

As a degenerative disease that affects memory and other cognitive functioning, Alzheimer's can be very frustrating, both for the person afflicted and for family, friends, and caretakers. Far too many of us have lost a loved one because of this disease.

It is time we find a cure for Alzheimer's. This bill is an extremely important contribution to the search for that cure. It will establish a coordinated national and international effort and accelerate research and development efforts for new treatments to prevent, stop, or reverse the course of Alzheimer's disease. The information these efforts provide will, in turn, inform priorities for future work to end this disease.

I wholeheartedly support what is clearly a bipartisan bill, and I urge my colleagues on both sides of the aisle to do the same.

Mr. MARKEY of Massachusetts. Madam Speaker, Thank you, Chairman WAXMAN, Chairman PALLONE, Representative BURGESS, and Ranking Member BARTON.

I'd like to thank Senators BAYH and COLLINS for their leadership on this bill, the Senate companion to H.R. 4689 which I introduced with my friend and cochair of the Task Force on Alzheimer's Disease, Representative CHRIS SMITH from New Jersey.

The poet Robert Browning once wrote, "Grow old with me, the best is yet to be."

Unfortunately, the "Golden Years" can be the worst years for Americans afflicted with Alzheimer's and their families.

We've worked with the Senate to engage in a bipartisan, constructive process with stakeholders to reach legislative language and move this bill forward.

After all, Alzheimer's is an equal-opportunity disease. My father was a milkman, my mother the valedictorian. My father always said it was an honor that my mother married him and that if Alzheimer's was determined by the strength of your brain, "Your mother would be taking care of me instead." He took care of her in our living room in Malden, Massachusetts for 10 years as she suffered from Alzheimer's. I'm thinking of them both today.

Alois Alzheimer first discovered the plaques and tangles in the brain that cause Alzheimer's in 1906—within the very same year that my mother was born.

At the time, doctors believed that dementia in the elderly was a normal part of the aging process that was caused by the hardening of the arteries.

However, Alzheimer's groundbreaking work was done on a patient who was only 51 years old. So Alzheimer reached the conclusion that the condition he had discovered was a kind of "pre-senile dementia," and that the pattern of plaques and tangles he had identified was a rare condition that afflicted only the young.

Years passed, my mother grew up, and researchers did little to study and learn about the plaques and tangles that were forming in her brain.

It wasn't until the mid-1970s that it became clear that the most common form of dementia in older people was caused by the same plaques and tangles that Alzheimer had identified decades earlier.

Unfortunately, the search for the cure had begun too late for my mother who was diag-

nosed in 1981—75 years after Alzheimer had discovered the disease that led to her death.

Alzheimer's patients are the mothers and fathers, and sisters and brothers who we recognize even if they don't recognize us; who we remember even if they don't remember us, and who we continue to love and cherish even as their condition worsens.

A few stats: 5.3 million Americans have Alzheimer's; it is the 7th leading cause of death; \$172 billion is spent annually for Alzheimer's.

Our challenge is to ensure that we increase not only the lifespan, but also the health span of Americans, so that the 30 bonus years of life we gained in the 20th century—and hopefully will continue to gain in the 21st—are truly better years of life.

The Alzheimer's community has been waiting for help, and trying to maintain hope.

Today the House can take action to help and give hope to Alzheimer's families.

The bill we are considering today will help coordinate Alzheimer's research, care, and services across all Federal agencies.

The United States is one of the only developed nations without a national plan to combat Alzheimer's. For too long, we've been unarmed against this disease.

Through this plan, will be developed: An assessment of all Alzheimer-related Federal efforts; recommendations; annual updates; and a strong advisory committee.

This bill will: Help coordinate the health care and treatment of citizens with Alzheimer's; it will accelerate the development of treatments that would prevent, halt or reverse the course of Alzheimer's by coordinating existing government resources; and it will ensure the inclusion of ethnic and racial populations at higher risk for Alzheimer's and reduce health disparities among people with Alzheimer's.

Thank you: The Alzheimer's Association—Harry Johns, Rob Egge, Mary Richards, Katie Maslow, Matthew Baumgart; Maria Shriver for all of her great work; The Alzheimer's Foundation of America—Eric Hall, Sue Peschin; Cure Alzheimer's Fund—Tim Armour, Dr. Rudy Tanzi; The National Institute on Aging—Dr. Richard Hodes, Tamara Jones; Keep Memory Alive—Maureen Peckman, George and Trish Vradenburg, Patience O'Connor, Meryl Comer, Jillian Oberfield, Mark Bayer, Kate Bazinsky, Josh Lumbley, Amit Mistry, and Binta Beard from my office; Tim Lynagh from Representative CHRIS SMITH's office; Emily Gibbons, Sarah Despres from the Energy and Commerce Committee Majority Staff; Ryan Long and Clay Alspach from Mr. BARTON's staff; J.P. Paluskiewicz from Dr. BURGESS's Office; Sarah Kyle and Kevin Kaiser from Senator BAYH's Office.

Thank you to the many hard-working advocates for this disease, and those who are caretakers, bearing many burdens day in and day out.

I once again thank my colleagues for their support—WAXMAN, PALLONE, BURGESS, and BARTON.

Mr. KLINE of Minnesota. Madam Speaker, I offer the following statement in support of Senate Bill 3036, expressing support for the National Alzheimer's Project Act.

The effects of Alzheimer's disease are devastating. An estimated 5.3 million Americans live with this disease, and millions more are directly affected through caring for loved ones and sharing the surmounting costs of this terrible disease.

Unfortunately, the devastation of Alzheimer's disease will only become worse as the Baby Boom generation grows older. It is estimated that if we are unable to change the trajectory of this disease, as many as 16 million Americans will have Alzheimer's by the middle of this century.

The economic impact of Alzheimer's is also staggering. We are currently spending an estimated \$172 billion annually on Alzheimer's disease and other dementia care in America. As the nation faces a growing aging population, we must look at how to reduce costs while improving outcomes. The National Alzheimer's Project Act will help achieve this goal through the establishment of the Advisory Council on Alzheimer's Research, Care, and Services, which facilitates public and private coordination on research and services across all federal agencies.

As my mother is currently suffering from the advanced stages of Alzheimer's disease, I would welcome news of a research breakthrough that would slow, stop, or reverse this degenerative disease.

The National Alzheimer's Project Act is an important step toward addressing a devastating and deadly disease. I am pleased to support legislation that will help improve the quality of life for the millions of Americans affected by Alzheimer's disease.

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

Mr. PALLONE. Madam Speaker, I urge passage of S. 3036, and I also 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. 3036.

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.

EARLY HEARING DETECTION AND INTERVENTION ACT OF 2010

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (S. 3199) to amend the Public Health Service Act regarding early detection, diagnosis, and treatment of hearing loss.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 3199

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 "Early Hearing Detection and Intervention Act of 2010".

SEC. 2. EARLY DETECTION, DIAGNOSIS, AND TREATMENT OF HEARING LOSS.

Section 399M of the Public Health Service Act (42 U.S.C. 280g-1) is amended—

(1) in the section heading, by striking "INFANTS" and inserting "NEWBORNS AND INFANTS";

(2) in subsection (a)—

(A) in the matter preceding paragraph (1), by striking "screening, evaluation and intervention programs and systems" and inserting "screening, evaluation, diagnosis, and intervention programs and systems, and to

assist in the recruitment, retention, education, and training of qualified personnel and health care providers.”;

(B) by amending paragraph (1) to read as follows:

“(1) To develop and monitor the efficacy of statewide programs and systems for hearing screening of newborns and infants; prompt evaluation and diagnosis of children referred from screening programs; and appropriate educational, audiological, and medical interventions for children identified with hearing loss. Early intervention includes referral to and delivery of information and services by schools and agencies, including community, consumer, and parent-based agencies and organizations and other programs mandated by part C of the Individuals with Disabilities Education Act, which offer programs specifically designed to meet the unique language and communication needs of deaf and hard of hearing newborns, infants, toddlers, and children. Programs and systems under this paragraph shall establish and foster family-to-family support mechanisms that are critical in the first months after a child is identified with hearing loss.”; and

(C) by adding at the end the following:

“(3) Other activities may include developing efficient models to ensure that newborns and infants who are identified with a hearing loss through screening receive follow-up by a qualified health care provider, and State agencies shall be encouraged to adopt models that effectively increase the rate of occurrence of such follow-up.”;

(3) in subsection (b)(1)(A), by striking “hearing loss screening, evaluation, and intervention programs” and inserting “hearing loss screening, evaluation, diagnosis, and intervention programs”;

(4) in paragraphs (2) and (3) of subsection (c), by striking the term “hearing screening, evaluation and intervention programs” each place such term appears and inserting “hearing screening, evaluation, diagnosis, and intervention programs”;

(5) in subsection (e)—

(A) in paragraph (3), by striking “ensuring that families of the child” and all that follows and inserting “ensuring that families of the child are provided comprehensive, consumer-oriented information about the full range of family support, training, information services, and language and communication options and are given the opportunity to consider and obtain the full range of such appropriate services, educational and program placements, and other options for their child from highly qualified providers.”; and

(B) in paragraph (6), by striking “, after re-screening.”; and

(6) in subsection (f)—

(A) in paragraph (1), by striking “fiscal year 2002” and inserting “fiscal years 2011 through 2015”;

(B) in paragraph (2), by striking “fiscal year 2002” and inserting “fiscal years 2011 through 2015”; and

(C) in paragraph (3), by striking “fiscal year 2002” and inserting “fiscal years 2011 through 2015”.

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 New Jersey?

There was no objection.

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

I rise in strong support of S. 3199, the Early Hearing Detection and Intervention Act. Last year, the House passed the companion measure to this bill, and we are pleased to pass it again with minor modifications.

Every year, more than 12,000 babies are born with hearing loss. Often their condition goes undetected for years, and many of these children end up experiencing delays in speech, language, and cognitive development. However, if the hearing loss is detected early, many of these delays can be mitigated or even prevented, and for that reason, early detection is critical to improving outcomes for these children.

□ 1150

The bill, the Early Hearing Detection and Intervention Act, would improve services for screening, diagnosing, and treating hearing loss in children by reauthorizing the Early Hearing Detection and Intervention Program, which was first enacted in 2000. The program provides grants and cooperative agreements for statewide newborn and infant hearing services. These programs focus on screening evaluation, diagnosis, and early intervention.

I want to particularly thank my colleague, the gentlewoman from California, Representative CAPPS, who is the vice chair of the Health Subcommittee, for her hard work on this issue and so many issues. She is a nurse by profession. I am sure you have noticed that many of the health care bills that have come out of the last 4 years during the Democratic majority have been from Mrs. CAPPS, and she is always, in particular, looking out for children and senior citizens. I urge my colleagues to support this legislation.

I reserve the balance of my time.

Mr. TERRY. I yield myself as much time as I may consume.

Madam Speaker, S. 3199, the Early Hearing Detection and Intervention Act of 2010, has worthy elements. Certainly we support the efforts of early recognition of hearing loss. As Mr. PALLONE said, and Mrs. CAPPS will reiterate, it is not standard practice, or was not standard practice, to perform early detection for hearing loss on newborns. Usually parents, after about a year, would recognize something isn't right, that maybe speech was delayed, and that's when testing would occur. We have found that early testing has benefits. However, our side of the aisle must recommend a “no” vote at this time due to the authorizing of appropriations with the language of “such sums as necessary.” This type of open-ended authorization abdicates our duty to budget for programs responsibly.

The bill would reauthorize the newborns and infants hearing loss pro-

gram. It would enable the Secretary of Health and Human Services to assist in recruitment, retention, education, and training of qualified personnel and health care providers. Unfortunately, in reauthorizing this program, the bill contains no limits on authorization of spending for the program. As my colleagues know, authorizing “such sums as necessary” in legislation has contributed to the fiscal crisis our country now faces. Our country had a budget deficit of \$1.3 trillion in fiscal year 2010, and some are projecting that our country's budget deficit will reach \$1.5 trillion this fiscal year. We cannot continue this fiscal irresponsibility by voting for open-ended authorization amounts. We need to include specific authorization amounts in legislation so we can set priorities, if we are to ever get our fiscal House in order.

Madam Speaker, I recommend a “no” vote on this legislation so we can work in a bipartisan manner to include specific reauthorization amounts.

I reserve the balance of my time.

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

I just wanted to address the gentleman's point with regard to the underlying bill containing the language “such sums.” I mean, the bill doesn't change anything from the current law. The 2002 Early Hearing Detection and Intervention Act, which we are reauthorizing, had that language in it, and we are simply updating the authorization here. It is not changing the language. And the same is true for the bill that passed the House last year. There was a House version, sponsored by Mrs. CAPPS, and that didn't make any change either. So I just want to remind my colleagues that, you know, again, we passed this bill in March 2009 and then again on the floor I guess later that month, and there wasn't any issue raised by the Republicans at that time. So I just think to raise it now really makes no sense, and we should simply move to pass this. It is very common-sense legislation. It simply reauthorizes the current law.

I reserve the balance of my time.

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

Madam Speaker, the gentleman is correct in the sense that it is a reauthorization. It strikes the language of 2002 while leaving the language of “such sums as may be necessary” for the fiscal year going forward now, but we still have that open-ended language.

And after hearing from the people for the last couple of years, we have an additional emphasis on making sure that we are tighter in the writing of these bills, unlike what was occurring in the year 2002 when this was passed or in 2009 when it passed from committee. That is our only objection here, the authorization of open-ended, “such sums as may be necessary.”

I reserve the balance of my time.

Mr. PALLONE. I now yield 3 minutes to the sponsor of the legislation, the

gentlewoman from California (Mrs. CAPPS).

Mrs. CAPPS. I thank my colleague and our chairman for yielding time.

Madam Speaker, I am rising today in strong support of Senate bill 3199, the Early Hearing Detection and Intervention Act. And I am very proud to have introduced the House version of this bill with our colleague Congresswoman Jo ANN EMERSON of Missouri. The House did pass this legislation by voice vote in March of 2009, and the Senate version, introduced by Senators SNOWE and HARKIN, was modified by the Senate HELP Committee and passed by unanimous consent earlier this week. Senate bill 3199 is noncontroversial and would make needed improvements to the Early Hearing Detection and Intervention Program, as recommended by experts.

Each year, more than 12,000 infants are born with a hearing loss. If left undetected, this condition impedes speech, language, and cognitive development. And I might add, with concerns for the cost, the cost to taxpayers of not recognizing these needs and intervening, the cost in special education, in modified vocational goals for individuals who will be a burden to taxpayers the rest of their lives is unbelievably high.

Since the authorization of the Early Hearing Detection and Intervention Program in early 2000, we have seen a tremendous increase in the number of newborns who are being screened for hearing loss. Back in 2000, only 44 percent of newborns were being screened for hearing loss. Now we are screening newborns at a rate of over 93 percent. But you know, our work isn't done yet. According to CDC, almost half of newborns who fail initial hearing screenings do not receive appropriate followup care. And in my work as a school nurse for over 20 years, I had much interaction with students who were lagging behind their classmates due to undiagnosed and/or untreated hearing loss. We can prevent more children from suffering in the classroom and suffering throughout their lives through a better investment in followup and intervention as a part of the successful hearing screening program for newborns and infants.

This legislation would accomplish these goals through reauthorizing the programs administered by HRSA, CDC, and the NIH, providing grants to conduct newborn hearing screening, provide followup intervention to promote surveillance and research. So I am strongly urging my colleagues to join me in voting in favor of Senate bill 3199, to continue building on the great success of these programs.

Mr. TERRY. I reserve the balance of my time.

Mr. PALLONE. Madam Speaker, I would like to yield 2 minutes now to the gentleman from Massachusetts (Mr. MARKEY).

Mr. MARKEY of Massachusetts. I thank the chair very much, and I thank him for his great work.

The poet Robert Browning once wrote, "Grow old with me. The best is yet to be." Unfortunately, the golden years can be the worst years for Americans afflicted with Alzheimer's and their families. We have worked with the Senate to put together a bipartisan bill that has just passed here in the United States House of Representatives that I have worked on over the last 2 years that will put together an Alzheimer's plan, a battle plan for our country. And why is it important? I will tell you very simply: 4 million Americans have Alzheimer's today. There are going to be 12 million to 15 million baby boomers with Alzheimer's. They will have a spouse who also has the disease or some other family member. Somebody in the family has to take care of that person. So by the time all the baby boomers have retired, there will be about 25 million to 30 million Americans whose lives will revolve around Alzheimer's.

□ 1200

We have to find a cure for it. We have to find a way of giving more help to these heroes, these families.

My father was a milkman. My mother was a valedictorian. My mother got Alzheimer's. My father kept her in the living room. For 13 years, we kept her in our living room. My father always said that it was an honor that my mother had married him, the milkman. He also said that if the strength of your brain determined who got Alzheimer's, he said that he would have it and my mother would be taking care of him.

But this is an equal opportunity disease. It's an epidemic. If we do not find the cure, if we do not find the cure, the budget problems for our country will be so explosive that it will be impossible to ever balance the Federal budget.

We are now spending a fortune on it, and unless we cure it, we will never be able to deal with the catastrophic consequences personally, for those families, and for our country, in general.

I thank the gentleman for allowing me this personal privilege, because I was pulled away as the bill was being considered.

Mr. TERRY. Madam Speaker, I thank the gentleman from Massachusetts for his efforts in fighting Alzheimer's and working for those families.

With that, I yield back the balance of my time.

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

I just wanted to mention that the three bills today are just a small representation of many bipartisan public health bills that the majority and minority worked on together in the Health Subcommittee over the past 2 years. And I wanted to thank the ranking member of the Health Subcommittee, Mr. SHIMKUS, for his hard work and cooperation in these efforts.

In the summer and fall alone, the House passed 25 bipartisan health bills that came from our Health Subcommittee.

And I also want to thank the staff that worked on these public health bills this past Congress. From the majority is Ruth Katz, Steve Cha, Sarah Despres, Emily, who's here with me, Emily Gibbons, Tiffany Guarascio, Anne Morris, Camille Sealy, Naomi Seiler, Tim Westmoreland, and Karen Nelson, of course. And from the minority, Ryan Long, Clay Alspach, Peter Kielty, and Chris Sarley.

Madam Speaker, I ask for passage of the 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, S. 3199.

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.

RESTORE ONLINE SHOPPERS' CONFIDENCE ACT

Mr. BOUCHER. Madam Speaker, I move to suspend the rules and pass the bill (S. 3386) to protect consumers from certain aggressive sales tactics on the Internet.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 3386

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 "Restore Online Shoppers' Confidence Act".

SEC. 2. FINDINGS; DECLARATION OF POLICY.

The Congress finds the following:

(1) The Internet has become an important channel of commerce in the United States, accounting for billions of dollars in retail sales every year. Over half of all American adults have now either made an online purchase or an online travel reservation.

(2) Consumer confidence is essential to the growth of online commerce. To continue its development as a marketplace, the Internet must provide consumers with clear, accurate information and give sellers an opportunity to fairly compete with one another for consumers' business.

(3) An investigation by the Senate Committee on Commerce, Science, and Transportation found abundant evidence that the aggressive sales tactics many companies use against their online customers have undermined consumer confidence in the Internet and thereby harmed the American economy.

(4) The Committee showed that, in exchange for "bounties" and other payments, hundreds of reputable online retailers and websites shared their customers' billing information, including credit card and debit card numbers, with third party sellers through a process known as "data pass". These third party sellers in turn used aggressive, misleading sales tactics to charge millions of American consumers for membership clubs the consumers did not want.

(5) Third party sellers offered membership clubs to consumers as they were in the process of completing their initial transactions