reserve the balance of my time.

Mr. WHITFIELD. I want to thank Congressmen PALLONE and SHIMKUS for bringing this important legislation to the floor. We all recognize the devastating effect of methamphetamines.

Mr. Speaker, at this time I yield 5 minutes to the gentleman from Tennessee (Mr. WAMP), who has been a true leader in combating methamphetamines.

Mr. WAMP. I thank the committee of jurisdiction, and I thank the leadership from the majority side and from the minority side.

Mr. Speaker, this is a bill that effectively gives our drug enforcement leadership the tools that they need to continue this fight.

Twelve years ago, much like Mr. DOYLE was just talking about his tenure here in the House being defined by his extraordinary work in the area of autism, in many ways mine has been defined over the last 12 years by fighting methamphetamine production in the Southeast, particularly in east Tennessee, where it surfaced in the late 1990s after coming to this country, really, in terms of production, in about 1993. It surfaced first in California. Then it came to the mountains of east Tennessee.

Much like moonshine did two generations earlier, it was a clandestine process where citizens would put together the chemicals to make it. It stunk really bad, so they would do it out in the middle of the mountains and the hills, and they would get as far away from urban centers as they could; but because the drug is so deadly and addictive, it encroached on other areas.

We saw, frankly, the States that took the leadership take ephedrine and pseudoephedrine from behind the counter. They made it harder to get. They enforced a lot of rules at the State level, and it really knocked back the domestic production of methamphetamine. We still have a huge problem of methamphetamine coming in across the border, particularly through the transit country of Mexico, but this has helped us greatly combat the production.

In east Tennessee, we formed the Southeast Tennessee Meth Task Force, which is a premiere local, State, and Federal partnership because methamphetamine production can't be combated exclusively at the State and local levels. It just simply can't. They didn't have the resources to surveil it. It became a toxic site where it was made, and they didn't have the resources to clean it up, so we formed this partnership. It grew to become the East Tennessee Meth Task Force, and now it is a premiere statewide task force.

We have had tremendous success in combating methamphetamine production in Tennessee, but we have to continue to modernize the laws, including adding a Federal component, in order for drug professionals to be able to keep ephedrine and pseudoephedrine out of the hands of people who are addicted to methamphetamine, because they produce this most of the time for use. As a result, this is just a deadly, deadly disease out in the hinterland of America, and we have got to fight it. This bill is another step in the right direction.

Congressman GORDON from Tennessee and I have been working together. Congressman COOPER from Tennessee and I passed a bill a few years ago to actually create Federal grant support for the children who are taken out of meth homes because when a meth home is infected by this plague, many times the children become wards of the State, and there was little help there at the State level as well.

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So if this plague of methamphetamine has not come to your hometown, unfortunately, it will soon, and it's something that requires a Federal component.

This is a good bill. I urge the entire House to stand together and pass this piece of legislation, thanking the committees of jurisdiction and the original sponsor, Mr. BART GORDON of Tennessee.

Mr. PALLONE. Mr. Speaker, I continue to reserve.

Mr. WHITFIELD. When you talk to law enforcement officers anywhere in America today, they will tell you that about 80 percent of the crimes committed in America are the direct result of some type of drug. Methamphetamine is certainly one of those.

In Kentucky, we have the Pennywile Drug Task Force. And when I think about the passage of this legislation, I think of a gentleman named Cheyenne Albro who started that task force and who was a true leader in combatting methamphetamine and who, unfortunately, died a couple of weeks ago, but I know he would be very proud of this act.

I would urge that this legislation be adopted.

Mr. SENSENBRENNER. Mr. Speaker, in 2006, Congress took significant steps to reduce methamphetamine production and distribution by passing the Combat Methamphetamine Epidemic Act. Today, the House will consider H.R. 2923, the Combat Methamphetamine Enhancement Act, which will address problems that the Drug Enforcement Administration (DEA) has identified in the implementation of the Combat Methamphetamine Epidemic Act. H.R. 2923 aims to strengthen enforcement measures and ensure that retailers are in full compliance with the law.

Prior to passage of the Combat Methamphetamine Epidemic Act, it was common practice for methamphetamine dealers to go into stores, load up shopping carts with cold medicines, break open the blister packs, and use the pseudoephedrine and ephedrine to make methamphetamine. The Combat Methamphetamine Epidemic Act stopped this practice, by requiring that cold medicines containing pseudoephedrine and ephedrine be placed behind a pharmacy counter, requiring signature and proof of identification before purchase, and limiting how much of these medicines a person can buy in a day or month. However, the law contains a loophole that allows retailers to continue to sell products containing pseudoephedrine and ephedrine without showing that their employees are complying with the law's requirement.

H.R. 2923 will require retailers of pseudoephedrine and ephedrine products to verify with the DEA that they have trained their staff in the requirements of the Combat Methamphetamine Epidemic Act. If they don't, they simply won't be able to purchase pseudoephedrine products from distributors. The DEA needs every resource available to enforce the tough drug laws already on the books. This measure will curb drug manufacturers' access to ephedrine or pseudoephedrine, while keeping these products available to responsible consumers.

Over the past decade, methamphetamines have emerged as one of the most dangerous homegrown drugs. Ranking as one of the most widely used illicit drugs in the world, it has become the most prevalent drug problem in many Western and Midwestern states, and is emerging on the East Coast. Congress made great efforts in the fight against methamphetamines with the enactment of the Combat Methamphetamine Epidemic Act. However, while many of the provisions in the comprehensive legislation have had positive results, including a sharp decline in national methamphetamine lab seizures; manufacturers, traffickers and abusers continue to search for loopholes in the law.

H.R. 2923 is a common sense bill, designed to strengthen the implementation of the Combat Methamphetamine Epidemic Act. This bill would create incentives to ensure that the verification process of the law is made both effective and enforceable. I urge my colleagues to support this legislation.

Mr. WHITFIELD. Mr. Speaker, I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield back the balance of my time and ask that the bill pass.

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. 2923, 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.

FAMILY HEALTH CARE ACCESSIBILITY ACT OF 2010

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1745) to amend the Public Health Service Act to provide liability protections for volunteer practitioners at health centers under section 330 of such Act, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1745

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 "Family Health Care Accessibility Act of 2010".

SEC. 2. LIABILITY PROTECTIONS FOR HEALTH PROFESSIONAL VOLUNTEERS AT COMMUNITY HEALTH CENTERS.

Section 224 of the Public Health Service Act (42 U.S.C. 233) is amended by adding at the end the following:

"(q)(1) For purposes of this section, a health professional volunteer at an entity described in subsection (g)(4) shall, in providing a health professional service eligible for funding under section 330 to an individual, be deemed to be an employee of the Public Health Service for a calendar year that begins during a fiscal year for which a transfer was made under paragraph (4)(C). The preceding sentence is subject to the provisions of this subsection.

"(2) In providing a health service to an individual, a health care practitioner shall for purposes of this subsection be considered to be a health professional volunteer at an entity de-

scribed in subsection (g)(4) if the following conditions are met:

"(A) The service is provided to the individual at the facilities of an entity described in subsection (g)(4), or through offsite programs or events carried out by the entity.

"(B) The entity is sponsoring the health care practitioner pursuant to paragraph (3)(B).

"(C) The health care practitioner does not receive any compensation for the service from the individual or from any third-party payer (including reimbursement under any insurance policy or health plan, or under any Federal or State health benefits program), except that the health care practitioner may receive repayment from the entity described in subsection (g)(4) for reasonable expenses incurred by the health care practitioner in the provision of the service to the individual.

"(D) Before the service is provided, the health care practitioner or the entity described in subsection (g)(4) posts a clear and conspicuous notice at the site where the service is provided of the extent to which the legal liability of the health care practitioner is limited pursuant to this subsection.

"(E) At the time the service is provided, the health care practitioner is licensed or certified in accordance with applicable law regarding the provision of the service.

"(3) Subsection (g) (other than paragraphs (3) and (5)) and subsections (h), (i), and (l) apply to a health care practitioner for purposes of this subsection to the same extent and in the same manner as such subsections apply to an officer, governing board member, employee, or contractor of an entity described in subsection (g)(4), subject to paragraph (4) and subject to the following:

"(A) The first sentence of paragraph (1) applies in lieu of the first sentence of subsection (g)(1)(A).

"(B) With respect to an entity described in subsection (g)(4), a health care practitioner is not a health professional volunteer at such entity unless the entity sponsors the health care practitioner. For purposes of this subsection, the entity shall be considered to be sponsoring the health care practitioner if—

"(i) with respect to the health care practitioner, the entity submits to the Secretary an application meeting the requirements of subsection (g)(1)(D); and

"(ii) the Secretary, pursuant to subsection (g)(1)(E), determines that the health care practitioner is deemed to be an employee of the Public Health Service.

"(C) In the case of a health care practitioner who is determined by the Secretary pursuant to subsection (g)(1)(E) to be a health professional volunteer at such entity, this subsection applies to the health care practitioner (with respect to services performed on behalf of the entity sponsoring the health care practitioner pursuant to subparagraph (B)) for any cause of action arising from an act or omission of the health care practitioner occurring on or after the date on which the Secretary makes such determination.

"(D) Subsection (g)(1)(F) applies to a health care practitioner for purposes of this subsection only to the extent that, in providing health services to an individual, each of the conditions specified in paragraph (2) is met.

"(4)(A) Amounts in the fund established under subsection (k)(2) shall be available for transfer under subparagraph (C) for purposes of carrying out this subsection.

"(B) Not later May 1 of each fiscal year, the Attorney General, in consultation with the Secretary, shall submit to the Congress a report providing an estimate of the amount of claims (together with related fees and expenses of witnesses) that, by reason of the acts or omissions of health professional volunteers, will be paid pursuant to this section during the calendar year that begins in the following fiscal year. Subsection (k)(1)(B) applies to the estimate under the preceding sentence regarding health