

The Senate's passage of the two immigration relief bills before us today—S. 4010 and S. 1774—is therefore important not only for the two beneficiaries of the bills and their family members, but also for the private bill process itself. Our immigration laws are broken—there can be no doubt about that—and I am a firm believer that those laws must be reformed. But even a perfect set of laws will occasionally result in cases of extraordinary hardship, for which an individual exception to the law may be necessary. Private immigration relief bills have played a significant role in our history, and I am hopeful that they will continue to play such a role after today's important votes.

Mr. POE of Texas. I yield back the balance of my time.

Ms. CHU. Madam Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from California (Ms. CHU) that the House suspend the rules and pass the bill, S. 1774.

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.

#### SUPPORTING NATIONAL PHYSICIAN ASSISTANT WEEK

Mr. PALLONE. Madam Speaker, I move to suspend the rules and agree to the resolution (H. Res. 1600) supporting the critical role of the physician assistant profession and supporting the goals and ideals of National Physician Assistant Week, as amended.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

#### H. RES. 1600

Whereas more than 75,000 physician assistants in the United States provide high-quality, cost-effective medical care in virtually all health care settings and in every medical and surgical specialty;

Whereas the physician assistant profession's patient-centered, team-based approach reflects the changing realities of health care delivery and fits well into the patient-centered medical home model of care, as well as other integrated models of care management;

Whereas approximately 47 percent of physician assistants currently practice in primary care and emergency medicine, regularly providing access to needed medical care to underserved populations such as frontier communities, rural towns, the urban poor, and at-risk groups (such as the elderly);

Whereas physician assistants practice in teams with physicians and extend the reach of medicine and the promise of improved health to the most remote and in-need communities of our Nation;

Whereas nearly 300,000,000 patient visits were made to physician assistants in 2009;

Whereas physician assistants may provide medical care, have their own patient panels, and are granted prescribing authority in all 50 States;

Whereas the physician assistant profession was created 40 years ago in response to health care workforce shortages and is a key part of the solution to today's health care workforce shortage;

Whereas the American Academy of Physician Assistants recognizes October 6–12, 2010 as National Physician Assistant Week; and

Whereas the physician assistant profession is positioned to be able to adapt and respond to the evolving needs of the health care system by virtue of—

(1) comprehensive educational programs that prepare physician assistants for a career in general medicine; and

(2) a team-based approach to providing patient-centered medical care: Now, therefore, be it

*Resolved*, That the House of Representatives supports—

(1) the critical role of the physician assistant profession for the significant impact the profession has made and will continue to make in health care; and

(2) the goals and ideals of National Physician Assistant Week.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Nebraska (Mr. TERRY) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

#### GENERAL LEAVE

Mr. PALLONE. Madam 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 Nebraska?

There was no objection.

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

Madam Speaker, House Resolution 1600 recognizes the critical role of physician assistants in our health care system by designating October 6–12 of 2010 as National Physician Assistant Week.

Physician assistants, or PAs, practice in a collaborative setting with physicians, nurses, and other health care professionals to extend the reach of medical care to more patients. Their role helps patients have better access to high-quality medical care, particularly for underserved populations. Throughout the Nation, approximately 75,000 PAs provide high-quality and cost-effective care in various health settings. With the passage of health reform, millions of Americans will enter our health care system, and PAs will play a vital role in helping our healthcare workforce meet this challenge.

I want to applaud the leadership of Representative MCCOLLUM on this issue, and I would urge my colleagues to join me in supporting this resolution.

I reserve the balance of my time.

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

As an original sponsor of this resolution, I rise in support of House Resolution 1600, supporting the critical role of the physician assistant profession and supporting the goals and ideals of National Physician Assistant Week. I would also like to thank Congresswoman BETTY MCCOLLUM of Minnesota

for bringing to our attention the important services physician assistants provide and congratulate her for getting this resolution to the floor.

Physician assistants practice medicine under a physician's supervision. A PA's practice can include diagnostic, therapeutic, and preventive care. On any given day, a PA could prescribe medication, order and interpret x-rays, attend surgery, give advice to patients, and may also have supervisory responsibilities. A PA is supervised by a physician, but at facilities where the physician is present for only a few days each week, the PA may be a patient's principal health care provider. This increases the flexibility of the medical profession and ensures patients have access to quality care.

PAs in every State are required to pass the Physician Assistant National Certifying Examination. In order to take this exam, a candidate must be a graduate of an accredited PA program, which includes classroom, laboratory, and clinical training in several specialty areas. To maintain their certification, PAs must complete many hours of continuing medical education and a recertification examination. PAs are highly educated, highly trained, work extremely hard, and are a vital cog in our Nation's health care system. I hope all will join me in saluting our Nation's PAs for their commitment and dedication, and I urge your support for this resolution.

I reserve the balance of my time.

Mr. PALLONE. Madam Speaker, I yield such time as she may consume to the Congresswoman from Minnesota who is the sponsor of the bill, Ms. BETTY MCCOLLUM.

Ms. MCCOLLUM. I would like to thank Chairman WAXMAN and I would like to thank Representative PALLONE for their help with this bill, as well as my colleague on the other side of the aisle, Congressman TERRY.

House Resolution 1600 acknowledges the critical role of physicians assistants by designating a week in 2010 as National Physician Assistant Week.

Forty years ago, the position of PA was created in response to a national health care workforce shortage. Over 20 years ago, I had the honor and the privilege in Minnesota of helping to write the rules for PAs to function and provide health care in Minnesota. I was the consumer member on the board, and I had a great learning curve working with doctors, PAs, hospitals, health care clinics, and patients from all over Minnesota in making sure that PAs were able to address this workforce shortage. And today, they continue to be an integral part of our health care system, practicing in all health care settings and specialties.

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Physician assistant service will be vital as more Americans, our health care system and we prepare for an aging population—the baby boomers. PAs work, as has been mentioned, side

by side with physicians, nurses and other professionals in providing high-quality, cost-effective health care. They work in rural and underserved communities and ensure patients can receive the care that they need when they need it.

I want to thank the physicians assistants and the American Academy of Physician Assistants for all the work that they do to care for patients and to keep America healthy.

Lastly, I sincerely want to thank my colleagues for their bipartisan support so we could bring this bill forward.

Thank you to Chairman WAXMAN again for bringing this resolution.

Mr. TERRY. Madam Speaker, I have no further requests for time.

I would be remiss on a resolution recognizing PAs not to recognize my brother-in-law's brother, Val, Val Valgora. He passed away several years ago. He was a PA back in the seventies. I had never heard of a physician assistant before. Val was instrumental in the State of Nebraska in expanding the use of physician assistants. He worked with the University of Nebraska Medical Center and then on to LSU to help create and expand the educational component for PAs. So, at least in the State of Nebraska, Val Valgora is one of our legendary PAs.

I just wanted to thank him and take this opportunity to recognize his accomplishments for the State of Nebraska.

I yield back the balance of my time.

Mr. PALLONE. Madam Speaker, I urge passage of the resolution, 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. 1600, 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.

## NATIONAL ALZHEIMER'S PROJECT ACT

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (S. 3036) to establish the Office of the National Alzheimer's Project.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 3036

*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 Alzheimer's Project Act".

### SEC. 2. THE NATIONAL ALZHEIMER'S PROJECT.

(a) DEFINITION OF ALZHEIMER'S.—In this Act, the term "Alzheimer's" means Alzheimer's disease and related dementias.

(b) ESTABLISHMENT.—There is established in the Office of the Secretary of Health and Human Services the National Alzheimer's

Project (referred to in this Act as the "Project").

(c) PURPOSE OF THE PROJECT.—The Secretary of Health and Human Services, or the Secretary's designee, shall—

(1) be responsible for the creation and maintenance of an integrated national plan to overcome Alzheimer's;

(2) provide information and coordination of Alzheimer's research and services across all Federal agencies;

(3) accelerate the development of treatments that would prevent, halt, or reverse the course of Alzheimer's;

(4) improve the—

(A) early diagnosis of Alzheimer's disease; and

(B) coordination of the care and treatment of citizens with Alzheimer's;

(5) ensure the inclusion of ethnic and racial populations at higher risk for Alzheimer's or least likely to receive care, in clinical, research, and service efforts with the purpose of decreasing health disparities in Alzheimer's; and

(6) coordinate with international bodies to integrate and inform the fight against Alzheimer's globally.

(d) DUTIES OF THE SECRETARY.—

(1) IN GENERAL.—The Secretary of Health and Human Services, or the Secretary's designee, shall—

(A) oversee the creation and updating of the national plan described in paragraph (2); and

(B) use discretionary authority to evaluate all Federal programs around Alzheimer's, including budget requests and approvals.

(2) NATIONAL PLAN.—The Secretary of Health and Human Services, or the Secretary's designee, shall carry out an annual assessment of the Nation's progress in preparing for the escalating burden of Alzheimer's, including both implementation steps and recommendations for priority actions based on the assessment.

(e) ADVISORY COUNCIL.—

(1) IN GENERAL.—There is established an Advisory Council on Alzheimer's Research, Care, and Services (referred to in this Act as the "Advisory Council").

(2) MEMBERSHIP.—

(A) FEDERAL MEMBERS.—The Advisory Council shall be comprised of the following experts:

(i) A designee of the Centers for Disease Control and Prevention.

(ii) A designee of the Administration on Aging.

(iii) A designee of the Centers for Medicare & Medicaid Services.

(iv) A designee of the Indian Health Service.

(v) A designee of the Office of the Director of the National Institutes of Health.

(vi) The Surgeon General.

(vii) A designee of the National Science Foundation.

(viii) A designee of the Department of Veterans Affairs.

(ix) A designee of the Food and Drug Administration.

(x) A designee of the Agency for Healthcare Research and Quality.

(B) NON-FEDERAL MEMBERS.—In addition to the members outlined in subparagraph (A), the Advisory Council shall include 12 expert members from outside the Federal Government, which shall include—

(i) 2 Alzheimer's patient advocates;

(ii) 2 Alzheimer's caregivers;

(iii) 2 health care providers;

(iv) 2 representatives of State health departments;

(v) 2 researchers with Alzheimer's-related expertise in basic, translational, clinical, or drug development science; and

(vi) 2 voluntary health association representatives, including a national Alzheimer's disease organization that has demonstrated experience in research, care, and patient services, and a State-based advocacy organization that provides services to families and professionals, including information and referral, support groups, care consultation, education, and safety services.

(3) MEETINGS.—The Advisory Council shall meet quarterly and such meetings shall be open to the public.

(4) ADVICE.—The Advisory Council shall advise the Secretary of Health and Human Services, or the Secretary's designee.

(5) ANNUAL REPORT.—The Advisory Council shall provide to the Secretary of Health and Human Services, or the Secretary's designee and Congress—

(A) an initial evaluation of all federally funded efforts in Alzheimer's research, clinical care, and institutional-, home-, and community-based programs and their outcomes;

(B) initial recommendations for priority actions to expand, eliminate, coordinate, or condense programs based on the program's performance, mission, and purpose;

(C) initial recommendations to—

(i) reduce the financial impact of Alzheimer's on—

(I) Medicare and other federally funded programs; and

(II) families living with Alzheimer's disease; and

(ii) improve health outcomes; and

(D) annually thereafter, an evaluation of the implementation, including outcomes, of the recommendations, including priorities if necessary, through an updated national plan under subsection (d)(2).

(6) TERMINATION.—The Advisory Council shall terminate on December 31, 2025.

(f) DATA SHARING.—Agencies both within the Department of Health and Human Services and outside of the Department that have data relating to Alzheimer's shall share such data with the Secretary of Health and Human Services, or the Secretary's designee, to enable the Secretary, or the Secretary's designee, to complete the report described in subsection (g).

(g) ANNUAL REPORT.—The Secretary of Health and Human Services, or the Secretary's designee, shall submit to Congress—

(1) an annual report that includes an evaluation of all federally funded efforts in Alzheimer's research, clinical care, and institutional-, home-, and community-based programs and their outcomes;

(2) an evaluation of all federally funded programs based on program performance, mission, and purpose related to Alzheimer's disease;

(3) recommendations for—

(A) priority actions based on the evaluation conducted by the Secretary and the Advisory Council to—

(i) reduce the financial impact of Alzheimer's on—

(I) Medicare and other federally funded programs; and

(II) families living with Alzheimer's disease; and

(ii) improve health outcomes;

(B) implementation steps; and

(C) priority actions to improve the prevention, diagnosis, treatment, care, institutional-, home-, and community-based programs of Alzheimer's disease for individuals with Alzheimer's disease and their caregivers; and

(4) an annually updated national plan.

(h) SUNSET.—The Project shall expire on December 31, 2025.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from