more patients will be able to receive the treatments that they so desperately need.

Dr. Joanne Kurtzberg with Duke University Medical Center recently stated in a review of the successes of cord blood transplantations: ''Cord blood transplantation is now an established field with enormous potential. In the future, it may emerge as a source of cells for cellular therapies focused on tissue repair and regeneration.''

This is a great bill. It is bipartisan and deserves the support of the entire body.

Mr. BURGESS. Mr. Speaker, I yield myself 1 minute.

I urge passage of S. 3751 to reauthorize the Stem Cell Therapeutic and Research Authorization Act that was enacted in 2005 and is now being implemented.

The C.W. Bill Young Cell Transplantation Program provides support to patients with leukemia, lymphoma, and sickle cell who need a potentially lifesaving bone marrow or cord blood transplant. One of the goals of the program is to increase the amount of marrow donors and cord blood units.

This program has been a success, and the reauthorization will allow us to continue the good work that was started in 2005.

Again, I urge my colleagues to support the bill.

I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I urge 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, S. 3751.

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The point of no quorum is considered withdrawn.

## COMMENDING EYECARE AMERICA

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 1226) commending EyeCare America for its work over the last 25 years, as amended.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 1226

Whereas American public opinion polls have identified fear of loss of vision as second only to fear of cancer;

Whereas in those public opinion polls Americans have said that loss of vision would have significant impact on their lives;

Whereas the National Eye Institute estimates that more than 42 million Americans have common vision problems, such as myopia (nearsightedness) and hyperopia (farsightedness);

Whereas approximately 35 million Americans experience an age-related eye disease, such as age-related macular degeneration (the leading cause of vision loss in older Americans), glaucoma, diabetic retinopathy, or cataracts;

Whereas the number of Americans to experience an age-related eye disease is expected to increase to 50 million by 2020;

Whereas vision impairment and eye disease is a major public health issue;

Whereas 2010 begins the decade in which the 78 million baby boomers will begin to turn 65 and be at greater risk for certain forms of eye disease;

Whereas much can be done to preserve sight with early detection and treatment;

Whereas EyeCare America, the public service program of the Foundation of the American Academy of Ophthalmology, works to ensure that eye health is not neglected, by matching eligible patients with one of more than 7,000 volunteer ophthalmologists across the county committed to preventing unnecessary blindness in their communities;

Whereas these volunteer ophthalmologists provide seniors with eye examinations and care for up to one year at no out-of-pocket cost to the patient;

Whereas individuals throughout the United States may contact EyeCare America to see if they are eligible to be referred to a volunteer ophthalmologist; and

Whereas EyeCare America has helped over 1 million people since its inception in 1985 and is one of the largest public service programs of its kind in American medicine today: Now, therefore, be it

*Resolved,* That the House of Representatives commends EyeCare America for its work over the last 25 years.

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 in 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 rise today in support of House Resolution 1226. This resolution recognizes EyeCare America, a public service program with the Foundation of the American Academy of Ophthalmology, for 25 years of service. I urge my colleagues to support House Resolution 1226.

I reserve the balance of my time.

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

I rise in support of H. Res. 1226, commending EyeCare America for its work over the past 25 years.

The American Academy of Ophthalmology founded EyeCare America in 1985. Its vision is to lower the incidence of severe visual impairments, including blindness, through education and by facilitating access to medical eye care.

Since its founding, EyeCare America has helped over 1 million people, which makes it one of the largest public service programs of its kind. In fulfilling its mission, EyeCare America has also had over 7,000 volunteers. This highlights what many of us have known for a long time—Americans care for one another and they are willing to donate their time and energy to help others.

And this work has been important. Already, over 40 million Americans are nearsighted or farsighted. And as the over 65 population grows, more Americans are being diagnosed with age-related eye diseases such as macular degeneration, glaucoma, diabetic retinopathy, and cataracts. By educating Americans on the importance of early detection and treatments, and by helping refer qualifying patients to volunteer ophthalmologists, EyeCare America is doing its part to help prevent avoidable eye diseases.

I would like to thank my fellow Texan, Representative GENE GREEN, for his work on this resolution. I congratulate EyeCare America and its 7,000 volunteers for their efforts over the last 25 years. As a fellow physician and cosponsor of this legislation, let me just say, Keep up the good work.

Mr. Speaker, I urge Members to support H. Res. 1226.

I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I ask for passage of the legislation, 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 agree to the resolution, H. Res. 1226, as amended.

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

A motion to reconsider was laid on the table.

## HEART DISEASE EDUCATION, ANALYSIS RESEARCH, AND TREATMENT FOR WOMEN ACT

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1032) to amend the Federal Food, Drug, and Cosmetic Act and the Public Health Service Act to improve the prevention, diagnosis, and treatment of heart disease, stroke, and other cardiovascular diseases in women, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1032

*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 ''Heart Disease Education, Analysis Research, and Treatment for Women Act'' or the ''HEART for Women Act''.*

***SEC. 2. REPORT BY GOVERNMENT ACCOUNTABILITY OFFICE.***

*(a) IN GENERAL.—The Comptroller General of the United States shall conduct a study investigating the extent to which sponsors of clinical studies of investigational drugs, biologics, and devices and sponsors of applications for approval or licensure of new drugs, biologics, and devices comply with Food and Drug Administration requirements and follow guidance for presentation of clinical study safety and effectiveness data by sex, age, and racial subgroups.*

*(b) REPORT BY GAO.—*

*(1) SUBMISSION.—Not later than 12 months after the date of the enactment of this Act, the Comptroller General shall complete the study under subsection (a) and submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate a report on the results of such study.*

*(2) CONTENTS.—The report required by paragraph (1) shall include each of the following:*

*(A) A description of the extent to which the Food and Drug Administration assists sponsors in complying with the requirements and following the guidance referred to in subsection (a).*

*(B) A description of the effectiveness of the Food and Drug Administration's enforcement of compliance with such requirements.*

*(C) An analysis of the extent to which females, racial and ethnic minorities, and adults of all ages are adequately represented in Food and Drug Administration-approved clinical studies (at all phases) so that product safety and effectiveness data can be evaluated by gender, age, and racial subgroup.*

*(D) An analysis of the extent to which a summary of product safety and effectiveness data disaggregated by sex, age, and racial subgroup is readily available to the public in a timely manner by means of the product label or the Food and Drug Administration's Website.*

*(E) Appropriate recommendations for—*

*(i) modifications to the requirements and guidance referred to in subsection (a); or*

*(ii) oversight by the Food and Drug Administration of such requirements.*

*(c) REPORT BY HHS.—Not later than 6 months after the submission by the Comptroller General of the report required under subsection (b), the Secretary of Health and Human Services shall submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate a response to that report, including a corrective action plan as needed to respond to the recommendations in that report.*

*(d) DEFINITIONS.—In this section:*

*(1) The term ''biologic'' has the meaning given to the term ''biological product'' in section 351(i) of the Public Health Service Act (42 U.S.C. 262(i)).*

*(2) The term ''device'' has the meaning given to such term in section 201(h) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321(h)).*

*(3) The term ''drug'' has the meaning given to such term in section 201(g) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321(g)).*

***SEC. 3. REPORTING ON QUALITY OF AND ACCESS TO CARE FOR WOMEN WITH CARDIOVASCULAR DISEASES.***

*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. REPORTING ON QUALITY OF AND ACCESS TO CARE FOR WOMEN WITH CARDIOVASCULAR DISEASES.***

*''Not later than September 30, 2013, and annually thereafter, the Secretary of Health and Human Services shall prepare and submit to the Congress a report on the quality of and access to care for women with heart disease, stroke, and other cardiovascular diseases. The report shall contain recommendations for eliminating disparities in, and improving the treatment of, heart disease, stroke, and other cardiovascular diseases in women.''.*

***SEC. 4. EXTENSION OF WISEWOMAN PROGRAM.***

*Section 1509 of the Public Health Service Act (42 U.S.C. 300n–4a) is amended—*

*(1) in subsection (a)—*

*(A) by striking the heading and inserting ''IN GENERAL.—''; and*

*(B) in the matter preceding paragraph (1), by striking ''may make grants'' and all that follows through ''purpose'' and inserting the following: ''may make grants to such States for the purpose''; and*

*(2) in subsection (d)(1), by striking ''there are authorized'' and all that follows through the period and inserting ''there are authorized to be appropriated $23,000,000 for fiscal year 2012, $25,300,000 for fiscal year 2013, $27,800,000 for fiscal year 2014, $30,800,000 for fiscal year 2015, and $34,000,000 for fiscal year 2016.''.*

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 in 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.

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

I rise today in strong support of H.R. 1032, the HEART for Women Act. Heart disease is the number one killer of women, and stroke is the number three killer of women. H.R. 1032 expands the CDC's Wise Women Program, which serves low-income, uninsured, and underinsured women by providing cardiovascular disease screenings, referrals, outreach, and education about healthy behaviors.

I urge my colleagues to support this legislation.

I reserve the balance of my time.

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

H.R. 1032, the Heart Disease Education, Analysis, Research, and Treatment for Women Act, would take several important steps in the fight against heart disease, stroke, and other cardiovascular diseases.

First, the amended bill would require the Government Accountability Office to conduct a study on the extent to which sponsors of new drugs, biologics, and devices follow current guidelines with respect to providing clinical trial data by gender and ethnicity. It would also require the Secretary to submit a report to Congress by September 30, 2013, and annually thereafter on the quality and access to care for women with heart disease, stroke, and other cardiovascular disease. Finally, the bill would reauthorize the Wise Women Program for 5 years. The program provides preventative benefits to uninsured and underinsured women who are at high risk of heart disease.

I urge my colleagues to support the bill.

Mrs. CAPPS. Mr. Speaker, I rise in strong support of H.R. 1032, the HEART for Women Act. As you may know, heart disease is the number one killer of American women, claiming the lives of over 400,000 women annually.

The HEART for Women Act seeks to improve our capability to prevent, diagnose and treat heart disease in women in three ways.

First, it requires a GAO report to carefully look at the FDA's record of evaluating new drug and device applications in an effort to ensure we are taking into account how new drugs and devices affect women differently than men as well as people of different ethnicities or ages.

This could not be more timely following the recently released Institute of Medicine report ''Women's Health Research: Progress, Pitfalls, and Promise'' recommending that ''all medical product evaluations by the Food and Drug Administration present efficacy and safety data separately for men and women. . .''

Second, the bill requires the Secretary to report on the quality and access to care for women with heart disease, stroke and other cardiovascular disease.

And finally, it expands the CDC's successful WISEWOMAN program which provides critical cardiovascular screening, treatment, education and prevention services to low-income women.

I'd like to thank the broad coalition of supporters who have endorsed this legislation, especially American Heart Association, WomenHeart and the Society for Women's Health Research.

I urge my colleagues to vote in favor of this legislation and in favor of improving the health of women living with heart disease.

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

Mr. PALLONE. Mr. Speaker, I urge 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. 1032, 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.

## SCLERODERMA RESEARCH AND AWARENESS ACT OF 2010

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2408) to expand the research and awareness activities of the National Institute of Arthritis and Musculoskeletal and Skin Diseases and the