

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.

Mr. Speaker, H.R. 1347, or the ConTACT Act, will help to reduce the number of concussion-related injuries nationally by improving a school's ability to guide return-to-play decisions and by raising awareness for parents, students, health professionals, and others of the consequences of multiple concussions.

I want to thank Mr. SHIMKUS and Mr. BARTON for their willingness to work on this bill with me and, of course, thank the sponsor of the bill, my colleague from New Jersey (Mr. PASCRELL) who has worked so hard on this legislation.

Mr. Speaker, I reserve the balance of my time.

Mr. BURGESS. Mr. Speaker, H.R. 1347, the Concussion Treatment and Care Tools Act seeks to reduce the number of concussions sustained by our young people.

According to the Centers for Disease Control and Prevention, a concussion is a type of traumatic brain injury. The Centers for Disease Control estimates that 1.7 million people sustain a traumatic brain injury each year. Some of these are sustained by children while they are playing sports. This bill will help reduce that number.

The bill would require the Centers for Disease Control to develop model guidelines that address the prevention, identification, treatment, and management of concussions in school-age children, including standards for student athletes to return to play after a concussion.

The bill also would direct the secretary to convene a conference of experts to develop the model guidelines. The secretary would be allowed, but not required, to award grants to States to help implement these guidelines. I must also note that the bill would ensure that the Centers for Disease Control uses its existing budget to award these grants if they deem them necessary. It does not create a separate funding source for these grants.

I urge my colleagues to support the bill.

I yield back the balance of my time. Mr. PALLONE. Mr. Speaker, I yield such time as he may consume to the sponsor of the bill, my colleague from New Jersey (Mr. PASCRELL). I just want to say he has worked tirelessly as an advocate for this bill, doing investigations and having a hearing that we held in the State of New Jersey. As you know, he was very aggressive in a very positive way to make sure this bill came to the floor.

Mr. PASCRELL. Mr. Speaker, as you know, Speaker PELOSI gavelled in the 110th Congress on behalf of America's children. Today I am proud to say the House will consider this bipartisan bill to protect our children in youth sports.

As cochair of the Congressional Brain Injury Task Force with Congressman PLATTS from Pennsylvania, I have worked for the last 9 years on the issue of brain injury for our troops, as well as those who are playing sports, all sports, men and women.

Back then, we had no idea how prevalent brain injury would become for our youth. A study published this month in Pediatrics found that between 1997 and 2007, the number of children seeking emergency medical care for concussions doubled.

To address this growing problem for schools, Congressman TODD PLATTS and I introduced the ConTACT Act, H.R. 1347, to create Federal guidelines on concussion management and a grant program for States to implement these policies.

This bill is dedicated to kids like Ryne Dougherty, a constituent of mine who died after returning to a football game without recovering from a previous concussion, and Niki Popper, who suffered over 11 concussions from basketball. While we did not have the proper guidelines in place to protect them on the field of play, this bill would create Federal guidelines, not by the Congress but by professionals, to protect other student athletes so they can excel not only in sports but in school.

I want to thank Speaker PELOSI, and I want to thank Majority Leader HOYER for recognizing the importance of bringing this bill to the floor, and Chairman WAXMAN and Chairman PALLONE for helping this particular bill through the committee process.

I want to thank the organizations that supported the bill, that recognized its value for our citizens: The Brain Injury Association, Easter Seals, the NFL, the NFL Players Association, the Parkinson's Action Network, the National Athletic Trainers Association, the National Association of Head Injury Administrators, the New Jersey Council of General Hospitals, and the American College of Rehabilitation Medicine.

This is a big deal for the kids that are our children, our grandchildren, throughout the United States. Thank you, Mr. Speaker, thank you, Mr. Chairman, and thank you, Mr. Minority Leader.

Mr. CONYERS. Mr. Speaker, I rise in support of H.R. 1347, the "Concussion Treatment and Care Tools Act of 2009" or the "ConTACT Act of 2009." This legislation directs the Department of Health and Human Services, acting through the Centers for Disease Control and Prevention, to establish concussion management guidelines for preventing, identifying, treating, and managing concussions in children between the ages of 5 and 18.

As Chairman of the Judiciary Committee, I convened four hearings and forums beginning on October 28, 2009 to examine and highlight the growing evidence linking concussions sustained while playing football to long-term brain damage.

Brain injuries are the leading cause of death and disability for children in our Nation. According to research by The New York Times, at least 50 high school or younger football players in more than 20 States since 1997 have been killed or have sustained serious concussions on the football field.

With 1.2 million high school athletes and approximately 3 million American youngsters be-

tween the ages of 6 and 14 playing tackle football, many kids continue to be at risk.

The Centers for Disease Control and Prevention found that more than 300,000 athletes lose consciousness from concussions every year in the United States, and that the total number of concussions could be as high as 3.8 million.

Since most brains aren't fully developed until age 25, a concussion is even more dangerous for a youth than for an adult.

Furthermore, a repeat concussion—one that occurs before the brain recovers from a previous concussion—can be even more devastating.

Research indicates that younger, less-developed brains are at even greater risk of second-impact syndrome. This syndrome may include brain swelling, permanent brain damage, and death.

Given that young athletes are more susceptible to second-impact syndrome, it is troubling that there is a shortage of trainers available to attend to young players on the football field.

According to the National Athletic Trainers' Association, 58 percent of high schools nationwide do not have a certified athletic trainer available for players.

And as former National Football League player Merrill Hoge testified at our first hearing on football head injuries last year, trainers are virtually non-existent at the youth level, where he coaches his children.

Even if high school or youth teams do have a sideline trainer available, these individuals often have little experience in the subtleties of concussion management.

This fact may explain the alarming results of a recent study by the Center for Injury Research and Policy at Nationwide Children's Hospital in Columbus, Ohio. The study found that as many as 41 percent of high school athletes who suffer concussions on the field may be returning to play too soon.

In part because of the Judiciary Committee's scrutiny, the National Football League has made significant changes with respect to concussion prevention, identification, treatment, and education. However, it is not clear whether these changes are filtering down to younger levels of football or to other contact sports.

That is why I applaud Representative BILL PASCRELL's effort to bring some nationwide uniformity for the management of concussions in school-aged children. I urge my colleagues to support H.R. 1347.

Mr. PALLONE. Mr. Speaker, I have no additional speakers. I would yield back the balance of my time and urge passage of this important 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. 1347, 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.

DIABETES SCREENING ACT

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 6012) to direct the Secretary of Health and Human Services to review uptake and utilization of diabetes screening benefits and establish an outreach program with respect to such benefits, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 6012

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

SECTION 1. DIABETES SCREENING EVALUATION AND OUTREACH PROGRAM RECOMMENDATIONS.

Part P of title III of the Public Health Service Act (42 U.S.C. 280g et seq.) is amended by inserting after section 399V-3 the following new section:

"SEC. 399V-3A. DIABETES SCREENING EVALUATION AND OUTREACH PROGRAM RECOMMENDATIONS.

"(a) ESTABLISHMENT.—With respect to diabetes screening tests and for the purposes of reducing the number of undiagnosed seniors with diabetes or prediabetes, the Secretary shall—

"(1) review utilization of diabetes screening benefits under programs of the Department of Health and Human Services to identify and address any existing problems with regard to such utilization and related data collection mechanisms; and

"(2) make recommendations (informed by the review under paragraph (1)) on outreach activities being carried out by the Secretary as of the date of the enactment of this section to ensure awareness among seniors and health care providers of—

"(A) such diabetes screening benefits; and

"(B) the advantages of knowing one's diabetic or prediabetic status for the purpose of diabetes self management.

"(b) CONSULTATION.—The Secretary shall carry out this section in consultation with—

"(1) the heads of appropriate health agencies and offices in the Department of Health and Human Services; and

"(2) entities with an interest in diabetes, including industry, voluntary health organizations (such as diabetes advocacy groups and other related stakeholders), trade associations, and professional societies.

"(c) REPORT.—For each of the fiscal years 2011, 2012, and 2013, the Secretary shall submit to Congress an annual report on the activities carried out under this section during such respective year.

"(d) DEFINITION.—For purposes of this section, the term 'senior' means an individual who is at least 65 years of age."

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

Mr. Speaker, H.R. 6012, sponsored by Representative Zack Space of Ohio, is designed to reduce the number of undiagnosed seniors with diabetes by evaluating more seniors sooner through the HHS diabetes screening benefit. I urge my colleagues to support this commonsense legislation.

I reserve the balance of my time.

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

H.R. 6012, the diabetes screening bill, would require Health and Human Services to review the utilization of diabetes screening tests available to seniors under Medicare and make recommendations to increase utilization.

We obviously don't know the cause of diabetes, but both genetics and environmental factors such as obesity and lack of activity appear to play roles. Diabetes affects an estimated 24 million Americans.

Approximately 57 million Americans have a pre-diabetic condition. Identifying those with diabetes early can reduce the likelihood of people developing costly and debilitating conditions associated with the disease. We do need to know if people are using this provided service, and if not why not, and examine how do we ensure to connect people with the service.

I urge my colleagues to support this resolution.

I yield back the balance of my time.

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

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. 6012, as amended.

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

The title was amended so as to read:

"A bill to direct the Secretary of Health and Human Services to review utilization of diabetes screening benefits and make recommendations on outreach programs with respect to such benefits, and for other purposes."

A motion to reconsider was laid on the table.

□ 2200

NATIONAL NEUROLOGICAL DISEASES SURVEILLANCE SYSTEM ACT OF 2010

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1362) to amend the Public Health Service Act to provide for the estab-

lishment of permanent national surveillance systems for multiple sclerosis, Parkinson's disease, and other neurological diseases and disorders, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1362

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 "National Neurological Diseases Surveillance System Act of 2010".

SEC. 2. NATIONAL NEUROLOGICAL DISEASES SURVEILLANCE SYSTEM.

Part P of title III of the Public Health Service Act (42 U.S.C. 280g et seq.) is amended by adding at the end the following:

"SEC. 399V-5 SURVEILLANCE OF NEUROLOGICAL DISEASES.

"(a) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall—

"(1) enhance and expand infrastructure and activities to track the epidemiology of neurological diseases, including multiple sclerosis and Parkinson's disease; and

"(2) incorporate information obtained through such activities into a statistically-sound, scientifically-credible, integrated surveillance system, to be known as the National Neurological Diseases Surveillance System.

"(b) RESEARCH.—The Secretary shall ensure that the National Neurological Diseases Surveillance System is designed in a manner that facilitates further research on neurological diseases.

"(c) CONTENT.—In carrying out subsection (a), the Secretary—

"(1) shall provide for the collection and storage of information on the incidence and prevalence of neurological diseases in the United States;

"(2) to the extent practicable, shall provide for the collection and storage of other available information on neurological diseases, such as information concerning—

"(A) demographics and other information associated or possibly associated with neurological diseases, such as age, race, ethnicity, sex, geographic location, and family history;

"(B) risk factors associated or possibly associated with neurological diseases, including genetic and environmental risk factors; and

"(C) diagnosis and progression markers;

"(3) may provide for the collection and storage of information relevant to analysis on neurological diseases, such as information concerning—

"(A) the epidemiology of the diseases;

"(B) the natural history of the diseases;

"(C) the prevention of the diseases;

"(D) the detection, management, and treatment approaches for the diseases; and

"(E) the development of outcomes measures; and

"(4) may address issues identified during the consultation process under subsection (d).

"(d) CONSULTATION.—In carrying out this section, the Secretary shall consult with individuals with appropriate expertise, including—

"(1) epidemiologists with experience in disease surveillance or registries;

"(2) representatives of national voluntary health associations that—

"(A) focus on neurological diseases, including multiple sclerosis and Parkinson's disease; and

"(B) have demonstrated experience in research, care, or patient services;

"(3) health information technology experts or other information management specialists;

"(4) clinicians with expertise in neurological diseases; and

"(5) research scientists with experience conducting translational research or utilizing surveillance systems for scientific research purposes.