

rural areas and mental health professional shortage areas that have high rates of addiction to methamphetamine or other drugs.

I urge my colleagues to support this legislation.

I yield back the balance of my time.

□ 2140

Mr. PALLONE. Mr. Speaker, I yield such time as he may consume to the gentleman from California (Mr. McNERNEY), who is the bill's sponsor, and I do want to thank him for all this work on what is really an important issue. The meth crisis is really severe in this country, and this bill seeks to address that in a significant way.

Mr. McNERNEY. Mr. Speaker, I rise today in support of H.R. 2818, the Methamphetamine Education, Treatment, and Hope Act, a bill I was proud to introduce.

Unfortunately, methamphetamine use is a serious problem throughout the country, including California and my district. For instance, one recent survey indicates that meth use by children 12 years and older increased by 60 percent between 2008 and 2009. That is 154,000 new users of methamphetamine in 2009, compared to only 95,000 new users in 2008.

Children don't start using meth or other drugs without learning it from someone else, and, sadly, they are often introduced to it by adult family members.

By improving Federal treatment programs so they serve all parenting women, H.R. 2818 enables mothers to receive the help they need. This bill will benefit mothers and children alike. Addressing addictions will also help reduce drug-related crimes and benefit children and families.

H.R. 2818 also includes provisions that will ensure that the rural areas with a shortage of mental health professionals or family-based substance abuse treatment centers are provided the resources they need. By focusing grants in areas with higher concentrations of drug use, we can effectively utilize appropriated funds.

I have worked with Members on both sides of the aisle to introduce this bill and update the current law. Congresswoman BONO MACK joined me as an original cosponsor, and this bill traveled through the legislative process. Constructive suggestions by the minority members of the Committee on Energy and Commerce were incorporated to improve the legislation.

Improving meth treatment programs will help reduce crime and benefit children, and I urge my colleagues to support this bipartisan effort.

Mr. PALLONE. 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. 2818, 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. BURGESS. Mr. 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.

FURTHER MESSAGE FROM THE SENATE

A further message from the Senate by Ms. Curtis, one of its clerks, announced that the Senate has passed without amendment bills of the House of the following titles:

H.R. 1177. An act to require the Secretary of the Treasury to mint coins in recognition of five United States Army 5-Star Generals, George Marshall, Douglas MacArthur, Dwight Eisenhower, Henry "Hap" Arnold, and Omar Bradley, alumni of the United States Army Command and General Staff College, Fort Leavenworth, Kansas, to coincide with the celebration of the 132nd Anniversary of the founding of the United States Army Command and General Staff College.

H.R. 3689. An act to provide for an extension of the legislative authority of the Vietnam Veterans Memorial Fund, Inc. to establish a Vietnam Veterans Memorial visitor center, and for other purposes.

The message also announced that the Senate has passed with amendments in which the concurrence of the House is requested, bills of the House of the following titles:

H.R. 3219. An act to amend title 38, United States Code, to make certain improvements in the laws administered by the Secretary of Veterans Affairs relating to insurance and health care, and for other purposes.

H.R. 3940. An act to amend Public Law 96-597 to clarify the authority of the Secretary of the Interior to extend grants and other assistance to facilitate political status public education programs for the peoples of the non-self-governing territories of the United States.

H.R. 5566. An act to amend title 18, United States Code, to prohibit interstate commerce in animal crush videos, and for other purposes.

The message also announced that the Senate has passed bills of the following titles in which the concurrence of the House is requested:

S. 3243. An act to require U.S. Customs and Border Protection to administer polygraph examinations to all applicants for law enforcement positions with U.S. Customs and Border Protection, to require U.S. Customs and Border Protection to initiate all periodic background reinvestigations of certain law enforcement personnel, and for other purposes.

S. 3789. An act to limit access to Social Security account numbers.

SUPPORTING NATIONAL PROSTATE CANCER AWARENESS MONTH

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and agree to the

resolution (H. Res. 1485) expressing support for designation of September 2010 as "National Prostate Cancer Awareness Month".

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 1485

Whereas countless families in the United States live with prostate cancer;

Whereas 1 in 6 men in the United States will be diagnosed with prostate cancer in his lifetime;

Whereas prostate cancer is the most commonly diagnosed non-skin cancer and the second most common cause of cancer-related deaths among men in the United States;

Whereas in 2010, 217,730 men in the United States will be diagnosed with prostate cancer and 32,050 men in the United States will die of prostate cancer;

Whereas 30 percent of new diagnoses of prostate cancer occur in men under the age of 65;

Whereas a man in the United States turns 50 years old approximately every 14 seconds, increasing his odds of developing cancer, including prostate cancer;

Whereas African-American males suffer a prostate cancer incidence rate up to 65 percent higher than White males and double the prostate cancer mortality rates of White males;

Whereas obesity is a significant predictor of the severity of prostate cancer and the probability that the disease will lead to death, and high cholesterol levels are strongly associated with advanced prostate cancer;

Whereas if a man in the United States has 1 family member diagnosed with prostate cancer, he has a 1 in 3 chance of being diagnosed with prostate cancer, if he has 2 family members with such diagnoses, he has an 83 percent risk, and if he has 3 family members with such diagnoses, he then has a 97 percent risk of prostate cancer;

Whereas screening by both a digital rectal examination and a prostate-specific antigen blood test can detect the disease in its early stages, increasing the chances of surviving more than 5 years to nearly 100 percent, while only 33 percent of men survive more than 5 years if diagnosed during the late stages of the disease;

Whereas there are no noticeable symptoms of prostate cancer while it is still in the early stages, making screening critical;

Whereas ongoing research promises further improvements in prostate cancer prevention, early detection, and treatments;

Whereas educating people in the United States, including health care providers, about prostate cancer and early detection strategies is crucial to saving the lives of men and preserving and protecting families; and

Whereas September 2010 would be an appropriate month to designate as "National Prostate Cancer Awareness Month": Now, therefore, be it

Resolved, That the House of Representatives—

(1) supports the designation of "National Prostate Cancer Awareness Month";

(2) declares that steps should be taken—

(A) to raise awareness about the importance of screening methods for, and treatment of, prostate cancer;

(B) to support research so that the screening and treatment of prostate cancer may be improved, and so that the causes of, and a cure for, prostate cancer may be discovered; and

(C) to continue to consider ways for improving access to, and the quality of, health

care services for detecting and treating prostate cancer; and

(3) calls on the people of the United States, interested groups, and affected persons—

(A) to promote awareness of prostate cancer;

(B) to take an active role in the fight to end the devastating effects of prostate cancer on individuals, their families, and the economy; and

(C) to observe National Prostate Cancer Awareness Month with appropriate ceremonies and activities.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Texas (Mr. BURGESS) 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 within which to revise and extend their remarks and 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, H. Res. 1485 expresses support for the designation of September 2010 as National Prostate Cancer Awareness Month.

I would like to thank Representative NEUGEBAUER for his leadership on this issue, and I urge my colleagues to support this resolution.

I reserve the balance of my time.

Mr. BURGESS. Mr. Speaker, I yield such time as he may consume to the gentleman from Texas (Mr. NEUGEBAUER).

Mr. NEUGEBAUER. Mr. Speaker, I rise today as the author of H. Res. 1485, to express support for the designation of September as Prostate Cancer Awareness Month by the House of Representatives.

I didn't know much about prostate cancer, other than occasionally one of my friends would turn up with that diagnosis; and about every year when I went to my health care provider, I went through the normal process of having a digital exam and also taking my PSA, and was pretty religious about doing that, always with the good news of a negative result.

Well, that all changed in August of last year when I went for my test and it was decided that additional testing needed to be done. So tests were done, and it was determined that I did in fact have prostate cancer. Once you get cancer, then you get a lot more interested in that subject, and I wanted to share with the folks this evening a little bit about this prostate cancer.

Just in 2010 alone, 217,730 men will be diagnosed with prostate cancer, and 32,000 men in the United States will die from prostate cancer. Thirty percent of the new diagnoses of prostate cancer will occur in men under the age of 65. Prostate cancer takes one life every 18

minutes. In the next 24 hours, prostate cancer will claim the lives of 83 American men.

If a close relative has prostate cancer, a man's risk of the disease more than doubles. With two relatives, his risk increases five times. With three close relatives, the risk is about 97 percent.

African American males suffer prostate cancer at a rate of 65 percent higher than white males and double the prostate cancer mortality rates of their white counterparts.

Obesity is a significant predictor of the severity of prostate cancer and the probability that the disease will lead to death. In fact, high cholesterol levels are strongly associated with advanced prostate cancer.

If a man in the United States has one family member diagnosed with prostate cancer, he has a 1 in 3 chance of being diagnosed with prostate cancer.

What we have learned is that this is a deadly disease, and it affects men. The good news is that once I learned some of those facts, obviously that got my attention. But the good news is that almost 100 percent of the men diagnosed with prostate cancer will stay alive for at least 5 years; about 90 percent of the prostate cancer cases are found while the cancer is still either local or regional, and nearly 100 percent of these men will be alive 5 years after being diagnosed.

So what is the importance of National Prostate Cancer Awareness Month? Well, it is important to recognize that this is a real hazard for men. But, most importantly, and the good news is, if caught early and treated early, the survival chances are extremely good.

So that is the reason that I decided to bring this resolution before this House and to help bring awareness to the American people, and particularly men, is that it is important to make sure you get screened and to make that a part of your annual physical. And, if you are unfortunate enough to be diagnosed with prostate cancer, that the earlier you detect it, the better your chances of survival and eventual cure are.

So I am about to celebrate the day after tomorrow, on September 30, of being 1 year cancer free. The reason I am able to do that and the reason I am able to stand before this body tonight is because we have got important research going on on how to treat this cancer. There is important research going on on hopefully some day being able to prevent prostate cancer. But until then, it is important that men get screened and get their tests done so that they too can stand and say, You know what? I survived prostate cancer.

Mr. Speaker, I urge the passage of this bill and urge all men get tested.

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

Mr. BURGESS. Mr. Speaker, I also want to thank our colleague from Texas for sharing his story with us.

Just to reiterate. Physical exams and blood tests are a primary means of diagnosing the disease, and all men should discuss this matter with their physicians to determine the best course for them, particularly men who are most at risk.

Again, I want to thank Representative NEUGEBAUER from Texas for his work on the resolution, which calls for an increase in awareness of the screening methods and treatments of prostate cancer and continued research into the causes and potential cures.

Mr. Speaker, as a cosponsor of this resolution, I urge Members to support H. Res. 1485.

Mr. BURTON of Indiana. Mr. Speaker, I rise in strong support of H. Res. 1485, a resolution expressing the support of the House of Representatives for the designation of September 2010, as "National Prostate Cancer Awareness Month." I would like to thank the Chairman and Ranking Member of the Energy and Commerce Committee for bringing this important resolution to the Floor. I would also like to thank Representative RANDY NEUGEBAUER for his tireless efforts to raise awareness of this terrible disease.

The prostate is a topic that makes all men uncomfortable, present company included. And because of this fact, the disease has become a silent epidemic. According to the latest statistics, 1 in 6 men will be diagnosed with prostate cancer in their lifetime (218,000 men will be diagnosed with prostate cancer this year alone); this rivals the rate of breast cancer in women which is approximately 1 in 8.

That is why we must promote and support Prostate Cancer Awareness Month, to bring this issue into the light, and get men to begin having conversations about their prostate health. It is important for men to take advantage of prostate cancer screening exams in order to detect the disease at the earliest opportunity, when it is still curable.

However, getting more men to pay attention to this issue is only half the battle because a recent study funded by the National Cancer Institute demonstrated that the most common available methods of detecting prostate cancer, the PSA blood test and Digital Rectal Exam, DRE, the only preinvasive indicators available for the detection of prostate cancer, are not particularly adept at detecting prostate cancer. The study showed that many PSA blood tests that screen for prostate cancer result in false-negative reassurances and numerous false-positive alarms (15 percent of men with normal PSA levels still have prostate cancer). Even when PSA levels are abnormal, 88 percent of men end up not having prostate cancer that would require surgery but undergo unnecessary biopsies. As a result more than 1,000,000 U.S. men have prostate biopsies annually—costing our health care system approximately \$1.44 billion—many of which could be eliminated if we had advanced diagnostic imaging tools.

When one look at the battle against breast cancer, a disease that again affects about 1 in 8 women, we see that it was a combination of increased awareness along with the development of more sophisticated diagnostic and imaging tools that help improve early detection and survival rates. The same strategy can work for prostate cancer.

For example, preliminary data from a European study demonstrated that when prostate

cancer biopsies were guided by high-precision, experimental MRI, they accurately detected 59% of clinically significant prostate cancer missed by at least two consecutive blind biopsies. Unfortunately, today, neither the U.S. Department of Health and Human Services nor the Department of Defense devotes substantial resources to prostate cancer imaging research. I have been told that the National Institutes of Health spent only \$10 million on prostate cancer detection research last year out of a total prostate cancer research budget of \$350 million. In short, there is no concerted Federal effort to bring the equivalent of mammography to prostate cancer detection. Representative CUMMINGS and I have introduced legislation, the PRIME Act (H.R. 1485) to correct this problem. The PRIME Act would, among other things, require the National Institutes of Health (NIH), to: (1) carry out a program to expand and intensify research to develop advanced imaging technologies for prostate cancer detection, diagnosis, and treatment comparable to mammogram technology. I encourage my colleagues to co-sponsor this critically importance legislation.

There is still much work to be done if we want to gain the upper hand against a disease that has negatively impacted so many men and their families. Prostate Cancer Awareness Month is a time for us to discuss and confront this epidemic, regardless of how uncomfortable it makes us feel. Despite the fact that men don't like to address these sorts of issues openly, we must acknowledge that the numbers speak for themselves. 32,000 men will die in 2010, 1.5 million men will have invasive and inaccurate biopsies performed, and 70,000 men will have treatment failures while trying to seek help for their condition. These statistics stand as stark reminders of the importance of this month and the dialogue that it will hopefully encourage.

It is my hope that through increased awareness and discussion about prostate cancer, we can begin to chip away at this silent killer. We owe it to ourselves, our fathers, grandfathers, brothers, sons, husbands, and friends to make this effort. I urge my colleagues to support H. Res. 1458.

Mr. BURGESS. 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. 1485.

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

A motion to reconsider was laid on the table.

□ 2150

CONCUSSION TREATMENT AND CARE TOOLS ACT OF 2010

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1347) to amend title III of the Public Health Service Act to provide for the establishment and implementation of concussion management guidelines with respect to school-aged chil-

dren, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1347

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 "Concussion Treatment and Care Tools Act of 2010" or the "ConTACT Act of 2010".

SEC. 2. CONCUSSION MANAGEMENT GUIDELINES WITH RESPECT TO SCHOOL-AGED CHILDREN.

Part B of title III of the Public Health Service Act (42 U.S.C. 243 et seq.) is amended by inserting after section 317T the following:

"SEC. 317U. CONCUSSION MANAGEMENT GUIDELINES WITH RESPECT TO SCHOOL-AGED CHILDREN.

"(a) CONCUSSION MANAGEMENT GUIDELINES.—

"(1) ESTABLISHMENT.—Not later than 2 years after the date of the enactment of this section, the Secretary shall establish concussion management guidelines that address the prevention, identification, treatment, and management of concussions (as defined by the Secretary) in school-aged children, including standards for such children to return to play after experiencing such a concussion, and shall make available such guidelines and standards to the general public, including health professionals.

"(2) CONFERENCE.—The Secretary shall convene a conference of medical, athletic, and educational stakeholders for purposes of assisting in the establishment of the guidelines.

"(b) GRANTS TO STATES.—

"(1) IN GENERAL.—After establishing the guidelines under subsection (a), the Secretary may make grants to States for purposes of—

"(A) providing for the collection by target entities of information on the incidence and prevalence of concussions among school-aged children attending or participating in such entities;

"(B) adopting, disseminating, and ensuring the implementation by target entities of the guidelines;

"(C) funding implementation by target entities of pre-season baseline and post-injury testing, including computerized testing, for school-aged children; and

"(D) any other activity or purpose specified by the Secretary.

"(2) GRANT APPLICATIONS.—

"(A) IN GENERAL.—To be eligible to receive a grant under this subsection, the Secretary shall require a State to submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary shall require.

"(B) MINIMUM CONTENTS.—The Secretary shall require that an application of a State under subparagraph (A) contain at a minimum—

"(i) a description of the strategies the State will use to disseminate, and ensure the implementation by target entities of, the guidelines, including coordination with ongoing State-based efforts to implement State laws governing youth concussion management; and

"(ii) an agreement by the State to periodically provide data to the Secretary with respect to the incidence of concussions and second impact syndrome among school-aged children in the State.

"(3) UTILIZATION OF HIGH SCHOOL SPORTS ASSOCIATIONS, YOUTH SPORTS ASSOCIATIONS, ATHLETIC TRAINER ASSOCIATIONS, AND LOCAL CHAPTERS OF NATIONAL BRAIN INJURY ORGANI-

ZATIONS.—In disseminating and ensuring the implementation by target entities of the guidelines pursuant to a grant under this subsection, the Secretary shall require States receiving grants under this subsection to utilize, to the extent practicable, applicable expertise and services offered by high school sports associations, youth sports associations, athletic trainer associations, and local chapters of national brain injury organizations in such States.

"(c) COORDINATION OF ACTIVITIES.—In carrying out activities under this section, the Secretary shall coordinate in an appropriate manner with the heads of other Federal departments and agencies that carry out activities related to concussions and other traumatic brain injuries.

"(d) REPORTS.—

"(1) ESTABLISHMENT OF THE GUIDELINES.—Not later than 2 years after the date of the enactment of this section, the Secretary shall submit to the Congress a report on the implementation of subsection (a).

"(2) GRANT PROGRAM AND DATA COLLECTION.—Not later than 4 years after the date of the enactment of this section, the Secretary shall submit to the Congress a report on the implementation of subsection (b), including—

"(A) the number of States that have adopted the guidelines;

"(B) the number of target entities that have implemented pre-season baseline and post-injury testing, including computerized testing, for school-aged children; and

"(C) the data collected with respect to the incidence of concussions and second impact syndrome among school-aged children.

"(e) DEFINITIONS.—In this section:

"(1) The term 'guidelines' means the concussion management guidelines established under subsection (a).

"(2) The term 'return to play' means, with respect to a school-aged child experiencing a concussion, the return of such child to participating in the sport or other activity related to such concussion.

"(3) The term 'school-aged children' means individuals who are at least 5 years of age and not more than 18 years of age.

"(4) The term 'second impact syndrome' means catastrophic or fatal events that occur when an individual suffers a concussion while symptomatic and healing from a previous concussion.

"(5) The term 'Secretary' means the Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention.

"(6) The term 'State' means each of the 50 States and the District of Columbia.

"(7) The term 'target entity' means an elementary school, a secondary school, or a youth sports association."

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

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days within which to revise and extend their remarks and 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. Mr. Speaker, I yield myself such time as I may consume.