

Mr. Speaker, H.R. 5462, the Birth Defects Prevention, Risk Reduction and Awareness Act, would establish a program to award grants for evidence-based clinical information to mothers and their health care professionals about exposures during pregnancy and breast feeding. I would like to thank my colleague from Connecticut (Ms. DeLauro) for her leadership on this issue and so many issues that affect mothers and children.

I reserve the balance of my time.

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

Mr. Speaker, I rise in support of H.R. 5462, the Birth Defects Prevention, Risk Reduction and Awareness Act of 2010, legislation that I authored with the gentlewoman from Connecticut (Ms. DeLauro).

This bill was developed over a period of several months with the guidance of the Centers for Disease Control. It does speak volumes that a bill can come this far in such a short period of time when we are willing to do our due diligence prior to introduction.

I have dedicated my professional career to protecting mother and child, while providing them with the most accurate information possible and the health services that they need.

People like to think that doctors have all the answers. Doctors like to think the CDC can provide all the information, but that isn't always the way it works. I can't tell you the number of times that women came into the hospital, usually late at night, because she was concerned about the health of her baby. Maybe it was because of something she had done, maybe she just had concerns. But this type of unnecessary utilization can be reduced by education, particularly among populations that may not have had the same level of health literacy as to how this could have happened.

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H.R. 5462 will provide mothers with up-to-date, evidence-based information through services designed to do targeted research. We have such a service in Texas. I used them when I was in practice. Ideally, they should be serving at least 4 percent of our pregnant population but are only able to serve up to 3,000 persons today. Those cases are important, but I know we can do better.

Many women with chronic diseases may discontinue or reduce medications when they become pregnant due to fears about the risk of birth defects. In fact, in many cases the medications cause a lower risk of birth defects than the failure to treat and appropriately manage the underlying disease during pregnancy.

Pregnancy risk information services provide information and expert consultation to pregnant women and their health care providers regarding exposures to medications, chemicals, illicit drugs, alcohol, infections, and illness that may pose a risk of birth defects.

These services also provide information on exposures during breast-feeding. The information provided reduces unnecessary concern about perceived and nonexistent risk and ensures that women stay on the path to a healthy pregnancy.

Currently, Federal agencies are only able to provide awareness and information about pregnancy and breast-feeding issues. They do not provide pregnancy and breast-feeding exposure risk assessment, education, and counseling.

This legislation will establish a grant program to revitalize the Nation's network of pregnancy risk information services. This will help save health care costs by avoiding unnecessary doctor visits and reducing the cost of treating uncontrolled chronic illness when pregnant women discontinue their medications unnecessarily. I urge my colleagues to support this legislation.

I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I urge passage of the bill.

I yield back the balance of my time.

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

I just wanted to point out that this legislation has the support of the American College of Obstetrics and Gynecology, the American Academy of Pediatrics, the March of Dimes Foundation, amongst many others. I join these organizations in urging my support for this legislation.

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. 5462, 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.

#### ARTHRITIS PREVENTION, CONTROL, AND CURE ACT OF 2010

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1210) to amend the Public Health Service Act to provide for arthritis research and public health, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1210

*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 "Arthritis Prevention, Control, and Cure Act of 2010".*

#### SEC. 2. ENHANCING PUBLIC HEALTH ACTIVITIES RELATED TO ARTHRITIS THROUGH THE NATIONAL ARTHRITIS ACTION PLAN.

*Part B of title III of the Public Health Service Act (42 U.S.C. 243 et seq.) is amended by inserting after section 314 the following:*

##### "SEC. 315. NATIONAL ARTHRITIS ACTION PLAN.

"(a) ESTABLISHMENT OF PLAN.—The Secretary may develop and implement a National Arthritis Action Plan (in this section referred to as the 'Plan') consistent with this section.

"(b) CONTROL, PREVENTION, AND SURVEILLANCE.—

"(1) IN GENERAL.—Under the Plan, the Secretary may, directly or through competitive grants to eligible entities, conduct, support, and promote the coordination of research, investigations, demonstrations, training, and studies relating to the control, prevention, and surveillance of arthritis and other rheumatic diseases.

"(2) TRAINING AND TECHNICAL ASSISTANCE.—

"(A) PROVISION.—Upon the request of an applicant receiving a grant under paragraph (1), the Secretary may, subject to subparagraph (B), provide training, technical assistance, supplies, equipment, or services for the purpose of aiding the applicant in carrying out grant activities and, for such purpose, may detail to the applicant any officer or employee of the Department of Health and Human Services.

"(B) CORRESPONDING REDUCTION IN PAYMENTS.—With respect to a request described in subparagraph (A), the Secretary shall reduce the amount of payments under the grant under paragraph (1) to the applicant involved by an amount equal to the costs of detailing personnel (including pay, allowances, and travel expenses) and the fair market value of any supplies, equipment, or services provided by the Secretary.

"(3) ARTHRITIS PREVENTION RESEARCH AT THE CENTERS FOR DISEASE CONTROL AND PREVENTION.—The Secretary may provide additional grant support under this subsection to encourage the expansion of research related to the prevention and management of arthritis at the Centers for Disease Control and Prevention.

"(4) ELIGIBLE ENTITY.—For purposes of this subsection, the term 'eligible entity' means a public or private nonprofit entity that demonstrates to the satisfaction of the Secretary, in the application described in subsection (e), the ability of the entity to carry out the activities described in paragraph (1).

"(c) EDUCATION AND OUTREACH.—

"(1) IN GENERAL.—Under the Plan, the Secretary may coordinate and carry out national education and outreach activities, directly or through the provision of grants to eligible entities, to support, develop, and implement education initiatives and outreach strategies appropriate for arthritis and other rheumatic diseases.

"(2) INITIATIVES AND STRATEGIES.—Initiatives and strategies implemented under paragraph (1) may include public awareness campaigns, public service announcements, and community partnership workshops, as well as programs targeted to businesses and employers, managed care organizations, and health care providers.

"(3) PRIORITY.—In carrying out paragraph (1), the Secretary—

"(A) may emphasize prevention, early diagnosis, and appropriate management of arthritis, and opportunities for effective patient self-management; and

"(B) may give priority to reaching high-risk or underserved populations.

"(4) COLLABORATION.—In carrying out this subsection, the Secretary shall consult and collaborate with stakeholders from the public, private, and nonprofit sectors with expertise relating to arthritis control, prevention, and treatment.

"(5) ELIGIBLE ENTITY.—For purposes of this subsection, the term 'eligible entity' means a public or private nonprofit entity that demonstrates to the satisfaction of the Secretary, in

the application described in subsection (e), the ability of the entity to carry out the activities described in paragraph (1).

“(d) COMPREHENSIVE STATE GRANTS.—

“(1) IN GENERAL.—Under the Plan, the Secretary may award grants to eligible entities to provide support for comprehensive arthritis control and prevention programs and to enable such entities to provide public health surveillance, prevention, and control activities related to arthritis and other rheumatic diseases.

“(2) APPLICATION.—The Secretary may only award a grant under this subsection to an eligible entity that submits to the Secretary an application at such time, in such manner, and containing such agreements, assurances, and information as the Secretary may require, including a comprehensive arthritis control and prevention plan that—

“(A) is developed with the advice of stakeholders from the public, private, and nonprofit sectors that have expertise relating to arthritis control, prevention, and treatment that increase the quality of life and decrease the level of disability;

“(B) is intended to reduce the morbidity of arthritis, with priority on preventing and controlling arthritis in at-risk populations and reducing disparities in arthritis prevention, diagnosis, management, and quality of care in underserved populations;

“(C) describes the arthritis-related services and activities to be undertaken or supported by the entity; and

“(D) demonstrates the relationship the entity has with the community and local entities and how the entity plans to involve such community and local entities in carrying out the activities described in paragraph (1).

“(3) USE OF FUNDS.—An eligible entity may use amounts received under a grant awarded under this subsection to conduct, in a manner consistent with the comprehensive arthritis control and prevention plan submitted by the entity in the application under paragraph (2)—

“(A) public health surveillance and epidemiological activities relating to the prevalence of arthritis and assessment of disparities in arthritis prevention, diagnosis, management, and care;

“(B) public information and education programs; and

“(C) education, training, and clinical skills improvement activities for health professionals, including allied health personnel.

“(4) ELIGIBLE ENTITY.—For purposes of this subsection, the term ‘eligible entity’ means a State or an Indian tribe.

“(e) GENERAL APPLICATION.—The Secretary may only award a grant under subsection (b) or (c) to an entity that submits to the Secretary an application at such time, in such manner, and containing such agreements, assurances, and information as the Secretary may require, including a description of how funds received under a grant awarded under such subsection will supplement or fulfill unmet needs identified in a comprehensive arthritis control and prevention plan of the entity.

“(f) DEFINITIONS.—For purposes of this section:

“(1) INDIAN TRIBE.—The term ‘Indian tribe’ has the meaning given such term in section 4(e) of the Indian Self-Determination and Education Assistance Act.

“(2) STATE.—The term ‘State’ means any of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, American Samoa, Guam, and the Northern Mariana Islands.

“(g) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section—

“(1) for fiscal year 2012, \$14,600,000;

“(2) for fiscal year 2013, \$16,000,000;

“(3) for fiscal year 2014, \$17,700,000;

“(4) for fiscal year 2015, \$19,400,000; and

“(5) for fiscal year 2016, \$21,400,000.”.

### SEC. 3. ACTIVITIES OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES WITH RESPECT TO JUVENILE ARTHRITIS AND RELATED CONDITIONS.

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. JUVENILE ARTHRITIS AND RELATED CONDITIONS.

“(a) IN GENERAL.—The Secretary, in coordination with the Director of NIH, may expand and intensify programs of the National Institutes of Health with respect to research and related activities designed to improve the outcomes and quality of life for children with arthritis and other rheumatic diseases.

“(b) COORDINATION.—The Director of NIH may coordinate the programs referred to in subsection (a) and consult with additional Federal officials, voluntary health associations, medical professional societies, and private entities, as appropriate.”.

### SEC. 4. INVESTMENT IN TOMORROW'S PEDIATRIC RHEUMATOLOGISTS.

Subpart I of part C of title VII of the Public Health Service Act (42 U.S.C. 293k et seq.) is amended by adding at the end the following:

#### “SEC. 749A-1. PEDIATRIC RHEUMATOLOGISTS.

“In order to ensure an adequate future supply of pediatric rheumatologists, the Secretary, in consultation with the Administrator of the Health Resources and Services Administration, may award institutional training grants to institutions to support pediatric rheumatology training.”.

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.

I rise this evening in strong support of H.R. 1210, the Arthritis Prevention, Control, and Cure Act of 2010.

This bill provides for enhanced arthritis public health efforts at CDC, enhanced juvenile arthritis research activities at NIH, and new authorities at the Health Resources and Service Administration to support training for new pediatric rheumatologists. I urge my colleagues to support this bill.

I reserve the balance of my time.

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

H.R. 1210 would enhance our Nation's efforts to combat arthritis. I am a cosponsor of the legislation.

According to the Centers for Disease Control and Prevention, an estimated 46 million Americans have arthritis, though the number is expected to increase as the country's population ages. The Centers for Disease Control also estimates that almost 300,000 children have arthritis.

This bill will help in the fight against arthritis in the following ways:

First, the bill would authorize the Secretary of Health and Human Services to establish a national arthritis action plan.

Second, it would allow the Department of Health and Human Services to award grants for arthritis research, surveillance, and education.

Third, the bill would permit the National Institutes of Health to expand its research into children with rheumatic diseases.

Finally, the bill would allow Health and Human Services to award grants to increase the number of pediatric rheumatologists.

I have spoken with several rheumatologists who have discussed the importance of this legislation. Unfortunately, those in need of rheumatologists, especially pediatric rheumatologists, often have very few options. This bill is an important first step in addressing a critical workforce shortfall.

I am a cosponsor of the legislation, and I urge my colleagues to support the bill.

I yield back the balance of my time. Mr. PALLONE. 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. 1210, 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.

### DENTAL EMERGENCY RESPONDER ACT OF 2010

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 903) to amend the Public Health Service Act to enhance the roles of dentists and allied dental personnel in the Nation's disaster response framework, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 903

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 “Dental Emergency Responder Act of 2010”.

#### SEC. 2. DENTAL EMERGENCY RESPONDERS: PUBLIC HEALTH AND MEDICAL RESPONSE.

(a) NATIONAL HEALTH SECURITY STRATEGY.—Section 2802(b)(3) of the Public Health Service Act (42 U.S.C. 300hh-1(b)(3)) is amended—