

Centers for Disease Control and Prevention with respect to scleroderma, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2408

*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 "Scleroderma Research and Awareness Act of 2010".*

#### SEC. 2. NATIONAL INSTITUTE OF ARTHRITIS AND MUSCULOSKELETAL AND SKIN DISEASES; SCLERODERMA RESEARCH EXPANSION.

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

##### "SEC. 409K. SCLERODERMA RESEARCH.

*"The Director of NIH may expand, intensify, and coordinate the activities of the National Institutes of Health with respect to scleroderma, with particular emphasis on the following:*

*"(1) Research focused on the etiology of scleroderma and the development of new treatment options.*

*"(2) Clinical research to evaluate new treatments options.*

*"(3) Basic research on the relationship between scleroderma and secondary conditions such as pulmonary hypertension, gastroparesis, Raynaud's phenomenon, Sjögren's Syndrome, and other diseases as determined by the Director."*

##### SEC. 3. PROMOTING PUBLIC AWARENESS OF SCLERODERMA.

*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. PROMOTING PUBLIC AWARENESS OF SCLERODERMA.

*"The Secretary may carry out an educational campaign to increase public awareness of scleroderma. Print, video, and Web-based materials distributed through this campaign may include—*

*"(1) basic information on scleroderma and its symptoms; and*

*"(2) information on—*

*"(A) the incidence and prevalence of scleroderma;*

*"(B) diseases and conditions affiliated with scleroderma; or*

*"(C) the importance of early diagnosis and treatment of scleroderma."*

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 strong support of H.R. 2408, the Scleroderma Research and Awareness Act. H.R. 2408 would encourage NIH to conduct more research into scleroderma and encourage HHS to conduct a public awareness campaign about scleroderma. 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. 2408, the Scleroderma Research and Awareness Act, would expand research and education for scleroderma. There are an estimated 300,000 people in the United States who have this disease. The exact cause or causes of scleroderma are still unknown, but scientists and medical investigators in a wide variety of fields are working to make those determinations.

Scleroderma, or systemic sclerosis, is a chronic connective tissue disease generally classified as one of the autoimmune rheumatic diseases. This bill will provide the Department of Health and Human Services flexibility to help us in the fight against scleroderma in the following ways: First, the bill would allow but not require the director of the National Institute of Arthritis and Musculoskeletal and Skin Diseases of the National Institutes of Health to expand, intensify, and coordinate the activities of the institute with respect to scleroderma. Second, the amended bill would allow but not require the Health and Human Services Secretary, acting through the Centers for Disease Control, to carry out an educational campaign to increase public awareness of scleroderma.

This bill underwent some very important modifications at the committee level. I think it is a better bill for that bipartisan effort. I do urge my colleagues to support this legislation.

Mrs. CAPPS. Mr. Speaker, I rise in strong support of H.R. 2408, the Scleroderma Research and Awareness Act.

Scleroderma is a chronic connective tissue disease in which hardening of the skin is one of the most visible manifestations of the disease.

An estimated 300,000 people in the United States have scleroderma and female patients outnumber male patients an astonishing four to one.

The exact cause or causes of scleroderma are still unknown and there is no cure, which make greater research into this disease all the more necessary.

H.R. 2408 would encourage NIH to conduct more research into Scleroderma and encourage the Secretary of Health & Human Services to conduct a public awareness campaign about the disease.

Passage of this bill out of Committee and in the House of Representatives would not be possible without the grassroots advocacy of patients and families of patients with Scleroderma so I would like to thank them personally for helping us reach today.

Finally, I would like to thank the lead Republican co-sponsor of this legislation, VERN EHLERS of Michigan for his continued support of H.R. 2408.

I urge my colleagues to vote in favor of this bill.

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. 2408, 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.

#### NEGLECTED INFECTIONS OF IMPOVERISHED AMERICANS ACT OF 2010

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5986) to require the submission of a report to the Congress on parasitic disease among poor Americans.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5986

*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 "Neglected Infections of Impoverished Americans Act of 2010".*

#### SEC. 2. REPORT TO CONGRESS ON THE CURRENT STATE OF PARASITIC DISEASES THAT HAVE BEEN OVERLOOKED AMONG THE POOREST AMERICANS.

(a) IN GENERAL.—Not later than 12 months after the date of the enactment of this Act, the Secretary of Health and Human Services shall report to the Congress on the epidemiology of, impact of, and appropriate funding required to address neglected diseases of poverty, including neglected parasitic diseases such as—

- (1) Chagas disease;
- (2) cysticercosis;
- (3) toxocariasis;
- (4) toxoplasmosis;
- (5) trichomoniasis;
- (6) the soil-transmitted helminths; and
- (7) other related diseases, as designated by the Secretary.

(b) REQUIRED INFORMATION.—The report under subsection (a) should provide the information necessary to guide future health policy to—

- (1) accurately evaluate the current state of knowledge concerning diseases described in such subsection and define gaps in such knowledge; and
- (2) address the threat of such diseases.

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 strong support of H.R. 5986, the Neglected Infections of Impoverished Americans Act of 2010. This bill requires a report that will help CDC and Congress to determine the best and most effective next steps for addressing neglected infections of poverty in the United States.

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

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

H.R. 5986, the Neglected Infections of Impoverished Americans Act of 2010, would require the Secretary of Health and Human Services to issue a report on neglected diseases of poverty, including parasitic diseases. Researchers have suggested that poor citizens are affected by infections, including those caused by parasites. Under the bill, the Health and Human Services Department must conduct a study within 12 months on the epidemiology and impact of neglected parasitic infections associated with poverty. The report would provide the information to guide future health policy so we can accurately evaluate the current state of knowledge concerning such diseases and define gaps in the knowledge so that we can properly address the threat of such illnesses. It's a worthwhile endeavor. It's been significantly modified by the committee process, and I urge my colleagues to support it.

Mr. JOHNSON of Georgia. Mr. Speaker, I rise today in support of my bill H.R. 5986, the Neglected Infections of Impoverished Americans Act of 2010. This bill would require the Secretary of Health and Human Services to report to Congress on the epidemiology of, impact of, and appropriate funding required to address neglected diseases of poverty, including neglected parasitic diseases such as Chagas disease, cysticercosis, toxocariasis, toxoplasmosis, trichomoniasis, the soil-transmitted helminths, and other related diseases. The bill requires the report to provide the information necessary to guide future health policy to accurately evaluate the current state of knowledge concerning these diseases and define gaps in such knowledge and address the threat of these diseases.

Mr. Speaker, according to the Centers for Disease Control and Prevention (CDC), neglected infections of poverty are a group of parasitic, bacterial, and viral infections that disproportionately affect impoverished groups, cause illness in a significant number of people, and receive limited attention in tracking, prevention, and treatment. A CDC fact sheet on Neglected Infections of Poverty states that improved tracking and research would help combat these diseases.

Neglected infections of poverty are associated with communities with contaminated playgrounds or other public spaces and lack of access to the health care system. This bill will help public health officials understand where these illnesses are and how many Americans are infected so that we can begin to deal with the negative health outcomes associated with these infections.

I support our efforts to fight neglected infections abroad and it is time that we begin to fight these infections here at home.

This bill has bipartisan support because we can all agree that better information is necessary to understand the threat of these diseases and guide future health policy.

I urge my colleagues to support this bill.

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. 5986.

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

A motion to reconsider was laid on the table.

#### DIABETES IN MINORITY POPULATIONS EVALUATION ACT OF 2010

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1995) to amend the Public Health Service Act to prevent and treat diabetes, to promote and improve the care of individuals with diabetes, and to reduce health disparities, relating to diabetes, within racial and ethnic minority groups, including the African-American, Hispanic American, Asian American, Native Hawaiian and Other Pacific Islander, and American Indian and Alaskan Native communities, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1995

*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 "Diabetes in Minority Populations Evaluation Act of 2010".

#### SEC. 2. REPORT ON RESEARCH AND OTHER PUBLIC HEALTH ACTIVITIES OF HHS WITH RESPECT TO DIABETES AMONG MINORITY POPULATIONS.

(a) IN GENERAL.—Not later than 18 months after the date of enactment of this Act, the Secretary of Health and Human Services shall submit to the Congress a report on the research and other public health activities of the Department of Health and Human Services with respect to diabetes among minority populations.

(b) REQUIRED CONTENTS.—At a minimum, the report under subsection (a) shall include, with respect to research and activities described in subsection (a), the following:

(1) EVALUATION.—An evaluation of the following:

(A) Research on diabetes among minority populations, including with respect to—

(i) genetic, behavioral, and environmental factors that may contribute to disproportionate rates of diabetes among these populations; and

(ii) prevention of complications among individuals within these populations who have already developed diabetes.

(B) Surveillance and data collection on diabetes among minority populations, including with respect to—

(i) efforts to better determine the prevalence of diabetes among Asian Americans and Pacific Islanders subgroups; and

(ii) efforts to coordinate data collection on the American Indian population.

(C) Community-based interventions targeting minority populations, including with respect to—

(i) the evidence base for such interventions;

(ii) the cultural appropriateness of such interventions; and

(iii) efforts to educate the public on the causes and consequences of diabetes.

(D) Education and training of health professionals (including community health workers) on the prevention and management of diabetes and its related complications that is supported by the Health Resources and Services Administration, including through—

(i) the National Health Service Corps program; and

(ii) the community health center program.

(2) RECOMMENDATIONS.—Recommendations for improvement of the research and other public health activities of the Department of Health and Human Services with respect to diabetes among minority populations, including recommendations for coordination and comprehensive planning of such research and activities.

(c) DEFINITION.—In this Act, the term "minority population" means a racial and ethnic minority group, as defined in section 1707(g) of the Public Health Service Act (42 U.S.C. 300u-6(g)).

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 yield myself such time as I may consume.

I rise today in strong support of H.R. 1995, the Diabetes in Minority Populations Evaluation Act of 2010. H.R. 1995 directs the Secretary of Health and Human Services to submit a report to Congress on the Department's research and other public health activities with respect to diabetes among minority populations.

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I ask my colleagues to support H.R. 1995.

I reserve the balance of my time.

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

H.R. 1995, the Eliminating Disparities in Diabetes Prevention and Access and Care Act, would authorize a study on how diabetes affects those with health disparities.

Diabetes affects an estimated 24 million Americans. Approximately 57 million Americans have a pre-diabetic condition. Type 1 diabetes is a disease