

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.

□ 2230

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

which results from the body's failure to produce insulin. Type 2 diabetes, which is far more common, results from the body's inability to make enough insulin or properly use insulin, or the body is peripherally resistant to insulin.

According to the World Health Organization, an astonishing 6 percent of the world's population is affected with diabetes, causing six deaths every minute and 3.2 million deaths yearly.

In the United States we spend well over \$200 billion a year on diabetes, yet the 2006 diabetes mortality rate for Texas was 27 deaths per 100,000 persons. For my Hispanic and African American constituents, the rate was 42 and 49 per 100,000; 1.7 million Texans over 18 years old have diabetes, and it is our State's sixth leading cause of death.

This bill would allow us to understand if minorities have a higher prevalence of type 2 diabetes, understand the reason for that higher rate, and begin to provide some relief for this condition.

I urge my colleagues to support this bill.

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. 1995, 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 prepare 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."

A motion to reconsider was laid on the table.

ACQUIRED BONE MARROW FAILURE DISEASE RESEARCH AND TREATMENT ACT OF 2010

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1230) to amend the Public Health Service Act to provide for the establishment of a National Acquired Bone Marrow Failure Disease Registry, to authorize research on acquired bone marrow failure diseases, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1230

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 "Acquired Bone Marrow Failure Disease Research and Treatment Act of 2010".

SEC. 2. ACQUIRED BONE MARROW FAILURE DISEASE RESEARCH.

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. ACQUIRED BONE MARROW FAILURE DISEASE RESEARCH.

"(a) IN GENERAL.—The Secretary may conduct research on acquired bone marrow failure diseases. Such research may address factors including—

"(1) trends in the characteristics of individuals who are diagnosed with acquired bone marrow failure diseases, including age, race and ethnicity, general geographic location, sex, family history, and any other characteristics determined appropriate by the Secretary;

"(2) the genetic and environmental factors, including exposure to toxins, that may be associated with developing acquired bone marrow failure diseases;

"(3) approaches to treating acquired bone marrow failure diseases;

"(4) outcomes for individuals treated for acquired bone marrow failure diseases, including outcomes for recipients of stem cell therapeutic products; and

"(5) any other factors pertaining to acquired bone marrow failure diseases determined appropriate by the Secretary.

"(b) COLLABORATION WITH THE RADIATION INJURY TREATMENT NETWORK.—In carrying out subsection (a), the Secretary may collaborate with the Radiation Injury Treatment Network of the C.W. Bill Young Cell Transplantation Program established pursuant to section 379 to—

"(1) augment data for the studies under such subsection;

"(2) access technical assistance that may be provided by the Radiation Injury Treatment Network; or

"(3) perform joint research projects.

"(c) DEFINITION.—In this section, the term 'acquired bone marrow failure disease' means—

"(1) myelodysplastic syndromes (MDS);

"(2) aplastic anemia;

"(3) paroxysmal nocturnal hemoglobinuria (PNH);

"(4) pure red cell aplasia;

"(5) acute myeloid leukemia that has progressed from myelodysplastic syndromes;

"(6) large granular lymphocytic leukemia; or

"(7) any other bone marrow failure disease specified by the Secretary, to the extent such disease is acquired and not inherited, as determined by the Secretary."

SEC. 3. MINORITY-FOCUSED PROGRAMS ON ACQUIRED BONE MARROW FAILURE DISEASES.

Title XVII of the Public Health Service Act (42 U.S.C. 300u et seq.) is amended by inserting after section 1707A the following:

"SEC. 1707B. MINORITY-FOCUSED PROGRAMS ON ACQUIRED BONE MARROW FAILURE DISEASES.

"(a) INFORMATION AND REFERRAL SERVICES.—

"(1) IN GENERAL.—The Secretary may establish and coordinate outreach and informational programs targeted to minority populations, including Hispanic, Asian-American, Native Hawaiian, and Pacific Islander populations, that are affected by acquired bone marrow failure diseases.

"(2) PROGRAM ACTIVITIES.—Programs under subsection (a) may carry out activities that include—

"(A) making information about treatment options and clinical trials for acquired bone marrow failure diseases publicly available; and

"(B) providing referral services for treatment options and clinical trials.

"(b) DEFINITION.—In this section, the term 'acquired bone marrow failure disease' has the meaning given such term in section 317U(c)."

SEC. 4. BEST PRACTICES FOR DIAGNOSIS OF AND CARE FOR INDIVIDUALS WITH ACQUIRED BONE MARROW FAILURE DISEASES.

Part B of title III of the Public Health Service Act (42 U.S.C. 243 et seq.), as amended by section 2, is further amended by inserting after section 317U the following:

"SEC. 317V. BEST PRACTICES FOR DIAGNOSIS OF AND CARE FOR INDIVIDUALS WITH ACQUIRED BONE MARROW FAILURE DISEASES.

"(a) GRANTS.—The Secretary, acting through the Director of the Agency for Healthcare Research and Quality, may award grants to researchers to study best practices with respect to diagnosing acquired bone marrow failure diseases and providing care to individuals with such diseases.

"(b) DEFINITION.—In this section, the term 'acquired bone marrow failure disease' has the meaning given such term in section 317U(c)."

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 marks 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.

H.R. 1230, sponsored by the gentleman from California, Representative MATSUI, promotes research by HHS on acquired bone marrow failure disease, including the study of trends and the characteristics of individuals who are diagnosed with the disease, including age, race and ethnicity, sex and family history.

Mr. Speaker, it is my understanding that our former colleague, Representative Bob Matsui, actually passed away from this, and that is why it is particularly important, not only to Congresswoman MATSUI, but to all of us.

So 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. 1230, the Bone Marrow Failure Disease Research and Treatment Act, would allow the Secretary of Health and Human Services to conduct research and outreach on acquired bone marrow failure diseases.

This bill would allow the Secretary of Health and Human Services to conduct additional research on acquired bone marrow diseases to aid in figuring out the causes of the disease and study how to better diagnose and care for individuals suffering from bone marrow diseases. The bill would also allow the Secretary to establish outreach programs that would help minority populations, who appear to be disproportionately affected by such acquired bone marrow diseases, in finding clinical trials and other treatment options.

I am a cosponsor of the bill. I urge my colleagues to support it.

I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I would also yield back the balance of my time